

Colorectal Cancer Screening Program in South Carolina Readiness Assessment

The Colorectal Cancer Screening Program in South Carolina (CCSPSC) **initial readiness assessment** is administered during the implementation team's second visit to the center and the **annual readiness assessment** is administered at each annual review meeting following the initiation of implementation activities.

Initial Readiness Assessment: Typically, the second site visit includes a meeting with several center staff. This readiness assessment should be completed by all FQHC staff present in the meeting to capture a variety of perspectives on the organization's readiness to implement the colorectal cancer screening program. For each site, at least three and no more than five site representatives should complete the assessment for the initial process.

The Implementer explains the initial readiness assessment:

"Hello everyone, we are asking our sites to complete a readiness assessment, which will help us better understand how ready your site is to implement the Colorectal Cancer Screening Program in South Carolina. Your response to these questions will not prevent your site from being able to participate in the program."

The Implementer then asks all staff present to complete a readiness assessment. Each center staff at the meeting is given a readiness assessment form (paper/pencil) and asked to complete the survey independently.

"I'm going to pass out a quick assessment for each of you to complete. There are no right or wrong answers; we are just looking to get a sense of how ready your organization is with this assessment. Your responses will be confidential. If you have any questions about the assessment please feel free to ask me."

The CCSPSC team collects all completed assessment forms and saves to the shared drive (Folder: Readiness Assessment Initial). The information is used to inform the development of the implementation plan and approach for implementation training, which is tailored to the current environment (based on the Organizational and Environmental Assessment) and readiness of the FQHC site.

Annual Readiness Assessment: The annual assessment will occur approximately one year after the site initiated implementation of evidence-based approaches. The annual assessment will be repeated each year. For each site, at least three and no more than five site representatives should complete the assessment. The same general process as for the initial assessment will be used.

The Implementer explains the annual readiness assessment:

"Hello everyone, we are asking our sites to complete a readiness assessment as part of the annual review process. The repeat readiness assessment will help us recognize if your site's preparation and ability to implement evidence-based approaches as part of the Colorectal Cancer Screening Program in

South Carolina have changed since the initial assessment. Your response to these questions will not prevent your site from being able to continue with the program.”

The implementation staff then asks all staff present to complete a readiness assessment. Each center staff at the meeting is given a readiness assessment form (paper/pencil) and asked to complete the survey independently.

“I’m going to pass out a quick assessment for each of you to complete. There are no right or wrong answers; we are just looking to get a sense of how ready your organization is with this assessment. Your responses will be confidential. If you have any questions about the assessment please feel free to ask me.”

The CCSPSC team collects all completed assessment forms and saves to the shared drive (Folder: Readiness Assessment Annual). The information is used to inform the potential modifications to the implementation plan and technical assistance needs.

FQHC Readiness Criteria

We will utilize the R=MC² framework to systematically assess each FQHC's readiness to implement evidence-based strategies for colorectal cancer screening (Dymnicki, 2014). The framework below distinguishes three major components to measure organizational readiness: 1) Motivation, 2) General capacity, and 3) Intervention-specific capacity. In addition, it provides examples of the types of information that will be collected during the interviews and document reviews. The evaluation and program teams will collect information from each FQHC on the three readiness components. Information will be collected through in-person meetings between CCSPSC Program Staff and FQHC leadership.

Component 1. Motivation
A. Relative Advantage
<ul style="list-style-type: none"> • Current use of CRCS promotion strategies • Importance of CRCS as it relates to other public health issues that affect the populations the FQHC serves
B. Compatibility
<ul style="list-style-type: none"> • Fit of CCSPSC with existing programs at the FQHC • Level of FQHC leadership commitment integrating this new program into existing programs
C. Complexity / Doability
<ul style="list-style-type: none"> • Feasibility of implementing this new program • Difficulty of the CCSPSC intervention approach
D. Trialability
<ul style="list-style-type: none"> • Ability of FQHC to pilot implementation of CCSPSC
E. Observability
<ul style="list-style-type: none"> • CRCS rates (as key outcome) are regularly assessed and shared to determine program progress.
G. Priority
<ul style="list-style-type: none"> • Perceived importance of this new program relative to other FQHC programs
Component 2. General Capacity
A. Culture/Innovativeness
<ul style="list-style-type: none"> • Current process/stakeholders for deciding what programs to offer • Current process/stakeholders for implementation of existing programs • General receptiveness of employees to change
B. Resource Utilization
<ul style="list-style-type: none"> • Current resources for implementation of existing programs and process/stakeholders for deciding resource allocation for programs • Process/stakeholders for communicating information on program implementation
C. Structure/Staff Capacity
<ul style="list-style-type: none"> • Process/stakeholders for monitoring implementation of existing programs • # staff, staff expertise available to implement existing programs
Component 3. Intervention-specific Capacity
A. Intervention specific knowledge, skills, and abilities
B. Program Champion
C. Specific-Implementation Climate Supports
<ul style="list-style-type: none"> • Resources (\$, # staff, staff expertise) available to implement this new program • Process/stakeholders for supporting implementation of this new program
D. Inter-organizational Relationships
<ul style="list-style-type: none"> • Partnerships to support implementation of this new program • Referral networks for CRCS to support this new program • Process/stakeholders for monitoring implementation of this new program

CCSPSC Readiness Assessment Tool

The CCSPSC Implementer will complete the top part of this form prior to administering.

Date:	CCSPSC Implementer:
FQHC System:	FQHC Site:
GO LIVE! Date (for Annual only):	Annual Review Date:

Type of assessment: Initial assessment Annual review 1 Annual review 2 Annual review 3

1. **Our FQHC site has a current lab agreement for stool-based testing (fecal testing, such as FOBT, FIT).**
 Yes No Don't Know

2. **Our FQHC site has a referral network to help patients who need a colonoscopy.**
 Yes No Don't Know

3. **Our FQHC site has an established medical network or resources to help uninsured patients who need a colorectal cancer screening.**
 Yes No Don't Know

Characteristic of Readiness	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Know
4. Promoting colorectal cancer screening is a priority for our FQHC.	SA	A	D	SD	DK
5. FQHC leadership is committed to promoting colorectal cancer screening.	SA	A	D	SD	DK
6. Given our current initiatives and priorities, implementing the Colorectal Cancer Screening Program in South Carolina (CCSPSC) is feasible.	SA	A	D	SD	DK
7. CCSPSC fits well with the mission (or values) of our organization.	SA	A	D	SD	DK
8. I understand what is required to implement the CCSPSC program.	SA	A	D	SD	DK
9. We regularly assess our site's colorectal cancer screening rates.	SA	A	D	SD	DK
10. We make decisions based on our site's colorectal cancer screening rates.	SA	A	D	SD	DK

Characteristic of Readiness	Strongly Agree	Agree	Disagree	Strongly Disagree	Do Not Know
11. Our staff and providers are receptive to implementing new initiatives.	SA	A	D	SD	DK
12. We have successfully implemented evidence based interventions in the past.	SA	A	D	SD	DK
13. Our FQHC site has sufficient resources (including funding, time, and staff) to implement the CCSPSC program.	SA	A	D	SD	DK
14. Our FQHC data systems can track colorectal cancer screening rates among eligible adults aged 50-75.	SA	A	D	SD	DK
15. Our EHR is easily modifiable to extract and report data we need.	SA	A	D	SD	DK
16. It is a challenge for our FQHC to recruit and retain senior leadership.	SA	A	D	SD	DK
17. Our FQHC engages in specific activities to improve colorectal cancer screening.	SA	A	D	SD	DK
18. Our FQHC's colorectal cancer screening referral network is adequate for our patient population.	SA	A	D	SD	DK
19. Our FQHC has partnerships in place (American Cancer Society, SC Primary Health Care Association, etc.) to support implementation of the CCSPSC program.	SA	A	D	SD	DK
20. Our FQHC has the capacity to sustain its initiatives and processes with evidence-based strategies implemented for colorectal cancer screening.	SA	A	D	SD	DK

21. How are decisions related to new programs and initiatives made at this FQHC site?

22. How are those decisions about new programs and initiatives communicated with staff and providers?

Thank you for taking time to complete this assessment!