Definition of concepts

Dimensions	Sub-dimensions
1. Organizational climate for change: The collective appraisal of the internal organizational environment [1]	1.1 Mission: Staff awareness of agency mission [1] 1.2 Staff cohesion: The focus on work group trust and cooperation [1] 1.3 Autonomy: Addresses the freedom and latitude staff members have in doing their work [2] 1.4 Stress: Pressure to do job [2] 1.5 Communication: Receptivity to suggestions from staff and the adequacy of information networks to keep everyone informed [1] 1.6 Openness to change: Management interest and efforts in keeping up with change [1] 1.7 Political change: Change across different organizational levels and areas [3]
2. Organizational contextual factors: The circumstances under which the change is occurring [4]	2.1 Healthcare organizational characteristics (structural): Factors that reflect the extent to which the circumstances under which the change is occurring enhance or inhibit the acceptance and implementation of change [5] 2.2 Organizational culture: values and beliefs of organizational members, which influence the character and quality of interpersonal relationships between members and between members and outsiders [6] 2.3 General resources: Qualities and characteristics that enable a practice to modify both its technical aspects and its values and/or beliefs regarding how it operates [7]
3. Organizational environment readiness: State of the organization [8]	3.1 Internal turbulences: Restructuring, staff turnover, miscellaneous organizational change [8] 3.2 Intra/Inter cooperation: Extent of cooperation between and within departments [8] 3.3 Organizational history of innovation: Prior history of successful innovation of practice implementation [8] 3.4 Leader innovativeness: Availability of a Leader of the innovation [8]

4. Organizational change content: Refers to the particular change that is being introduced and its characteristics [4]	4.1 Values and goals: Fit between existing health care organization structural and non-structural characteristics and innovation characteristics [3] 4.2 Attributes of change: Refers to 'what' factor of the change [4]
5. Management support: Belief that organizational leaders are committed to change [4]	5.1 Participation: The extent of leaders' participation in decision-making [7] 5.2 Leadership/ champion: Includes elements of teamwork, control, decision-making, effectiveness of organizational structures [6]
6. External influence: Outside motivators used as rationale for or against change [7]	6.1 External system: Health care affiliation or health care reimbursement [7] 6.2 Features of the change setting: Contextual features that can affect or be affected by the change [7]
7. Perceived option for change: The extent to which practice members understand, evaluate, or reflect on opportunities for change [7]	7.1 Understand history of change: What has this practice been through? What challenges has it faced in the past that gives shape to its current configuration? [7] 7.2 Approach to change initiatives: Practice members approach to change [7] 7.3 Evaluation of opportunities for change: Mechanisms used to review organizational change state [3]
8. Communication & Influence: Communication through social networks of health professionals and interpersonal influence [9]	8.1 Discussion: Development of shared meanings and values in relation to the change [9] 8.2 Dissemination: Planned, formal, often centralized strategies to spread the change [9]
9. Evidence: The strength and nature of the evidence as perceived by multiple stakeholders [6]	9.1 Patient experiences or preference: The proposed change should take into consideration the needs and preferences of patients [6] 9.2. Research evidence: The proposed change should be supported by published sources or participation in formal experiments [6] 9.3 Clinical evidence: The proposed change should be supported by clinical experience or professional knowledge [6]
10. Knowledge readiness: Reflects both general and specific kinds of knowledge required by health care innovation decision makers [3]	10.1 General knowledge: Previous healthcare organizations innovation patterns, decision-making processes, and innovation experiences [3] 10.2 Specific knowledge: Clinical practice standards, the impact of clinical practice standards on current practice processes and patient outcomes [3]
11. Operational readiness: Fit between practice characteristics and operational features of existing practice [3]	11.1 Durability: The ability of a practice to perform over a long period [10] 11.2 Consistency: The practice must fit actual patient care processes and work situations [10] 11.3 Reliability: The ability of a practice to perform its required functions under stated conditions for a specified period of time [10] 11.4 Accessibility: Practices must be available whenever users need them [10] 11.5 Processing speed: Practices must provide quick and value-added access to

	information [10] 11.6 Ease to use: Practices must be easy to use that they require little (or no) training [10]
12. Process readiness: Fit between clinical innovation characteristics and existing practice processes and information support readiness [3]	12.1 Evaluation process: Relates to how the organization measures its performance, and how feedback is provided to people within the organization [6] 12.2 Quality process: Process improvement recommendations [3] 12.3 Financial management: Budget management process used by the organization[3] 12.4 Strategic planning process: Type and role of individuals involved in development of the change strategic plan [3] 12.5 Decision-making process: Presence of decision-makers on key organizational committees (administrative and clinical) [3]
13. Innovation customization process: Readiness assessment results are used to design the innovation to meet the needs of the health care setting [11]	13.1 Innovation diffusion: The innovation is gradually introduced and diffused throughout the clinical practice environment [11] 13.2 Innovation implementation: The innovation is field tested as it is incrementally introduced into the clinical practice environment [11] 13.3 Routine use: Routinely utilization of the innovation in the clinical practice [11] 13.4 Adoption consequences: Innovation adoption creates consequences that can be either positive or negative for clinicians and the health care setting [11] 13.5 Innovation adoption: Usefulness and ease of use of the innovation [11]
14. Motivation: Refers to the collective desire or interest to make an effort toward a particular goal [7]	14.1 Pressure for change: From internal (e.g., staff) or external (e.g., regulatory and funding) sources. These pressures vary in intensity and form a summative index in which only at ‘‘higher’’ levels are they likely to reach sufficient threshold for a decision to take action [1] 14.2 Change needs: Valuation about strengths and weaknesses and issues that need attention [1] 14.3 Training needs: Perceptions of need for training in several general staff areas [1]
15. Institutional support: Refers to how the organization sustains and supports change [12]	15.1 Support climate: Support from senior leaders and middle managers of work environment, staff needs and funding support [5] 15.2 Monitoring: Incorporate rigorous monitoring of identified goals [9] 15.3 Feedback: Satisfactory feedback on change progress from those involved to improve processes [13]
16. Human resources: Adequate human resources to implement the practice strategic plan [14]	16.1 Staff attributes: Refers to professional growth, efficacy, influence, and adaptability that promote the change process [12]
17. End-users readiness: Users characteristics	17.1 Background and skills: Users past experiences or knowledge and skills level [3] 17.2 Commitment: Degree of ongoing commitment of those involved with the

and profile [3]	innovation [3] 17.3 Interpersonal responses to change: Desire for change[3] 17.4 Desired and perceived involvement: Degree of desired and perceived involvement in the innovation process [3] 17.5 Perceptions of benefits: The change is perceived to be personally beneficial [4] 17.6 Satisfaction: Users satisfaction with existing practice [3]

References

1. Lehman, W.E., J.M. Greener, and D.D. Simpson, *Assessing organizational readiness for change.* J Subst Abuse Treat, 2002. **22**(4): p. 197-209.
2. Greener, J.M., et al., *Influence of organizational functioning on client engagement in treatment.* J Subst Abuse Treat, 2007. **33**(2): p. 139-47.
3. Snyder-Halpern, R., *Indicators of organizational readiness for clinical information technology/systems innovation: a Delphi study.* Int J Med Inform, 2001. **63**(3): p. 179-204.
4. Holt, D.T., et al., *Readiness for Organizational Change: The Systematic Development of a Scale.* Journal of Applied Behavioral Science, 2007. **43**(2): p. 232-255.
5. Holt, D.T., et al., *Are you ready? How health professionals can comprehensively conceptualize readiness for change.* J Gen Intern Med. **25 Suppl 1**: p. 50-5.
6. Helfrich, C.D., et al., *Organizational readiness to change assessment (ORCA): Development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework.* Implement Sci, 2009. **4**: p. 38.
7. Cohen, D., et al., *A practice change model for quality improvement in primary care practice.* Journal of healthcare management / American College of Healthcare Executives, 2004. **49**(3): p. 155-68; discussion 169-70.
8. Wen, K.Y., et al., *Developing and validating a model to predict the success of an IHCS implementation: the Readiness for Implementation Model.* Journal of the American Medical Informatics Association : JAMIA, 2010. **17**(6): p. 707-13.
9. Greenhalgh, T., et al., *Diffusion of innovations in service organizations: systematic review and recommendations.* The Milbank quarterly, 2004. **82**(4): p. 581-629.
10. Snyder-Halpern, R., *Indicators of organizational readiness for clinical information technology/systems innovation: a Delphi study.* International journal of medical informatics, 2001. **63**(3): p. 179-204.

11. Snyder-Halpern, R., *Assessing health care setting readiness for point of care computerized clinical decision support system innovations.* Outcomes Manag Nurs Pract, 1999. **3**(3): p. 118-27.
12. Simpson, D.D., *A conceptual framework for transferring research to practice.* J Subst Abuse Treat, 2002. **22**(4): p. 171-82.
13. Simpson, D.D., *Organizational readiness for stage-based dynamics of innovation implementation.* Research on Social Work Practice, 2009. **19**(5): p. 541-551.
14. Jennett, P., et al., *Organizational readiness for telemedicine: implications for success and failure.* J Telemed Telecare, 2003. **9 Suppl 2**: p. S27-30.