

# ORGANIZATION READINESS ASSESSMENT

## REQUIRED INFORMATION

1. Organization/Health system name \_\_\_\_\_
  
2. Type of system (private practice, teaching hospital, federally qualified health center, etc.)  
\_\_\_\_\_
  
3. Name, email and phone number of person completing the form \_\_\_\_\_  
\_\_\_\_\_

Question	Yes	No
<b>Organization interest</b>		
Has the organization implemented group prenatal care before?		
If not, is there interest in group prenatal care?		
<b>Clinic leadership</b>		
Are there champions for Supportive Pregnancy Care among senior administration?		
List the names and roles of administrator champion staff.		
Is there demonstrated administrative support beyond champions?		
<b>Clinic infrastructure and patient volume</b>		
Is there room/space for group sessions, large enough to accommodate 22 adults?		
If no, is there access to a large group space to conduct the groups?		
What is the number of births at your facility per year?		
<b>Plan for Supportive Pregnancy Care?</b>		
Exclusively Supportive Pregnancy Care groups		
Providing both Supportive Pregnancy Care and traditional prenatal care		

(continued)

Question	Yes	No
<b>Provider commitment</b>		
What percentage of providers will recommend Supportive Pregnancy Care to their patients?		
Can you identify at least four individuals who will facilitate groups? One or two must be a licensed obstetric providers.		
Are obstetricians willing to facilitate Supportive Pregnancy Care?		
Are providers willing to put all women (including high-risk) into Supportive Pregnancy Care (with exceptions on a case-by-case basis)?		
<b>Community and health system</b>		
Are there other significant changes occurring in the community or health system that may impact Supportive Pregnancy Care uptake?		
If yes, describe the changes.		

# ORGANIZATION INFORMATION

Organization name \_\_\_\_\_

Who is providing information and feedback for this form?

Name \_\_\_\_\_ Role \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Other organization contacts:

Name \_\_\_\_\_ Name \_\_\_\_\_

Role \_\_\_\_\_ Role \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Type of institution (private practice, teaching hospital, federally qualified health center, etc.)

## PATIENT DEMOGRAPHICS

Patient Information	Total number in 2017
OB patients	
OB patients who initiate care in 1 <sup>st</sup> trimester	
Births (all types)	
Cesarean sections	
Preterm births	
Low-birthweight births	

### WHAT LANGUAGES ARE SPOKEN BY YOUR PATIENTS?

- Arabic     Haitian-Creole     Tagalog  
 Cantonese     Mandarin     Vietnamese  
 English     Spanish     Other \_\_\_\_\_

Percent of patients best served in a language other than English? \_\_\_\_\_ %

What are the specific health risk factors in this community?

\_\_\_\_\_

\_\_\_\_\_

### AGE AND RISK

Percent of OB patients ≥35 years old \_\_\_\_\_ %

Percent of OB patients <18 years old \_\_\_\_\_ %

Percent of women classified as high-risk pregnancy \_\_\_\_\_ %

### INSURANCE COVERAGE

Private \_\_\_\_\_ %

Medicaid \_\_\_\_\_ %

Self-pay/Uninsured \_\_\_\_\_ %

### RACE/ETHNICITY

African American/Black \_\_\_\_\_ %

American Indian/Alaska Native \_\_\_\_\_ %

Asian \_\_\_\_\_ %

Caucasian \_\_\_\_\_ %

Hispanic/Latina \_\_\_\_\_ %

Multiracial \_\_\_\_\_ %

Native Hawaiian/Other Pacific Islander \_\_\_\_\_ %

Other \_\_\_\_\_ %

# PROVIDER INFORMATION

Total number of obstetric clinic staff			
	# of staff		# of staff
Physicians		Medical assistants	
Certified nurse-midwives		Health educators	
Nurse practitioners		Social workers	
Physician assistants		Dietitians	
Residents		Other (list here)	
Nurses		Other (list here)	

What is the average number of patients seen per licensed obstetrical provider (MD, CNM, NP) per hour? \_\_\_\_\_

What is the no-show rate for OB appointments? \_\_\_\_\_

What is the average cycle time (in minutes) for a routine individual OB visit (patient length of time in clinic from check-in to check-out)? \_\_\_\_\_

# PROGRAM IMPLEMENTATION AND SITE OPERATION

Why is the site interested in implementing Supportive Pregnancy Care?

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Who are the administrative and clinical leadership who will lead and promote the implementation of Supportive Pregnancy Care?

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Role \_\_\_\_\_ Role \_\_\_\_\_ Role \_\_\_\_\_

How has the site changed in the last 1 to 2 years, if at all (for example, changes in leadership, practice size, patient demographics, etc.)?

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Are obstetricians willing to facilitate group care?  Yes  No

Are providers willing to put all women (including high-risk women) into Supportive Pregnancy Care (with exceptions on a case-by-case basis)?  Yes  No

What room is consistently available for Supportive Pregnancy Care and where is it located?

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Is Wi-Fi available in the room?  Yes  No

Is there storage space in or near the room for Supportive Pregnancy Care supplies/equipment?  Yes  No

What questions or concerns do you have about implementing March of Dimes Supportive Pregnancy Care at this site?

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