

Table 1. Descriptive Statistics for Independent Variables

Measure: brief description	K	Mean ± SD	Range (ordinal scale)	Cronbach's Alpha
<i>Organizational Readiness for Change: Adequacy of resources</i>				
<b>Financial insufficiency:</b> Limited resources to support needed changes or mandated quality improvement changes	3	3.00 ± 0.77	1 – 5	0.87
<b>Space sufficiency:</b> Clinical space, administrative space, patient education space	5	2.97 ± 0.97	1 – 5	0.87
<b>Sufficiency for information technology (IT) support:</b> Sufficient computers, basic and advanced CPRS (Computerized Patient Record System) training, access to medical informatics support	4	1.86 ± 0.76	1 – 5	0.78
<b>Clinical provider insufficiency:</b> Insufficient primary care providers (MD, NP, PA), number of unfilled vacancies	6	1.86 ± 0.76	1 – 5	0.67
<i>Organizational Readiness for Change: Motivation for Change</i>				
<b>Retreat for depression guideline training</b>	1	0.09*	Yes/No*	--†
<b>Location in VA regional network that endorsed TIDES</b>	1	0.16	Yes/No	--
<i>Organizational Readiness for Change: Staff Attributes</i>				
<b>Clinical champion for depression treatment</b>	1	0.17	Yes/No	--
<b>Presence of psychiatrist on PC staff</b>	1	0.28	Yes/No	--
<b>Presence of psychologist on PC staff</b>	1	0.30	Yes/No	--
<b>Presence of social worker on PC staff</b>	1	0.76	Yes/No	--
<i>Organizational Readiness for Change: Organizational climate</i>				
<b>Teamwork:</b> Teamwork in implementing clinical practice guidelines	1	3.31 ± 0.94	1 – 5	--
<b>Communication and cooperation:</b> Cooperation among physicians and administration, communication between physicians and nurses, cooperation between departments, culture of flexibility, patient complaints promptly resolved	7	3.58 ± 0.58	1 – 5	0.83
<b>Orientation towards quality improvement (QI):</b> Use patient data to improve services, assess patient needs and satisfaction, efforts to improve work process	6	3.68 ± 0.62	1 – 5	0.81
<b>Competing demands and stress:</b> Clinicians and staff feel overwhelmed, constant change in practice, perceived stress, inability to make changes, hectic pace	10	3.29 ± 0.54	1 – 5	0.87
<b>Internal authority over primary care clinic:</b> Authority to set administrative policies, establish clinical procedures, and implement guidelines in primary care clinic	3	2.86 ± 0.75	1 – 4	0.92
<b>External authority over relationship with subspecialists:</b> Authority over referral mechanisms, obtaining timely specialty consults, primary care contract services, obtaining additional resources	4	2.22 ± 0.73	1 – 4	0.84
<b>Resistance:</b>	3	2.82 ± 0.78	1 – 5	0.90

Measure: brief description	K	Mean ± SD	Range (ordinal scale)	Cronbach's Alpha
Resistance among physicians, nurses, other providers for implementing clinical guidelines				

\* Measure is dichotomous and does not have SD.

† Measure is based on a single question and does not have a Cronbach's alpha.

Table 2. Survey items for scales used in this analysis

A. Adequacy of resources: Financial insufficiency

To what extent do the following serve as barrier(s) to <i>improving performance</i> at your facility?	Proportion indicating <i>Large / Moderate</i> barrier
Limited financial resources to support needed changes	58%
Limited ability to shift financial or human resources where most needed	73%
In general, at your primary care program in the past year, to what extent:	Very Great / Great support
Was there sufficient financial support to implement mandated quality improvement changes	21%

B. Adequacy of resources: Sufficiency of space

How much of the time are the following types of <i>space, equipment and services</i> sufficient to meet your primary care program's needs	Proportion indicating <i>Completely/ Mostly</i> Sufficient
Administrative offices for <i>clinical</i> staff	40%
Administrative offices for <i>support</i> personnel	42%
Clinical space ( <i>i.e., size, layout, waiting rooms</i> )	37%
Number of exam rooms per provider	41%
Patient education space ( <i>e.g., classrooms, workstations, etc.</i> )	34%

C. Adequacy of resources: Sufficiency of information technology support

How much of the time are the following types of <i>space, equipment and services</i> sufficient to meet your primary care program's needs	Proportion indicating <i>Always / Usually</i> sufficient
Personal computers (PCs) or workstations	88%

CPRS training time in <i>basic functions</i> for <i>clinical providers (e.g., writing progress notes, charting functions)</i>	51%
CPRS training time in <i>advanced functions</i> for <i>clinical providers (e.g., patient registries, tracking labs over time using graphing function)</i>	28%
Access to medical informatics support	39%

D. Adequacy of resources: Clinical provider insufficiency

<b>To what extent are the following types of <i>clinicians and support staff</i> sufficient to meet PC program goals?</b>	<b>Proportion indicating <i>Completely / Mostly sufficient</i></b>
Generalist physicians (e.g. general internists, family medicine)	65%
MDs in other specialties or subspecialties	20%
Nurse practitioners (NPs)	63%
Physicians Assistants	46%
<b>About how many unfilled vacancies do you have in your primary care program?</b>	
MDs	Mean 1.33 Std dev 1.65
non-MDs	Mean 0.60 Std dev 1.05

E. Organizational climate: Communication and cooperation

<b>In general, at your primary care program in the past year, to what extent:</b>	<b>Proportion indicating <i>Very Great / Great</i></b>
Was there cooperation between physicians and senior administration	58%
Was there effective communication between physicians and nurses	69%
Did the culture of your facility foster flexibility	34%
Did the culture of your facility emphasize participative decision-making	34%
Was there cooperation between departments	39%

<b>Assessing the quality improvement orientation in your VA primary care program.</b>	<b>Proportion indicating <i>Strongly Agree/ Agree</i></b>
Staff promptly resolve patient complaints	49%
Patients' complaints are studied to identify patterns and prevent the same problem from recurring	68%

F. Organizational climate: Orientation towards quality improvement

<b>We want to assess the quality improvement orientation in your VA primary care program.</b>	<b>Proportion indicating <i>Strongly Agree/ Agree</i></b>
Physicians are adequately recognized (non-financially) for improving quality	49%
We make sure that we regularly take time to figure out ways to improve our work process	67%
We use a wide range of data and information about the quality of care and services to make improvements	85%
We use data from patients to improve services	82%
The organization does a good job of assessing current patient needs and expectations	56%
The organization uses data on customer expectations and/or satisfaction when designing new services	65%

G. Organizational climate: Competing demands and stress

<b>Do you agree or disagree with the following statements?</b>	<b>Proportion indicating <i>Strongly Agree/ Agree</i></b>
It is hard to make any changes in this practice because we are so busy seeing patients	68%
The staff members of this practice very frequently feel overwhelmed by the work demands	79%
The clinicians in this practice very frequently feel overwhelmed by the work demands	81%
Practice experienced as "stressful"	72%
This practice is almost always in chaos	18%
Things have been changing so fast in our practice that it is hard to keep up with what is going on	43%

To what extent do you think each of the following serves as a barrier to improving performance at your facility?	Proportion indicating Large/Moderate Barrier
Insufficient numbers of primary care providers	51%
Competing demands across too many initiatives	88%
Describe the pace of your PC practice environment (% indicating hectic, chaotic)	58%
Great deal/moderate stress (time pressures, external demand, dealing with patient) in PC clinic	31%

H. Organizational climate: Internal authority over primary care clinic

As a clinical leader, how much authority do you have in taking the following actions regarding your primary care program?	Proportion indicating Complete/ A Good Deal of authority
Setting administrative policies for PC	48%
Establishing clinical procedures for PC	72%
Implementing guidelines pertinent to PC	77%

I. Organizational climate: External authority over relationships with specialists

As a clinical leader, how much authority do you have in taking the following actions regarding your primary care program?	Proportion indicating Complete/ A Good Deal of authority
Obtaining PC contract services	31%
Establishing referral mechanisms	48%
Establishing procedures for obtaining specialty consult results in a timely manner	37%
Obtaining additional resources for PC quality	35%

J. Organizational climate: Resistance

In the past year, when clinical guidelines were implemented in your facility, to what extent:	Proportion indicating Very Great/ Great
Was there resistance from physicians?	15.1%

Was there resistance from nurses?	10.9%
Was there resistance from other providers?	12.9%