

Organizational Structures for Clinical Transformation



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The healthcare industry is in the process of transforming itself using technology. These transformation efforts focus on moving from manual processes, often based on historical practices, to technology-enabled or even automated processes. The overall effort involved in such a transformation creates a tremendous amount of disruption to all aspects of the organization, creating the absolute need for a commitment to managing change.

This paper explores, through case studies, the clinical and cultural considerations in implementing and managing workflow changes at three large healthcare systems.

Introduction

The scope of clinical and cultural transformation in healthcare today is profound and all-inclusive. It requires collaboration between all clinical and technical areas of a healthcare organization, necessitating new governance and organizational structures.

The transformation is multi-dimensional, taking on medical, clinical and cultural implications. On the medical and clinical sides, efforts focus on determining and implementing best-practice, evidence-based processes that support the adoption of clinical technologies. On the cultural side, the clinical transformation efforts require healthcare organizations to work collaboratively, bringing together groups of physicians, nurses, pharmacists, ancillary care providers, and information system personnel to challenge the way things are done today. The results of such collaboration are new care processes and practices, as well as data standards and integrity that better support a patient-centric approach to care. These developments will ensure patient safety, quality of care, workflow efficiencies, care timeliness and effectiveness, and overall caregiver productivity.

The overall effort creates a tremendous amount of disruption to all aspects of the organization, creating the absolute need for a commitment to managing change at every point along the way.

Because the scope of this clinical and cultural transformation is so profound and all-inclusive, organizations must create new governance and organizational structures that ensure collaboration across clinical and technical areas. To succeed, organizational change structures, committees and teams should ensure:

- Leadership alignment at the senior executive level, including board-level support
- Participation of multi-disciplinary end-user work teams
- Sponsorship by clinical, operational and physician leaders

- Facilitation from IT personnel

Recurring theme

The case studies that follow explore three large healthcare systems that are transforming clinical care through the implementation of workflow changes supported by technologies. The recurring theme in all of the organizational structures is ***the presence of physician and nursing championship along with careful alignment of the organization's operational entities.***

Essentially, though the goal appears to be the implementation of a technology, the organizations define goals that align with the utilization of the technology. Thus, their end goals are the adoption of the technology in the provision of high quality patient care.

Essentially, though the goal for each organization appears to be the implementation of a technology, the organizations focus their goals on steps that affect use of the technology. Thus, their end goals are actually the adoption of the technology.

Finally, in addition to addressing organizational clinical transformation models, efforts were made to provide examples of clinical transformation department reporting within the overall organizational leadership structure. Today, trends reveal reporting of transformation departments through the Chief Information Officer (CIO); however, comments from management indicate specific challenges with this structure, namely, a lack of clinical/medical process change impacting leadership, understanding and appreciation.

Alignment must provide clear and highly supported lines of communication between transformational leaders and clinical/medical staff operational leaders at all levels of the organization. So while healthcare organizations continue to look for organizational alignment best practice for positive clinical transformation, the leadership of clinical transformation aligned with the CIO could put the technology implementation goals at risk. It is imperative that clinical information system implementations are championed by senior medical and clinical leaders working in complete alignment with the CIO.

Case Study One: Reorganization Around a New Clinical Application

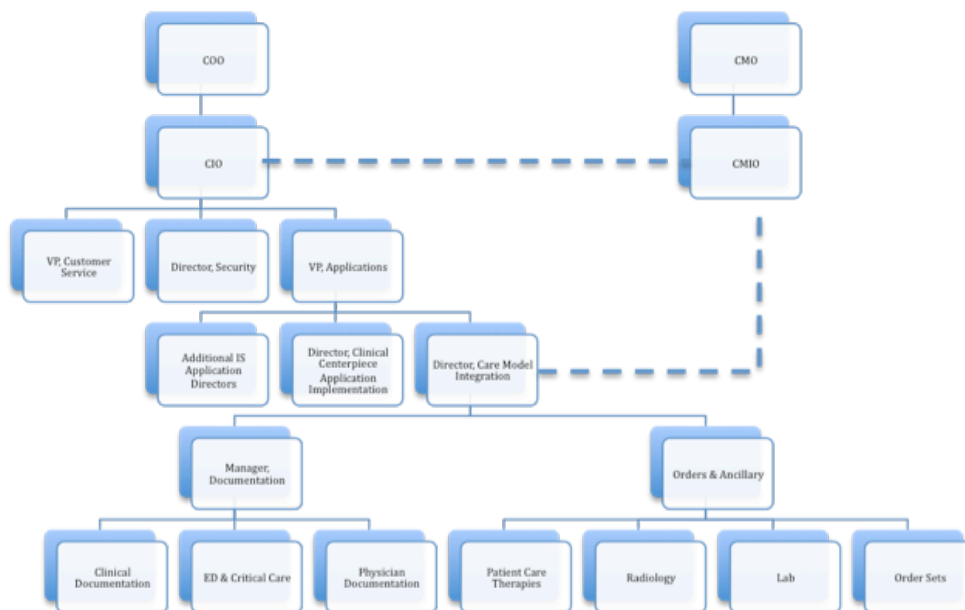
Healthcare Organization One (HO1) is a 12-hospital health system that is implementing a clinical centerpiece application that will address scheduling, access, emergency department (ED), order entry, and clinical documentation. HO1 began their clinical transformation efforts by creating a department of clinical transformation (CT). The CT department reported to the Chief Operating Officer (COO), who in turn partners with the information systems department (IS). At the start of their clinical transformation journey, HO1 had no senior medical or nursing officer; and the lack of alignment of the CT department and IS created significant issues.

Eventually, a Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) joined with the Chief Medical Information Officer (CMIO) to reorganize the CT department. The goals included:

- To better align with the work of IS; and,
- Become a bridge between technology and clinical operations.

Under the new organization, the CT team reports to the Vice President of Applications (VPA) through the Director of Care Model Integration (CMI) (see chart below). The CMI role includes a dotted line reporting relationship to the CMIO. In addition, the technology implementation project manager reports to the VPA, creating a cohesive and collaborative team under a single senior leader.

HO1's Operational Leadership Structure, Reporting to the CIO



Two distinct governance structures now function under the direction of the CIO – IS and clinical informatics.

IS governance for the organization is overseen by an IS Governance Council (ISGC). Chaired by the COO, membership on the ISGC includes the C-level leaders at the system level as well as



the CIO and his senior leadership team.

The Executive Committee (EC) oversees clinical informatics governance for the organization. This includes the data and workflow that will be impacted during implementation of the electronic health record (EHR). The CMO chairs this committee of senior clinical leaders, including physicians, nursing, quality, patient safety and IS. Input to discipline-specific data and workflow comes through the system-level, interdisciplinary and/or departmental clinical councils, with each council co-chaired by a physician and an operational leader.

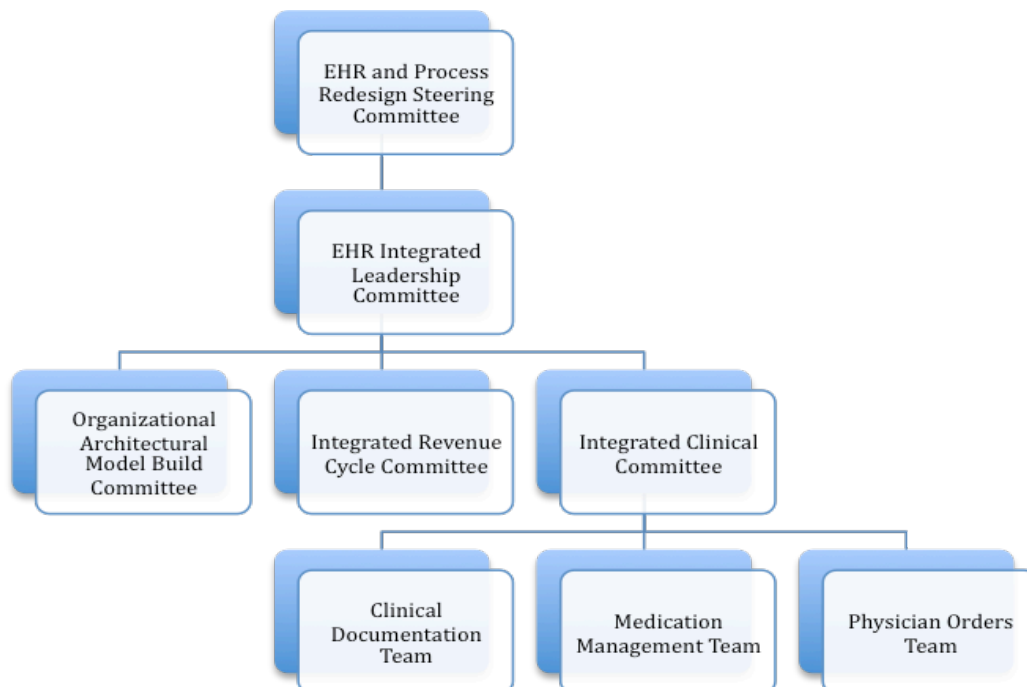
Hospital-level governance for IS (as well as clinical data and process standardization that is a result of the EHR) occurs through Facility Implementation Teams (FIT). The FIT is co-sponsored by: a senior hospital executive, a physician leader and representatives from various hospital departments and the medical staff.

Case Study Two: Enterprise-build Localized at 22 Hospitals

Healthcare Organization Two (HO2) is a 22-hospital healthcare system implementing a clinical centerpiece application that will address scheduling, access, ED, order entry, medication management, and clinical documentation.

In addition, they are implementing a system standard RIS. Like HO1, they are creating an enterprise build with localization at the affiliate or hospital level. The overall project timeline is six years.

HO2 Committee Structure for EHR Project



The CEO chairs the system-level EHR and Process Transformation Steering Committee, with membership including the C-suite leaders. Reporting to this committee is the EHR Integrated Leadership Committee, which is made up of operational leadership from the four affiliates that are targeted for go-live first. Reporting to this committee are two lines of work - the technical build and operational standardization.

The technical build is considered the organization’s Architectural Model. During build sessions, operational/clinical frontline leaders and staff address technical considerations such as navigation tools, headers and the overall application look and feel.

An Integrated Revenue Cycle Committee and the Integrated Clinical Committee oversee operational and clinical standardization, including data content and definition, documentation flow sheets and workflow.

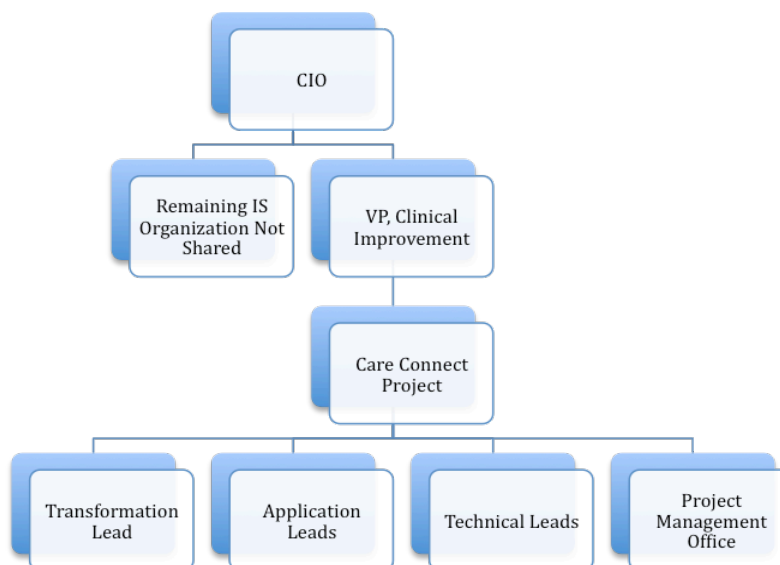
These are chaired by key operational leaders and although integrated, are focused on specific functional areas.

Similar to HO1, HO2 has a CT department reporting through the CIO. It is through the project structure above that transformational project activities occur.

Case Study Three: Two Clinical Information Systems, One Implementation Team

Healthcare Organization Three (HO3) is a 43-site organization focused on implementing two major clinical information system vendors. While they are using different vendors, chosen based on current business needs and practices, a single project team leads the transformation. In spite of the different clinical applications, the organization is committed to as similar as possible care processes, practices and data structures.

HO3’s High-level Organizational Structure

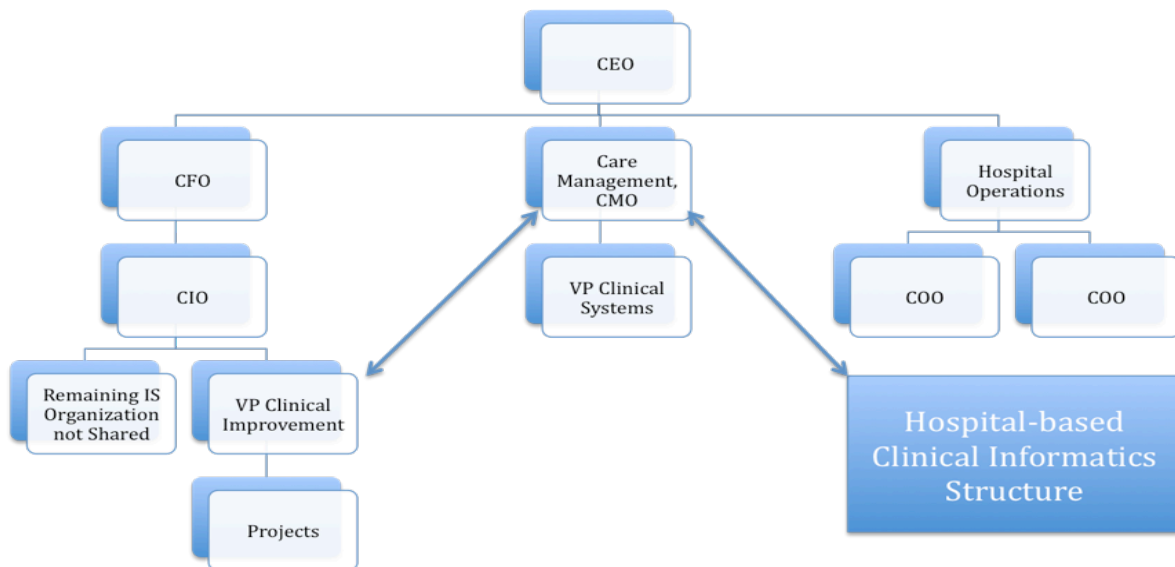


The project reports through the CIO via a Vice President of Clinical Improvement, who is responsible for the transformation as well as the application implementation areas. These teams work with hospital-based process and application design teams.

The Transformation Lead is responsible for overall project governance, change management, process redesign and standardization and user readiness. These efforts are paramount to the success of an EHR implementation. It is significant to note that the Transformation Lead that initially reported through the CMO was repositioned with the arrival of a new CIO.

Because of the importance for transformation departments to be tightly connected to clinical and medical staff governance, HO3 established a dotted line relationship between the VP of Clinical Improvement and the CMO. This then presents itself through alignment with the clinical informatics structure that exists at each of the system’s hospitals.

HO3 Organizational Structure



At HO3, the hospital implementation steering committee consists of the clinical informaticist along with an executive business sponsor and a clinical/medical staff leader.

Industry Discussion with HIMSS Analytics

At the request of DIVURGENT, the leadership of HIMSS Analytics, www.himssanalytics.org, discussed known trends in how the CT department and clinical applications is structured within hospitals and healthcare systems today. Depending on the organization, the CT department reports to IS, nursing leadership, medical staff leadership, and high level operational leadership such as the COO. HIMSS Analytics experts agreed that no specific trends now exist concerning this reporting structure.

They did note, however, that no matter what the reporting structure, best practice would support clear alignment of strategy, goals and work activities between the CT department and the clinical and

medical staff leadership (CNO and CMO). In further discussing the future of the CT department, they indicated that it could evolve into one department with overall responsibility for a formal informatics strategy.

This group as well as leaders of the three healthcare organizations featured here for case studies, expressed some frustration overall with hospital leadership teams. They expressed that hospital leadership, including the CIO, did not fully appreciate the need to consider transformational process and practice activities well in advance of the technology implementation.

Finally, we assume that the goal of a technology implementation is not the implementation itself, but the adoption of the technology into clinical and medical staff practice and work flow processes. Therefore, the health systems discussed here maintained significant focus on the importance of a well-defined and well-supported change management strategy and plan. This is something for which a CT department is uniquely qualified.

Conclusions

While healthcare organizations continue to look for organizational alignment best practice for positive clinical transformation outcomes, the move to placement under the CIO puts the appreciation for, and support of, the impact on clinical/medical processes and practice at risk. Alignment, if reporting to the CIO, must provide clear and highly supported lines of communication between transformational leaders and clinical/medical staff operational leaders at all levels of the organization in order to be successful.

About The Authors:

Mary Lawrence Staley-Sirois, PT, MBA is President of Resurgence Consulting. Ms. Sirois has nearly 20 years of healthcare operational and strategic planning experience across a wide spectrum of provider and academic environments. As a physical therapist by clinical background, she has worked with large and small healthcare systems on the planning necessary for clinical transformation as a result of an EHR deployment, organization governance and change management, medical and clinical staff collaboration on best practice and evidence-based processes, regulatory compliance readiness and issue resolution, organizational budget development and related benefits realization projection, and detailed project planning.

Ms. Sirois' work is focused on leveraging the skills and team of the healthcare organization in the deployment of strategic initiatives - from product development, to operational management, to transformation of clinical process and practice, to EHR adoption. Ms. Sirois is well-published on HIPAA compliance and is a public speaker in healthcare operations and regulatory compliance. In addition to her work in the healthcare provider market, Ms. Sirois works closely with international organizations for the development of operational and educational programs to improve healthcare in developing countries.

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Mr. Korschak is a registered Pharmacist, possesses an MBA in health services administration, is board certified in healthcare management, and is a six sigma black belt. He is an Adjunct Professor with Old Dominion University leading classes in their MBA program on Performance Improvement, Negotiation and Business Ethics. Mr. Korschak's commitment to the healthcare industry is evident in his participation in some of today's leading healthcare trade organizations including serving as the immediate Past President of the Virginia HIMSS Chapter, and achieving and maintaining Fellow status in both the Healthcare Information Management and Systems Society (HIMSS) and the American College of Healthcare Executives (ACHE).

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