Clinical Information Technology Governance

Not Just Another Meeting

Ask any person in healthcare operations what is the last thing they need in their day and, I am sure, an overwhelming response would be—another committee meeting. The concept of “death by committee” started out as a way to explain why good initiatives never get implemented due to the stifling effects of bureaucratic processes. I’ve heard some say that a good committee meeting is one you leave without having to make a decision. A running joke is the senior executive who said: The last time I sat on a committee, we were presented with a plan which had two alternatives. We therefore narrowed it down to eighteen possibilities for further discussion. It seems that committee work has become such a burden that “death by committee” now seems more like a criminal sentence than a rationale!

So why am I writing an article on yet another committee structure? Because I believe that we in healthcare need to implement the right clinical governance structure to oversee clinical information technology initiatives. Today, clinical IT is finally being universally viewed as a critical component of healthcare reform and we are only going to get one chance to do this right. This means having everyone in the organization, from the Board Members to the bedside clinicians, all focused on the same plan, the same tactical initiatives and the same outcomes.

Industries around the world have embraced information technology, successfully integrating it into their business models as a powerful way to foster growth, enhance inter-connectivity and improve their bottom line.

Leaders in these industries consider IT inseparable from daily business operations and key to achieving their strategies. They realize there is no greater barrier to innovation and success than falling behind the IT curve.

Unfortunately, the healthcare industry traditionally has not been as proactive. While our industry has been extremely innovative in clinical technology, we have often struggled to successfully integrate IT into our care delivery and management processes. The results of falling behind the information technology curve have been economic black holes, performance issues and critical patient risks.

How we make decisions now about clinical IT will affect our abilities to achieve “meaningful use.” If the people who make these decisions are the people who will also bear the consequences of these decisions, perhaps better decisions will be made and better outcomes will be achieved.

In the perfect world, governance activities start with aligning strategies throughout the enterprise and then implementing systems in conjunction with operational change while managing risks. Unfortunately we don’t always have the luxury of building a top-down governance structure before we start building our clinical IT infrastructures. IT governance, however, is a continuous cycle and can be entered into at any point in an IT project. Regardless of the direction we build the structure or how far we have already progressed in implementing clinical information technologies, having a clinical IT governance structure in place is imperative today more than ever.

Clinical information technology governance consists of the leadership, organizational structures and operational processes needed to ensure that a healthcare organization’s information technology supports, sustains and expands its clinical strategies and objectives. The role of this IT governance structure is to set strategy, manage risk, deliver value and measure performance for information technology. It is a multi-tiered committee structure that spans the strategic and operational layers of the healthcare organization. And each layer has its key role in clinical IT success.

Responsibility for clinical IT governance starts with the Board of Directors and Executive Management of the health system. At this level, it cannot be an isolated discipline or activity, but needs to be one that is inte-
IT governance responsibilities form part of the broader framework of enterprise governance. In simple terms, for mission critical IT systems, governance should be effective, transparent and accountable. This means that senior leadership should be very clear about its own responsibilities and accountabilities, and those of operational and IT management regarding the use of clinical information technology. There must be a system in place to deliver on those responsibilities. The governance structure is part of that system.

Once the clinical IT strategy and objectives are set, responsibilities for implementing the strategy pass to the Clinical IT Governance Committee. The purpose of this committee is to begin “operationalizing” the clinical strategies and objectives defined by the Board of Directors and Executive Leadership. Its primary responsibilities are to establish and assume ownership for the clinical IT strategic plan and communicate the clinical IT vision and direction throughout the organization. It develops and establishes clinical implementation strategies, establishes guiding principles associated with clinical standards adoption and change management, makes recommendations regarding the allocation and prioritization of resources and resolves clinical conflict in accordance with the clinical guiding principles.

The Clinical IT Governance Committee is a standing committee whose scope of responsibility extends across all clinical information technology projects within the organization. This is the committee that not only understands the big picture but is responsible for executing it. Whether the technology initiatives are departmental in nature, such as lab or radiology systems, or enterprise-wide, such as the implementation of an EMR, all clinical IT projects fall under the strategic oversight of this committee. The Chief Medical Officer of the healthcare organization usually serves as the chair with the Chief Medical Information Officer serving as co-chair. Membership should also include the organization’s chief operating and nursing officers, clinical department chairs and senior clinical champions.

The next level of governance resides in the Clinical Oversight Committee. The purpose of this committee is to oversee the design, selection and implementation of clinical information technology planned, in process or in place within the health system. Depending on where an organization is in rolling out its clinical IT strategy, there may be separate oversight committees for inpatient and ambulatory care IT projects. Its general responsibilities include developing and managing clinical implementation strategies and overseeing the management of clinical IT service delivery and clinical IT projects as they relate to clinical practice. This committee ensures co-responsibility between clinical operations and IT for making strategic operational decisions and obtaining benefits from IT-enabled clinical investments. Very often, this committee will disband after the successful implementation of the acute or ambulatory clinical system portfolio and its responsibilities will revert back to the Clinical IT Governance Committee. Membership in the Clinical Oversight Committee reflects the next level clinical leadership within the organization. It is often co-chaired by physician and nursing leadership and includes clinical department leaders, clinical CIOs and patient safety officers.

The purpose of the Clinical IT Operations Committee is to manage the implementation of clinical IT initiatives and ensure the systems and operational processes are sustained over time. Its responsibilities include ensuring clinical IT projects continuously meet evolving clinical process requirements, monitoring the progress of clinical Information systems adoption by the clinician community, making recommendations and requests for changes to the Clinical IT strategic plan as requirements change and resolving clinical and system issues raised at the point of care delivery. Membership of the Clinical IT Operation Committee include front line clinical managers, direct care providers and clinical champions as well as clinical IT analysts. This committee, supported by various work groups, makes recommendations and decisions associated with how information technology will be utilized within the core clinical processes of the organizations and participates in the design and development of clinical content, workflow design and development and serves as grass roots champions for specific information systems being implemented.

It can be a struggle to stand up this structure all at once which is why we often see committees established to directly manage clinical implementation projects but the more strategic responsibilities and activities are folded into other standing committees. Establishing the full governance structure and acknowledging that clinical IT initiatives are very different from business IT initiatives is key to successfully implementing and sustaining clinical systems, ensuring clinician adoption and achieving meaningful use of the technology. It takes time, at least a year or more, to establish the structure, populate the groups and get people working well together. It also takes commitment on everyone’s part to make the hard decisions at every level of the organization. Each level of the governance structure needs to be empowered to make decisions knowing they have the backing of the full governance. As one physician told me, it is much easier to accept a quick “no” and move on than to deal with a prolonged “maybe” while issues move up the chain of command. Making decisions as close to where the clinical IT will be used and by the ones using it is the direction we all need to move to.

Today, we can no longer afford to have clinical IT as one of many items on a meeting agenda. It needs the focus and knowledgeable professionals its own governance structure provides.

Barbara J. Hoehn, RN, CEO of Healthought Leaders Inc., has more than 20 years experience in clinical systems. She can be reached at bhoehn@healththoughtleaders.com.