I have most recently worked with a healthcare system that related the organization’s transformation journey to scaling Mt. Everest. The analogy was intended to illustrate that all journeys need a detailed level of planning, and those going on the journey need to be adequately prepared. The adventurers who are most successful complete extensive preparation in order to ready themselves for the rigors of the journey. The leader is a visionary, sets the direction and guides the team toward the goal.

The team consists of individuals who are passionate about and share the common goal; clear roles and responsibilities are assigned and accepted. Team members are trained so each person can perform as needed, contributing to the whole, and are equipped with the necessary tools to enable them to accomplish their goal. A plan is crafted that breaks the climb into bite-size chunks, allowing them to celebrate achievement of interim goals. The team prepares for the worst, while hoping for the best. They collectively determine their readiness and begin the climb as a single, finely tuned unit. The team is solely focused on mechanics of the climb and do not question how or why they are climbing.

In summary, the keys to success are: know where you are going and what it will look like when you get there; prepare a detailed roadmap for the journey; bring the right resources, skills and tools in sufficient number to be successful; and identify the right leader to guide you through the journey.

Meaningful use, as it is defined: “using a certified EHR in a meaningful way; using certified EHR technology to electronically exchange information and using a certified EHR to submit clinical quality and other measures,” forces collaboration through the formation of multi-disciplinary system-wide teams. New structures and processes must emerge to deliver capabilities and levels of adoption now mandated.

Several challenges face healthcare organizations today. The first challenge is focusing efforts to put the right structures and processes in place to address the keys to success identified above. This level of rigor and structure is even more critical as organizations respond to changing legislative demands. The second challenge involves finding organizational competencies who can re-think the way healthcare systems will provide healthcare. Tweaking our current processes is no longer sufficient to achieve the needed change. Organizations must ask themselves “how can we do things differently?”

Stage I of meaningful use sets initial goals for organizations and providers. The climb will become more challenging with each subsequent stage. Now is the time to lay the organizational foundation that will drive the transformation through meaningful use and whatever else may come the organization’s way in the ensuing years.

So, how do we begin?

I have had the opportunity to work with healthcare organizations all along this transformation continuum; some have been in the early stages of direction setting while others are in the throes of complex EHR implementations. But no matter where they fall along the transformation continuum, the following elements must be present in order to optimize success.

**DEMONSTRATED EXECUTIVE ADVOCACY**

Craft and communicate clinical and administrative direction setting. Clearly communicate the strategic and associated clinical vision and end game throughout the organization. Executives who can exhibit passion for the vision when communicating is a plus.

Establish and Enforce Clear, Crisp Decision-making. A little structure goes a long way. Identify the necessary organization decision making structures and processes that must be in place to crisply make and sustain decisions well beyond initial efforts.

Advocate a Culture of Performance Improvement. Future processes will be patient-centered, evidence-based, metrics-driven and transparent. Critical skills will
need to be developed. Investments in building this skill set in the organization will be essential and must begin immediately. Executives will advocate for performance improvement methodologies to drive change in the organization.

**Keep the Organization Focused.** Review and approve requests that align with organization’s priorities. Executives will set prioritization criteria; define a set of overarching guiding principles and design tenets for use when reviewing change requests.

**INVESTMENT IN A TRANSFORMATION INFRASTRUCTURE LED BY A TRANSFORMATION OFFICER**

Organizations need to find methods for working smarter with less. Tweaking the way we provide care today is no longer sufficient to achieve the needed change. Organizations must ask themselves “how can we do things differently?” That’s where the transformation officer comes in as this leader will look at things with a different set of eyes. This role is integral to organization change and adoption of new processes and enabling tools.

The transformation team consists of a core set of resources to facilitate and sustain change throughout the organization. The trick is to find the right people with the right skills and focus to get the work done. The transformation infrastructure should include at least the following services and skills: performance improvement, clinical informatics, evidence-based clinical content management, process-based education, communications and organizational messaging and outcomes management. Methods and practices need to be developed for each service area and integrated into all in-process and future change initiatives.

Realistically, the organization will need to build competencies in these areas over time.

**CRAFT A COMPELLING STORY AND TAILOR TO THE AUDIENCE**

What will this new healthcare delivery system look like for our patients, providers and clinicians? A story is needed that resonates with the clinicians, physicians and administration and allows them to imagine what is possible. The story should illustrate a patient experience with the health system through a set of future state core processes: accessing care, providing care, managing the health of the population and managing the business.

A broader group of organizational leaders; directors and managers, are engaged in this effort, which generates more excitement and organizational traction regarding the story and what is possible. Further, this group is instrumental in crafting the audience-specific messages and the level of creativity that these leaders bring to the table is exceptional. This effort has been universally successful when attempted and results in a much larger pool of transformation advocates.

**APPLIED RIGOR AND FOCUS**

Implementation methods and practices. Practical methodologies and tools must be developed to manage the design, implementation and acceptance of new work processes and enabling technologies.

**Outcomes and Metrics.** All initiatives must describe the resulting value they plan to bring to the organization. Targeted values and outcomes will be periodically reviewed and the results shared with the organization by initiative sponsors. The organization should perform a Stage I meaningful use readiness assessment against all finalized criteria; identifying what changes in processes and practices will result in the achievement of each factor. Determine how you will monitor/demonstrate success; internally and externally and finally, how will you sustain the achievements.

**Decisions.** Shared decision-making can only be adopted when decisions are formally documented, allowing for transparency, thoroughly vetted and agreed upon by impacted stakeholders who will advocate for accountability.

**KNOW YOUR EHR VENDOR’S DIRECTION AND CHART YOUR OWN TECHNOLOGY COURSE**

What is your electronic health record migration path? Do you have one? This migration plan will inform the clinicians as they are designing work processes; to ensure that processes are streamlined as possible with minimal break points. The number and variety of applications will also impact the design and adoption of new work processes. What applications do you have in your current portfolio? Do you have too many technologies, too few? Or do you believe you have it just right?

Build your clinical capability around the organization’s certified EHR technology. Assess your current technology capabilities and develop a plan to simplify your application portfolio wherever possible. Is your EHR solution certified by the vendor(s)? If not, what realistic choices do you have at
this stage? Package these decisions in the form of a clinical delivery roadmap. Finally, develop a comprehensive technology infrastructure roadmap in support of the EHR migration plan and clinical delivery roadmap.

**ENGAGED PHYSICIANS**

What does meaningful use look like for the clinicians? What capabilities must be there in order for clinicians to rely on automated tools?

Physicians are already feeling the pressures and are being bombarded with articles, opinion blogs, Web seminars, etc, regarding meaningful use and what it means for them. Physicians acknowledge that the time has come for them to move into the electronic realm. Many have EHRs in their office practice; which is much more prevalent in recent years. The question is how organizations relate the physicians’ EHRs to the health system's EHR to meet meaningful use requirements.

Recruit physicians to participate in transformation efforts by crafting the future clinical care delivery models and overseeing the design, approval and adoption of evidence-based content. Physicians also play an integral role in selecting the optimal information access tools; determining the level of mobility, size, usage and adequate number needed to ensure physicians will make use of the automation available.

**ALIGN TRANSFORMATION ACTIVITIES WITH THE ORGANIZATION’S ELECTRONIC HEALTH RECORD INITIATIVE**

Most organizations have already embarked upon their electronic health record journey and are scrambling to assess their ability to meet the meaningful use Stage I criteria. The assessment and development of critical action plans can be conducted by the transformation team. Ongoing initiatives can be reviewed and transformation skills/activities can be incorporated into the plans, where possible. All efforts should be made to get transformational activities out in front of the technology train.

Alexandra Mustafaraj, founder and President of LEO Oz Group Inc., has more than 25 years’ experience in all aspects of healthcare systems lifecycle; from strategic direction setting through process driven system implementations. She has served in vendor, hospital IT clinical leadership, consulting and practicing clinician roles throughout her career.

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