Health Information Technology (HIT) Network Readiness Assessment

This is a publication of the National Rural Health Resource Center.

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NATIONAL RURAL HEALTH RESOURCE CENTER

HEALTH INFORMATION TECHNOLOGY (HIT) NETWORK READINESS ASSESSMENT

Introduction

The HIT Network Readiness Assessment Tool was created by the National Rural Health Resource Center (The Center) because we recognize that building a HIT network is a complex and time-consuming task. Network leaders must think through intricate organizational issues around leadership, finance, planning, member engagement and decision making. In an effort to move HIT networks down the learning curve faster, this tool can be used to assess the organizational strengths and weaknesses and target the network's technical assistance needs. It is intended to be used as a self-assessment instrument that network leaders and members can use to identify areas needing attention.

This tool consists of 25 statements arranged in seven sections. Each section represents a key component necessary for a successful HIT network. These include: Leadership; Strategic Planning; Network Members & Community; Evaluation, Measurement & Knowledge Transfer; Workforce, Culture & Technology; Processes; and, Impact. Network leaders, board members, physicians, and other involved parties can use the tool to benchmark their current position or use it as a starting point for a discussion around the present or future direction of the network. The numbers associated with each statement are not intended to be used as a composite score, only to reflect how the network is doing in critical areas and where attention and/or improvement efforts could be directed.

Instructions

- Please read each statement and check the number that best reflects your network's present position.
- The numbering key is as follows:
 - 1 = No
 - 5 = Yes
 - 2, 3, or 4 should be marked if neither "yes" nor "no" is entirely accurate and if the statement "somewhat" reflects the position of the network (e.g., 2 would indicate a weak position, 3 a moderate position, and 4 a relatively strong position). Numbers 2-4 could also be used to indicate your network's progress toward achieving an objective related to the statement. In other words, 2 might indicate "we've begun to work on it," 3 might be "we're working on it," and 4 might be "we've nearly completed it."
- The numbers will not be totaled or used as a score.
- Be as candid as possible.

Questions and Feedback:

If you have any questions pertaining to the HIT Network Readiness Assessment, please contact:

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Please mark one response per question.

| Please mark one response per question. | Yes (5) | In Process (4) | In Process (3) | In Process (2) | No (1) |
|--|------------|----------------------|----------------------|----------------------|-----------|
| Leadership | | | | | |
| The HIT network has qualified individuals in each of | | | | | |
| the following key leadership positions: | | | | | |
| • CEO | 0 | 0 | 0 | 0 | 0 |
| • CIO | 0 | 0 | 0 | 0 | 0 |
| HIT Clinical Quality Coordinator | 0 | 0 | 0 | 0 | 0 |
| Physician Medical Director | 0 | 0 | 0 | 0 | 0 |
| The network's leadership interacts with member leadership to align network and member goals and strategies. | 0 | 0 | 0 | 0 | 0 |
| The network's board and HIT steering committee understands and supports HIT strategies. | 0 | 0 | 0 | 0 | 0 |
| Senior leadership of the network is fully aligned behind the key strategies of this project and understands their roles and responsibilities. | 0 | Ο | Ο | 0 | 0 |
| Strategic Planning | | | | | |
| The network has a formal strategic plan in place that is updated at least annually. | 0 | Ο | 0 | 0 | 0 |
| The network has developed specific strategies to help its members reach meaningful use of HIT. | 0 | 0 | 0 | 0 | 0 |
| The network has a financial sustainability plan that includes strategies to obtain non-grant funding as well as financial support from network members. | 0 | Ο | 0 | 0 | 0 |
| The network has defined how its HIT applications and services will be more cost effective than if the applications and services were implemented by the members individually. | 0 | 0 | 0 | 0 | 0 |
| Network Members & Community | | | | | |
| The network has documented the HIT capabilities of each of its members (including hardware, software, network infrastructure, WAN connectivity, and HIT expertise/skills). | 0 | 0 | 0 | 0 | 0 |

| | Yes (5) | In Process (4) | In Process (3) | In Process (2) | No (1) |
|---|------------|----------------------|----------------------|----------------------|-----------|
| The network has conducted either a HIT Readiness Assessment or a Meaningful Use Gap Analysis for each of its members. | 0 | 0 | 0 | 0 | 0 |
| The network has gathered either primary or secondary information on the community health needs of its service area and has incorporated these needs into its decision making strategies. | 0 | 0 | 0 | 0 | 0 |
| The network has developed multiple mechanisms (eg. committees, peer groups, list serves, web sites, newsletters, etc.) to foster collaboration and communication between network members. | 0 | 0 | Ο | 0 | 0 |
| The network has developed communication linkages with other key non-member health organizations in the service area (eg. mental health, long term care, dental) as a foundation for a future exchange of health information. | 0 | 0 | Ο | 0 | 0 |
| Evaluation, Measurement & Knowledge Transfer | | | | | |
| The network has established an evaluation mechanism or framework (eg. Logic Model, Balanced Scorecard, Baldrige) that documents project outcomes and feeds back information on the progress and quality of network initiatives. | 0 | 0 | 0 | 0 | 0 |
| The network utilizes business intelligence tools (eg. Cloud, electronic patient registries, data repositories) and methods for data mining and data analysis. | 0 | Ο | 0 | 0 | 0 |
| Workforce, Culture & Technology | | | | | |
| The network has a written strategy for addressing cultural and change management challenges in member organizations' work places. | 0 | 0 | 0 | 0 | 0 |
| The network has a written strategy for meeting the HIT workforce needs of its member organizations. | 0 | 0 | 0 | 0 | 0 |
| The network has a written strategy for meeting the HIT technology and interoperability needs of its member organizations. | 0 | Ο | 0 | 0 | 0 |
| The network has a written strategy for meeting the HIT educational needs of its member organizations. | 0 | 0 | 0 | 0 | 0 |

| Processes | Yes (5) | In Process (4) | In Process (3) | In Process (2) | No (1) |
|---|------------|----------------------|----------------------|----------------------|-----------|
| The network utilizes continuous process improvement techniques to enhance quality and efficiency at both the network and individual member levels. | 0 | Ο | 0 | 0 | 0 |
| The network has expertise and educational resources to assist network members with clinical, operational, and business process mapping and redesign. | 0 | 0 | 0 | 0 | Ο |
| Impact | | | | | |
| The network has a formal method of documenting and communicating project outcomes for the purposes of reporting and continuous improvement. | 0 | Ο | Ο | 0 | 0 |