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# High Performing Hospital Enterprise Architecture

Ph.D. Progra

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### Motivation / Problem

#### US Healthcare Industry at a glance:

- > In 2005 expenses were more than 16% of the GDP, and hospital care alone accounted for the largest portion of expenditure, 30.8%.
- > In 2000 medical errors in hospitals are suggested as the 3<sup>rd</sup> leading cause of death in the nation (as many as 98,000 a year).

#### The Healthcare industry is a complex socio-technical system:

- > Comprised of multiple stakeholders driven by incentives which often times are not aligned with one another.
- > With compromised ability to deliver to the patient the appropriate care, at the appropriate time, at the appropriate location, and at an adequate cost.

#### Hospitals find themselves scrambling to cope with:

- > A broken system that continuously issues new requirements and shortens available budgets while demanding the latest innovations.
- > The absence of a systematic approach that encompasses the whole enterprise, both within and outside immediate boundaries of

## Kev Questions

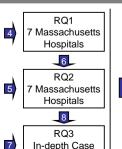
RQ1: How is hospital enterprise performance currently measured? RQ2: How could hospital enterprise performance measurement be

improved using lean enterprise principles?

RQ3: How does hospital enterprise architecture relate to hospital enterprise performance?

## Research Roadmap



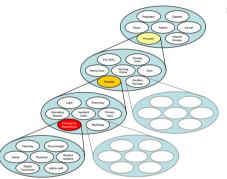


**Boston Hospital** 



#### The Research

Early 2007, an integrated multi-specialty group practice and academic medical center, voiced concern about its Emergency Department (ED).



#### Study results vielded:

- > Tactical mindset and change initiatives had led to local sub-optimization
- > ED did not operate in a vacuum and competed for resources elsewhere in the hospital
- > Disparate electronic medical records crippled the organization
- > Significant problems were beyond immediate organizational control

RQ2:

Multiple configurations of Enterprise Architecture exist within a single hospital yielding varying degrees of performance

#### RQ1:

- >7 leading hospitals in Massachusetts (stratified random/convenience sample)
- >Interviewed CEOs and administered two quantitative research instruments informed from literature (100+ paper longitudinal analysis)
- >Analysis of strategic/operational documents, public data, observation,
- multidisciplinary literature (100+ papers) >Analysis of RQ1 hospital data in

>Derived lean enterprise principles

and best practices from

- terms of strategy / metrics alignment and lean enterprise principles
- >Derived empirically and theoretically based holistic performance measurement for hospitals

#### RQ3:

- >Theoretically augmented Nightingale & Rhodes Enterprise Architecture Framework (400+ paper longitudinal analysis)
- >In-depth study of leading multispecialty academic medical center using framework, RQ2 performance measures, and service unit matrix
- >Systematic and iterative use of hybrid research design to characterize different Enterprise Architecture configurations and measure their performance

## Preliminary Results

#### Six months of exploratory research conducted at two leading hospitals, one in the UK and another in the US:

- > Despite very different regulatory and payment environments bot sites exhibit similar operational and strategic issues (i.e. overcrowding: clinical and management silo behavior across departments; weak informational flow beyond hospital boundari serving local community vs. national/international; etc)
- > Different aspects of Enterprise Architecture prevalent at each si
- > Multiple configurations of Enterprise Architecture were present within each single hospital and vary in performance

#### Hospital performance measurement literature compare and contrast with empirical data:

- > Contrary to predominant literature, hospitals do adopt multidimensional performance measurement practices but these are mostly set from external entities and in silo fashion.
- > Literature and empirical data agree in the top 3 and lower 3 preferred performance dimensions

## Publications

Oliveira, J, and Nightingale, D (2007) "Adaptable Enterprise Architecture and Long Term Value Added Partnerships in HealthCare." 15th European Conferen on Information Systems, St. Gallen, Switzerland, June 7-9.

Oliveira, J., Nightingale, D., and Wachendorf, M. (2009) "High Performing Hosp Enterprise Architecture: insights from a multi-method exploratory case", 1st Glo Conference on Systems and Enterprises, Washington DC, December 3-4.

Oliveira, J., Nightingale, D., and Wachendorf, M. (2010) "A Systems-of-Systems Perspective on Healthcare: Insights from two multi-method exploratory cases of leading UK and US hospitals". 5th IEEE International Systems Conference. San Diego CA, April 5-8.

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Exploratory Case Hospitals

Jorge Fradinho Oliveira



