

# Information Governance Road Map: Mile Marker 1—Getting Started

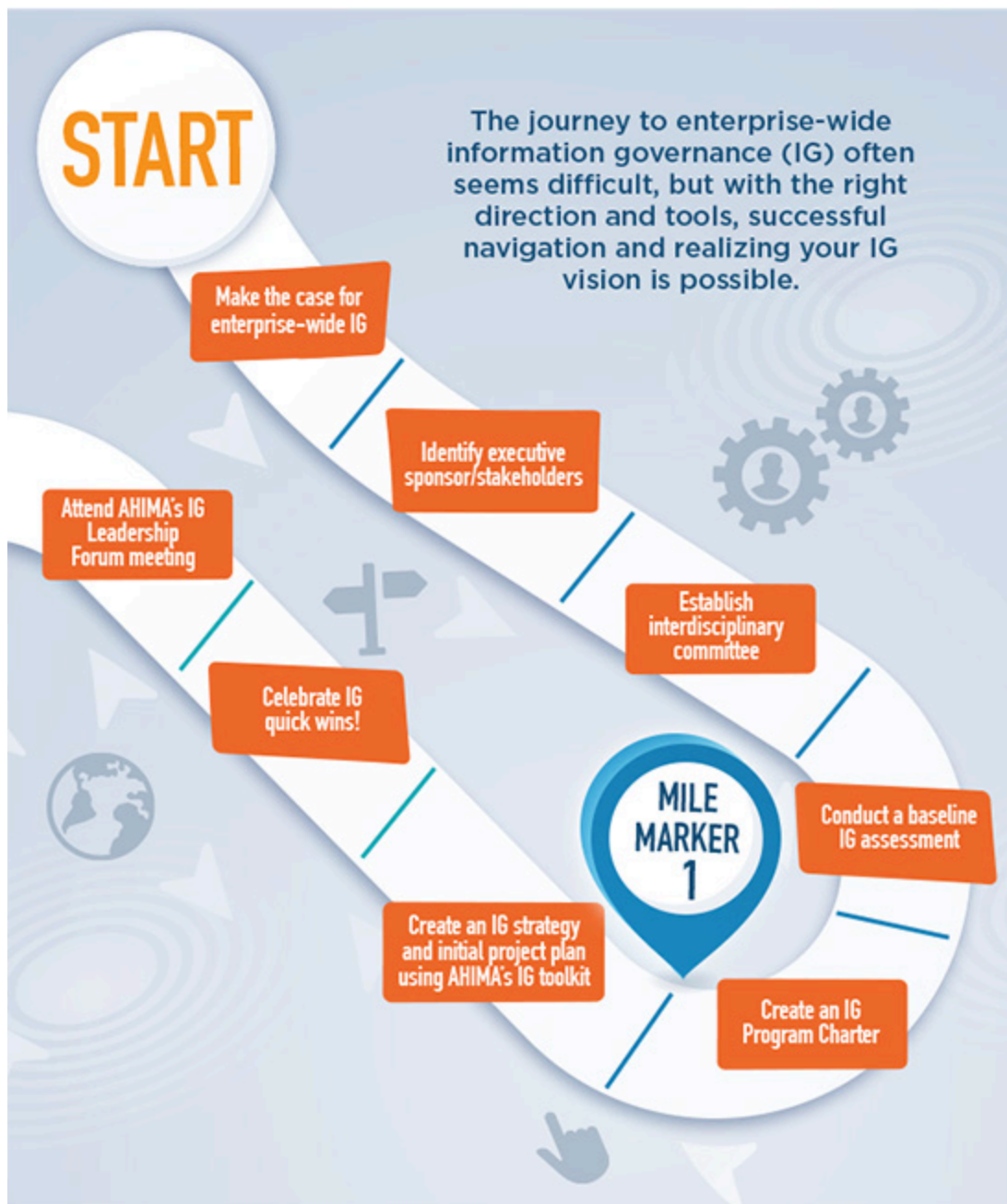
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By Ann Meehan, RHIA

*Editor's Note: This article is the first in a series that provides a road map for implementing an information governance (IG) program in any organization. Each month a set of concepts will be discussed that tie to the IG Road Map Infographic developed by AHIMA. Any organization can take these implementation concepts and travel along The Road to Governance.*

Road trips are exciting and can lead to some unexpected surprises. To ensure a successful trip, careful thought and planning is required, such as where to go, what to do, and where to stop for food and gas. It takes self-education on the area being traveled in order to be knowledgeable and informed. A plan is also needed to address the unexpected, whether that is a hidden treasure of a restaurant or an unplanned challenge like a flat tire.

Likewise, the road to successful information governance (IG) in healthcare takes knowledge and planning. It takes a road map—a well-constructed plan that methodically moves an organization toward a sustainable enterprise-wide IG program.



## Unfolding the IG Road Map

AHIMA has developed a road map to provide guidance for implementing an IG program, available on [AHIMA's IG webpage](#). This road map organizes the requisite steps one must take to implement a successful IG program into mile markers in order to define specific actions needed. Mile markers may be implemented at a pace that is appropriate for the organization. The mile markers include IG buy in and support; organizational structure and charter; leadership; gap analysis; project definition and completion; budgeting; and long-term measurements. Using the road map, organizations can develop a specific project plan reflective of realistic timelines and responsible individuals. Upcoming issues of the *Journal of AHIMA* will explore more grouping of activities from the road map.

## No Loitering Allowed

Before setting out on the journey, organizations should look inward and ask: Why should we set out to implement an IG program? What will be accomplished? What is the desired end result? Another consideration is making a business case for IG.

“Information is an asset owned by the organization, which includes intellectual property, strategic plans, quality improvement and business operations—all of which make us unique and give us our edge in the business world,” says Katherine Lusk, MHSM, RHIA, chief health information management and exchange officer at Children’s Health System of Texas, a leader in healthcare IG. “For a long time we’ve governed and managed human resources, capital investments, information technology, material assets... but not information. Information is the key to our business success and critical to management of all our assets. It was time information was provided the same structure and rigor.”

It is important to note that information crosses the entire organization and is not limited to just clinical information. All information is important to business strategy and therefore must be held to a standard that ensures accountability, trust, and protection. Information governance can also help organizations handle risk mitigation, improve patient care, streamline financial reporting, and bolster contract management.

Once decision makers grasp key IG concepts and can identify and clearly articulate the need for a formal IG program, they must convince senior leadership and other stakeholders that it’s needed.

When identifying key information stakeholders at Children’s Health System of Texas, Lusk says staff first evaluated the producers and users of data and information from all facets. “These were the stakeholders we invited to the table to help on this journey,” she says. “It is a diverse group including clinical, business, legal, regulatory, population health, data analytics, learning systems, informatics, HIM, and IT.”

To move IG forward, organizations should consider starting with a manager or director who will understand and support the initiative. Discussions with leaders should include factual knowledge about IG and local examples of how poorly managed information has resulted in negative consequences or decisions. After leadership buy-in is attained, IG advocates should then be prepared to push it to the next level. That could mean a group meeting with key senior leaders or individual meetings. Act quickly in getting this very important first step started.

## Caution: Bumps Ahead

It is important to acknowledge that there may be some resistance to IG. Not everyone will understand or want to move forward. An important next step is to build a solid case for an IG program, focusing on areas that are important to the individual that is pushing back. Perhaps the organization can commit to starting with a couple of real problems to prove the value—centering on the low hanging fruit. It is important not to give up.

An important mile marker is met when key leadership and stakeholder buy-in is achieved. At that point, the road trip is well underway. Act quickly and work to identify a multidisciplinary team to address immediate issues. Work with leadership to determine who should chair this committee. Don’t be afraid to take a leadership role in this effort. It’s a wonderful opportunity for health information management (HIM) departments to lead. HIM should schedule the initial meeting as well as recurring meetings in order to ensure forward movement. Allow enough time between scheduled meetings to provide time to work on tasks, but not too much time to encourage delays. It will serve IG programs well to show rapid improvement and to document and report all successes to key leaders and stakeholders. Positive results will further make the case for IG.

Lusk says her organization established an IG committee by taking an established committee chaired by the hospital’s chief medical information officer, and “repurposed and broadened the scope of this work group. A few additional disciplines were added to the group to ensure a robust foundation.”

Don’t be surprised if committee members don’t act on tasks assigned to them. Reinforce the need to use this committee as a medium for strategy and not as a working group. Follow-up tasks and other activities should occur in small groups, offline, and between committee meetings. Members should be prepared to report updates, and take action to address any challenges the group is facing. The committee should define a timeframe for escalating the speed with which problems are brought to senior leaders for a resolution. This also is one of the reasons that IG committees need charters.

## Rules of the Road

The program charter will provide team members and other members of the organization clarification of purpose, authority, and boundaries of the team. AHIMA's Information Governance Toolkit 1.0 provides considerations for developing a charter. First, it recommends outlining the purpose and goals of an IG program, including the scope of responsibilities and outcomes. Next, the toolkit urges practitioners to define key customers and stakeholders and expected benefits. That includes keeping a list of team members, identifying any assigned roles, such as team leader, team sponsor and record keeper. It's also important for the charter to include the means for communication both internally and externally and a tracking of goals and metrics. A sample charter is included in the AHIMA Information Governance Toolkit 1.0, which can be downloaded at [www.ahima.org/infogov](http://www.ahima.org/infogov).

AHIMA IG Advisors offers additional resources and consulting services to assist the HIM professional on the Road to Governance. See [www.ahima.org/topics/infogovernance](http://www.ahima.org/topics/infogovernance) for additional information.

## Stay in Your Lane

Next month, the "Road to Governance" department will cover IG training for the leadership team, tips for performing an assessment of the organization's IG activities, and tips for developing project plans. Happy travels!

## Reference

AHIMA. "[AHIMA Information Governance Toolkit 1.0](http://www.ahima.org/infogov)." 2015.

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**Article citation:**

Meehan, Ann M.. "Information Governance Road Map: Mile Marker 1—Getting Started" *Journal of AHIMA* 87, no.3 (March 2016): 40-42.

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