**Readiness Assessment & Maturity Model (RAMM): BPM+ Adoption**

**Executive Summary**

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| **#** |  | **Initial** | **Repeatable** | **Defined** | **Managed** | **Optimized** |
| **1** | **Definition (adopted from COBIT)** | Ad hoc | Regular pattern | Defined and documented process capable of achieving process outcomes | Measured, monitored, and controlled | Continuous process improvement |
| **2** | **Description** | Little preparation, inconsistent adoption and use. | Local adoption of clinical pathways within work units but no consistent adoption process across the organization. | Standard adoption processes with tailoring guidelines for introducing clinical pathways to different types of work units. | Adoption process is measured and analyzed to identify factors that aid or hinder adoption thresholds for evaluating success.  | Organic understanding and use of BPM+ |
| **3** | **Institutional Standards / Guidelines / Policies** | No institutional commitment, reactive environment with occasional adoption by individuals | Institution recognizes need for clinical guidelines. Although not standardized, adoption processes within each work unit are repeatable with limited rigor | Documented, standard approach to adopting and localizing clinical guidelines, measures, and periodic reviews. | Measures of adoption processes are analyzed quantitatively to identify improvement opportunities, which are then inserted in change management and clinical guidelines  | Continuous improvement supported by process metrics, strategic multi-disciplinary input, a formal knowledge management system and agile adaptations |
| **4** | **Skills and Expertise (education component)** | Ability to hire people with knowledge of BPM exists but no formal plan is in place. | Document needs for BPM adoption and tool set and hire capable people to meet short-term goals  | Defined competencies developed and updated to support BPM+ programs are incorporated into hiring, training, and career paths | Empirical evaluation of skill and expertise to support a learning skills pathway and succession planning | BPM+ skills are core to in house training; HR processes; strategic planning, and continuous assessment and development, as well as ability to adopt new skills  |
| **5** | **Stakeholder Management (patient, clinical staff, allied health professionals, payors external)** | Entity has limited understanding of stakeholders needs and goals | Entity understands roles and responsibilities for interactions between stakeholders and staff, using clinical pathways, and treat patients as stakeholders  | Incorporate stakeholders into practice improvement and develop standardized tools, template, and processes   | Develop enterprise-wide program office to oversee stakeholder involvement; manage and expand standardization, and incorporate patient priorities in decisions | Conduct predictive risk assessment and patient efficacy analysis to continuously improve both process and patient centered care,  |
| **6** | **Knowledge Assets, Tools and Automation** | Uncoordinated and inconsistent use of knowledge management tools and practices | Critical role of institutional knowledge sharing is recognized, but inconsistent use of minimal tools | KM technologies installed and initial process formalisms (e.g. workflow diagrams introduced to manage clinical pathways and guidelines | Rubric supports consistent, automated approach and multidisciplinary organizational structure exists for managing knowledge assets and tools | Where knowledge use has not met expectation, innovative approaches to knowledge management techniques are evaluated for adoption. |
| **7** | **Goals and Measurement** | Inconsistent or no measurement of adoption process and goals | Intermittent goals and measurement of progress towards goals | Adoption of institutional quality goals and measures to evaluate outcomes, but not advanced processes | Implementation of scaled, consistent tooling and processes to improve outcomes and measures of pathway process | Continual review of process effectiveness to adjust and improve outcomes and report progress |
| **8** | **Cybersecurity** | No plan or action in place to prevent compromise resulting in loss, disclosure, or corruption of information, assets, and processes. | Periodic backup of information, assets, and processes, and a protection program using a firewall between institutional servers and interfaces to external processes. | Access to physical assets, logical assets, and associated facilities is limited to authorized users, processes, and devices, and is managed consistent with the organization’s risk strategy | All institutional assets, information, and processes regardless of where stored is protected via client-side authentication, server-side encryption, and network traffic protection. Partners are educated in their cybersecurity-related duties and responsibilities | Security policies among organizational entities are maintained and used to manage protection of information systems and assets, and security breaches are identified and resolved quickly  |