



From Innovation to Operational Readiness

KEY INSIGHTS FOR HEALTHCARE LEADERS
from the HIMSS26 Executive Summit

Healthcare's innovation challenge has changed. For years, progress was often measured by adoption: implementing new platforms, expanding digital programs, launching virtual care initiatives and investing in artificial intelligence. But for many healthcare organizations, the challenge is no longer deciding whether to adopt new technologies. It is making those technologies work at scale.

That shift has turned technology initiatives into operational challenges. A tool may perform well in a pilot and still struggle across a complex health system. An AI model may show promise but performance may be poor based on fragmented data, unclear ownership or incomplete governance. A workflow redesign may reduce burden in theory but face resistance if the people using it were not involved in the process.

Financial pressure, workforce shortages, cybersecurity risks and rising patient expectations add urgency. Leaders are being asked to evaluate, implement and govern technologies that promise to improve outcomes, increase efficiency and reduce administrative burden.

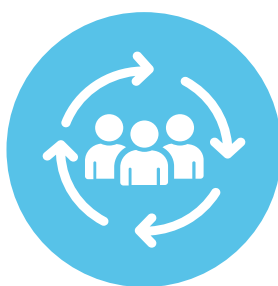
Success increasingly depends on operational readiness: the governance structures, infrastructure, workflow design, leadership alignment and organizational discipline required to implement new capabilities responsibly, measure their impact and sustain improvements beyond the pilot phase.

Across the HIMSS26 Executive Summit, leaders approached this challenge through discussions on AI governance, data modernization, patient engagement, clinician experience, leadership and organizational change. The central question was consistent: What capabilities must healthcare organizations build to prepare for, implement and sustain innovation at scale?

THREE THEMES EMERGED THROUGHOUT THOSE CONVERSATIONS:



**Build readiness before
scaling innovation**



**Design technology around
real work and real people**



**Lead change with clarity,
consistency and purpose**

Together, these themes provide a practical lens for evaluating how organizations prepare for, implement and sustain change.

The organizations best positioned for what comes next will not simply be the first to adopt new technologies. They will be the organizations that build the capabilities required to implement them effectively, govern them responsibly and improve them over time.

BUILD READINESS BEFORE SCALING INNOVATION

Operational readiness is often discussed as a prerequisite for innovation, but readiness in action truly begins before deployment.

The HIMSS26 Executive Summit featured discussions on leadership, data modernization, AI governance and digital strategy that approached a central challenge from different angles: How healthcare organizations build the systems, implement processes and ensure accountability, all of which are required to scale innovation responsibly. Many of the challenges described were not rooted in the technology itself. They were tied to the structures expected to support it.

In the opening keynote, David Banks, President and Chief Executive Officer of AdventHealth, reflected on how leaders respond when circumstances change faster than expected. “The future does not care about your preferences,” Banks said, arguing that leaders cannot control external conditions, but they can control how prepared their organizations are to adapt.

Strengthen the Foundation Before Scaling

Danny Sama, Vice President, Digital Platform & Strategy at Northwestern Medicine, explored this in *Clinical Performance Excellence: Data Modernization as a Mission Critical Strategy*.

“AI is exposing the tech debt that exists in our legacy systems,” Sama said, asserting that AI often reveals long-standing weaknesses organizations have learned to work around, including: fragmented data, aging infrastructure and unclear ownership models—exposing underlying technical debt. An AI strategy depends on the quality, accessibility and governance of the data and systems supporting it. If those foundations are weak, new tools may generate enthusiasm without delivering sustainable value at scale.

Governance Creates Accountability

As healthcare organizations move from AI experimentation to deployment, leaders face a more difficult question than whether a tool works: who is accountable when something goes wrong?

Amy Leopard, Partner at Bradley Arant Boult Cummings LLP and Certified AI Governance Professional, approached that challenge in *The Convergence of AI, Cyber, and Data Science: Scaling Responsible Solutions to Protect Patients and Data*. Rather than focusing only on governance structures, Leopard framed governance as an organizational accountability issue. She challenged leaders to consider how their organizations would respond if an AI-enabled decision resulted in legal, regulatory or reputational consequences, and stated that “the leading organizations will be the ones that have figured out how to pull together trust, safety and governance into an action plan.”

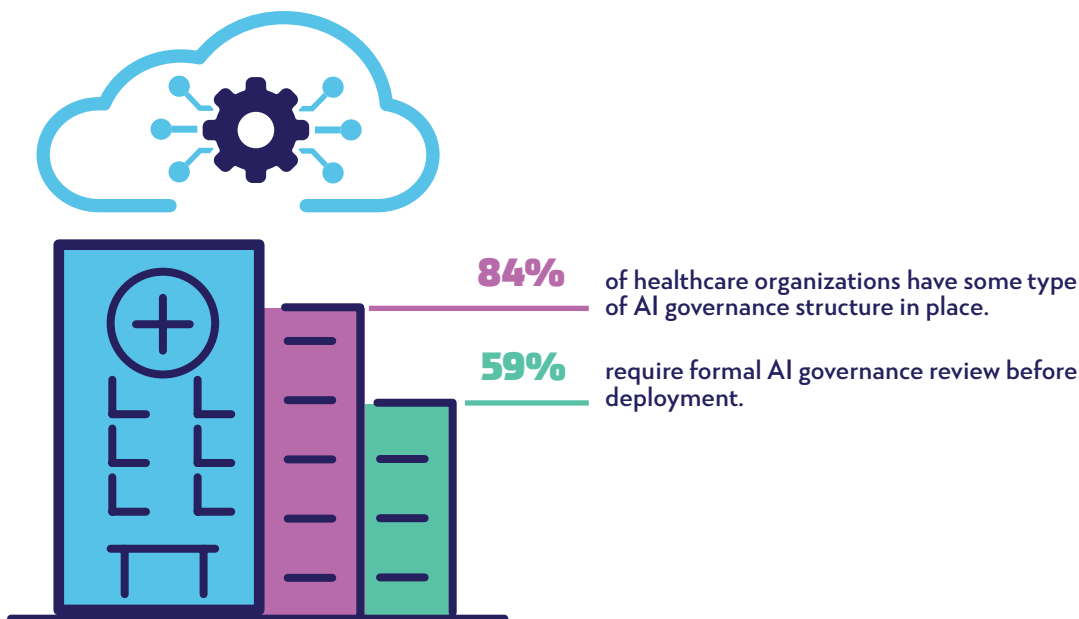


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– David Banks
AdventHealth

“AI is exposing the tech debt that exists in our legacy systems.”

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Northwestern Medicine



Leopard used that gap to illustrate the difference between establishing governance structures and consistently applying them before deployment. As AI capabilities evolve from machine learning to generative and agentic AI, governance becomes increasingly important for managing accountability, oversight and organizational risk.

Align Innovation to Organizational Strategy

Governance alone, however, is not enough. Organizations must also decide how innovation fits within broader strategic priorities. This surfaced during *Discovering New Sources of Revenue from Within: Using AI as a Strategic Driver*, where Dr. Brett Moran, Senior Vice President and Chief Health Officer at Parkland Health, warned against treating AI as a collection of disconnected requests, because “If you don’t have AI governance and if you don’t try to standardize what is important from the health system rather than everybody’s shiny bobble, you end up having a lot of problems.”

Moran’s concern was fragmentation. Clinical teams, operational leaders, finance departments and vendors may all pursue different priorities. Without standardization, AI adoption becomes increasingly difficult to manage. At Parkland, Moran discussed that AI is evaluated within the organization’s broader digital strategy rather than as a stand-alone category. The question is not simply whether AI can solve a problem. The question is whether AI is the right solution for the organization, the workflow and the patient population being served.

Taken together, these examples provide a practical definition of operational readiness. Infrastructure, governance, accountability and strategic alignment may not be the most visible parts of an innovation strategy, but they often determine whether promising ideas can create meaningful impact at scale.

Operational readiness does not guarantee success. It gives organizations a stronger foundation for deciding what should move forward, what needs additional preparation and what should not be scaled.



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Parkland Health



EXECUTIVE TAKEAWAY

Before scaling AI or other advanced technologies, healthcare leaders should focus on three areas:

- **STRENGTHEN THE FOUNDATION.**

Assess infrastructure, data quality, accessibility and ownership before introducing new capabilities.

- **ESTABLISH GOVERNANCE EARLY.**

Define accountability, review processes, risk management protocols and post-deployment monitoring before implementation.

- **ALIGN TECHNOLOGY WITH ORGANIZATIONAL PRIORITIES.**

Evaluate whether new tools support clinical, operational and patient experience goals rather than pursuing disconnected initiatives.

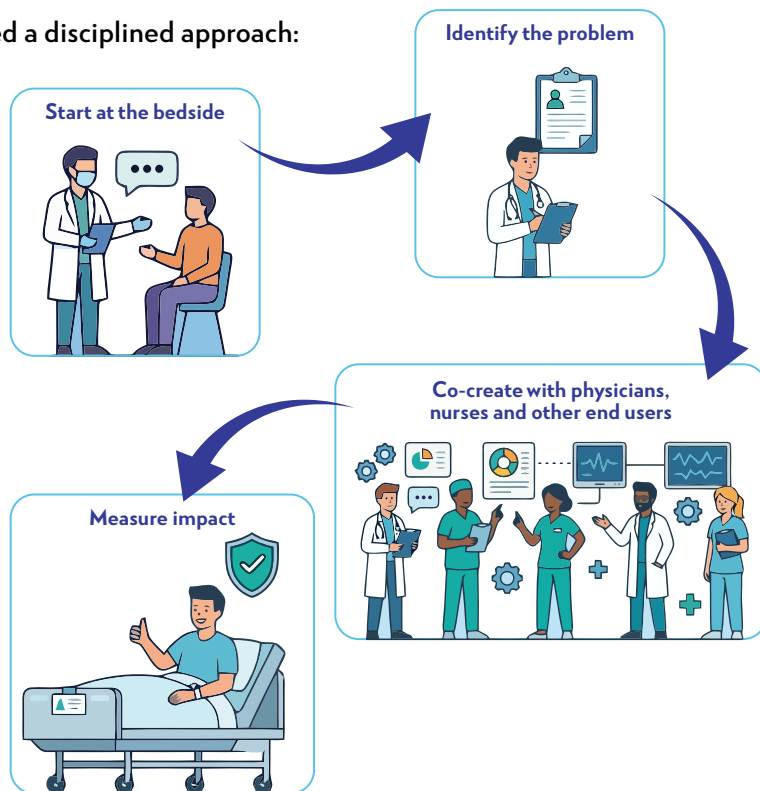
DESIGN TECHNOLOGY AROUND REAL WORK AND REAL PEOPLE

Readiness is also about fit, as new technology often fails when designed around what is possible rather than what people need. Leaders should not begin with new technology before understanding first where it might fit. They should begin with the work itself.

Start With the Workflow

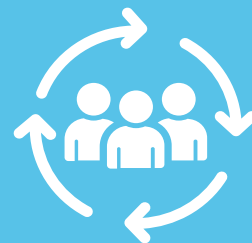
In Fostering a Culture of Innovation: Reducing Burden While Driving Digital Health Excellence Through Connected Technologies, Shez Partovi, MD, Chief Innovation Officer at Philips, argued for starting with the pain point, not the tool.

Partovi described a disciplined approach:



The impact may be financial, but it may also show up in time saved, reduced burden, improved patient satisfaction or a better clinician experience.

Tessa Cook, MD, PhD, Vice Chair of Practice Transformation in Radiology at the Perelman School of Medicine at the University of Pennsylvania, described the shift from clinicians as recipients to co-designers, stating that “innovation looks like giving people permission to identify problems in their environment, problems in their workflow and propose solutions.” Clinicians experience workflow issues daily. While they may not know the technical solution, they can define a better future state. When organizations involve clinicians early, technology is more likely to reflect the realities of care delivery.



“The future does not care about your preferences.”

– David Banks
AdventHealth

Design for the Population Being Served

A tool may be technically capable and still fail if it does not match the workflow, population or environment where it is deployed. Panelists from AltaMed Health Services offered a clear example.

During *Discovering New Sources of Revenue from Within: Using AI as a Strategic Driver*, Ray Lowe, Senior Vice President and Chief Information Officer at AltaMed Health Services, described post-pandemic patient engagement tools that did not deliver the expected results. The issue was not simply whether the tools worked. It was whether they worked for AltaMed's primarily Latino patient population and underserved, non-English-speaking communities.

Jose Mayorga, MD, Senior Vice President and Chief Quality Officer at AltaMed Health Services, reinforced this, emphasizing that patients were being asked not only to translate from English to Spanish but also to understand and trust unfamiliar technology. Even the phrase "artificial intelligence" can create confusion when translated. For patients, the challenge was not only access. It was understanding, confidence and relevance. Because of their demographics, Mayorga stated, "We really need to start understanding how we explain these things to our population that we're serving. It just doesn't translate."

The operational lesson: Patient engagement cannot be separated from patient context. If patients cannot understand or trust a tool, or if language and experience do not fit, technology adds friction rather than reducing it.

Designing Patient Experience at Scale

NYU Langone Health approached fit from a systemwide experience perspective. During *Hospital Meets Hospitality: NYU Langone Health's Cultural Journey*, Nader Mherabi, Executive Vice President and Vice Dean, Chief Digital and Information Officer, described mapping the patient digital journey across more than 100 touchpoints to identify where the experience was working, where friction remained and where the organization could improve the patient experience.



NYU Langone Health mapped
MORE THAN 100
patient digital journey touchpoints across a
system with **320 LOCATIONS** and
12.3 MILLION AMBULATORY VISITS.

Andrew Rubin, NYU's Senior Vice President of Clinical Affairs and Ambulatory Care & Revenue Cycle Operations, detailed why that scale requires consistent processes, integrated systems and close operations-technology collaboration. AI-enabled tools support access and routing; for example, scheduling support asks more specific questions so patients are directed to the right provider. Misrouting harms both patient and provider experience.

Experience design is operational work. Improving access is not simply launching a scheduling tool. It requires understanding patient need, connecting to the right data, aligning operational workflow, and ensuring consistency with service principles.



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EXECUTIVE TAKEAWAY

Evaluate technology through the lens of fit:

- Does it **SOLVE A REAL PROBLEM** in the actual workflow?
- Does it **WORK FOR THE PATIENT POPULATION** being served?
- Does it **REDUCE BURDEN** for clinicians and staff?
- Does it **IMPROVE ACCESS, QUALITY, EXPERIENCE OR EFFICIENCY** in a measurable way?
- Is the language **CLEAR AND ACCESSIBLE**?
- How will we **GATHER FEEDBACK** from users after deployment?

LEAD CHANGE WITH CLARITY, CONSISTENCY, AND PURPOSE

Strong technology strategies fail without alignment. In the Executive Summit opening, David Banks, President and Chief Executive Officer of AdventHealth, emphasized the importance of purpose, people and preparation, recalling how AdventHealth navigated early COVID-19 by focusing not only on immediate response but also on what the organization needed to become after the crisis.



PURPOSE: Stay grounded in why the organization exists.



PEOPLE: Protect and prepare teams for change.



PREPARATION: Build the structure to respond before the next headwind arrives.



Today, leaders are guiding teams through continuous change—AI adoption, workflow redesign, patient experience improvement, cybersecurity risk, and workforce pressure—and without clarity, change becomes another burden on already difficult work.

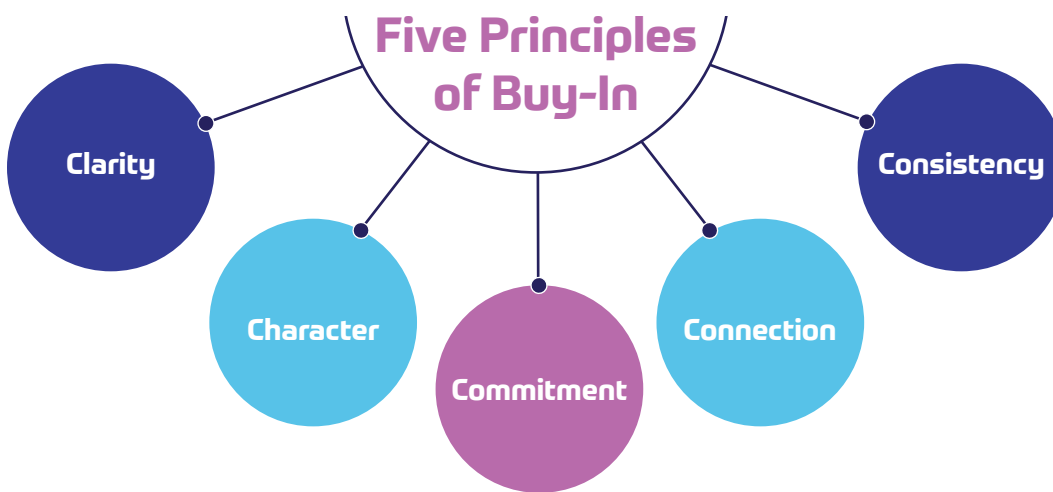
Change Requires More Than Strategy

Even when organizations have a clear strategy, successful transformation still depends on how people respond to change. That challenge was a focus of *Thrive in Change: The WILD COURAGE to Be Resilient*, where Jenny Wood, former Google executive and author of *Wild Courage*, examined the fears that often prevent people from taking action.

Wood identified “fear of uncertainty, fear of failure and fear of judgment by others,” as common barriers to change. Those concerns can surface in any transformation effort, including technology implementations, workflow redesigns and broader organizational initiatives. For healthcare leaders, the implication is clear: introducing change is not enough. People also need clarity, support and confidence in understanding why the change matters and how they fit into it.

Building Organizational Alignment

Creating alignment around change also requires buy-in from the people responsible for executing it. This idea was central to *The Power of Buy-In: How Leaders Create a Culture of Excellence*, where Tyler Gillum, Head Baseball Coach of the Savannah Bananas, discussed leadership practices that help teams rally around shared goals.



Gillum suggested that “everything starts with clarity.” For healthcare organizations, clarity is more than a leadership principle. Teams need to understand what problem is being solved, why it matters and how success will be measured. Without that foundation, even well-designed initiatives can struggle to gain traction.

NYU Langone Health demonstrated this principle in practice. Rubin and Mherabi described operations and technology as a close partnership rather than a traditional handoff between departments. Their work to improve patient access required coordination across scheduling, digital platforms, clinical operations, and patient experience teams, with each group contributing to a shared goal. The example illustrates a broader reality facing healthcare organizations: meaningful change rarely belongs to a single department. Whether implementing AI, redesigning workflows, or improving patient access, success depends on aligning stakeholders around common objectives and shared accountability. Without that alignment, organizations risk creating new points of friction. With it, they are better positioned to scale change consistently and sustainably.



“Fear of uncertainty, fear of failure and fear of judgment by others.”

– Jenny Wood
Author of *Wild Courage*

“Everything starts with clarity.”

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EXECUTIVE TAKEAWAY

Sustain change by creating clarity before implementation:

- **DEFINE** the problem and purpose
- **IDENTIFY** ownership and expectations
- **INVOLVE** the right teams early
- **COMMUNICATE** success metrics and reinforce purpose

WHAT LEADERS SHOULD DO NEXT

Evaluate innovation through an operational lens before moving to scale. This does not mean slowing every initiative; it means creating enough structure to decide what should move forward, what needs more preparation, and what may not fit.



1

Establish governance before expanding AI

ASK:

- Who approves AI use cases before deployment?
- How are risks classified?
- Who owns post-deployment monitoring?
- What happens if a tool produces poor results or creates risk?
- Are legal, compliance, cybersecurity, clinical, operational, and technology leaders involved at the right points?



2

Start with the problem, not the tool

ASK:

- What pain point(s) are we trying to solve?
- Who experiences that pain point?
- Have those at the bedside helped to define the problem?
- Which metrics will show whether the pain point(s) is improving?
- Are we pursuing this because it solves a real problem or because the tool is new?



3

Assess the infrastructure behind the strategy

ASK:

- Can teams access the data they need through approved systems?
- Where does data fragmentation create operational risk?
- Are current systems capable of supporting real-time data exchange?
- Do teams understand data ownership, quality, and appropriate use?
- Are infrastructure investments aligned with future AI and automation goals?



4

Design for the people using the technology

ASK:

- Does this tool work for the patient population we serve?
- Does it reduce or add burden for the Care Team?
- Is the language clear and concise?
- Does the workflow support adoption?
- How will we gather feedback from users after deployment?

5



Create shared ownership

ASK:

- Which clinical, operational, technology, and business leaders need to be involved?
- Who owns the outcomes?
- Who communicates the changes to affected teams?
- How will success be reviewed?
- What decisions need to be made before implementation begins?

6



Measure impact before scaling

ASK:

- What baseline are we measuring against?
- Which outcome matters most?
- How soon should impact be evaluated?
- Who reviews the results?
- What threshold determines whether the initiative should scale, change, or stop?

CONCLUSION: OPERATIONAL READINESS IS THE WORK

AI, digital platforms, and new care models are reshaping healthcare. The next challenge is not simply adopting more technology—it is building the capability to implement, govern, and sustain change that improves performance, reduces burden, and creates measurable value.

The HIMSS26 Executive Summit made that work tangible. Across sessions, leaders returned to the same operational mandate: modernize the foundation, govern responsibly, design around real workflows and patient needs, and create the clarity teams need to adopt change.

From AI governance and data modernization to patient experience, clinician workflow and leadership alignment, the message was consistent: innovation only creates value when organizations are prepared to support it.

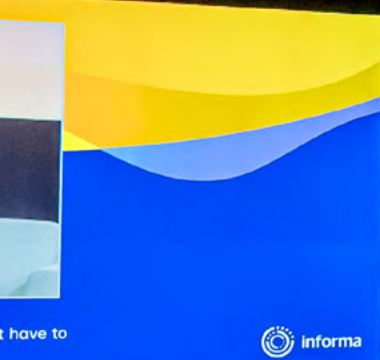
Organizations best positioned for what comes next will not necessarily be first movers. They will be the ones that evaluate what matters, build the foundation to support it, and guide teams through change with purpose.

Operational readiness is not the work before innovation. It is the work that makes innovation possible.



EXECUTIVE TAKEAWAY

- **EVALUATE INITIATIVES** through operational readiness: governance, data, workflow, and ownership.
- **PRIORITIZE FIT** to solve real pain points for clinicians, staff, and patients.
- **ALIGN OPERATIONS AND TECHNOLOGY** to prevent fragmentation and ensure consistent experience.
- **LEAD WITH CLARITY, CONSISTENCY, AND PURPOSE** to secure organizational buy-in and sustain results.



Continue the
Conversation at
HIMSS27.

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