Sample Alignment Report (Illustrative)

Oct 20, 2026 · @Sop

SAMPLE REPORT: ILLUSTRATIVE ONLY. Riverbend Community Hospital is fictional, and all findings and numbers are made up to show the format and depth of a real Alignment Report.

Prepared for: Chief Nursing Officer, Chief Information Officer and executive team, Riverbend Community Hospital (300 beds) **Prepared by:** Dr. Sophia Brown, PhD, DBA, RN, FHIMSS, FACHE, Strategic Informatics Solutions **Initiative:** EHR upgrade going live in 5 months, with mobile medication scanning added for nursing and respiratory therapy

What was reviewed

- A 90-minute leadership session with the CNO, CIO, CNIO, pharmacy director and two nursing directors
- Five 20-minute conversations with a night-shift RN, a day-shift charge nurse, a unit manager, a respiratory therapist and an IT analyst
- The intake questionnaire, the current project plan and training schedule, and 6 months of turnover, overtime and helpdesk data
- Assessment framework: CTAM™ (Clinical Technology Alignment Model), with HTAM™ leadership and culture measures

1. Executive summary

Overall alignment: 54 out of 100, At Risk. The upgrade plan is technically sound, but frontline nurses haven't been part of designing the new workflows, and night shift has no support plan. Without changes, expect workarounds in the first 30 days and turnover pressure on two medical-surgical units already above 20% turnover.

The three findings that matter most

1. **Nurses haven't seen the new medication workflow on their own units.** Build is 60% complete, but no frontline nurse has walked through mobile scanning in a real room. Two steps in the current design add time at the bedside.
2. **Night shift is invisible in the plan.** All 14 super-users work days. Night shift gives 38% of medication doses and has no on-unit support planned for go-live week.

3. **Leadership and the front line describe the project differently.** Leaders call it "an upgrade." Staff call it "another system we weren't asked about." That gap usually shows up as resistance, then resignations.

Recommendation: pause final build sign-off for 3 weeks, run unit-based workflow walk-throughs with nurses from every shift, and put a champion on every shift before go-live. These fixes cost little now and far more after go-live.

2. Alignment by area

Technology is the strongest area; culture is the weakest. Scores are out of 100, based on interviews, documents and data.

Area	Score	Status	Key finding
Technology	71	Aligned	Build is on schedule and testing is thorough, but devices were chosen without input from respiratory therapy, who work across many units.
Operations	55	At Risk	Workflows were designed from the current system's screens, not from how care happens in the room. No extra staffing is planned for go-live week.
Leadership	52	At Risk	Executives are aligned with each other, but nurse managers learned the go-live date from an email and can't answer staff questions.
Culture	38	High Risk	Staff describe past go-lives as "done to us." Two units report workarounds from the last system change that were never fixed.

3. Top gaps, ranked by risk

Five gaps, with the two patient-safety risks first.

#	Gap	What we saw	Risk to	Priority
1	Medication workflow not tested in real rooms	Two extra steps at the bedside; scanner range untested in 3 older units	Patients, staff	Fix before build sign-off
2	No night-shift support at go-live	0 of 14 super-users on nights; nights give 38% of doses	Patients, staff	Fix before go-live
3	Unresolved workarounds from the last change	Two units still print and hand-write a report the system was meant to replace	Staff, data quality	Fix in the first 60 days
4	Nurse managers not equipped to lead the change	Managers can't answer basic staff questions; no talking points or FAQ	Staff, retention	Fix in the first 30 days
5	Respiratory therapy left out of device decisions	Devices don't fit RT workflow across units	Staff, budget	Fix before go-live

4. What to fix first

The first 30 days protect patient safety; days 31–90 protect your staff and the investment.

Days 1–30: before build sign-off

1. Run unit-based walk-throughs of the medication workflow with nurses and respiratory therapists from every shift, in real rooms, on all 3 older units.
2. Remove or redesign the two extra bedside steps before build is locked.
3. Recruit and train at least one champion per shift per unit, nights included.
4. Give nurse managers talking points, an FAQ and a weekly 15-minute update.

Days 31–60: before go-live

1. Test scanner range and device fit with respiratory therapy across units.
2. Fix the two longstanding workarounds, so staff see that feedback leads to change.
3. Finalize go-live staffing, with extra support on nights and weekends for the first two weeks.

Days 61–90: go-live and stabilization

1. Hold daily huddles on every shift for the first two weeks, with issues logged and answered within 24 hours.
2. Track scan compliance, overtime and helpdesk tickets weekly against the baseline.
3. Hold a 30-day review with frontline staff and leadership together.

5. Owners and measures

Each fix has one owner and one number to watch. Baselines come from Riverbend's last 6 months of data.

Fix	Owner	Measure	Baseline	90-day target
Workflow walk-throughs and redesign	CNIO	Bedside steps per medication pass	9	7
Champions on every shift	CNO with nursing directors	Shifts with a trained champion	50% (days only)	100%
Manager readiness	CNO	Managers who can answer the top 10 staff questions	2 of 9	9 of 9
Scan compliance after go-live	Pharmacy director with CNIO	Medication scan compliance	Not yet live	95% by day 30
Staff experience	Nursing directors	Overtime hours per pay period, two high-risk units	410	330
System support	CIO	Helpdesk tickets per week, first month after go-live	120 last go-live	Under 80

6. Cost of waiting

If this go-live pushes RN turnover up by just 3 percentage points, the replacement cost is about $780,000, far more than the fixes in this plan.

Item	Figure
RNs at Riverbend	420
Extra turnover if the go-live goes poorly (illustrative)	3 percentage points, about 13 RNs
Cost to replace one bedside RN (NSI 2026)	$60,090
Estimated replacement cost	**About $781,000**

This leaves out overtime, agency staffing, safety events and lost productivity during the learning curve, all of which add to the total.

7. Next steps

Riverbend can act on this report alone, or with SIS as its alignment partner through go-live and beyond.

- **On your own:** use the 30/60/90-day plan and the owners table above. The 60-minute debrief walks your leadership team through every finding.
- **With SIS:** a CTAM™ engagement to lead the workflow walk-throughs, champion network and go-live support, with adoption measured at 30 and 90 days. The assessment fee is credited if you sign within 30 days.
- **Ongoing:** fractional CNIO support through stabilization and future upgrades.

This sample shows the structure and depth of an Alignment Report. Every real report is built from your organization's own interviews, documents and data.