



At-the-Elbow: Executive Insights with Dr. Brian Patty, Former CMIO Rush Medical Center

By Thomas Charlton, CEO Goliath Technologies

How Cross-Functional Alignment between Clinical and IT Teams Improved Clinician EHR Experience and How New Data is Creating Opportunities for Transformational Change.

Thomas Charlton:

Dr. Patty, thanks for joining us for At-the-Elbow. When clinicians first raised concerns about EHR speed and reliability during your time at Rush, what were they most frustrated by?

Dr. Brian Patty:

What I consistently heard from clinicians was frustration with logon times and screen lag. Some were waiting over a minute just to log in, and once inside the system, they experienced pauses, connectivity issues, and sluggish response times. The problem was that the feedback was often vague. Clinicians couldn't always remember what device they were using, where they were located, or what part of the workflow triggered the issue.

When I brought these concerns to IT, I often heard, "Everything looks fine on our end." That created a huge disconnect. Physicians were clearly struggling, but we lacked objective data to explain what was actually happening from the clinician's perspective. We could give incidental observation at best but I always thought that somehow we should know what clinicians were experiencing because they were all connected to the network so there must be some sort of digital footprint. I was just not able to get this data.

Thomas Charlton:

Without access to real experience data at the time, how did you bridge that gap between clinician frustration and IT visibility?

Dr. Brian Patty:

Honestly, the only way we could do it was by physically going into clinical areas and watching clinicians work “at-the-elbow”. I would walk the floors with IT leaders, stand behind physicians, and observe what they were experiencing in real time.

Those “at-the-elbow” moments were eye-opening. IT teams would say, “Wow, that’s actually happening?” Seeing the delays firsthand finally made the problem real. But it was manual, time-consuming, and inefficient. We were essentially doing time-and-motion studies just to understand basic performance issues.

Thomas Charlton:

What were the biggest challenges in turning those observations into action?

Dr. Brian Patty:

One of the biggest challenges was organizational silos. You had the network team, Citrix team, and desktop team all looking at their own dashboards and saying everything appeared normal from their perspective. No one was looking holistically across the full delivery chain.

It took bringing in a new CIO who was willing to step back and say, “We need to look at this end-to-end from how the EHR is delivered to what the clinician actually experiences.” Once leadership aligned on that mindset and teams started collaborating across boundaries, we were finally able to dig into root causes.

The payoff was significant. We reduced login times from over a minute down to about five seconds. We eliminated lag and freezing issues. But getting there required enormous effort because we didn’t have the kind of experience-level visibility that exists today.

Thomas Charlton:

You often talk about evidence-based practice in medicine. How does that apply to digital experience and IT operations?

Dr. Brian Patty:

It applies exactly the same way. Whether I'm practicing medicine or serving as a CMIO, I want data. I want evidence. The KLAS Arch Collaborative survey gave us strong benchmark data on clinician satisfaction, which was incredibly valuable.

But surveys alone don't tell you where problems are occurring, who is affected, how often it's happening, or what's causing it. That's what was missing.

What excites me about tools like Goliath is that they finally provide that missing foundation. You can actually see what clinicians experience - where it's happening, when it's happening, and why. Instead of chasing symptoms, IT and clinical leaders can work from the same set of facts and make targeted improvements that actually move the needle.

Thomas Charlton:

That alignment between clinical and IT leadership is really what "At-the-Elbow" is all about.

Dr. Brian Patty:

Exactly. When both sides are working from the same objective data, the conversation changes. It stops being about opinions and frustration and starts being about action. That's how you improve clinician experience, reduce burnout, and ultimately deliver better patient care.

If you would like to discuss further, reach out directly at techinfo@goliathtechnologies.com or request to [speak with a healthcare IT consultant](#).