

CASE STUDY

A Major Healthcare Network

Digital & Platform Modernization With Human-Centered Execution

INDUSTRY	SERVICES USED	ENGAGEMENT MODEL
Healthcare (Regulated, Patient-Facing)	Enterprise Execution · Cross-Functional Design	Execution Discipline & Performance Accelerator (60–75 Days)

"Modernization framed as a technology upgrade misses the point — the risk was disruption to patients, not to code."

Executive Summary

This major healthcare network was modernizing its digital platforms under real regulatory and patient-care pressure — the kind of environment where a poorly coordinated release does not just produce a bug ticket, it disrupts a patient's care.

The Helix Group's leadership team built the cross-functional operating models and accessibility-by-design frameworks that let the network modernize at speed without the disruption or cultural backlash that usually accompanies large-scale platform change.

100% Accessibility Compliance, Ahead of Mandate	30% Improvement in Service Response & Decision Support	Zero Cultural Backlash Reported	X-Functional Business, Tech & UX Operating Model Built
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The Situation

The network was undergoing platform modernization under simultaneous regulatory and patient-facing pressure, in an environment where the cost of poor coordination is measured in patient impact, not just delivery delay.

Internally, the modernization effort had been framed as a set of technology upgrades. That framing undersold what the work actually required: clinical, digital, and operations teams that had historically coordinated poorly now needed to move together, on a platform patients and clinicians depend on daily.

The Challenge

- Modernization was being framed internally as a set of technology upgrades rather than an organizational capability shift
- Coordination across clinical, digital, and operations teams was poor
- There was real risk of disruption to patients if modernization was executed without cross-functional alignment

The Approach

Helix's leadership team reframed the engagement from the outset: this was not a technology migration with stakeholder updates on the side, it was a cross-functional operating model that happened to be delivered through a technology migration. The engagement ran on the general shape of Helix's published Execution Discipline & Performance System Accelerator model — built to replace activity metrics with a performance system that actually drives decisions.

OPENING PHASE Performance System Audit & Baseline	A structured audit mapping the network's existing metrics against the patient and operational outcomes they were meant to serve across clinical, digital, and operations functions — establishing precisely what was being measured before anything was redesigned.
DESIGN PHASE Architecture Design	Metric rationalization and decision-cadence design, co-created with business, technology, and UX stakeholders together, with accessibility requirements designed into the modernization process itself rather than audited for afterward.
IMPLEMENTATION PHASE Embedded Delivery	Weekly decision loops replaced monthly status-review meetings, and execution dashboards were redesigned to serve real decisions rather than display data — piloted with frontline clinical, digital, and operations teams before wider rollout, with governance calibrated to balance delivery speed against patient and operational safety.
CLOSING PHASE Outcome Review & Handover	A formal outcome review against the opening baseline, with the accessibility framework, dashboards, and cross-functional governance model handed to the network's own operating teams to sustain.

What the Client Built

- Cross-functional operating models bridging business, technology, and UX functions
- Accessibility-by-design capability frameworks built into the modernization process itself, not bolted on afterward
- Governance models that balanced delivery speed with operational safety
- Execution dashboards that leaders actually used, rather than reporting artifacts built for compliance alone

Outcomes at a Glance

100% Accessibility Compliance Ahead of Mandate	30% Faster Service Response & Decision Support	Zero Cultural Backlash
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CAPABILITY DOMAINS ADDRESSED

- ✓ Modern delivery discipline
- ✓ Accessibility and compliance literacy
- ✓ Cross-functional collaboration

Measurable Impact

- 100% accessibility compliance delivered ahead of the regulatory mandate
- 30% improvement in service response and decision support
- Modernization that held operationally without triggering the cultural backlash that typically accompanies large platform change

Why This Worked When Other Solutions Did Not

Treating modernization purely as a technology upgrade is the default approach at most large healthcare organizations, and it is exactly what produces the poor clinical-digital-operations coordination this network was already experiencing before Helix's engagement.

The cross-functional operating model worked because it made business, technology, and UX jointly accountable for the same modernization outcomes, rather than sequencing the work so that clinical and operations impact was discovered late. That is why accessibility compliance arrived ahead of mandate instead of as a late scramble, and why the modernization held without the cultural backlash that usually follows when frontline teams feel change was done to them rather than with them.

Accessibility compliance arrived ahead of the regulatory mandate — not because the team moved faster, but because it was designed in from the start rather than audited for at the end.

ABOUT THE HELIX GROUP

The Helix Group is an enterprise capability builder — partnering with complex organizations to align leadership, execution, and AI-enabled performance into systems that produce durable, compounding

results. Our services include Capability Readiness Reviews, Capability Accelerators, Enterprise Programs, AI Enablement, and the ADAPT© immersive learning program — twelve cohort-based learning paths designed to build the organizational capability that framework adoptions alone cannot produce.

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