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Change Management

Dear readers,

Much has been written on the management of change across a variety of industries and services. Change is an integral feature of radiology, which has evolved and integrated a number of different imaging modalities of increasing sophistication, complexity and clinical effectiveness. Every time a new piece of equipment is installed in a department it requires re-evaluation of working practices, clinical applications and workflow, costs and income.

It is also important to ensure that changes that result from new equipment implementation or work practices are patient-focused. The emphasis should be primarily on clinical effectiveness with cost and staff considerations being important but nevertheless secondary. There are many recent examples of changes that require careful management including the introduction of MR, the replacement of old single-slice CT scanners with multi-slice CT systems that have massively increased throughput but have brought time-consuming data analysis and huge storage capacity requirements. However, the development that has affected the imaging department and indeed the whole hospital has been digital archiving and data transmission. These PACS systems have required re-engineering of clerical, radiographic, radiologic staff and pan-hospital information delivery and usage and storage of imaging data.

Many papers have been written about the management of the implementation of these systems - the key seems to be very careful planning and inclusion of all staff from inception to implementation. Discussion of the implications, wellorganised re-training and a transparent and orderly plan as well as the removal from an early stage of all uncertainty are also factors in the success of projects. It is also desired that both staff and patients are persuaded of the benefit to them of the proposed changes.

This edition's cover story includes three articles on different scenarios in change management. One article emphasises the steps required for successful change management in any healthcare setting. A second paper discusses the natural resistance of staff to change which they perceive, rightly or wrongly, to be threatening to their way of working. The third paper discusses the implications of mergers & consolidation, and emphasises the need for all parties to have an understanding of the goals of the merger, an agreement on the governance structure and the creation of a new culture. It is to be hoped that these papers will provide useful messages. The journal would also welcome contributions from those of you who have managed departmental reengineering whether they were stress-free or whether they generated lessons from any confrontations that may have occurred during the transition period.

Please send your responses to myself or to Managing Editor Dervla Gleeson at editorial@imagingmanagement.org.

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