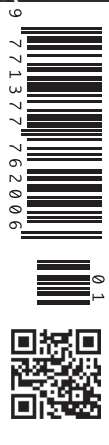




Cover Story:

# Reimagined Hospitals



20 **Edward Bluth:** RSNA 2019: Radiologists Can Be Optimistic About AI

28 **Prof. Andrew Walton:** Managing Change to Improve Clinical Outcomes

36 **Adam Gale:** How Far Is the Future?

40 **Christopher Shaw:** Healthcare Design With a Long-Term View

46 **Prof. Christian Lovis:** An Alternative to Costly Tech For Future Healthcare?

50 **Prof. Marcel Levi:** Generalism as a Sustainable Model in New Healthcare Paradigm

52 **Sirpa Arvonen:** Finland's Digital Care Network: Why is it Working So Well?

56 **Marina Gafanovich:** The Empowered Patient – Capitalising on Information and Technology

60 **Chris McCahan:** Building a Better Hospital



# How to Motivate Your Team to Accept Innovation: A Case Study

Summary: Introducing innovative equipment to an established hospital department may seem like a challenge, and often is one. But the implications can be minimal if a proper management culture is in place and the staff is motivated to succeed. Head of a radiology department shares his experience of one such project.

As a community hospital, Spital Männedorf in Männedorf, Switzerland, has an emergency station, which by law is required to have a 24-hour emergency radiology department equipped with a CT scanner. So when the department's management decided to install a new scanner, the task promised to be challenging for them.

Spital Männedorf was one of the first five hospitals in the world to use a new, next-generation CT scanner from a leading producer. The new unit was AI-driven and had a new user guidance system, removable tablets and many other novel features, so the staff

due to increasing downtime of the scanner and consequent patient dissatisfaction. Thus, the decision to acquire new equipment was made.

The hospital is a limited liability entity, and every new investment case needs to go through an approval process and be backed up with a business plan to receive the necessary funding. The pressure, however, wasn't primarily financial but strategic, as the plan required removing the only CT unit and placing the new one in use almost simultaneously, so that the hospital would always have an operating CT machine.

better than anyone else, that it needed to be replaced with a newer piece. Would that new machine make their work redundant? This is a question raised often in the radiology community, and the hospital's department was no exception. Nevertheless, the team trusted me as head of the department to make a decision that would not 'kill' them.

## Implementation Process

One can imagine that a machine that old, even if it is well-maintained and its software is regularly upgraded, simply cannot keep up anymore with modern software platforms and general work-

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**To keep the seamless provision of service, we arranged to have a transitional period of several months**

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felt uneasy about the transition from a familiar piece of equipment to a new one. However, some simple management solutions helped the department to smooth out the experience and eventually provide excellent outcomes.

## Background Information

The previous machine had been in use for 13 years. Not surprisingly, the situation was getting more and more difficult

## Team

The radiology team in Spital Männedorf includes 17 radiology technicians ranging in age from 26 to 60 years old. They are a multicultural group of people, partially trained outside of Switzerland, but nevertheless very loyal to the department – some of them have been working there for more than 30 years.

Having had the hands-on daily experience with the CT unit, the team knew,

flow. So the upgrade was desperately needed, but my worries were numerous. How do I, as head of the department, manage the change? Will my team be able to successfully handle working with the new platform, the new software?

Since we were going to be one of the first testing sites, my additional worry was the so-called 'child illness' of the new system, ie all those potential unexpected problems and issues surfacing

when new equipment is put to clinical use. Unfortunately, we were not able to share our experience with the other four testing sites. The only contact with them was through the vendor by means of exchanging some protocol details, so we had to deal with the challenges on our own.

To keep the seamless provision of service, we arranged to have a transitional period of several months. While the CT room was being renovated and the new unit installed, we received a mobile scanner as a temporary replacement. It was placed in a container outside the department, and we could keep on examining the patients 24/7.

the biggest challenge was the fear of 'the modern,' the AI and the new way of examining the patients with new protocols, new buttons and new processes. This is understandable, since all the technicians were using the same machine for 13 years and suddenly everything was different.

To address this issue, the chief CT technician persuaded the first adopters that moving on was important, and we were able to organise the training in such a way so as to eliminate any time gaps and fulfil requirements. Thus, the whole team received training on-site, and no additional staff was needed.

Furthermore, if a technician didn't feel confident to conduct a specific exami-

anxious to see how we would deal with the new system and how adequate the examinations would be depending on the clinical question for every patient. There are, for instance, multiple clinical questions in case of dyspnoea or thoracic pain – is that a pulmonary embolism, or aortic dissection, or pneumonia, or something else? With the new system we were able to get our answers quickly and efficiently.

In turn, automatic 2D and 3D reconstructions of the organs and pathologies provided images of superior quality, and we were able to easily explain the findings to clinicians who didn't have any training in radiology. Patients were satisfied as well because of the larger bore

## The eagerness of the first adopters proved to be infectious, and in no time the rest of the team was in

### Training

There were two stages of training – first, to use the temporary CT unit and later on, the new system. I can say this approach increased the trust and improved the attitude of the team members towards the vendor and myself, as the 'sources of change.'

Initially the vendor focused on training several 'teachers.' The application specialist of the company held sessions with two of our technicians for three days. Then, these two taught the rest of the team one by one, so in the end all of them knew how to operate the machine.

The first adopters were volunteers, very enthusiastic about the opportunity to get their hands on this new unit. Their eagerness proved to be infectious, and in no time the rest of the team were in, so the staff adoption aspect of the transition went smoothly. For me personally, it was a relief and a pleasure to see that there were no strong negative reactions.

### Challenges

Despite the relatively smooth transition,

nation with the new scanner, they were free to examine patients in the temporary replacement unit, especially during the night shifts. For the initial training period this proved to be our 'magic solution,' which gave technicians the freedom to choose the most convenient system and thus, decreased the level of stress. Not that they used the temporary scanner often once the new unit was in place – it looked like the challenge of handling the new equipment turned out to be a strong motivation.

These technicians decided to master the new unit, the new way of work, not as a favour to me, but as a favour to themselves. They strived to show that we can be a very good hospital when it comes to working with a new system – and they succeeded. The vendor as well saw how a non-university hospital could produce nice results with less support.

### Reception from Other Professionals

We made it public that we had gotten a new machine. So both the internal and external referring physicians were

gantry and less time alone due to faster scanning. In the end this had a 'word of mouth' marketing effect.

### Assessing Outcomes

We measure the progress achieved, first of all, by the number of patients examined. It is clear that with the new system the patient throughput has increased while the staff numbers haven't. Due to faster processes, more examinations are regularly planned for outside patients, and in between we examine emergency patients and in-hospital patients.

Another measurable outcome is the number of complaints we get. If you don't spend time with a patient during examination, they are left dissatisfied and complain to the management. In this sense, the innovative mobile tablets of the new scanner brought the technicians closer to the patient, allowing for more personal contact before and after the examination, which positively impacts the overall satisfaction of the patient.



### Success Factors

The team’s dynamics during the transition process translated into a slogan ‘I can do it!’ Regular practicing during the transitional period allowed both older and younger technicians to improve their skills in handling the new system and feel more confident.

We also practice the so-called ‘huddle,’ a term from American football, and it helped us during the project. ‘Huddle’ was adopted a couple of years ago during which a team strategically discusses both mistakes and successes, with the intention to continuously improve their outcomes. Whenever anybody sees a mistake, including those of mine, we communicate it – without any punishment. We call it ‘speak up.’ For us this proves to be a very effective way to adjust and correct our actions and avoid future mistakes. In turn, successes, even potential ones, are highlighted and rewarded.

Considering the above, one of the

major success factors during the transition was the team spirit. I, personally, was impressed with the will and motivation of each member of the team to eventually learn the new system and upgrade their skills. The technical innovations (mobile tablets, 3D camera, etc) helped the technicians to improve the image quality, which motivated them to use the new system more and more.

As a result, despite my initial worries, there was no opposition or sabotage on the part of the team, and it wasn’t necessary for me to intervene. My role came down to encouraging them as a coach, being present for advice and guidance, and praising their efforts and engagement. For me to motivate a team generally means to persuade them that whatever new they are about to do is going to glorify them and demonstrate how efficient they are as a team. ■

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### ✓ Key Points

- Introducing new equipment can pose a challenge to the team who may be afraid of change.
- Training is more effective when performed in stages.
- The role of the first adopters is important because they would lead the rest of the team.
- If during the transitional period the staff have the alternative to use the equipment they feel more comfortable with, it can help in reducing the stress.
- The initial concern may turn out to be a motivation.
- Analysing mistakes and rewarding successes as a team is crucial in change management.