

OVERCOMING OBJECTIONS TO NEW TECHNOLOGY

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As information technology becomes increasingly relied upon to improve efficiency within the NHS, the demarcation between purely clinical and administrative functions is becoming more blurred.

Radiologists dictate their reports using speech recognition technology, nurses make electronic referrals to social services and consultants all have a desktop PC.

But how do you persuade already over-stretched clinicians and other healthcare professionals to buy in to new technology which will necessitate a change in the way they work?

Ceri Rothwell, Project Manager at clinical correspondence specialists Medisec Software, sets up electronic communications systems linking hospitals with primary care.

She shares her top tips to engaging support at the sharp end.

1. Get sponsorship for your project at the highest clinical level possible from the outset, ideally from both the Chief Executive and the Medical Director. It is also useful to gain agreement for underwriting the changes needed from an official body such as the Medical Informatics Group or IM&T Strategy Board.
2. Be prepared for you and your IT suppliers to spend an intensive period of time on site in order to thoroughly understand and report on the current processes objectively.
3. Make sure your IT developer also fully understands and takes into account the differences with which departments, specialities and directorates carry out the same processes. Sometimes even teams within the same speciality will work in strikingly different ways and you will need to take all on board to find a solution which suits all parties.
4. Submit your report on how the process works currently to clinical staff for validation right at the beginning. It is essential that every aspect is fully understood before a working prototype solution can be developed.
5. Try to engage with staff other than clinicians, such as nurses, ward clerks, medical secretaries, junior doctors, pharmacists or therapists. They are

an inherent part of the detailed process that the clinician may not fully understand. They very often work in close teams and share experiences with each other which will be useful.

6. Make sure that you can explain the wider implications and purpose of the development. New systems will inevitably be challenged as people can often feel threatened and unsettled by change, but having the knowledge to explain why things have had to change (ie. for the good of the patient) allows users to make informed judgments.
7. Be upfront about the perceived impact of the development. This should be included in the communications strategy from the organisation as part of project initiation. Genuine individual concerns (such as doubts over potential job losses) should be dealt with by HR, and any negativity from any member of staff should be referred to the hospital management as soon as possible, or to the senior level sponsor if necessary.
8. Always run a pilot for the new process, rather than launch in 'big bang' fashion. This allows relationships and trust to build, and helps the IT development to evolve according to clinical, operational and managerial staff feedback. This method of implementation has time-scale ramifications and needs patience, but has a very beneficial effect on evolving expectations, and acceptance of the end product.
9. If you are looking to introduce technology which will impact across the wider health community, secure representation from *all* involved factions (for example, Surgical, Medical and Women's and Children's for a Trust-wide application).
10. Similarly, where developments take place across different departments and specialities, include all key representatives from clinical, operational and managerial areas in the project board.
11. Stick to NHS Project Management methodologies (such as PRINCE), which have structures and procedures to ensure that the right representation is present, the communication strategy is formalised and issues such as quality assurance are fully covered; this would include a provision for managing clinicians' objections.
12. Computerisation can force people to do things properly, and therefore can create more work. There has to be recognition of this workforce shift and appropriate HR measures taken to redress workload. Conversely, computerisation can be used to automate certain processes, again creating a shift in work levels with ramifications which need to be address by Trust management.