Note: This is a section of a case study on transforming a laboratory to digital pathology.

Step 1.4 – Assess stakeholders, impacts, and risks

This step starts with identifying who will be impacted, then determining readiness along the following dimensions:

- Their knowledge and skill level in relation to the change – how easily can they adapt?
- Their attitude toward the current state and future state – do they see the limitations of the status quo, and the potential for the new state?

They perform interviews:

- Several pathologists plan to retire in two years. They say it doesn't make sense for them to make the change, given the time it would take to become proficient.
- One GI pathologist just needs to look at a slide and write "TA" for tubular adenoma – for common diagnoses. She does not see the change as justified based on her role.

Swati and the quality manager schedule sit-down meetings with several of the other more experienced pathologists to get all their concerns.

Here are some verbatim statements.

Workflow Disruption:
I fear my workflow will be slower. I've been using a microscope for decades—I know where everything is and how to move quickly.

Image Quality:
I worry digital images don't match the clarity and resolution of traditional glass slides, especially for subtle findings.

Technology Reliability:
What if the scanner breaks? What if the system crashes during a critical case review?

Data Security & Privacy:
I have concerns about patient data integrity, especially with cloud storage and remote access.

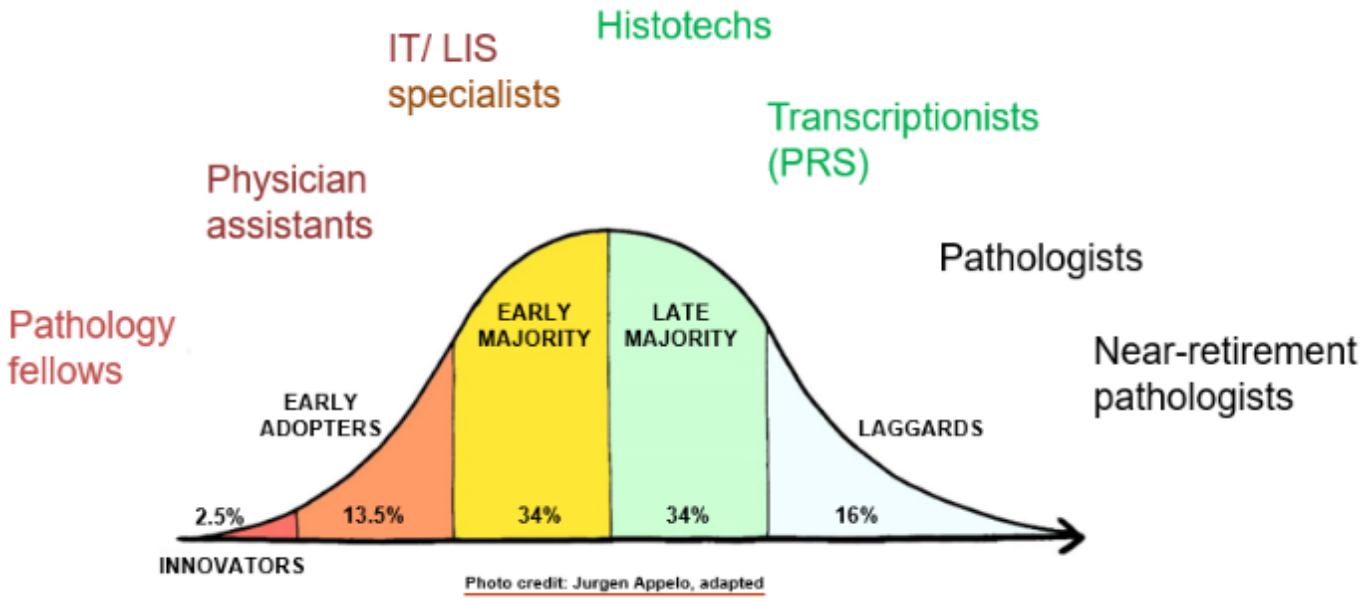
Convenient Access:
My biggest concern right now is convenient access to cases.
With physical slides, I know exactly where they are – on my desk or in the filing cabinet. Do I have to juggle multiple systems or logins?

Learning Curve:
Frankly, I'm nervous about having to learn new software. I'm not exactly tech-savvy.

Diagnostic Confidence:
I worry that I don't trust what I'm seeing enough to make a definitive diagnosis.

Peer Collaboration:
Do other pathologists and external reviewers accept digital diagnoses? What about the CAP or CLIA auditors?

The change team performs similar interviews with other stakeholders. Here is a summary adoption curve of the attitudes of laboratory and LIS staff towards the change.



Adoption curve for MidwestAmerica – Digital pathology change

Approach for addressing stakeholder resistance

The team begins to document an approach in the stakeholder analysis below.

Stakeholder Analysis

Stakeholder/ Attitude	Perceived Loss or Threat From the Change	Perceived Gain or Benefit	Approach to Take With Stakeholder
Experienced Pathologists **Resistant**	Loss of familiar way of working It will take months to become proficient Increased initial TAT Not convinced they can do as good a job – concerns about patient care, workflow, privacy, and data integrity	A few perceive no gain or benefit Most will be able to appreciate: • Easier remote collaboration, eg, immediate consult from specialist • Work from home • Future AI ability • More ability to specialize	Create a two-year transition period – allow dual workflows – old and new Arrange one-on-one training with vendors on how to use the equipment. Pick pathologists who are most resistant; if we can turn them, their positive attitude can influence others. Organize information to address their concerns: • Workflow disruption • Image quality • Technology reliability • Data security & privacy • Convenient access • Learning curve • Diagnostic confidence • Peer and regulatory acceptance For example: Provide recent data on diagnostic concordance rate between glass and digital slides Demonstrate that overall workflow can be simplified, and overall end-to-end TAT can be shortened

Stakeholder/ Attitude	**Perceived Loss or Threat From the Change**	**Perceived Gain or Benefit**	**Approach to Take With Stakeholder**
Transcriptionists (Pathology reporting specialist – PRS) **Resistant**	Their job will go away with dictation They will need to scan slides They are unprepared for a new world	A chance to learn new technology and role	Provide "day in the life" demonstrations for new roles; Show what systems or tools will be used
Histotechs **Neutral**	One histotech in Site 3 will lose job There will be more work for histotechs at Site 1	None	Explain that they will have an option of receiving a retention/severance package or transfer to other work opportunities Explain that workload at Site 1 will be monitored closely
LIS/IT specialists **Neutral**	There is always an overabundance of IT tickets This will strain resources	Exciting project	Work with HR and IT management to manage workload – potentially acquire contract resources
Surgeons and clinicians **Supportive**	None	Enables video conferencing – they would not have to run to a pathologist's office They could get a consult at any time, regardless of location	Provide training on telepathology

Stakeholder/ Attitude	**Perceived Loss or Threat From the Change**	**Perceived Gain or Benefit**	**Approach to Take With Stakeholder**
Physician's assistants **Supportive**	For those in Sites 2 and 3, they face the possibility of losing their job or a reduction in work hours	Most are hopeful of getting absorbed into the main lab as the workload shifts there Eager to learn and get exposed to new technology	Discuss potential of adapting to new grossing processes; May require training Explain that if their position is eliminated, they will have an option of receiving a retention/severance package or an option to get transferred to other work opportunities and kept on
Pathology fellows, newer pathologists **Supportive**	Very little – most are very tech-savvy and welcome this change	Ability to be on the cutting edge, and prepared for AI future in pathology	Ask the most enthusiastic to serve as change champions

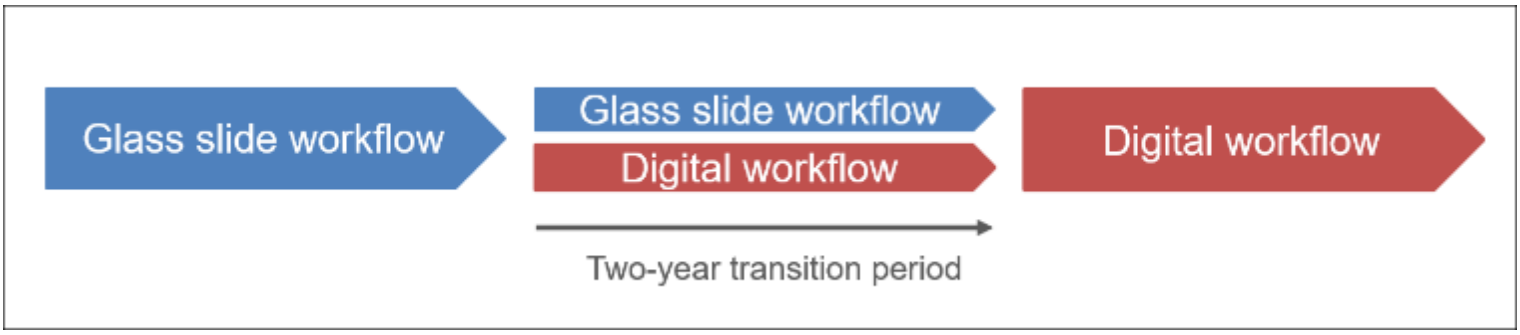
Note: This change also affects areas outside the laboratory. Here is a stakeholder analysis of these other areas.

Stakeholder/Attitude	Perceived Loss or Threat From the Change	Perceived Gain or Benefit	Approach to Take With Stakeholder
Executive/finance (capital/operational costs) **Supportive**	Negative effect on cash flow in the short term Opportunity cost relative to other projects	Long-term improvement in the marketability of laboratory services	Present a business case Set success metrics, track them, and keep the executive team informed
Regulatory/compliance (digital imaging standards, patient confidentiality) **Supportive**	Additional work to research standards and draft new policies and procedures	Long-term improvement of the enterprise	Make requests as clear and as early as possible; Avoid last-minute requests
Facilities **Supportive**	Additional work to redesign space	With remote work and fewer pathologist offices, there will be more space	Be as clear as possible about equipment to be ordered and installed
HR **Supportive**	Additional work to recruit or shift new IT resources and create alternative career paths for histotechs and transcriptionists	Long-term improvement of the enterprise	Map out the new process and get reasonable estimates of staffing needs and changes

Two-year transition period details:

Because of the experienced, near-retirement pathologists who are reluctant to make the change, the project will be phased in over two years. During this time, we will have two parallel workflows:

- One that includes digital slide scanning but allows some pathologists to continue using **glass slides during the examination phase**
- Another that follows a **fully digital pathology** process from pre-examination through post-examination



How existing workflow will transition to new workflow