



Judy Cassidy EDITOR

n our private lives, we all do technology assessment. When my family purchased a VCR, the salesman assured us it was "a good buy," and we didn't take time to distinguish among the bewildering array of capabilities offered by various machines. The one we chose met our main criterion: It was on sale! For two years now we have cursed that VCR. In retrospect we wish we'd paid a little more to get one that a reasonably intelligent person could program.

For a healthcare facility, a hasty, short-sighted technology decision can have consequences far more serious than failing to record the latest episode of *Northern Exposure*. And, unlike private consumers, today's healthcare managers make decisions that go far beyond choosing equipment. They must also evaluate new drugs and therapies and predict effects on patient care, the medical staff, service to the community, and the bottom line.

These imperatives mean managers need a wellthought-out strategic plan and a systematic technology decision-making process. Our article by David A. Berkowitz and Melanie M. Swan will help you understand the essential tasks of technology decision making—assessment, planning acquisition, and management. Sr. Joanne Lappetito, RSM, adds a perspective on ethical considerations that should guide your organizations' technology decisions.

In articles by Theresa L. Stempien of Mercy Health Services and Frank Fox and Ellen Barron of Franciscan Health System, you will learn about the approaches these systems use to help their facilities set their technology priorities and "make smarter decisions." Also, in investigating the extent of technology assessment, Assistant Editor Michelle Hey found that facilities' assessment procedures correlate with their size and services.

PAIN MANAGEMENT

With state initiatives attempting to legalize physician-assisted suicide (the most recent vote being last November in California), the issue of pain Today's bealthcare managers must evaluate new drugs and therapies and predict effects on patient care, the medical staff, service to the community, and the bottom line. management, especially for the dying, has surfaced as a challenge for healthcare providers. To help its members and others grappling with the issue, the Catholic Health Association convened an expert task force. The group's white paper, "Pain Management," on p. 30, analyzes the impediments created by societal biases, inadequate clinical training and practices, and fragmented healthcare delivery and reimbursement. In the context of these problems, the task force explores ethical and theological principles that care givers must consider and offers practical strategies for responding effectively to patients' pain.

The task force's work is part of a major CHA project on caring for persons at the end of life. Beginning next month *Health Progress* will publish a series of four articles from CHA's forth-coming document linking care with the Catholic tradition—*Care of the Dying: A Catholic Perspective.* This practical document and reprints of "Pain Management" will be published this spring, as will training manuals for administrators, clinicians, trustees, sponsors, and mission leaders and resource manuals for communicators and persons responsible for advocacy. More information will appear in *Health Progress* as these valuable resources become available.

NEW YEAR'S CHALLENGES

As the new year begins, we sense that healthcare is on the brink of exciting changes, but we also feel like a skier poised above an unfamiliar trail. To help you on what promises to be a thrilling but potentially hazardous run, in 1993 *Health Progress* will look at new possibilities, including healthcare reform, wellness, integrated delivery networks, and sponsorship networks. Please continue to let us know, through your letters and the articles you contribute, about the changes that are affecting you.