With more than 50,000 members in the most important healthcare disciplines, HealthManagement.org is the world’s largest community of healthcare executives.

COVID-19 has proven that disruption in healthcare requires immediate action. New technologies, AI, digitalisation, cyberthreats, an ageing population and increasing demands of empowered patients require healthcare to apply new strategies for improved care and cost-efficiency.

HealthManagement.org promotes management, leadership and winning practices within a multidisciplinary setting. We create value, and focus on integrating of latest technology to accelerate precision medicine and optimised outcomes. The goal is efficient, safe and effective healthcare delivery.

Over 100 professional associations, institutions and congresses rely on us as their key partner. Being the official communications community of many gives us a privileged position to address healthcare topics from a trusted internal point-of-view.
Our Multidisciplinary Advisory Board

Worldwide leading healthcare experts are responsible for our strategic direction

Board Members

Prof Simona Agger Ganassi (IT)
Dr Gilbert Bejjani (BE)
Prof Hans Blickman (US)
Philippe Blua (FR)
Prof Edward I. Bluth (US)
Prof Frank Boudghene (FR)
Miguel Cabrer Gonzalez (ES)
Prof Davide Caramella (IT)
Richard Corbridge (IE)
Dr Marc Cuggia (FR)
Prof Alberto Cuocolo (IT)
Prof Johan de Mey (BE)
Prof Nevra Elmas (TR)
Prof Joan Marques Faner (ES)
Dir Juan Carlos Negrette (USA)
Prof Sergei Nazarenko (EE)
Dir Manu Malbran (BE)
Prof Henrik S. Thomsen (DK)
Prof Valentin Sinitsyn (RU)
Prof Karl Stroetmann (DE)
Prof Erik Thierry (FR)
Prof Dan Tzivoni (IL)
Prof Alec Vahanian (FR)
Prof Vlastimil Valek (CZ)
Prof Rafael Vidal-Perez (ES)
Diane Whitehouse (UK)

Prof Edward I. Bluth (US)
Prof Frank Boudghene (FR)
Miguel Cabrer Gonzalez (ES)
Prof Davide Caramella (IT)
Richard Corbridge (IE)
Dr Marc Cuggia (FR)
Prof Alberto Cuocolo (IT)
Prof Johan de Mey (BE)
Prof Nevra Elmas (TR)
Prof Joan Marques Faner (ES)
Dir Juan Carlos Negrette (USA)
Prof Sergei Nazarenko (EE)
Dir Manu Malbran (BE)
Prof Henrik S. Thomsen (DK)
Prof Valentin Sinitsyn (RU)
Prof Karl Stroetmann (DE)
Prof Erik Thierry (FR)
Prof Dan Tzivoni (IL)
Prof Alec Vahanian (FR)
Prof Vlastimil Valek (CZ)
Prof Rafael Vidal-Perez (ES)
Diane Whitehouse (UK)

Regional Ambassadors

Dr Mahboob ali Khan (KSA)
Dr Thomas Kaier (UK)
Dr Nadya Pyatigorskaya (FR)
Andreas Sofroniou (CY)
Dr Andras Vargha (HU)
Anton Vladymyrskyi (RF)

Industry Ambassadors

Dan Conley (US)
Marc De Fré (BE)
Prof Okan Ekinci (US)
Prof Mathias Goyen (UK)
Prof Rowland Illing (USA)
Ljubisav Matejevic (DE)
Christina Roosen (ES)
Gregory Roumeliotis (US)
Dr Jan Schillebeeckx (BE)
Our Target Groups

With more than 50,000 CEOs, CMOs, senior physicians, department heads, CIOs and policy makers, our community is one of the largest and most influential worldwide.

Management, innovation, corporate governance, new techniques and technologies are addressed, with the objective to simplify the decision-making process. Key aim is to enhance outcome, efficiency and value-for-money.

We push for cross-collaboration to ensure best quality for the least possible price.

- EXEC - 20,000 - 39,67%
- Imaging - 11,000 - 21,82%
- Journals Exclusive - 7,514 - 14,90%
- Cardiology - 5,000 - 9,92%
- IT - 3,700 - 7,34%
- Lab - 800 - 1,59%
- Decision Support - 1,000 - 1,98%
- Women’s Health - 800 - 1,59%
- Enterprise Imaging - 300 - 0,60%
- Policy Makers - 300 - 0,60%

TOTAL - 50,414

Over 50,000 decision-makers
Author Guide

HealthManagement welcomes original articles and blog posts from healthcare professionals on healthcare management, leadership and winning practices.

We welcome your insights into topics in healthcare management, which includes perspectives from Hospital Administration, Imaging, Cardiology and IT. Examples of previous cover stories include Patient Power; Value-Based Healthcare; Ageing; View to the Future.

We welcome submissions on the following topics:
• Management and leadership in healthcare
• Human resource management
• Facility management
• Healthcare IT management – including telehealth, electronic health records, interoperability, mHealth, security
• Radiology management – including quality control, PACS, workflow, safety, dose management
• Cardiology management
• Other specialist areas such as oncology, laboratory, diagnostics, pharma etc.

These topics are not prescriptive, and we welcome your proposals. Suggest your ideas to edito@healthmanagement.org

Benefits of publishing with HealthManagement
• Share your ideas with our global readership of health managers, imaging and radiology, IT, cardiology leaders, and hospital managers
• Inclusion in our online faculty section
• Established publisher (20 years of journals)
• Circulation of 50,000+
• Publication on HealthManagement.org website with about 200,000 monthly visitors
• Active engagement at major hospital, cardiology, healthcare IT and radiology congresses (EAHM, ECR, ESC, RSNA and many more)
Instructions for Authors

Article Submission Form
Complete and return the article submission form provided before you submit the completed article.

Article Format
- Word count: minimum 700 words, maximum 2000 words
- Submit as Microsoft Word or compatible
- Left-justified, single-spaced

Article structure
The first page should contain:
- Summary sentence (about the article, to go at top of article and in table of contents)
- Key points. At the top of the article provide 3-6 sentences in bullet points, which summarise the major themes of the article
- Title of the article (max 50 characters including spaces), preceded by (TITLE )
- A subtitle if required preceded by (SUBTITLE)
- Name and job title of the author(s) – Institution/organisation, town/city and country, contact email address – please note the email address is for publication, Twitter handle

Headings and subheadings
Use subheadings for each section of the article preceded by (SUBTITLE).

Conclusion
Your article must have a conclusion, which should be succinct and logically ordered. Knowledge gaps should be identified and future initiatives suggested.

Spelling
HealthManagement uses UK spelling (eg ionising, specialise, tumour, paediatric, haematology etc.)

Abbreviations and acronyms
Please spell out the full word at the first use and acronym thereafter. Abbreviations should not be used. If there are many acronyms provide a separate list at the end of the article.

Product references
In general, articles should be vendor-neutral. Where products are mentioned, the reference should be product name including ® or ™ if applicable, place, country.
Instructions for Authors

Currency
Prices and costs given in U.S. dollars should have the Euro equivalent in parentheses afterwards.

Illustrations and images
Authors are encouraged to include photographs, figures and/or tables. These can be illustrative or summarise findings or recommendations. Please supply images as high-resolution (300dpi) jpegs or tiffs, and include any image credits. The author is responsible for ensuring permission for publication of images has been secured. The editors reserve the right to ask for evidence of permission.

Graphs and tables can be supplied in Word, Excel or Powerpoint format and will be recreated if required by the HealthManagement art department.

Any illustrations should be clearly referred to in the text, and supplied with captions. Numbers and captions go above the figure; table numbers and captions go beneath the table. In addition, please add the filename of the relevant image to the text reference.

References
Any references that are deemed important to understanding of the article should be cited within the article. Citations within the text for a single author HealthManagement uses an in-text author-date referencing system. For a guide please contact the editors. For space reasons, articles in the print journal may be published without the full list of references, which are made available on the website.

Copyright
HealthManagement retains copyright of the article.

Conflict of Interest
Please disclose any actual or potential conflicts of interest.

Proofing
Following copy-editing to house style, authors will receive their page proof for final review and approval prior to publication.

Revisions
Two article revisions are included free of cost. Any additional revision is charged 200 EURO.

Checklist for Authors
Before you send in your article, please check that you have included the following:
✓ Job title, email address and organisation for each author
✓ Short bio for each author
✓ Hi-res (300 dpi) image of the author(s)
✓ List of references in Harvard format
✓ Key points at the top of the article
✓ Word count at the end of the article
✓ Email your article to edito@healthmanagement.org
Freedom of expression is one of the fundamental rights of man, an essential condition for public opinion to be enlightened and informed. In its concern to preserve the integrity and freedom of the press, the Belgian Association of Newspaper Publishers, the General Association of Professional Journalists of Belgium and the Federation of the Information Newsletters have adopted the following code of principles of journalism in 1982.

1. FREEDOM OF THE PRESS
Freedom of the press is the main safeguard of freedom of expression without which the protection of other basic civil freedoms cannot be ensured. The press must have the right to collect and to publish information and commentaries without hindrance, to ensure the forming of the public opinion.

2. THE FACTS
Facts must be collected and reported on, unbiased.

3. SEPARATION OF INFORMATION AND COMMENT
The separation between facts reporting and commentaries must be clearly visible. This principle must not prevent the journal/newspaper from presenting its own opinion as well as the viewpoints of others.

4. RESPECT FOR THE DIVERSITY OF OPINIONS
The press recognises and respects the diversity of opinions and defends the freedom of publishing different points of views. It opposes all discrimination based on sex, race, nationality, language, religion, ideology, culture, class or conviction, provided that the convictions thus professed are not in contradiction with the respect of fundamental human rights.

5. RESPECT FOR HUMAN DIGNITY
Publishers, editors-in-chief and journalists must respect the dignity of and the right to private life of individuals and avoid all intrusion in physical or moral suffering unless considerations related to the freedom of the press make it necessary.

6. PRESENTATION OF VIOLENCE
Crimes and terrorism as well as other cruel and inhuman activities must not be glorified.

7. CORRECTION OF ERRONEOUS INFORMATION
Facts and information proved to be false must be corrected without restriction and without prejudice to the legal provision of the right to reply.

8. PROTECTION OF SOURCES OF INFORMATION
Sources of confidential information cannot be revealed without the explicit authorisation of the informant.

9. SECRECY
Secrecy of public and private affairs as defined by law cannot prevent the freedom of the press.

10. HUMAN RIGHTS
Should the freedom of expression be in conflict with other fundamental rights, it is up to the editors (in consultation with the journalists concerned) to decide, on their own responsibility, which right they will give priority to.

11. INDEPENDENCE
Newspapers and journalists must not give in to any outside pressure.

12. ADVERTISEMENTS
Advertisements must be presented in a way that they do not mix with factual information.
Editorial and Congress Calendar

Issue 1/2022

Cover Story: Managing Efficiently Future Pandemics
The COVID-19 pandemic caught many healthcare systems worldwide unprepared, placing unprecedented strain on critical care services while also leaving healthcare providers short-staffed. What could have been done better? What strategies can be adopted to build better resilience in the healthcare system?

Anchor Content

Dedicated Features
Building bridges amongst disciplines and Lab Management.

Covered Congresses

Issue 2/2022

Cover Story: Successful Digitalisation Pathways
Healthcare digitalisation increases operation efficiency, provides better access to care and increases patient convenience. Careful planning and implementation of operational changes consider interoperability, culture, and technology. Why are some successful and others fail? What are the best practices for successful implementation?

Anchor Content

Dedicated Features
Telemedicine and Independent Living, Digital Medicine and Nursing Care.

Covered Congresses
Editorial and Congress Calendar

Issue 3/2022

Cover Story: AI: Opportunities, Capabilities and Limits
AI utilises massive amounts of digital healthcare data for patient care. Its use is adopted for heuristic detection, algorithmic decision-making, and patient data analysis. There are also many other areas in healthcare that could potentially benefit from AI. How can these benefits be realised? What are some gaps that AI can address? What are its limits?

Anchor Content

Dedicated Features
MarCom Strategies, Volume to Value, Leadership for a Sustainable Future.

Covered Congresses

Issue 4/2022

Cover Story: Connected Patients in Light of Big Data
Massive amounts of patient data are collected while providing care. How is patient privacy protected? How can this data be secure? How and when can patients access their data? What issues affect the regional and international transfer of data?

Anchor Content

Dedicated Features
Patients in Focus and Cardiology like nowhere else.

Covered Congresses
Editorial and Congress Calendar

Issue 5/2022

Cover Story: Effective Workforce Transformation
Market stresses and shortages caused by the COVID-19 pandemic are transforming the healthcare workforce. What new skills are required by healthcare workers? What are some effective strategies for sustainable recruitment? What are best practices to engage strong talent? What practices can help healthcare workers thrive well and reduce burnout?

Anchor Content

Dedicated Features
Trends in Breast Imaging and Update in paediatric radiology.

Covered Congresses

Issue 6/2022

Cover Story: Cybersecurity: Preventing the Worst-Case Scenario
Digitalisation of healthcare organisations comes with the risks to patient privacy, cyberattacks and malware propagated through hospitals. The risk is compounded by the use of telehealth applications, remote consults and internet abuse. What are best practices for cybersecurity? What infrastructure is required to prevent the worst-case scenarios?

Anchor Content

Dedicated Features
Interconnecting Healthcare and Empower Radiology’s Innovators.

Covered Congresses

5 October
Copy
5 October
Approval
12 October
Publishing
26 October

25 October
Copy
25 October
Approval
8 November
Publishing
22 November