



Cover Story:

COVID-19 Superheroes

368 **Paulo Moll:** Fighting the Pandemic in Brazil - Experience of Largest Hospital Network

374 **Adaora Okoli:** Tragedy of COVID-19

376 **Sabine Torgler:** Nurses Are Not Soldiers

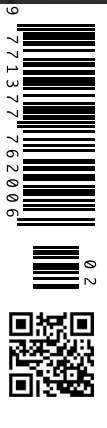
384 **Prof. Jonathan McNulty:** Radiographers on the Frontline

386 **Valérie Martin:** "Not in My Care Home"

392 **Elikem Tamaklo:** Burning Platform for Change: COVID-19 Experience in Ghana

396 **Lloyd Vincent:** Traversing the Unknown Frontlines - COVID-19 from a Resource Limited East African Setting

427 **Alberto Porciani:** Telemedicine in Time of COVID-19



Through Crisis to Better Healthcare

Interviewee: [Konstantinos Deligiannis](#) | General Manager at Eastern Europe | GE Healthcare | Athens | Greece

The COVID-19 ‘stress test’ has highlighted the shortcomings of healthcare systems worldwide. In Eastern Europe, the need is evident for the hospitals to upgrade on every level, from their infrastructures to their processes. HealthManagement.org spoke to Konstantinos Deligiannis, who leads the activities of GE Healthcare in the region, about comprehensive development of healthcare and the potential of public-private partnership.



Key Points

- In healthcare, the pandemic has exposed significant gaps in planning, public and private sectors interaction, primary healthcare, and manufacturing priorities and capacities, among others.
- Customer needs have changed, and so have the solutions offered by the industry. Containers to isolate equipment or localised technical assembly are some of the innovations brought to the market.
- Any crisis leads to revelations and many questions. To succeed, a leader must be rational, decisive and confident.
- As life returns to normal, 2021 will be a great moment for Eastern European countries to initiate changes in their healthcare sector.

In Eastern European countries, what were the weakest points in healthcare systems that the pandemic has exposed?

The most fundamental gap that the current crisis has exposed is the absence of planning. Although this is evident in other regions too, in Eastern Europe healthcare has been growing and maturing in a completely non-organised way. In the government-endorsed procurement systems, construction of new hospitals, or any other area, the plans have been patchy, with no strong common vision in mind. Different governments have their own priorities; different centres of influence have been promoting their interests, while on a national level, there is no strong and clear strategic plan. This is the only explanation to what we have seen in the ICU sector since the beginning of the pandemic. The infrastructure was simply not there. In fact, ensuring that the most critical part is in place should be first when developing or promoting a healthcare plan. This crisis has clearly demonstrated that we have to focus our thinking and devise a 360-degree strategy that will allow for the integrated development of healthcare.

Another very important point highlighted by COVID-19 is the lack of mechanisms to integrate public and private healthcare sectors. We have seen that in many countries, the critical ICU infrastructure in the public sector is insufficient.

At the same time, there is a strong private sector, which is not included in the response plans – or at least was not included in the beginning. COVID-19 has been a call to accept that the private sector is there. Historically, depending on the political priorities of different governments or parties, the private sector is either ignored or lauded, sometimes it is a burden and other times a necessity. Hopefully, this crisis has sent a clear message to the governments that private healthcare is a reality, is a necessity and can be a valuable pillar if integrated into the national planning of the healthcare system development.

Primary healthcare is another essential area to take into consideration. If we think about it, primary healthcare is simply not there because we push the care delivery to the hospitals. Hospitals are, by definition, very central structures that should be a last resort for serious or critical health issues, but instead, they are used on every occasion. Therefore, an extensive primary healthcare network is necessary for every country to ensure the best decision support in a very short time. Undoubtedly, the pandemic helped the governments realise this simple truth and its critical importance. It is clear that we have to take healthcare services as close to the patients as possible instead of concentrating and directing the delivery of care in the hospitals.

Finally, it is now clear that the availability and the quality of

a range of critical products defines the efficiency of a healthcare system. For several decades now globalisation has been increasing, with manufacturing being progressively moved out of Europe. There has been a clear gap to retain strong local manufacturing base in Europe, especially for healthcare equipment and devices. With this crisis, we have suddenly discovered how highly dependent on imports healthcare is in Europe.

As a result, this crisis will leave a permanent mark on the European economy, infrastructure and healthcare. Now, a strategic revision of the industry is required to identify the areas that must retain a local footprint. Whether this 'local' is going to be at a country level, or at the EU level, is a topic for further discussion. But one thing is clear – in Europe, we must ensure strong local manufacturing presence, especially when it comes to products that the healthcare sector depends upon.

What areas of work has the pandemic brought forward? Have there been any novel, COVID-19-specific solutions introduced on the market?

We had to adjust our work on many levels, for example by upgrading the company's digital infrastructure to ensure smooth transition to remote work and introducing new safety protocols once the offices have reopened. The biggest challenge, which was evident even before COVID-19 was declared a pandemic, was to ensure the continuity of services to our customers. We had to revise our priorities and asked our customers to do the same. As a result, the crisis has brought the customers and the industry closer and helped them work together. Now, everybody on both sides has a common goal, which is simple yet powerful: to keep each other going.

Naturally, our product portfolio has also had to be readjusted. The market has changed, and we, understanding our customers' needs, have adapted our solutions. For example, in Romania and Poland, we have installed a number of CT units, or in some cases x-ray units, in special containers, a solution branded as '[CT in the box](#).' This is an emerging trend in the healthcare industry. Hospitals have been expanding their space with isolated clusters to attend to COVID-19 positive or suspected cases. This new non-permanent facility allows for the increase in the number of examinations in a short time and the efficient and safe movement of patients around the facility.

As our teams needed to bring critical technologies to hospitals, but often couldn't enter the facilities to perform the necessary installation, another novel solution was introduced in Poland. The idea was to perform assembly and installation tests outside the hospital, inside a specially prepared bus, which we nicknamed the 'install bus.' The bus travelled from hospital to hospital, and our engineers provided their services on the spot. All the work was done in the vehicle, and equipment, such as ventilators, was delivered to the hospital ready for use. For medical facilities,



this ensured continuity of work and helped to keep people from non-controlled environment outside their premises. The acclaim for this service has been very high. Customers appreciate any extra support, innovation, or solution they can get from the industry right now – not only from GE but from any company that would go the extra mile to help.

Do you think this trend of increasingly mobile and local support service will stay after the pandemic peak is over?

The value of localising maintenance and repair services for medical systems is another big takeaway from the pandemic. Repair of healthcare equipment has to be always possible, whenever intervention is needed, irrespective of the situation at the borders. In Eastern Europe, GE Healthcare provides local service support in each country. Furthermore, we fit our equipment with one of the most advanced, digital, remote repair toolkits globally. On top of all these now, we have deployed local technical repair centres for small, mobile equipment in countries like Poland, so that even for major repairs these systems can remain within the country. In general, we keep looking for quality solutions, which can be developed and implemented fast, optimising our customers' productivity and uptime.

What has 'leading during a pandemic' been for you personally?

I have been with GE Healthcare for almost twenty years, and the pandemic was an opportunity to demonstrate and witness the impact of the work we do, in so many countries and societies. GE Healthcare has been able to provide almost 50% of all the COVID-19-related systems deployed in Eastern Europe. This is a major contribution. I have been deeply impressed with our team and their deep commitment to helping people, patients, healthcare providers – some of them even undertook considerable personal risk to provide and deploy the much-needed equipment. I am proud and honoured to work with them.

When you are facing a pandemic, the first question is how safe are the people you work with? In the GE team of Eastern Europe many people hold international jobs and constantly need to travel, so their safety is a major concern. Fortu-

nately, we have a very capable and experienced Environmental Health and Safety team that addresses all issues promptly and efficiently.

Another big agony in this crisis was how all of us could best contribute to the fight against COVID-19. Holding a position of senior responsibility, you have certain capabilities and can influence certain decisions, so how can you apply these degrees of freedom in a crisis? Choices must be made. We had a lot of distress calls and requests for support and equipment, from governments, hospitals, benevolent and donor foundations, too many indeed against a production that was, is and will always be finite. You see how right the request is, how dire their situation is, but sometimes you cannot help. It is an ugly feeling.

This pandemic is the second big crisis in the past ten years. The first was the financial crisis, the financial meltdown of 2009-2012, which took a heavy toll, especially on Greece. One can say it was a 'rehearsal,' so this time we were, at least psychologically, prepared. Judging from my experience, to successfully lead a company through a crisis, you have to put aside emotions and take decisions rationally. Take decisions fast, but not too fast; there is a very fine line. Your decisions should be based on the right information, but information keeps flowing in continually and you cannot delay; also a subtle line here.

Above all, you must have confidence. It radiates from the leader and cascades to the team. Confidence that the situation will improve: markets will recover, the customers will come back, and the revenues will flow in again. This confidence

Have there been any difficult decisions you had to take?

In the highly complex and difficult market environment of Eastern Europe, we are used to making difficult decisions. Still, one of the toughest challenges for us has been handling the requests for equipment in massive numbers that could not be available. For example, there has been a lot of pressure from every customer, every government, every country for ventilators. But no company had the capacity to satisfy this demand. We had to prioritise according to the severity of the situation and other considerations, which was not an easy task. This mismatch of demand and capacity shows that perhaps all of us, governments, healthcare facilities, industry, could have been

better prepared. We all saw, early enough, what was happening in China, but no one could imagine Europe would follow. That was naive, and the story of this pandemic will be a good lesson for the future.

How do you think the situation will be post-COVID-19?

Nobody knows what the future holds, but I believe the hardest part is behind us, in the sense that the shock is not a shock anymore. Life will get back to normal soon, and from 2021 a major transformation of the healthcare sector will start, especially in Eastern Europe – this is a widely shared opinion. In the wake of this crisis, healthcare is becoming a priority area. A lot of investments are coming, and we will see previously unheard amounts of EU funding flowing into Eastern European countries with the aim of strengthening healthcare. This is the time of great opportunities and a major responsibility for all of us, for governments as decision-makers, for private healthcare operators who will absorb part of these investments, for companies such as GE Healthcare that are industry players and investing parties, even for all of us as citizens, to use this window of opportunity wisely.

There is the potential for fundamental shifts across the care continuum, including areas such as design and construction of facilities, training of healthcare workers, or sourcing and inventory management of critical care equipment and PPE materials, among others. But serious planning is required. We need to act with maturity and build a viable and powerful healthcare system for the next generations. ■

Thinking first about ensuring that the most critical part is in place should be first when developing or promoting a healthcare plan