CONGRESS '19

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BELGIUM - GHENT

INNOVATIVE HEALTHCARE STRATEGIES

11 > 14 SEPTEMBER 2019

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INNOVATION & TECHNOLOGY

Prof. Dr. Mieczyslaw Pasowicz

EAHM Vice-president

Welcome by the theme chair

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INNOVATION & TECHNOLOGY

prof. dr hab. Mieczysław Pasowicz

v-ce President EAHM

Polskie Stowarzyszenie Dyrektorów Szpitali

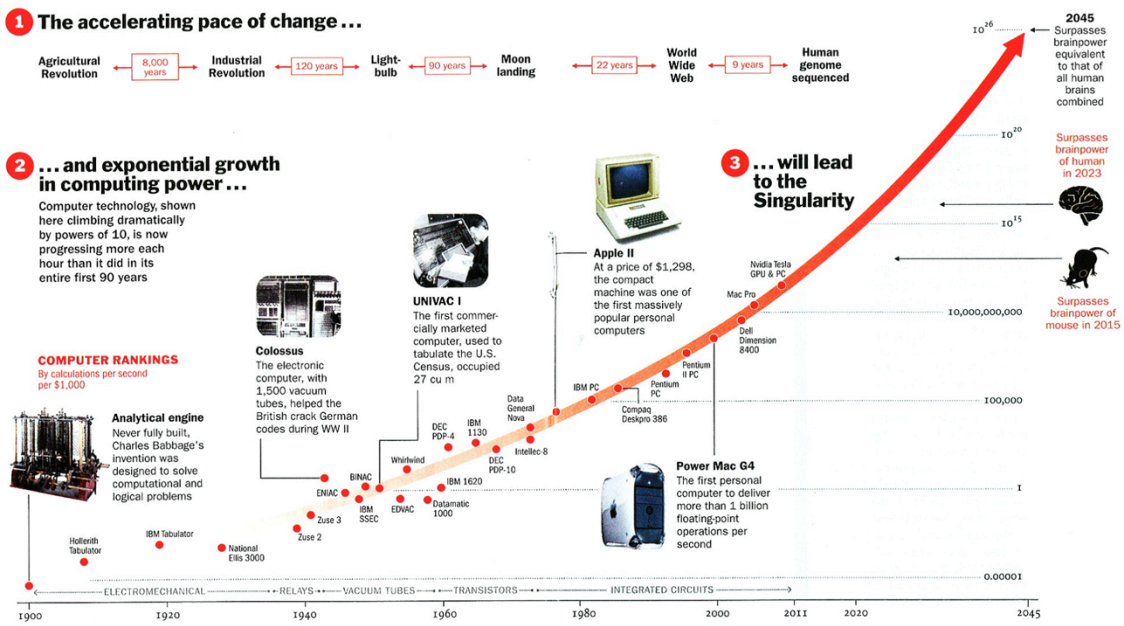
EUROPEAN ASSOCIATION OF HOSPITAL MANAGERS

Why innovations are important for hospital?

The innovations are main course of changes and gives the opportunity for improving effectivity and better treatment of patients. Technological and Organizational Innovations are todays challanges for management team and hospital directors. Thanks to technological innovations and treatment we can increase opportunity for replacement less effective technologies and processes.

TECHNOLOGY SOLUTIONS

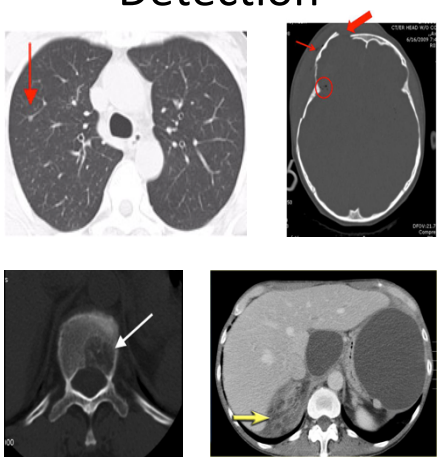
Technology and medicine have gone hand and hand for many years. Consistent advances in pharmaceuticals and the medical field have saved millions of lives and improved many others. As the years pass by and technology continues to improve, there is no telling what advances will come next.



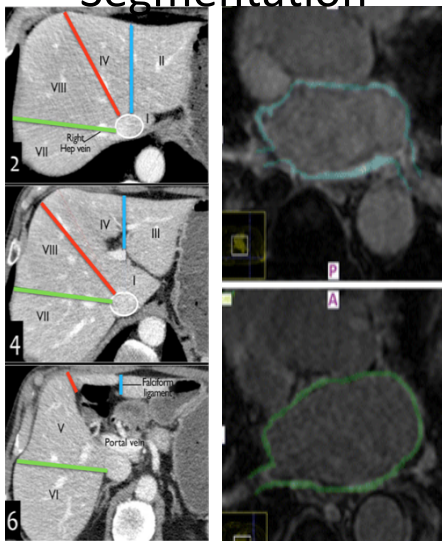
Innovation in diagnostics

Perception

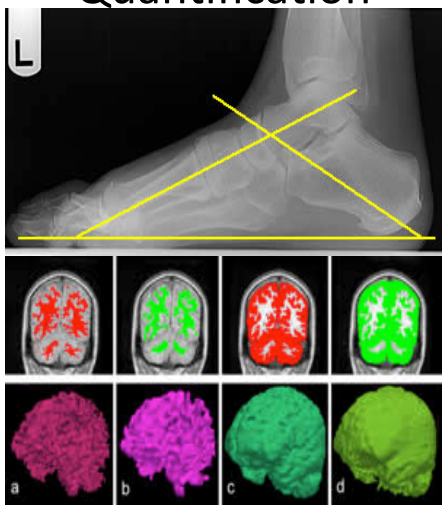
Detection



Segmentation

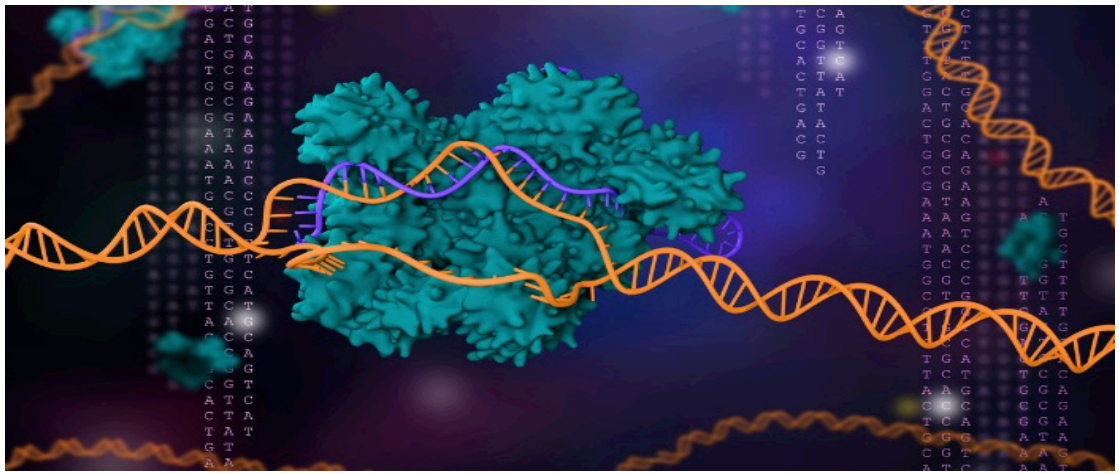


Quantification



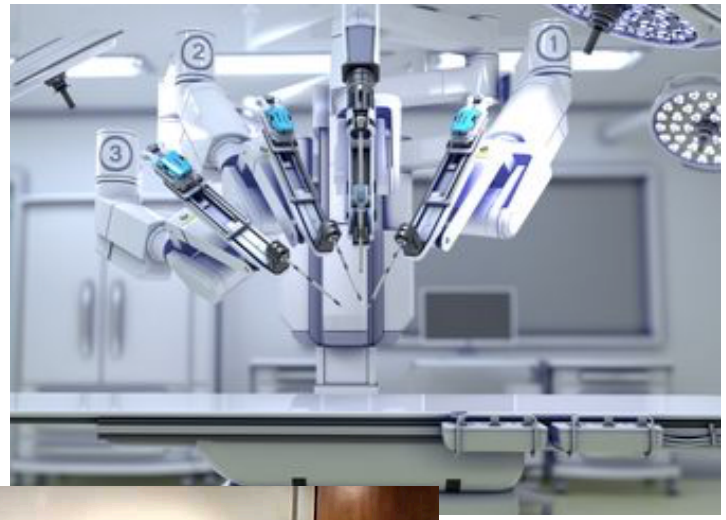
CRISPR

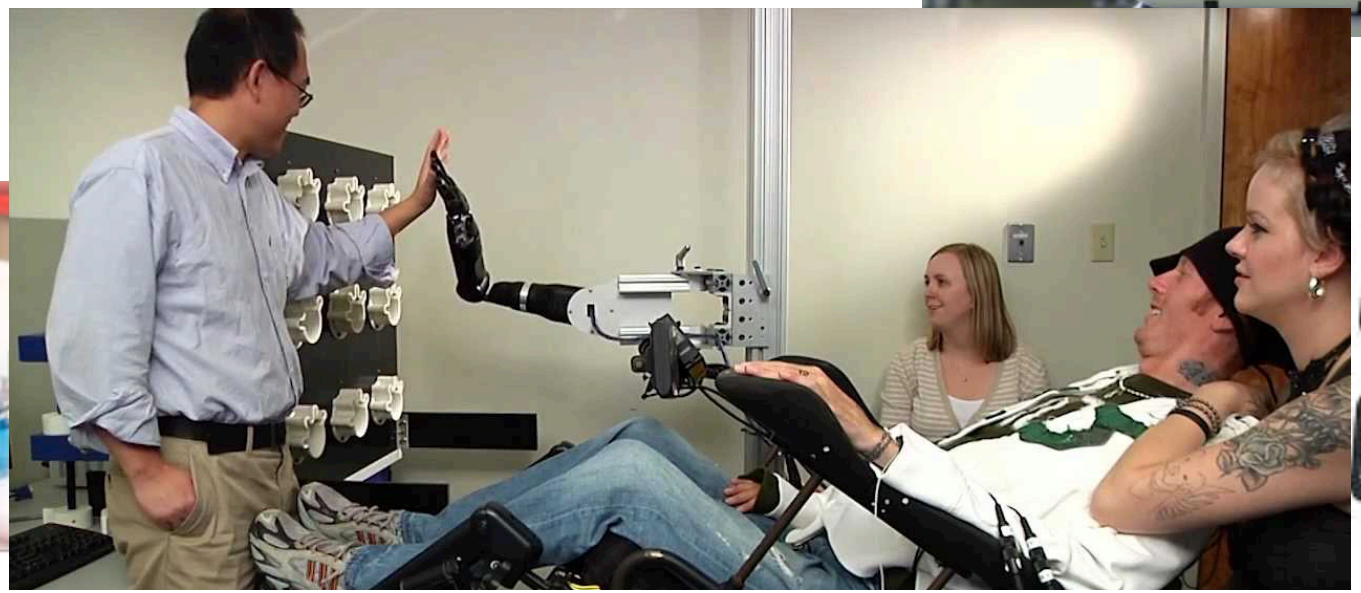
For decades scientists have been discovering ways to tinker with the DNA of food, plants, animals and even humans, with impressive results. CRISPR is a sort of DNA surgeon that can edit, target and study live cells, making it the most advanced gene editing technology yet.



Robotics in hospital

Robotics are present in different area of hospital activity. Robotics are used in oncology pharmacy, rehabilitation, surgery and will be replacing professional staff in hospitals.





1860's Antiseptic surgery
1890's Image guided surgery

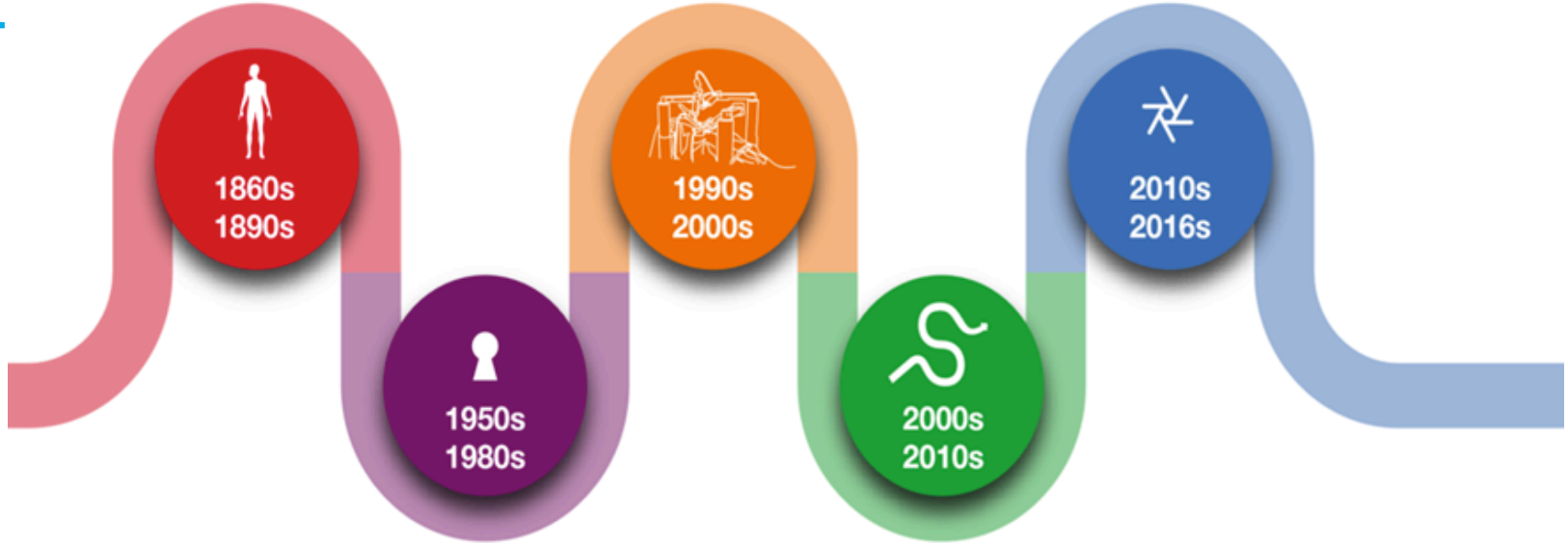
Open Surgery

1990's da Vinci® surgical system
2000's Transcontinental robotic telesurgery
2000's Sensei™ robotic catheter system

Robotic Surgery

2010's Micro-robots
2010's Flexible platforms for microsurgery

Robotic Microsurgery



Minimally Invasive Surgery

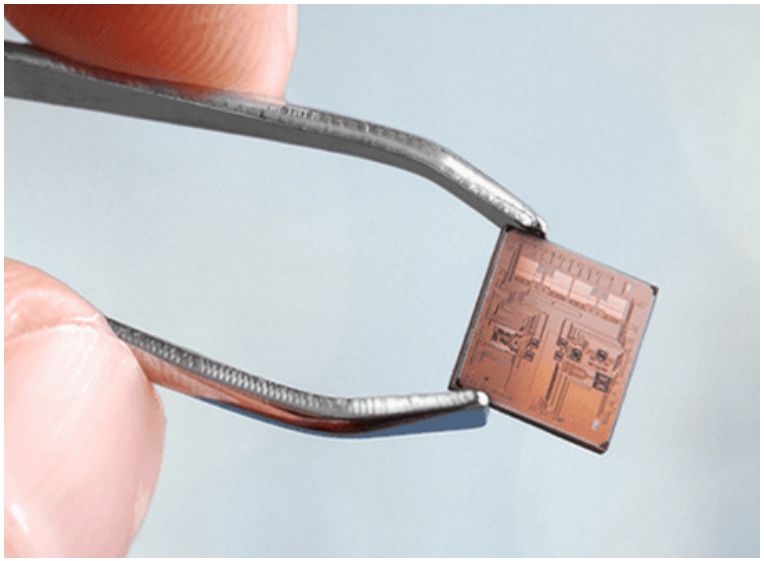
1950's Hopkins rod lens endoscope
1960's Angioplasty
1960's Fibre-optic flexible endoscope
1980's Laparoscopic surgery

Flexible Access Surgery

2000's NOTES
2010's da Vinci® Single Site™
2010's Magellan™ robotic catheter system
2010's Flexible NOTES platforms

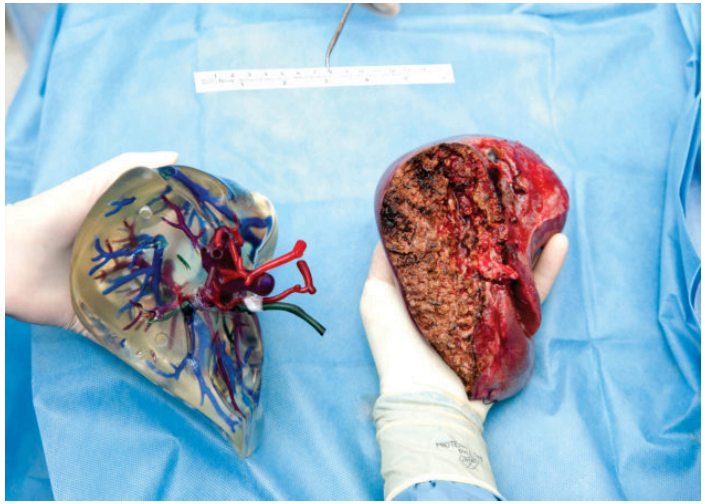
Wireless sensors

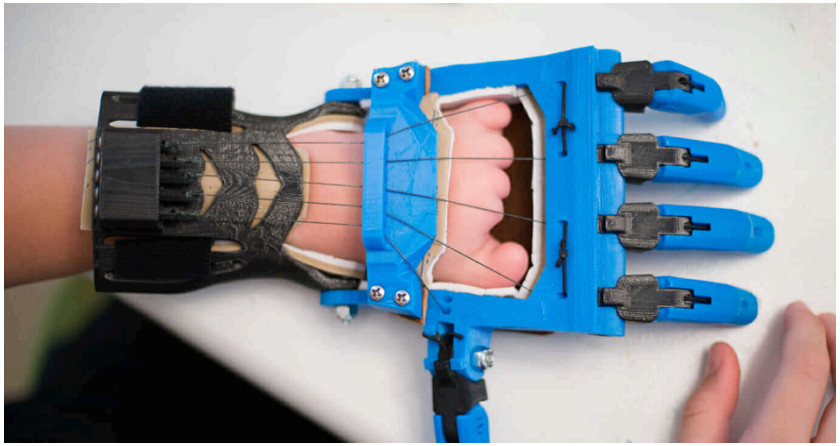
Thanks to plastics, medical advances have allowed scientists and doctors to team up and create bioresorbable electronics that can be placed in the brain and dissolve when they are no longer needed. This medical device will aid doctors in measuring the temperature and pressure within the brain. Since the sensors are able to dissolve, they reduce the need for additional surgeries.



3-D printing

3-D printers can be used to create implants and even joints to be used during surgery. 3-D-printed prosthetics are increasingly popular as they are entirely bespoke, the digital functionalities enabling them to match an individual's measurements down to the millimetre. The allows for unprecedently levels of comfort and mobility.





Artificial organs

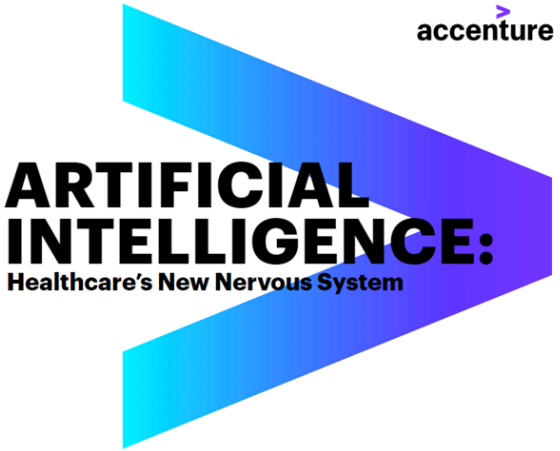
To take 3D printing up another notch, bio-printing is also an emerging medical technology. While it was initially ground-breaking to be able to regenerate skin cells for skin draughts for burn victims, this has slowly given way to even more exciting possibilities. Scientist have been able to create blood vessels, synthetic ovaries and even a pancreas. These artificial organs then grow within the patient’s body to replace original faulty one. The ability to supply artificial organs that are not rejected by the body’s immune system could be revolutionary, saving millions of patients that depend on life-saving transplants every year.

Virtual reality

Virtual reality has been around for some time. However, recently, with medical and technological advances, medical students have been able to get close to real life experience using technology. Sophisticated tools help them gain the experience they need by rehearsing procedures and providing a visual understanding of how the human anatomy is connected.

ARTIFICIAL INTELLIGENCE

Artificial intelligence (AI, also machine intelligence, MI) is apparently intelligent behaviour by machines, rather than the natural intelligence (NI) of humans and other animals.



Top 10 AI Applications

APPLICATION	VALUE*
Robot-Assisted Surgery**	$40B
Virtual Nursing Assistants	$20B
Administrative Workflow Assistance	$18B
Fraud Detection	$17B
Dosage Error Reduction	$16B
Connected Machines	$14B
Clinical Trial Participant Identifier	$13B
Preliminary Diagnosis	$5B
Automated Image Diagnosis	$3B
Cybersecurity	$2B
TOTAL =	~$150B

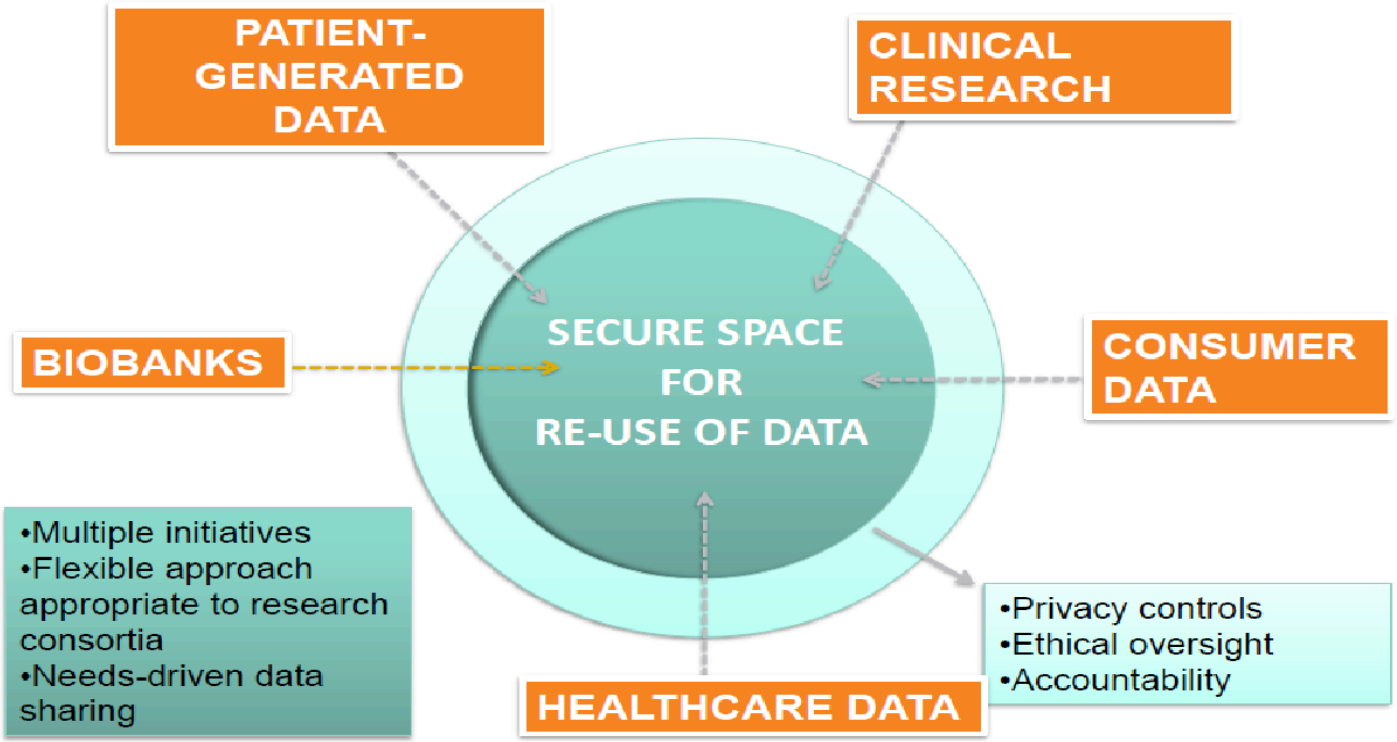
Source: Accenture analysis

* "Value" is the estimated potential annual benefits for each application by 2026.
** Orthopedic surgery specific

Telehealth with A.I.

In a technologically driven world, it’s thought that as many as 60% of customers prefer digitally-led services. Telehealth describes a quickly developing technology that allows patients to receive medical care through their digital devices, instead of waiting for face-to-face appointments with their doctor or they can talk with A.I. doctor. For example, highly-personalised mobile apps are being developed which allow patients to speak virtually with physicians and other medical professionals to receive instant diagnosis and medical advice.

Hospital management - digital data



Command Center - new way of management in hospitals

The Command Center's most striking feature is what GE Healthcare calls the Wall of Analytics. It processes real-time data from multiple sources across the hospital and visualizes the information and corresponding alerts for staff in the Command Center to act upon.

Digital Revolution in MedTech

Digital
&
Automatisation

Lean Processes &
Automatisation

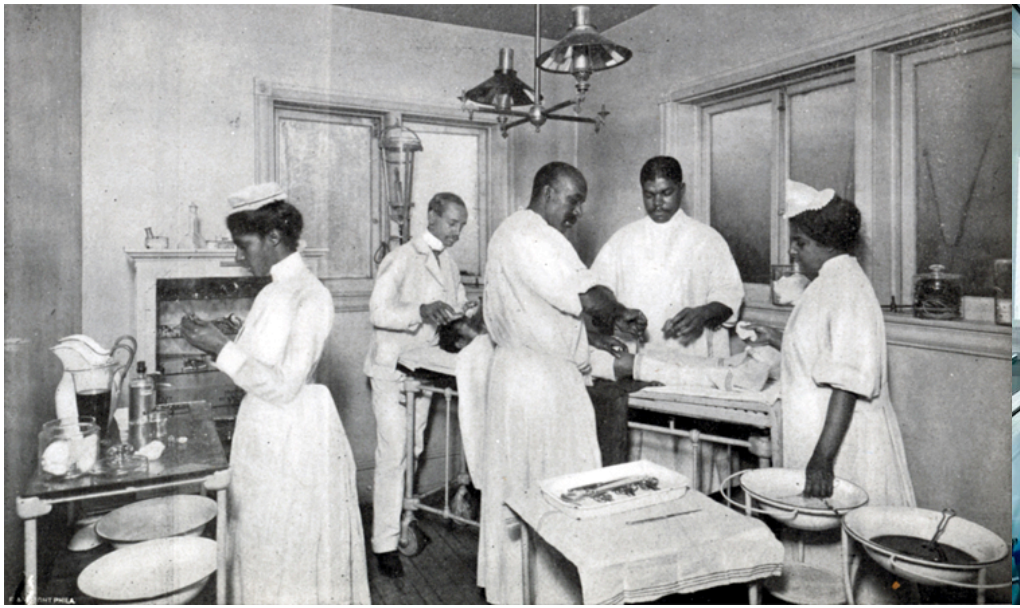
Mobile

Connected
care

Artificial
Intelligence &
Big Data

Transformational
Health Data

Operation theater - before and now



Cyfrowy Szpital Przyszłości
26-27 November, Cracow

DIGITAL HOSPITAL OF THE FUTURE

Innovation in Hospitals

ATTEND and SIGN UP at
dyrektorzyszpitali.org

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THANK YOU

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OF HOSPITAL MANAGERS

Prof. Ir. Hendrik Lambert
Vice-president Clinical & regulatory GTX Medical, Lausanne

Impact of MedTech Innovations for hospital managers

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STRATEGIES

Impact of MedTech Innovations for Hospital Managers

Hendrik Lambert
VP Clinical and Regulatory Affairs
GTX medical, Lausanne Switzerland

12-13 Sept 2019

Impact of MedTech Innovations

- Who am I?

- Impact of Innovation ?
- MedTech Innovations
- Impact on Health Care organization
- Future

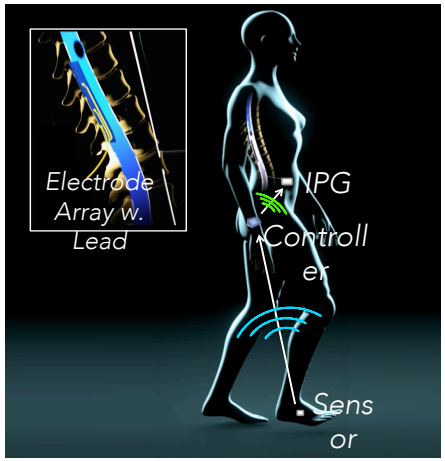
Who am I?

- Electrical Engineer, Biomedical Engineer, PhD (University Ghent, Belgium)
- Experience in small and large Medical Devices companies
  - InControl, Guidant, Boston Scientific, Endosense, St. Jude Medical
  - Current; Co-founder, VP Clinical and Regulatory, GTX medical, Lausanne
- Involved in Clinical and Regulatory for pre-market and post-market studies
  - High-Tech and Innovative
  - Class III Products
  - Invasive cardiac, vascular and neuromodulation therapies
- In Europe, US (and beyond)
- Close Interactions with physicians and patients
  - Field Clinical Engineer
  - Manager Training Institute
  - VP Clinical and Regulatory

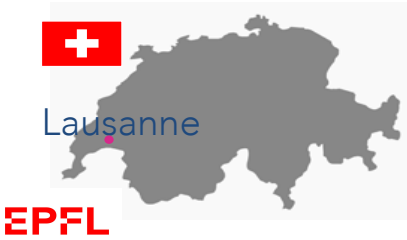
GTX medical

- Spin off from EPFL Technical University, Lausanne (2014)
- Offices based in Lausanne, CH and Eindhoven, NL (50+ employees)

- First product:
  Implantable neurostimulator for paraplegic people after Spinal Cord Injury

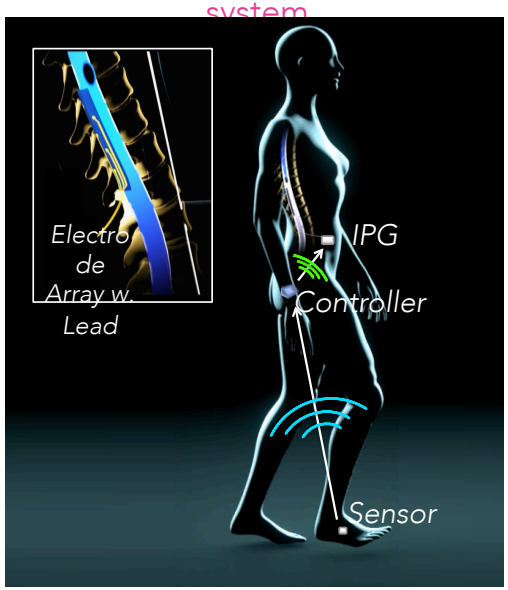


Implantable neuro-stimulation system



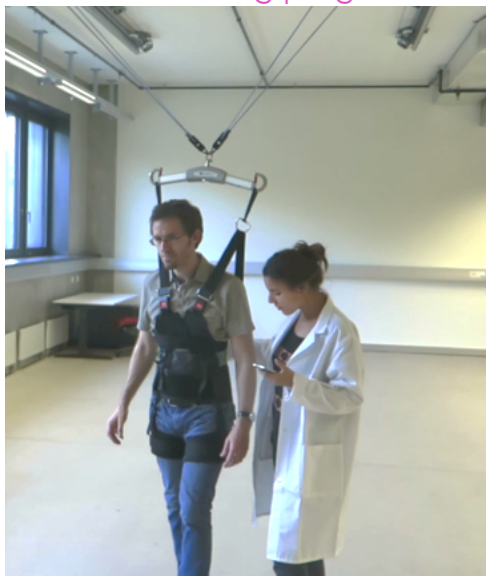
Combining Stimulation with Intensive Training

Implantable neuro-stimulation system



+

Intense training program



→ IMPROVED LEG MOTOR FUNCTION

GTXmedical

Challenge of Innovation

You have chosen for…

BIG DATA & DIGITAL HEALTH

FINANCE & HEALTH ECONOMICS

SMART BUILDINGS & LOGISTICS

HEALTH MANAGEMENT, GOVERNANCE & ETHICS

INNOVATION & TECHNOLOGY

HEALING ARCHITECTURE

Innovation --- A must ?

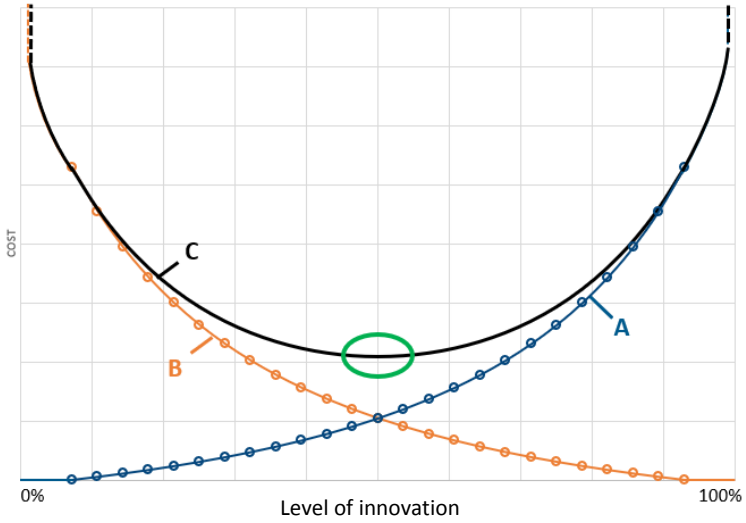
Do you want to be…

here ?

or here ?

or in between ?

Total Cost for Innovation (or not)



A: Cost of Innovation

B: Cost of no / too slow innovation

C: Total cost

Innovation is a must ! … Finding the right balance is key

What is driving your Innovation ?

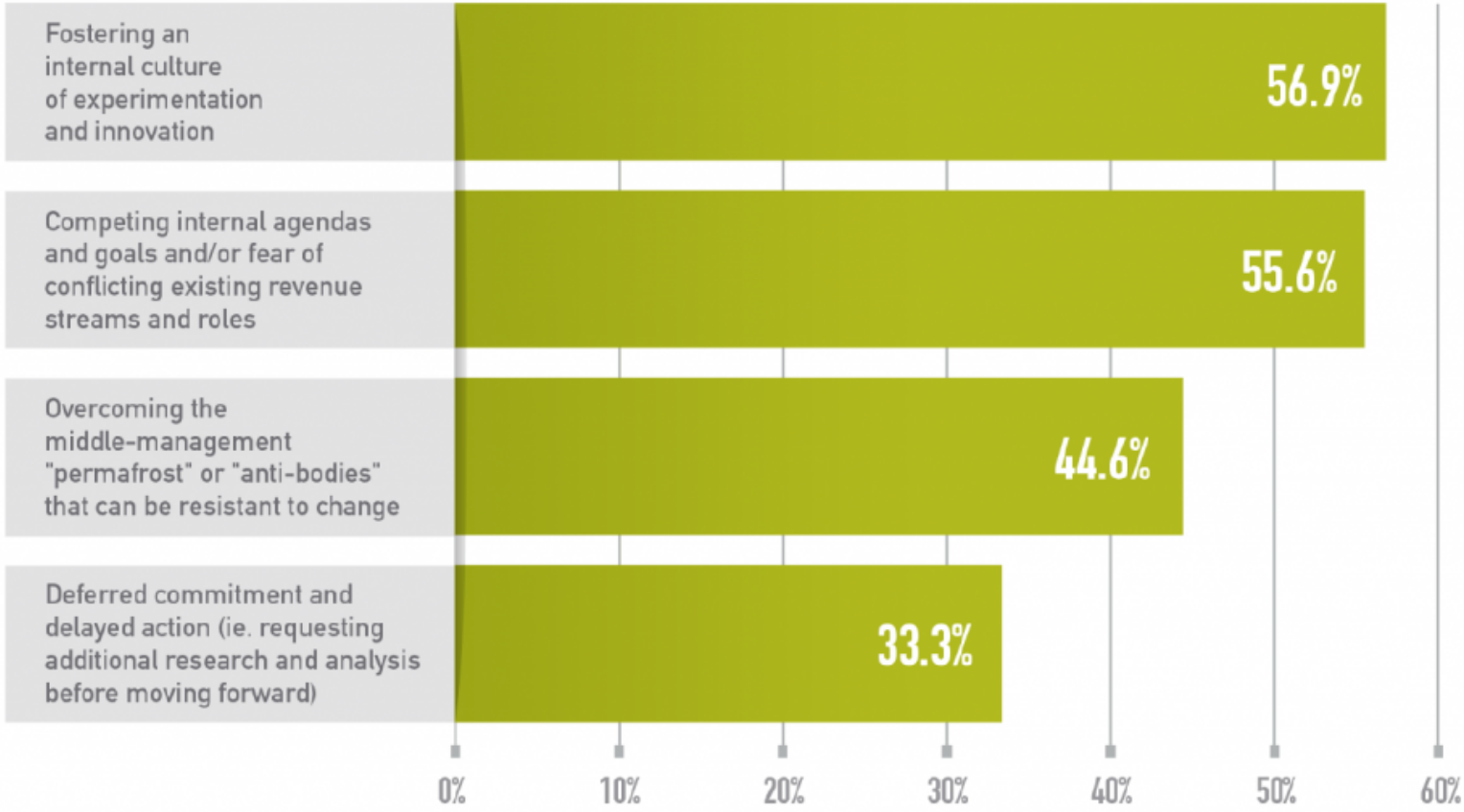
- What are current and future triggers for innovation?
  - Regulations (national, within hospitals)
  - Financial pressure
  - Patient oriented: more creative, personalized, cheaper
  - MedTech innovation

What is driving your Innovation ?

- Is your Innovation pushed from inside-out or outside-in?
  - Natural leadership and vision ?
  - Competition ?
  - Increased regulation ?
  - Quality requirements ?

- Innovation = change
  - Change management

Innovation = Change
Challenges of innovation



Investments for Innovation

Different Levels for Investment to Innovation :

1. Adapt your core business (e.g. surgery → minimal invasive)
2. Expand to adjacent, still related activities (e.g. home care)
3. Transformational innovation (real new business activities)

Successful businesses:

70%

20%

10%

Health Care businesses invest

- Not enough in innovation
- Mainly in adapting core business, and not in transformational innovation

The company view

Companies bring innovations to positively impact

- Morbidity
- Mortality
- Quality of Life
- Health care cost reduction

This will result in

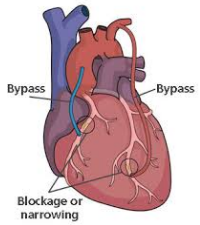
- Less invasive techniques – shorter hospital stay
- More complex yet inventive technologies
- Personalized medicine and technologies
- Use and home and home-care

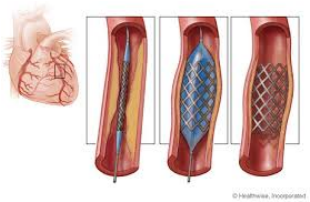
With impact on hospital management and organization….

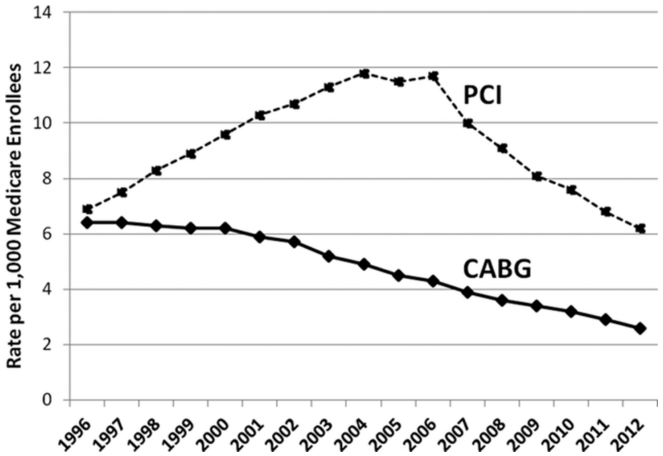
What did recent innovations tell us ?

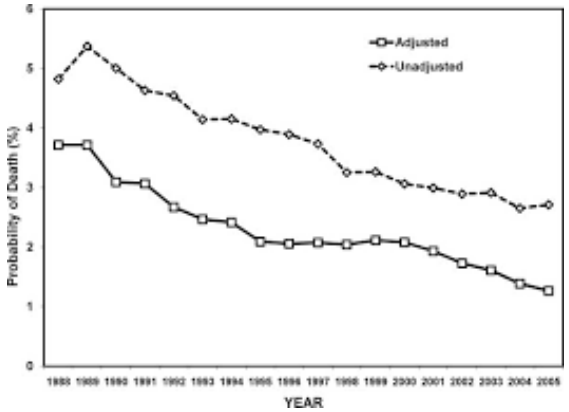
Successful and non-successful
Examples of MedTech Innovations

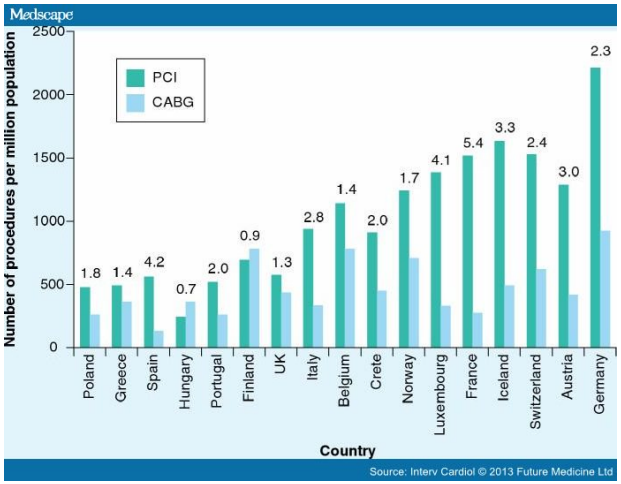
CABG versus Coronary Stents











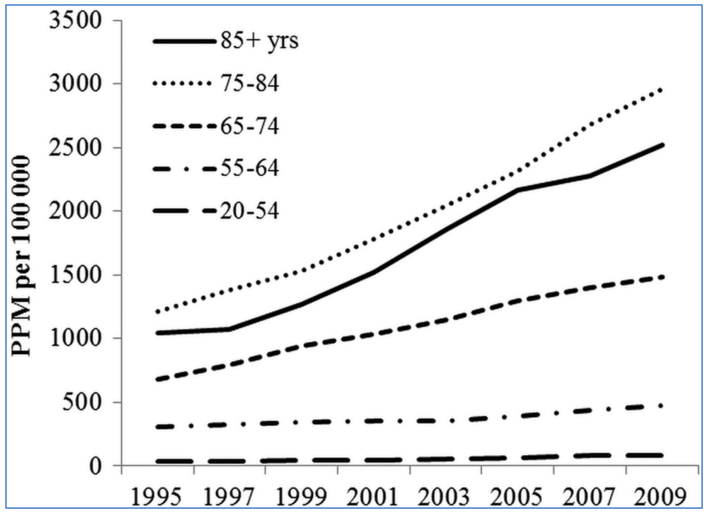
New Technology has moved the patient from Operating Room into Cathlab

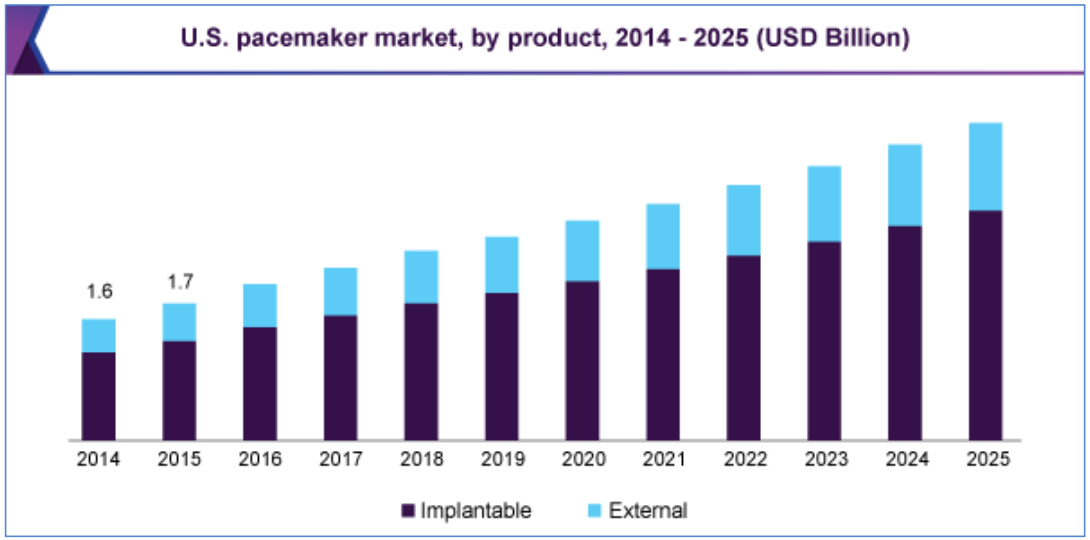
New skills for physicians and support staff – different physicians

Shorter hospital stay

Shorter rehabilitation

Pacemaker

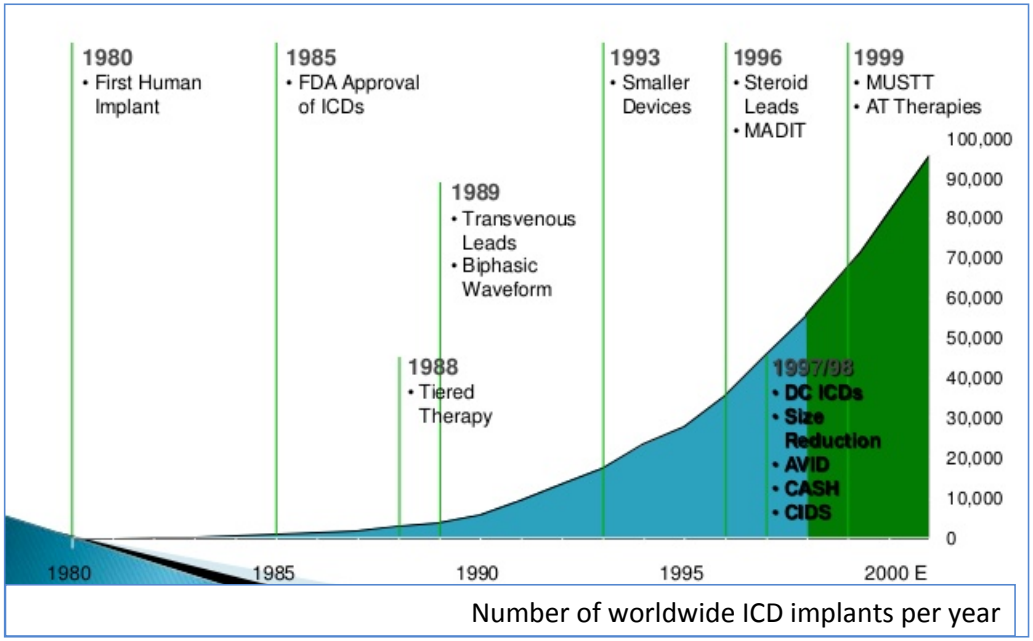




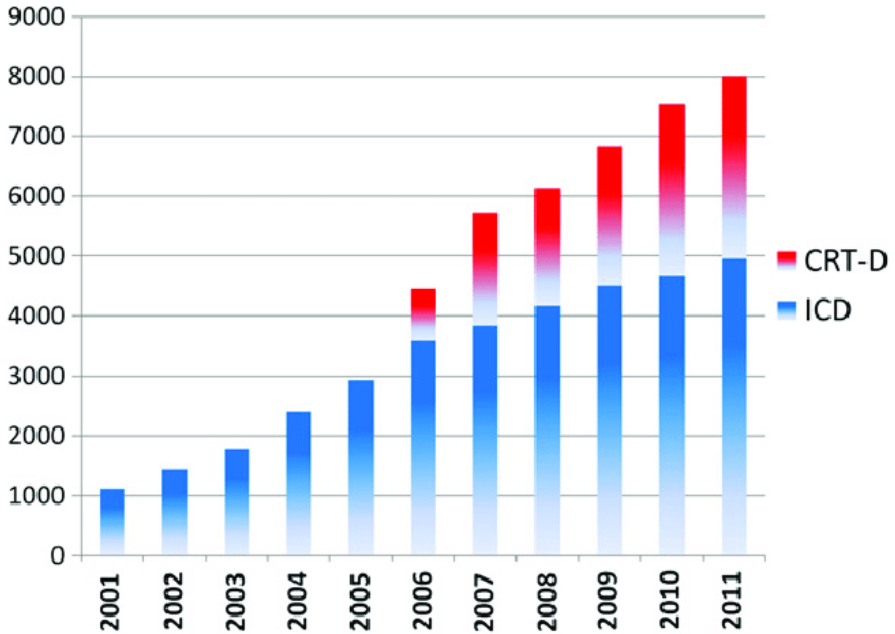
Minimal invasive techniques resulted in increasing number of procedures, still to continue

Increasing Number of hospitals with implant certification

ICD

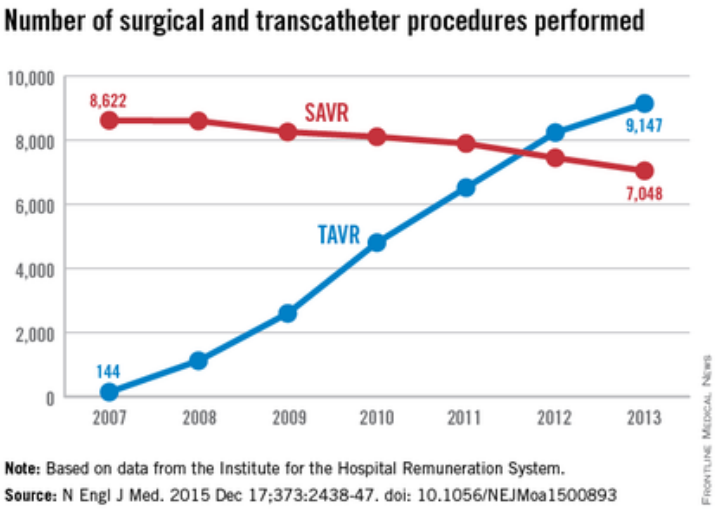


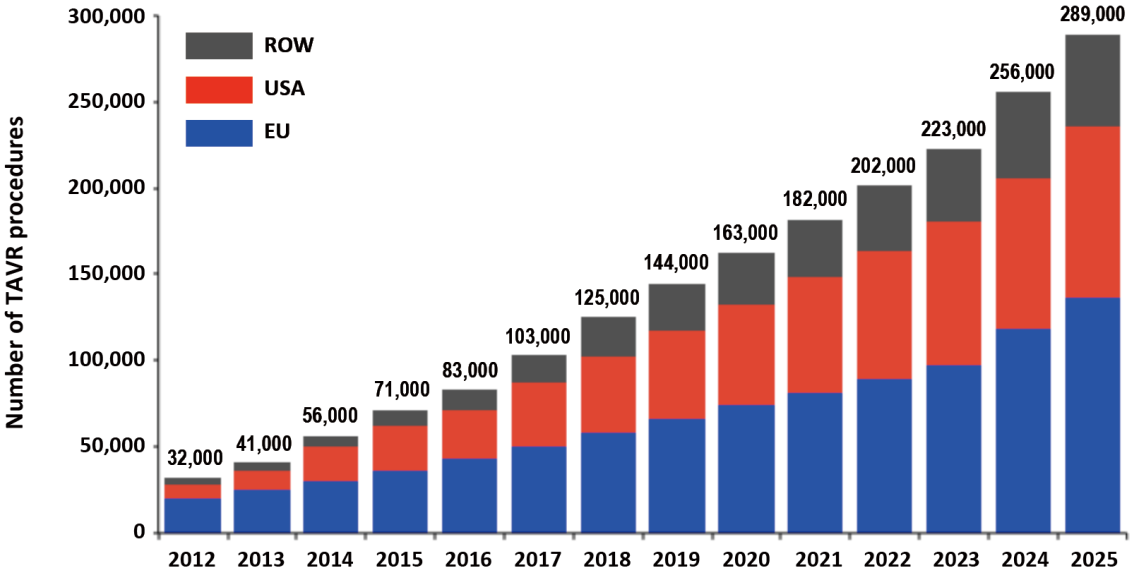
Number of worldwide ICD implants per year



20 years from first implant to standard of care
Impact on the organization: moved from OR to CathLab
Increased survival rate
Cost structure, staff competences , …

Heart Valves : surgical or transcutaneous ?

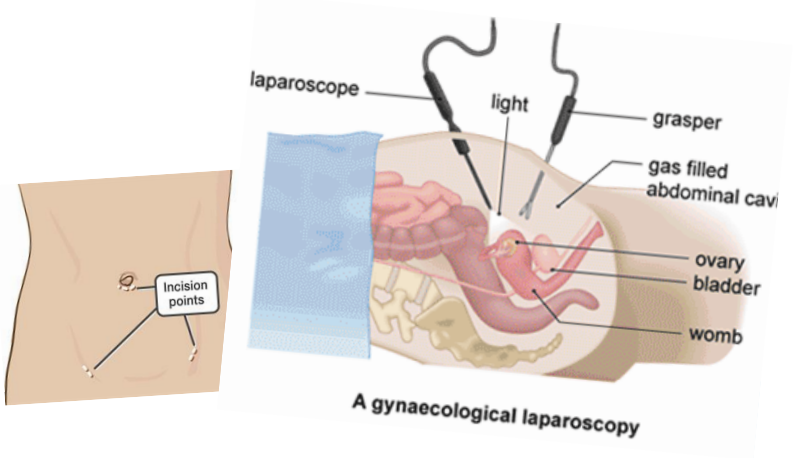


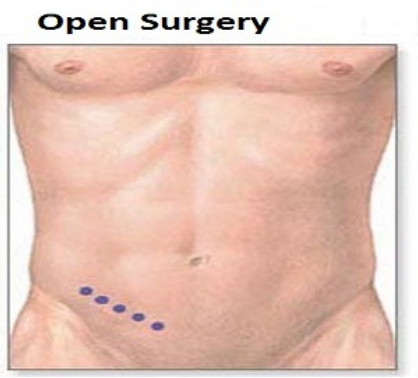


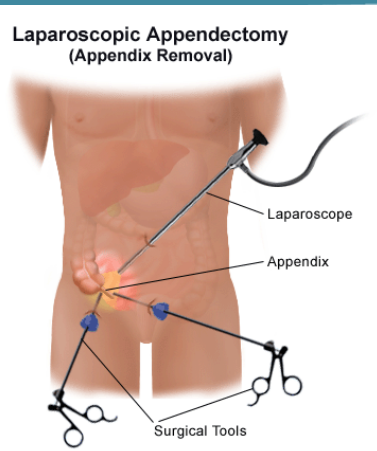
New Technology has moved the patient from Operating Room into Cathlab

New skills for physicians and support staff

Laparascopy - Arthroscopy







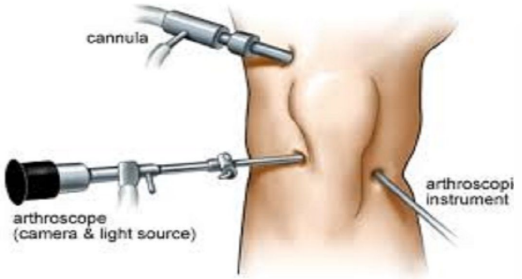
Operating Room with reduced complexity

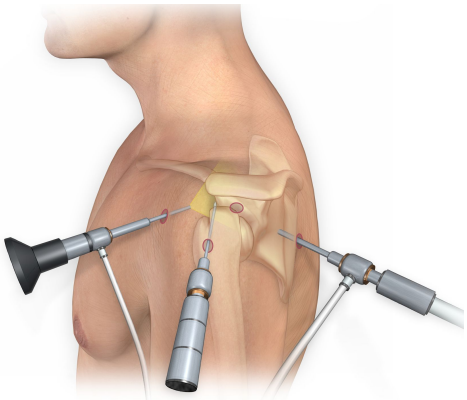
New skills for physicians and support staff

Shorter hospital stay

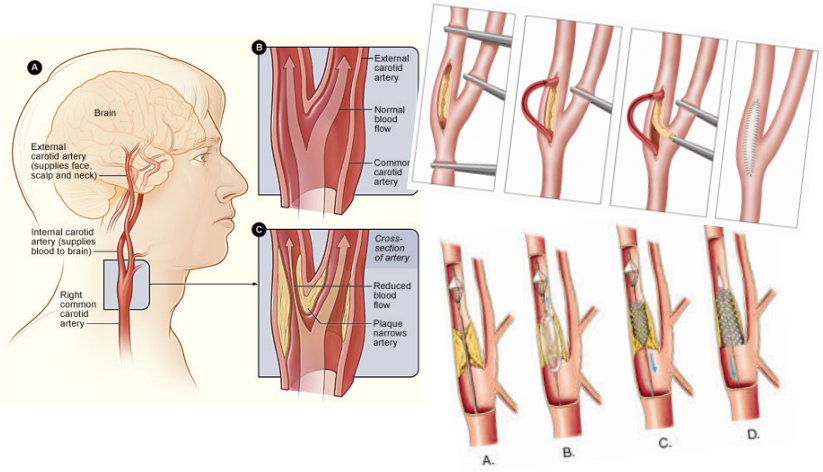
Less complication

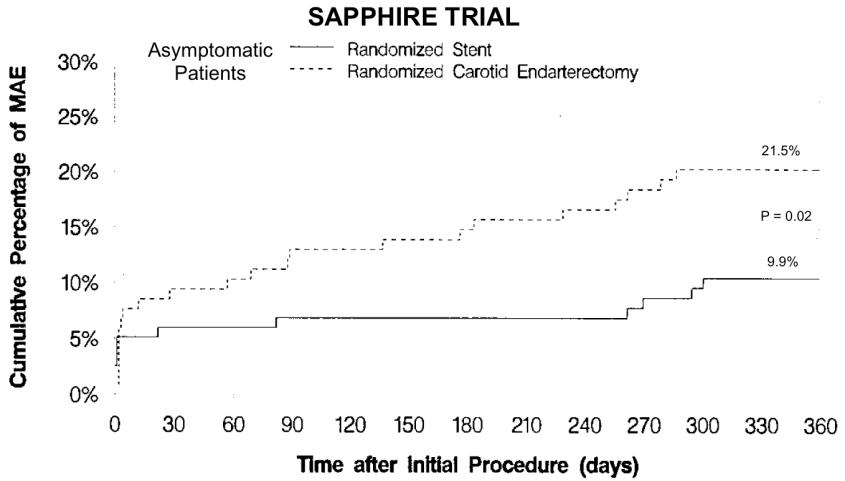
Reduced cost

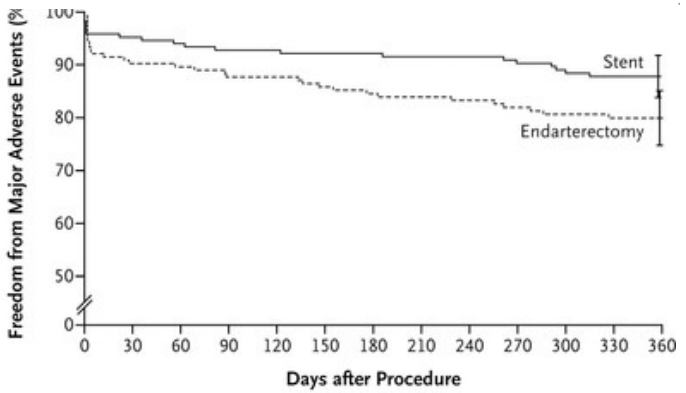




Carotid stenting : Not equally successful





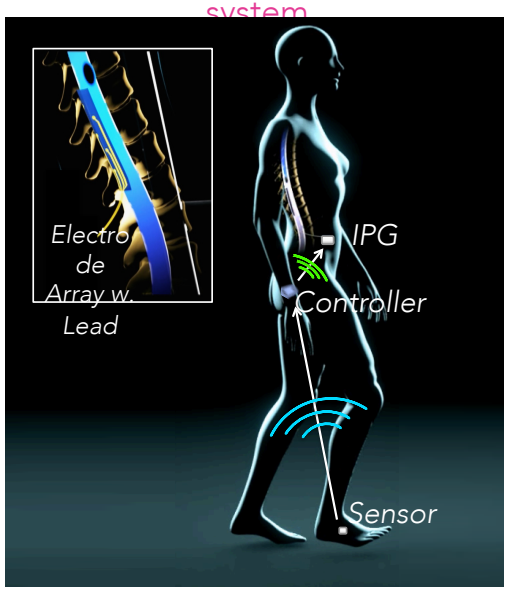


Carotid surgical endarterectomy still main treatment despite positive clinical data for stenting

Complete new skill set – new physicians doing procedure

Combining Stimulation with Intensive Rehabilitation Training

Implantable neuro-stimulation system



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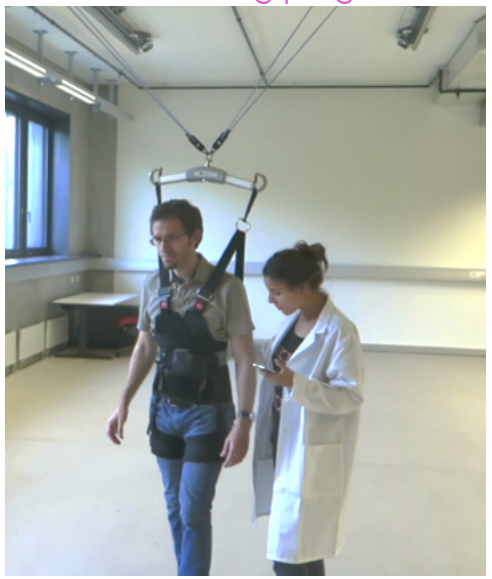
Intense training program



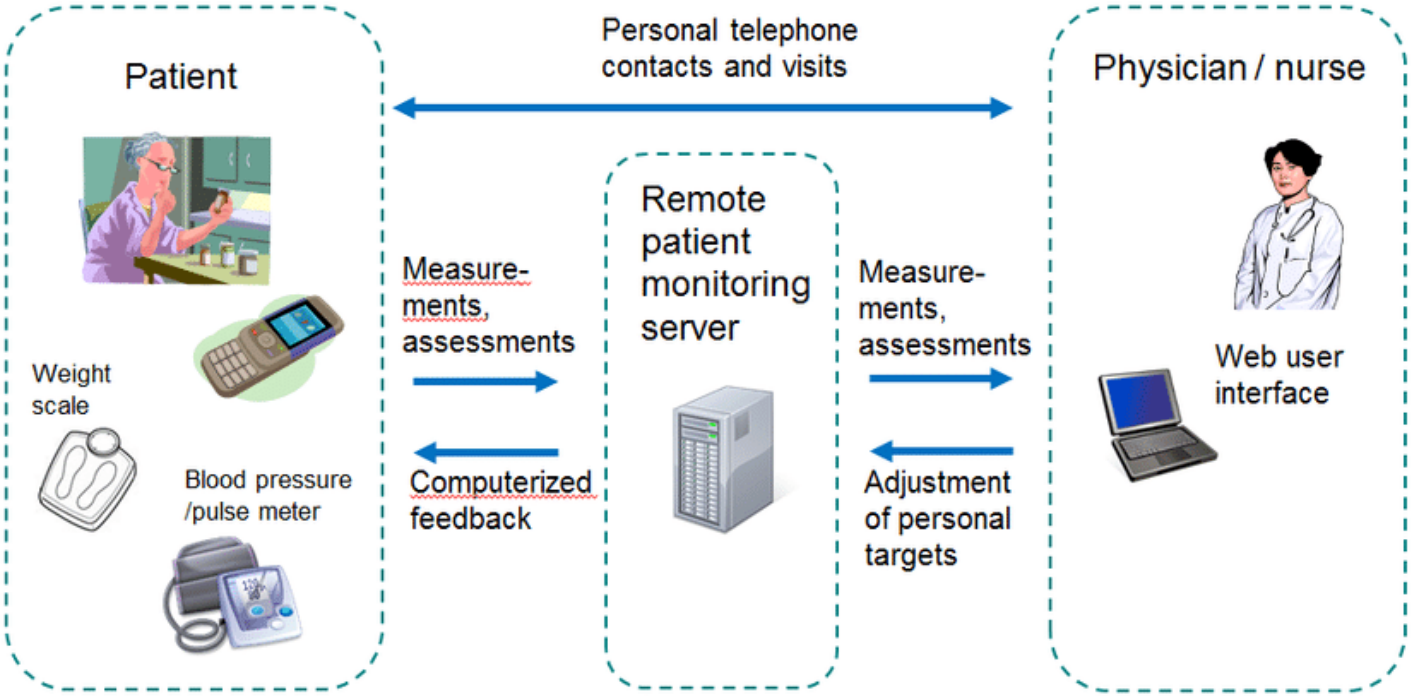
→ IMPROVED LEG MOTOR FUNCTION

Remote monitoring for ICD

Traditional monitoring
in case of event or
scheduled follow up :

Remote monitoring
event or routine monitoring

Remote monitoring for any diagnostic device



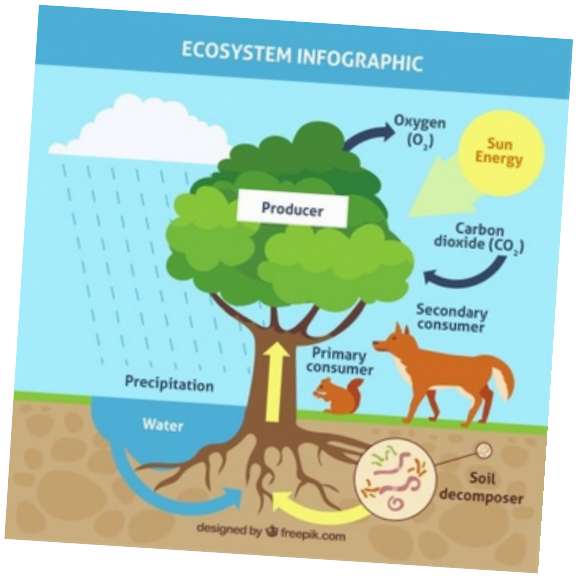
Impact on Health Care Eco-system for ICD

- Device Manufacturers
  - Biotronik pioneered in late 1990's
  - BSC, Biotronik, MDT, SJM (ABT), Sorin, …
- Alerts, in case of
  - Arrhythmia or ICD shock
  - ICD or lead dysfunction
  - Frequency of routine connection is programmable
- Patient
  - Decreased mortality on 1 and 5 year
  - Less inappropriate shocks (27-37%)
  - In-person follow-up underreports device malfunctions
- Physician
  - Reduced office visits to EP, replace by GP or cardiologist
  - Remote monitoring detects 99.5% of arrhythmia or device related problems
  - Focus on clinically important findings
- Health Care system
  - Redesign of care system, with dedicated remote monitoring service
  - Paradigm shift in responsibility (what is time to react ?)
  - Impact on cost / reimbursement still unclear

What makes an innovative MedTech successful ?

Success or Fail : transformation of the full eco-system:

- Nature and manipulation of the Device
- Hospital equipment and room organization
- Shorter hospital stay, with increased home use and personalized treatments
- Physicians Skills set
  - Transformation within same specialty ?
  - Treatment by new physicians ?
- New skills for physicians, technical nurses, staffing
- Organization of data collection and interpretations
- Reimbursement



Who are you as an innovator ?

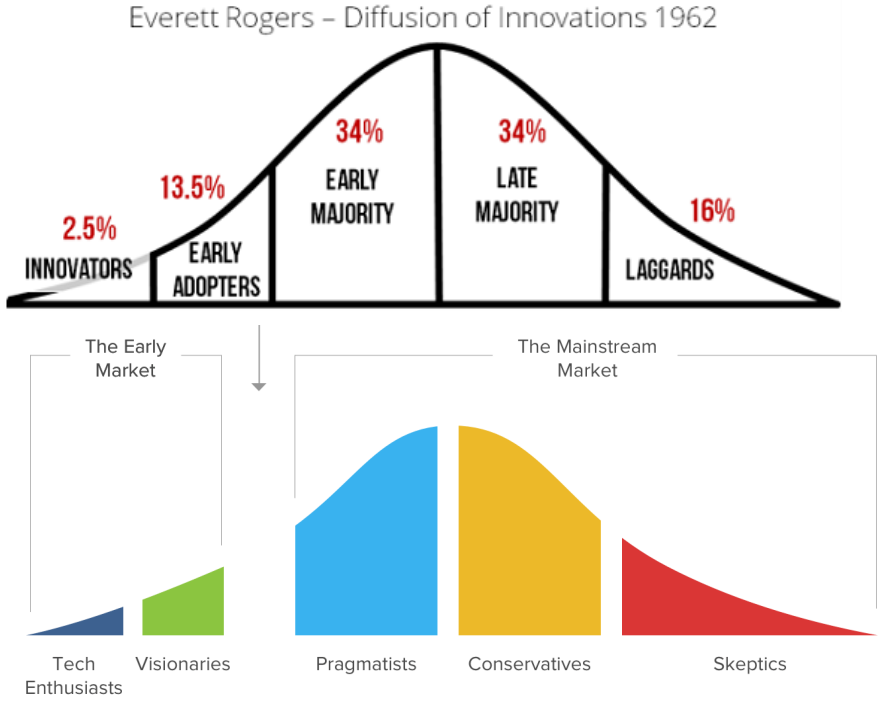
Where do you want to be on the innovation diffusion curve ?

Diffusion of Innovation….

- We cannot all be pioneers
- We cannot be pioneer in everything

Choose your options…

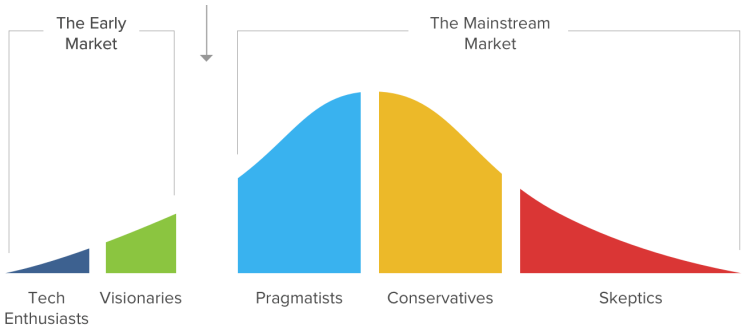
- In which domain are you a visionary ? (MedTech ?)
- What is your strategic advantage ?
- What are the strengths of your organization ? Which Departments can handle the leadership ?
- Pro-active or reactive innovation ?
- Mind the gap !

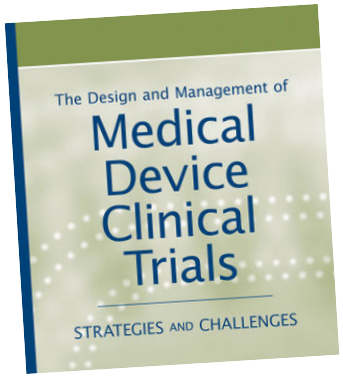


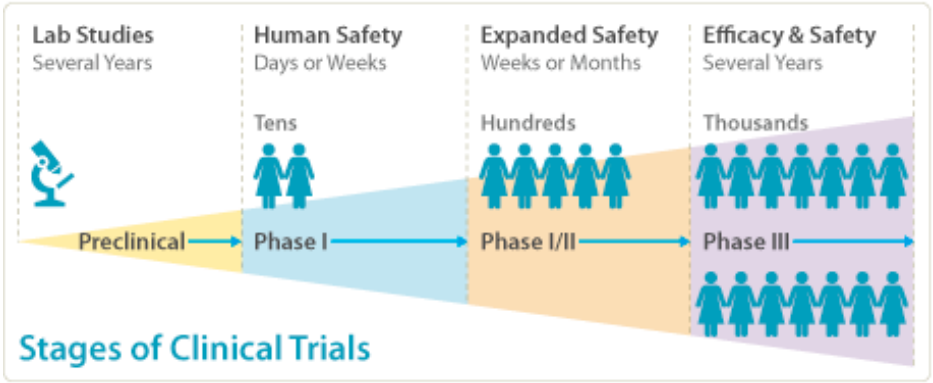
Today you chose Innovation and Technology…

Clinical Studies: driver to MedTech innovation

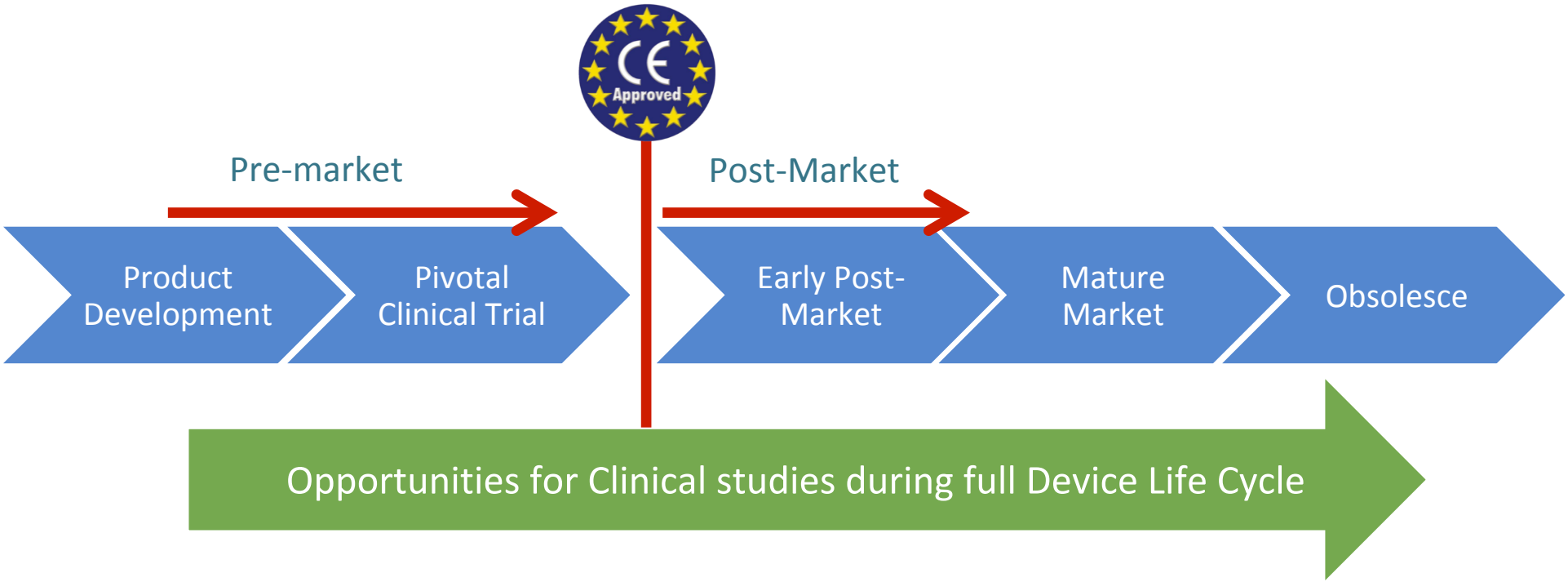
- Early stage or late stage clinical trials
- Provide unique therapies to your patients
- Get connected to MedTech provides and peer hospitals





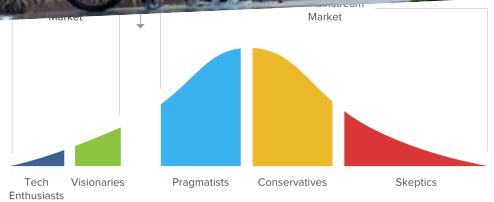


Participation in Clinical studies ?



What is the interest to participate in Clinical Trials ?

- Hospital
  - Show your Hospital is leading future innovations
  - Strategic visibility: local, national, international
  - Broad portfolio of publication
  - Mature relationship with vendors (beyond economics)
- Staff
  - Active participation of your staff in innovation
  - Intellectual challenges – exposure to innovation from company partners
  - (inter)national visibility
  - Relationship, and best possible support from companies for any product line
- Patients
  - Access to latest technology, potentially even not approved therapies
- Basic requirements
  - Be visionary -- Willing to be in the lead – take risks
  - Investment in staff, organization and quality (potential for international audits).
- Participation should not be limited to academic centers – make a strategic difference !



Visibility with early Clincial Trials

https://www.youtube.com/watch?v=h410zVebpz8&feature=youtu.be)

https://www.youtube.com/watch?v=aRFw2VpeQhg

https://www.youtube.com/watch?v=EkkeNZQS1p8

MedTech Innovation -- Conclusion

- Innovation is essential to get out of stone age and remain competitive
- MedTech innovation will impact
  - Shorter procedures and reduced stay in hospitals
  - Personalized treatment
  - Cheaper
  - Home use – different follow-up

- Successful MedTech innovation require often an adapted eco-system
- Where do you want to be on the innovation curve ? Transformational innovations are essential
- Participation in Clinical studies is an excellent opportunity to get strategic advantage in innovation and should not be limited to academic centers

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www.glasbergen.com

"Doctor and physician are outdated terms.
I'm your biological tech support specialist."

Thank

you !

Mr. Joao Seabra Pinto
President & Global Head of Enterprise Services, Siemens Healthineers

How to embed technology & innovation in a long-term value partnership

CONGRESS '19
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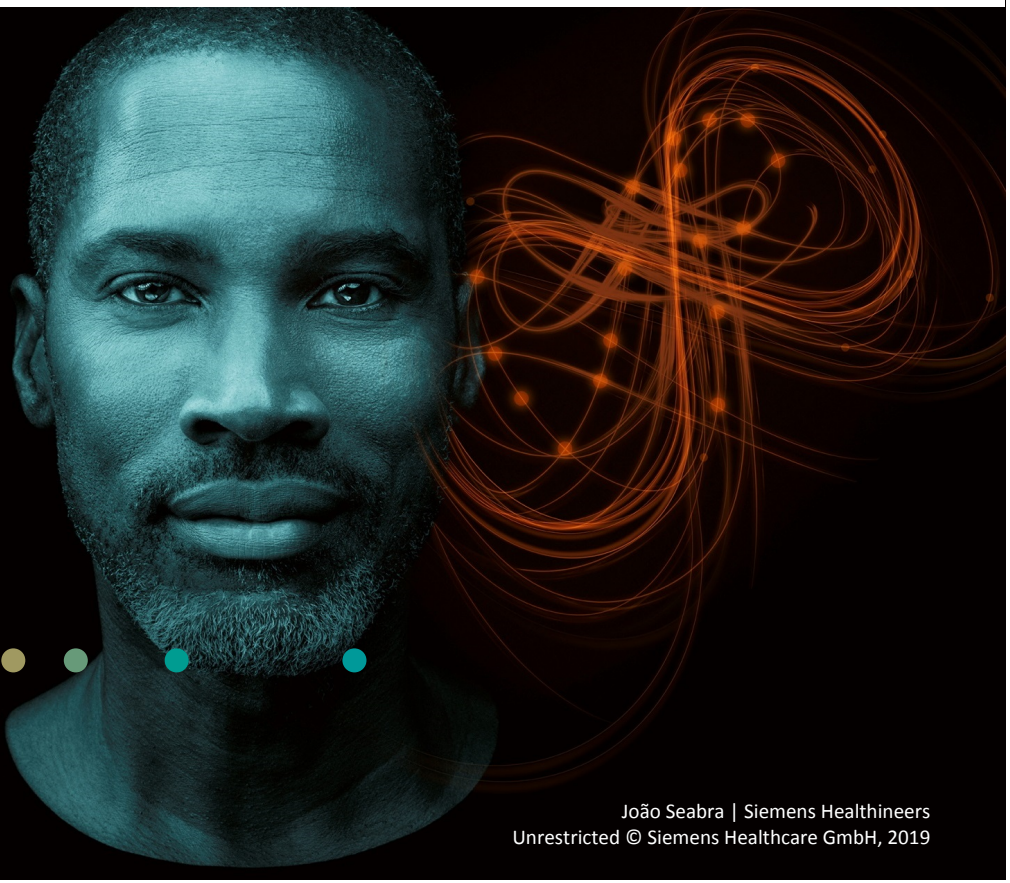
How to Embed Technology & Innovation in a Long-term Value Partnership

João Seabra
Global Head of Enterprise Services
Siemens Healthineers



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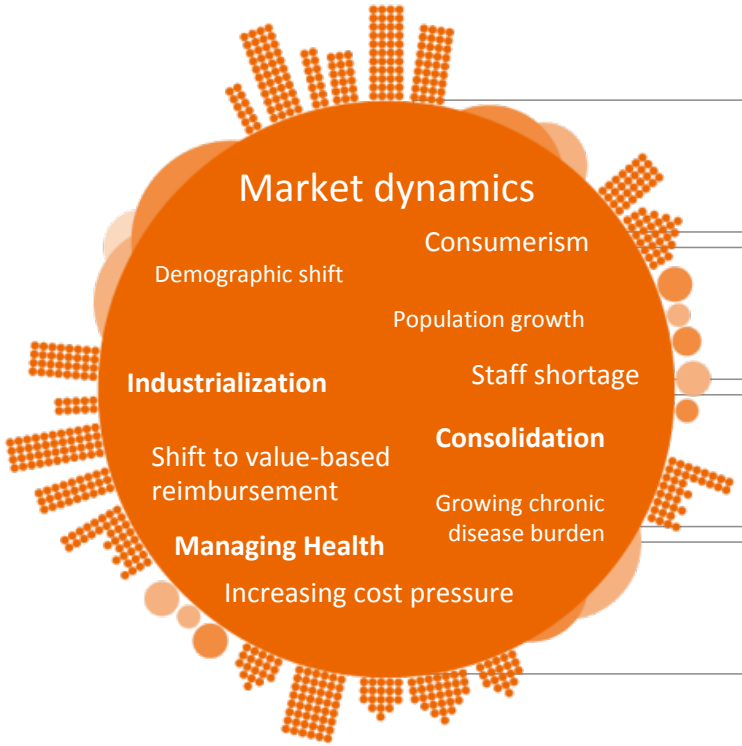
We believe that transformational changes will make it possible to increase value



We believe medicine will become more precise
Diseases will be precisely diagnosed.
Therapy will be tailored to every individual.

We believe value will shape care delivery
Organized around the patient's medical condition.
Reduced costs with no sacrifice in outcomes.

We believe patients will become consumers
Engaged in managing their health.
They will be well informed and exercise choice.

We believe healthcare will be digital
Digital technologies will change the very nature of wellness and healthcare.

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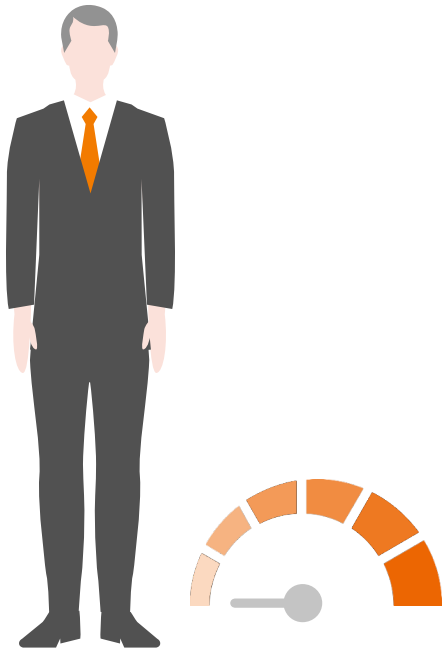
The main challenges hospital CEOs face are related to care delivery



CEOs survey 2019 – “What TOP issues confront you?”

1 **Financial challenges**
(e.g., increasing staff costs, reduced reimbursement, need to reduce OpEx)

2 **Governmental mandates**
(e.g., cost of demonstrating compliance)

3 **Patient safety and quality**
(e.g., Insufficient reimbursement for medications, engaging physicians in both, improving quality/safety as well as reducing unnecessary tests and procedures)

4 **Personnel shortages**

...

7 **Access to care**

...

10 **Population health management**

Source American College of Healthcare Executives (ACHE) 2019.
Annual hospital CEO Survey on Top Issues Confronting Hospitals in 2018. (n = 355)

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We enable healthcare providers to increase value by…

SIEMENS Healthineers

Expanding **precision medicine**

Transforming **care delivery**

Improving **patient experience**

Digitalizing healthcare

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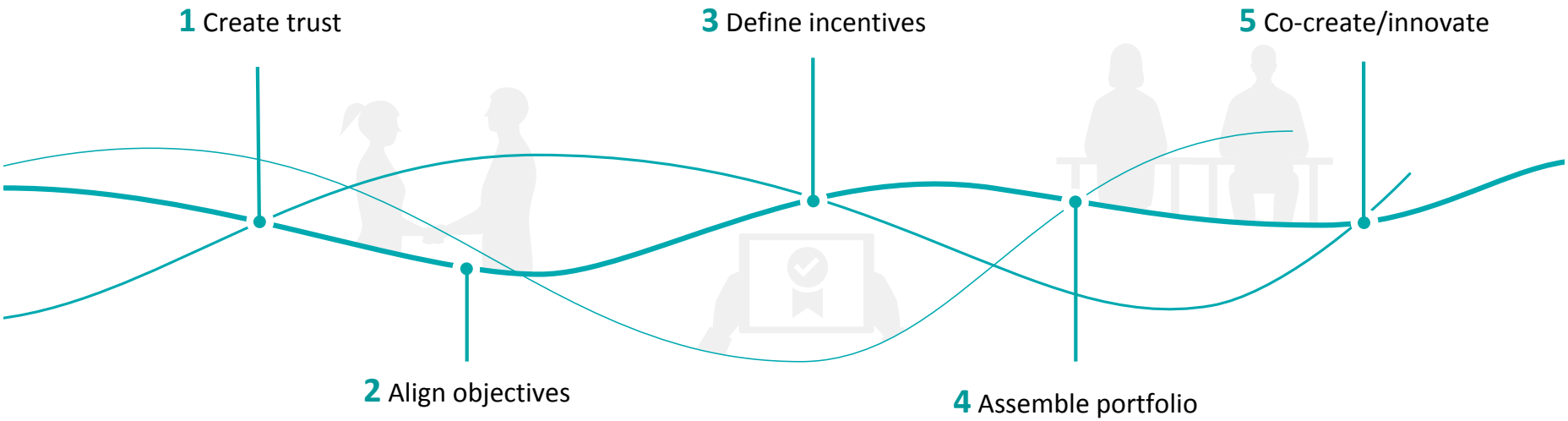
Value Partnerships: A game-changer to optimize technology and innovation management worldwide



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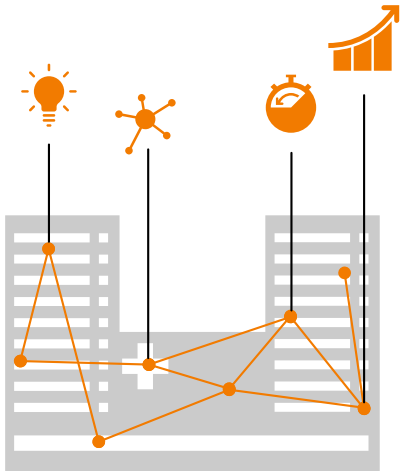
The value of digital twin technology to enable transformation after establishing a value partnership

SIEMENS Healthineers

Transforming care delivery in a single department or an entire healthcare enterprise.

Key uses of digital twins in healthcare are:

- Predicting the outcome of a specific scenario; e.g. reorganization of the patient flow and clinical workflow in a specific department.
- Evaluating, on a quantitative basis, the impact of different layout scenarios.
- Performing operational stress testing on a department or hospital.



Implement findings in the real world
to create more value

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Digital Twin for Workflow Simulation to transform care delivery at Mater Private Hospital (Dublin, Ireland)

SIEMENS Healthineers

Workflow Simulation delivered the following improvement potentials for Mater Private Hospital

Faster patient turnaround (arrival to departure): which **shrank to 28 minutes** for CT scans **and 34 minutes** for MRI.

Increased equipment utilization – MRI usage went up by **32 percent and** CT usage went up by **26 percent**.

Lower staffing costs, including **50 minutes less MRI overtime** pay per day, representing up to **€9,500 annual savings**[1]

[1] *Assuming one medical assistant on duty; 365 operating days; €26 per hour staffing cost (Source: payscale.com)*

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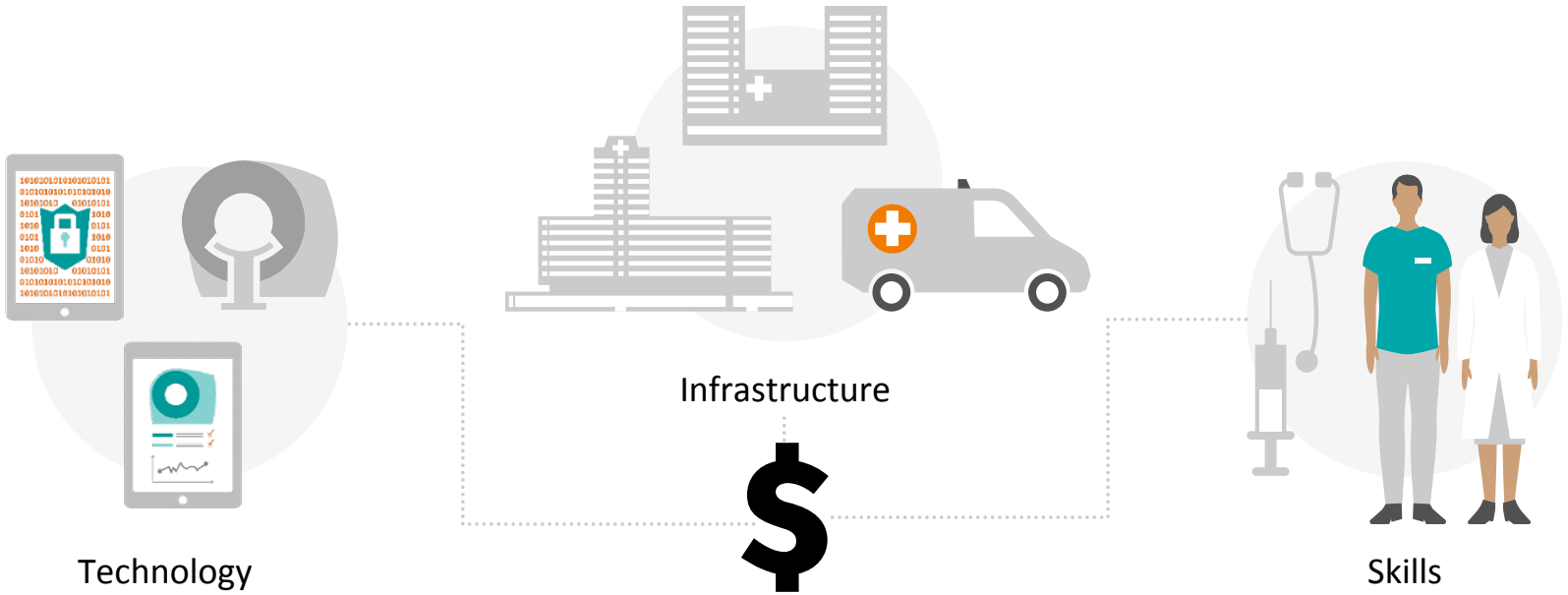
Enabling the transformation of healthcare through innovative business models



Business Models: A key enabler of Value Partnerships

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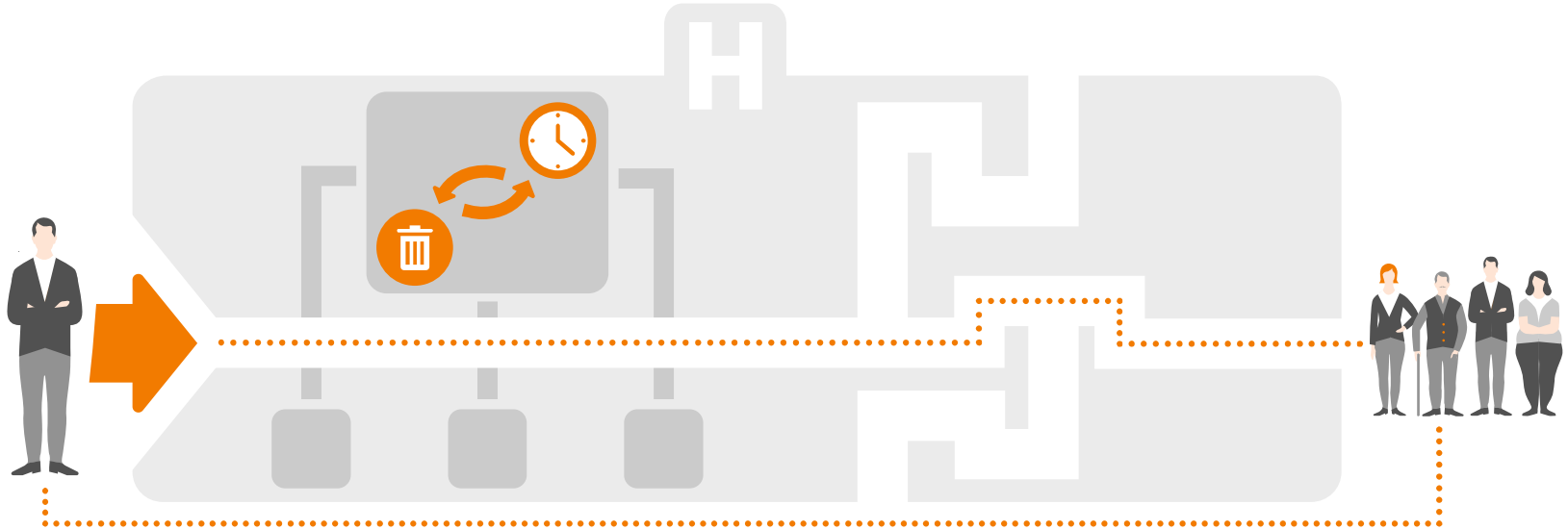
Transforming care delivery



Improve access to care

Making care more affordable, accessible and available.

Increase workforce productivity

Enablement of team based care through shifting routine work away and fostering collaboration.

Optimize clinical operations

Automation, standardization and optimization of clinical pathways at departmental or system level.

Manage population health

Identification of patient cohorts and automated outreach at scale to stratified population.

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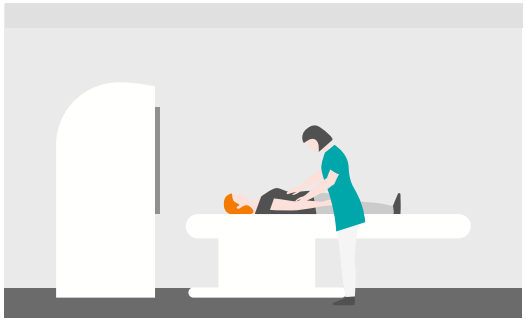
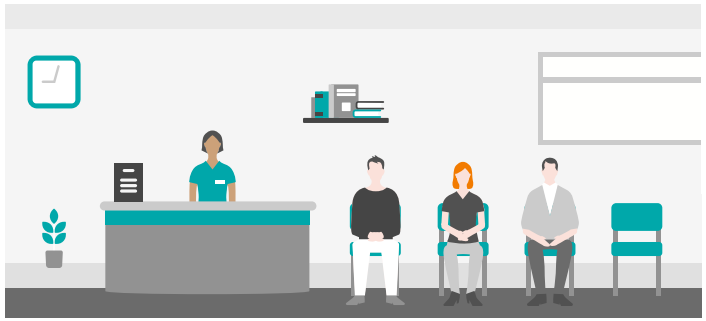
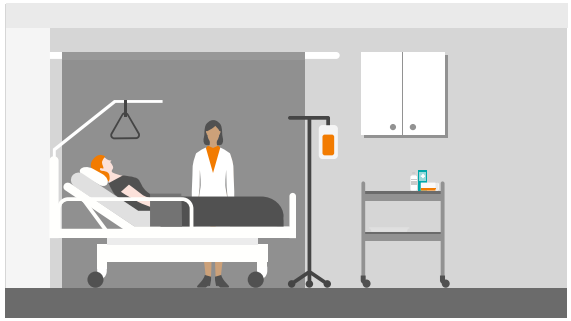
Co-creating Enterprise Performance Solutions with our customers



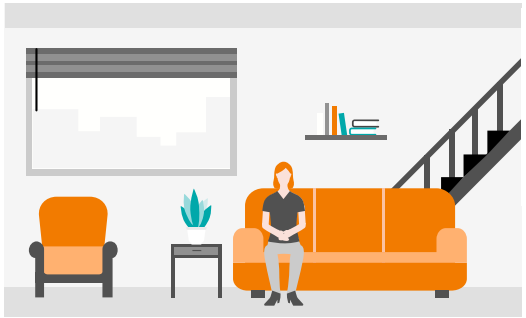
THERAPY/TREATMENT



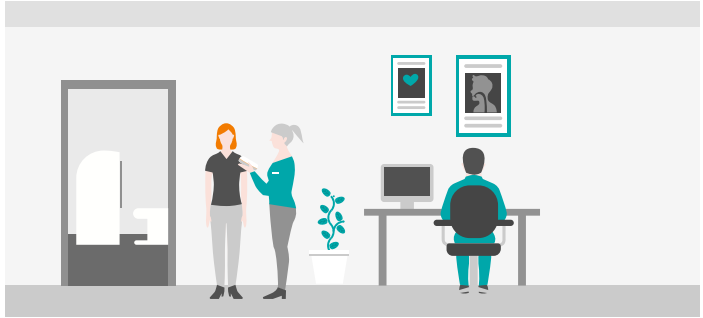
EMERGENCY DEPARTMENT/WAITING ROOM



WARD



HOME



DIAGNOSIS/CONSULTATION

EPS comprises a holistic solution for hospitals and provider networks to redesign and digitally support hospital processes for efficient and transparent real-time management. It combines software applications, technology (RTLS, AI) and consulting (processes, change mgmt.).

The product/feature mentioned herein is under development and not commercially available. Due to regulatory reasons its future availability cannot be guaranteed.

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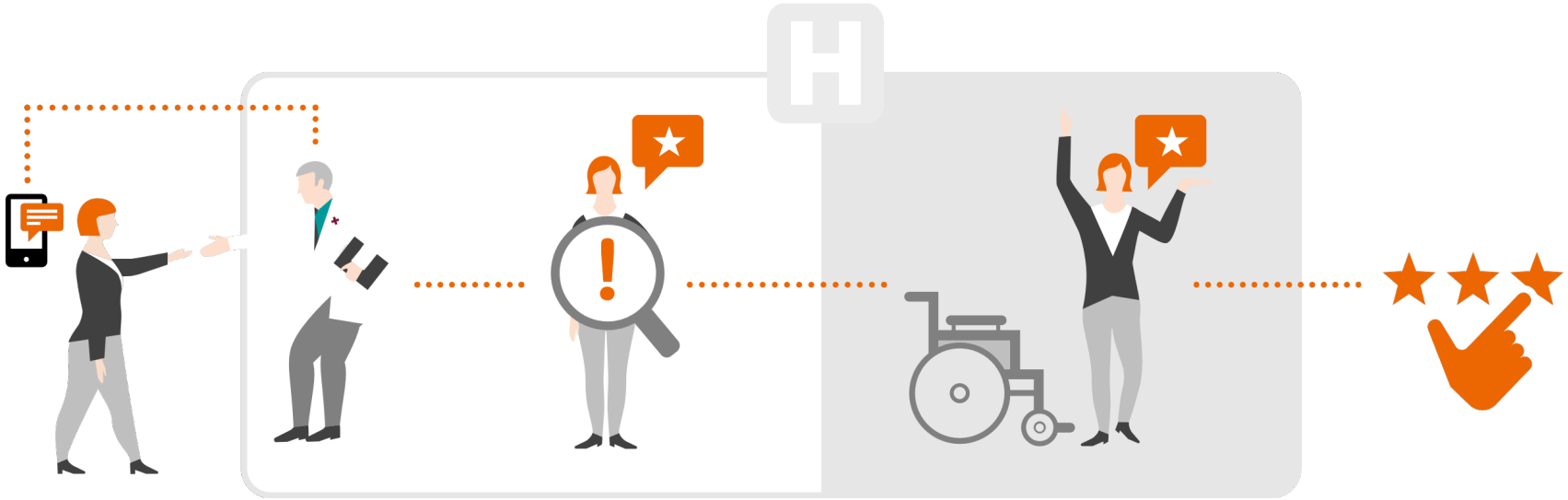
Improving patient experience



Engage patients and families	Optimize diagnostic experience	Deliver outcomes that matter to patients	Sustain patient loyalty
Proactive outreach and education to engage patients in managing their health and wellness.	Patient friendly technology. Potential for shorter waiting time. Reduced travel needs.	Potential for fewer side effects, fewer complications and improved lasting therapy results.	Patients access their data and caregivers. Care continuity through automated outreach.

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In summary: key benefits of effective medical technology and innovation management partnerships

- Optimizing purchasing decisions
- Analyzing technology performance and utilization
- Driving continuous improvement

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Thank you!

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Mr. John Deverill

Managing Principal, GE Healthcare Partners EMEA

Command center: Myth or reality for hospitals in Europe?

CONGRESS '19
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Breakthrough Performance

Command centres – a new approach to the management of care at scale

October 28, 2019

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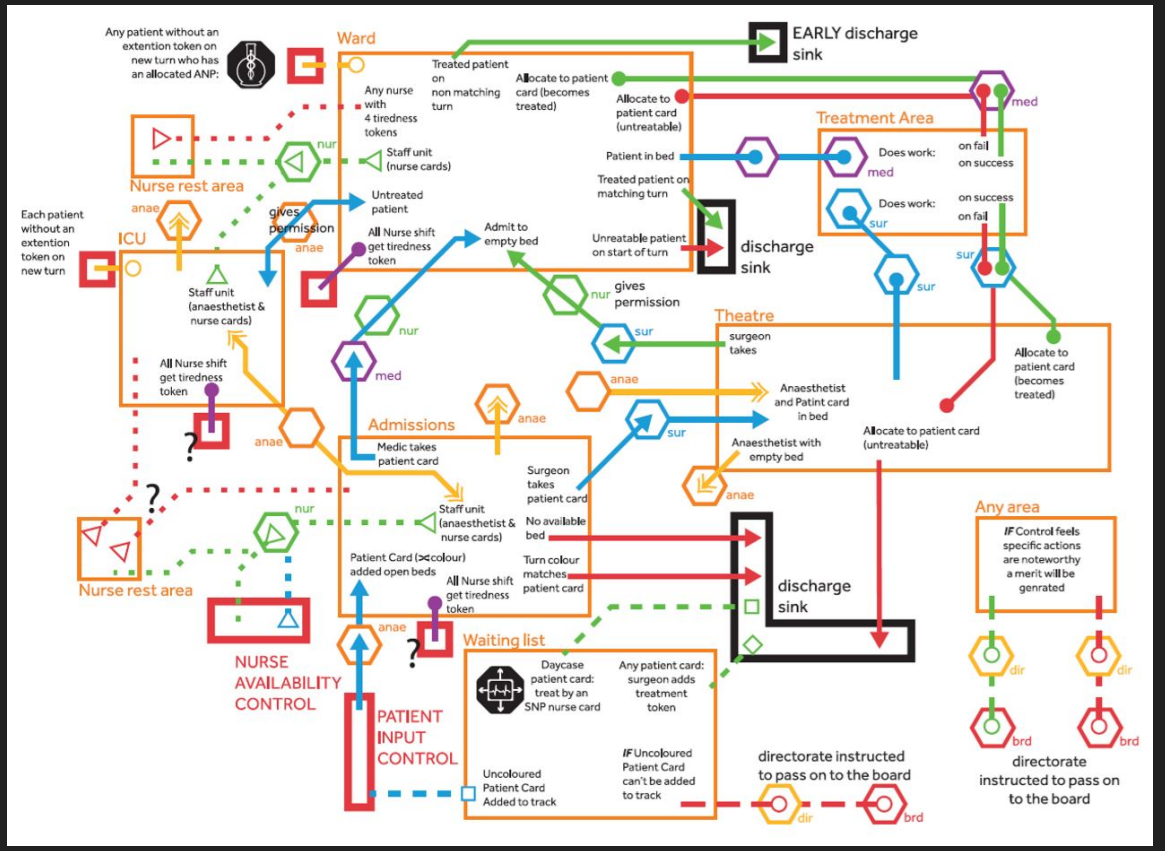
nd Centre
Breakthrough
DIAGNOSTIC IMAGING
SCHEDULED
ORDERS

Hospitals and care systems are (very) complicated

- Complexity – hundreds of interlinked pathways
- Multiple long queues
- Multiple managers l20-50) looking at different elements of flow
- Multiple (30-200) information systems
- Multiple reasons and pressure to improve patient care and performance
- Throughput – the rate of patient flow impacts:
  Quality and safety
  Finances
  Access to care



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NASA
Centralised team

Airline Operations Centre
Centralised team
Shared information

Chinese Railways
Centralised team
Shared information
Predictive analytics
投影时代
www.PjTime.com

Hospital command centre
Centralised team
Shared information
Predictive analytics
Action-focused

What is a Command Centre?

A co-located team using artificial intelligence 24x7 to optimize the delivery of patient care in real time

- **Actions** designed to enable, help and support front-line caregivers
- **People** co-located to collaborate and act on common, consistent, real-time information
- **Analytic Tiles** to scan, detect and alert using real-time intelligence and advanced analytics

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Starting from a problem – the Bradford (UK) example
Challenges in non-elective flow

Pressure on ED: Congestion in ED and in Majors specifically is causing waiting, sub-optimal decisions, and pressure on staff

Capacity & Demand: Bed and staff capacity is not consistently matched to demand, resulting in delays and congestion.

Care Setting: Patients are not always placed in the most appropriate care settings first time, leading to sub-optimal care and extended length of stay.

Situational Awareness: Information required to make highly reliable decisions in real-time is not readily available or visible, leading to delays in care and variation.

Process-Driven Delay: Lack of process standardisation and operational rigour results in unwarranted variation, waste and extended length of stay.

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Bringing **teams** together – bed managers, theatre managers, logistics managers, clinicians

- ***73*** *BTHFT staff using design thinking principles to form the foundation of the BTHFT Command Centre*

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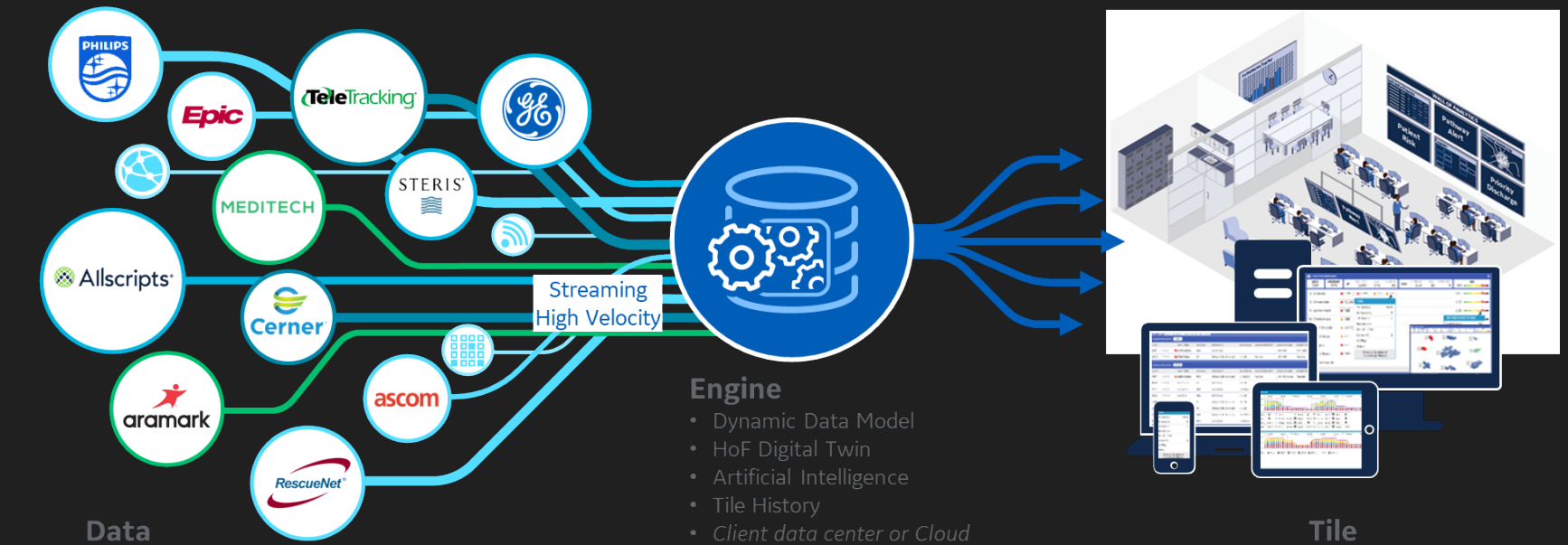
New Intelligence from Existing Systems

GE “Wall of Analytics” software platform applies advanced analytics to data from across existing systems, bringing it into one place to provide intelligence not available from any one system alone.



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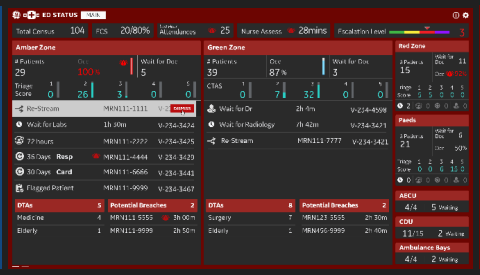
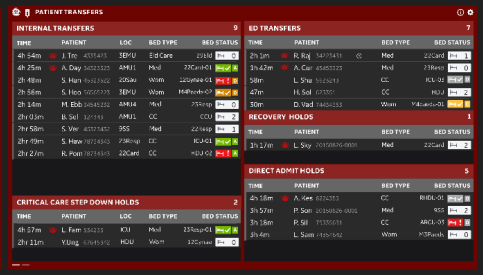
Analytic Tiles

Capacity Snapshot

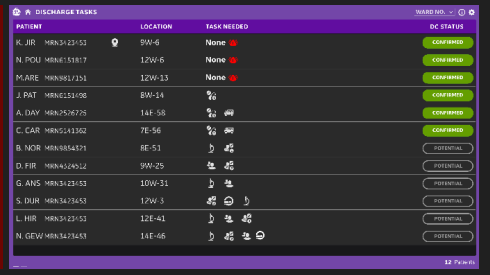
ED Status



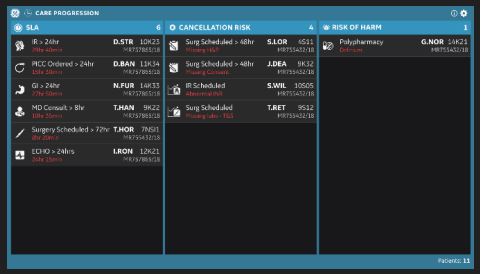
Patient Transfers



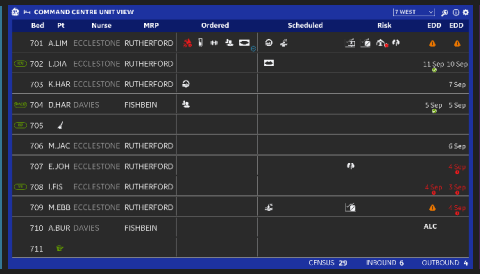
Discharge Tasks



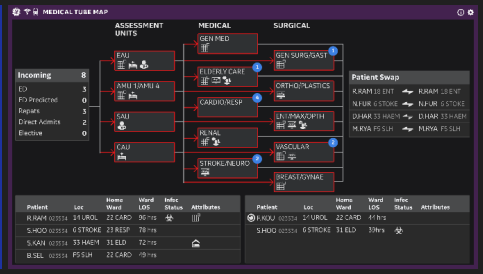
Care Progression



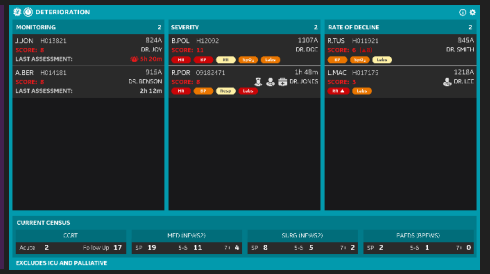
Ward Link



Right Patient, Right Place



Deterioration



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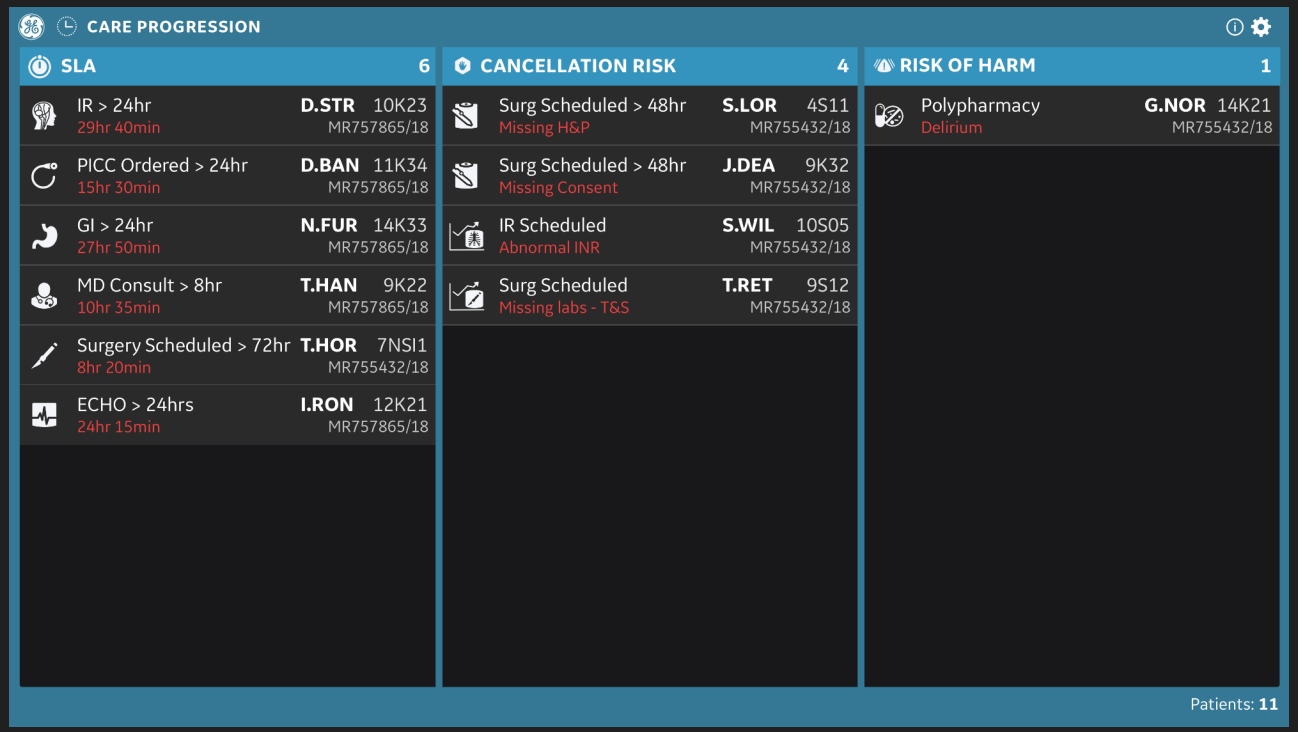
Care Progression

Real-time patient-level delays, potential cancellations and clinical risks



- Which patients are likely to cancel a procedure?
- Which patients won't be ready for their CT scan?
- Who has waited too long for lab results?
- Who is at high risk of infection?

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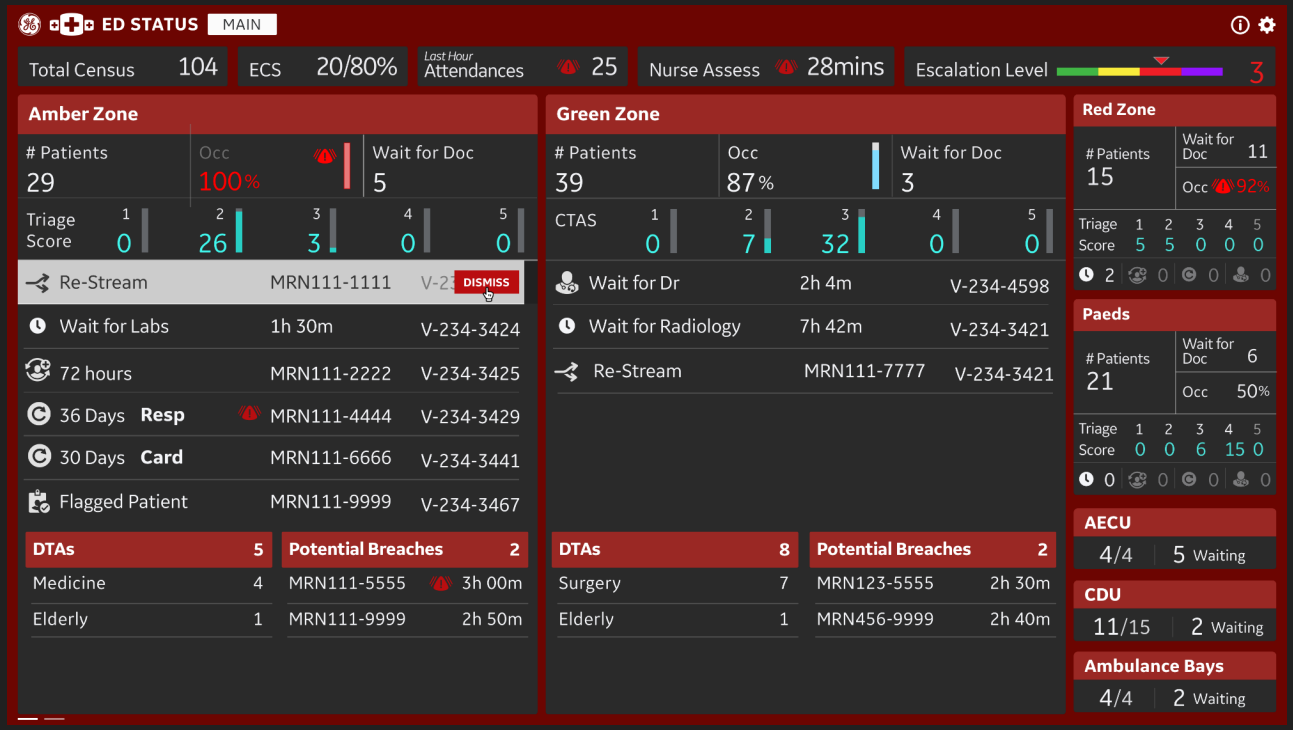
ED Status

Exception based alerts to patient-level delays in ED and essential situational awareness



- Who are my likely breaches and what is preventing them from moving?
- Is pressure balanced across all zones?
- Who was streamed to the wrong area?

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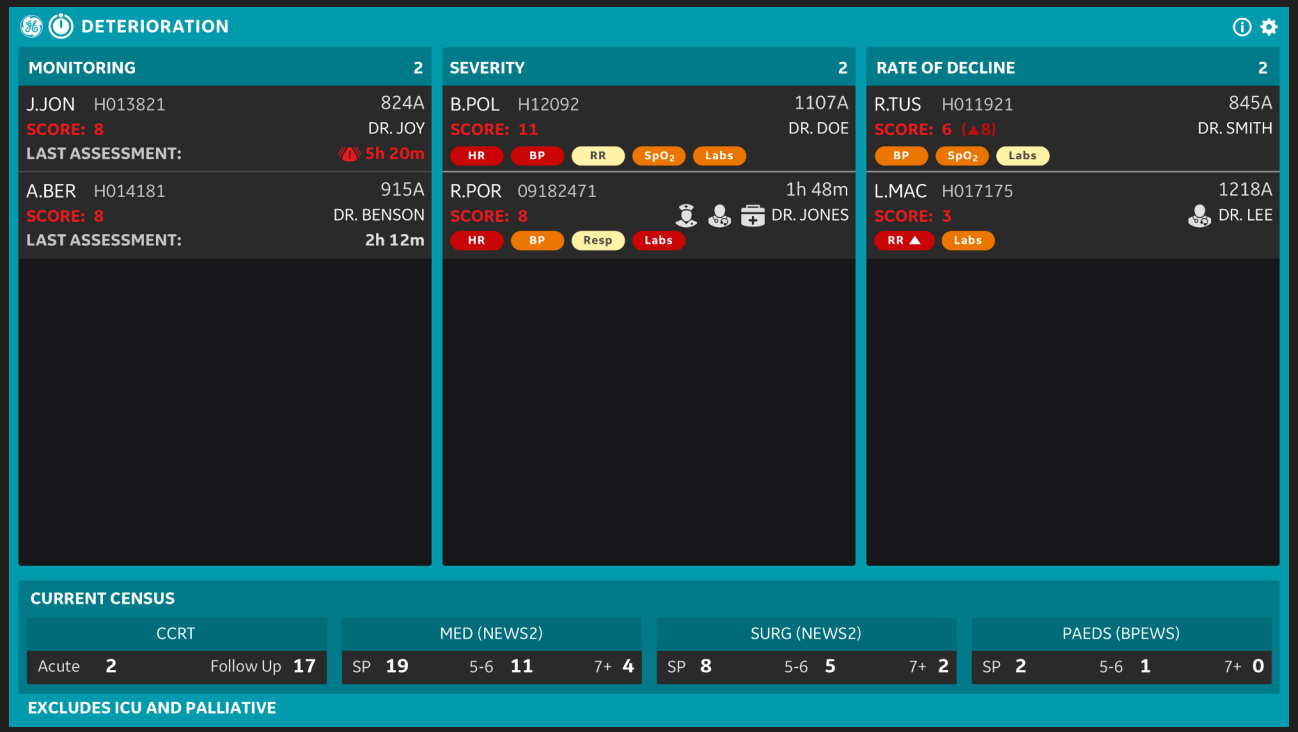
Deterioration

View of BRI's sickest patients to ensure they are being seen by the right staff at the right frequency



- Where are my sickest patients?
- Who is due for another clinical assessment?
- Which patients are showing the early signs of deterioration?
- What factors are driving a patient's deterioration score?

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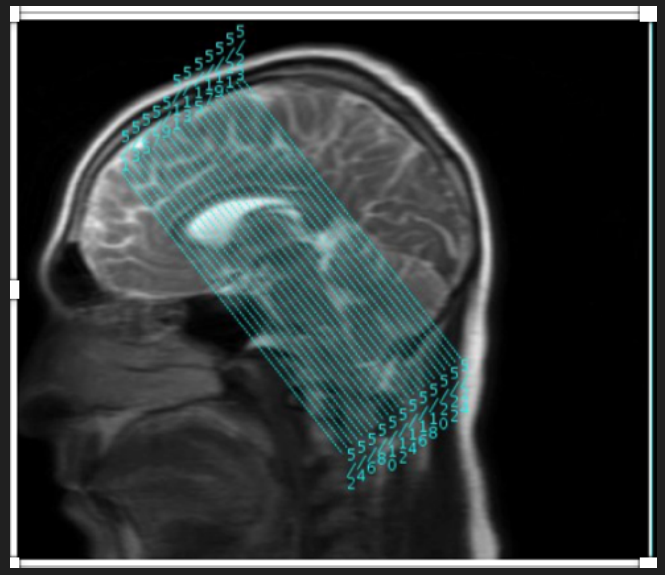
Predictive analytics

we already embed AI in medical devices – applying machine learning to create a digital twin of a whole hospital



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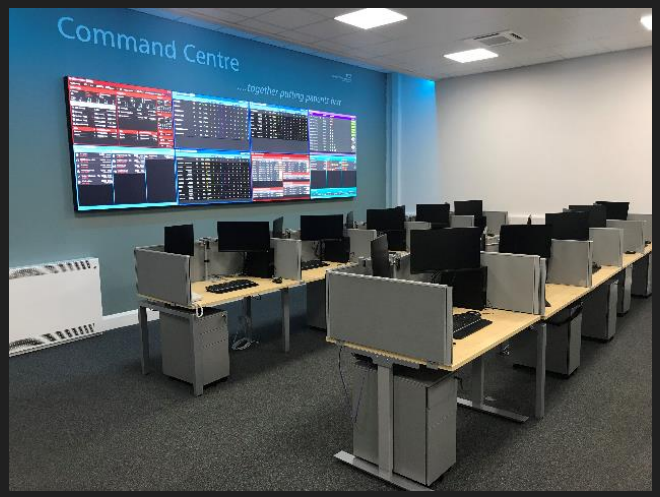
The Bradford Command Centre

Physical Space

1,000 square feet ● Video wall with 8 monitors (55”) ● 15 workstations ● Office ● Conference Room



Together, putting patients first

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Scalable Sustained Impact – the first

Johns Hopkins
Capacity Command Center

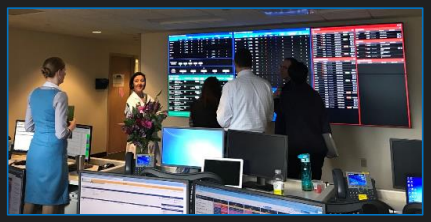
1: Access
2: Throughput
3: Care Progression
4: System Capacity
5: Critical Care
6: Imaging

- ✓**65% increase in transfer acceptance**
- ✓6 point increase in admissions
- ✓25% reduction in ED boarding
- ✓70% reduction in OR holds

Humber River
Quality Command Centre

1: Throughput & Access
2: Quality
3: Staffing & Imaging
4: Mother Baby
5: Deterioration
6: Risk of Harm
7: Frail & Elderly Patients

- ✓**56 bed equivalents created**
- ✓8 point increase in admissions
- ✓**52% reduction in acute conservable days**
- ✓23% reduction in ED boarding hours
- ✓38% reduction in U/S turnaround time



OHSU
Health System Mission Control

1: System Capacity
2: Throughput
3: Care Progression
4: Sepsis
5: Periop
6: Observation Mgt.
7: NASA Style Space

- ✓**+913 acute complex transfers**
- ✓+519 admission to partner hospitals
- ✓Sustained occupancy of +3.4 pts
- ✓CMI +.24 points
- ✓7:1 ROI in year 1

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THANK YOU FOR YOUR ATTENTION

WISHING YOU AN INSPIRATIONAL TOUR

SAFE TRIP BACK TO THE MEET & GREET CENTER