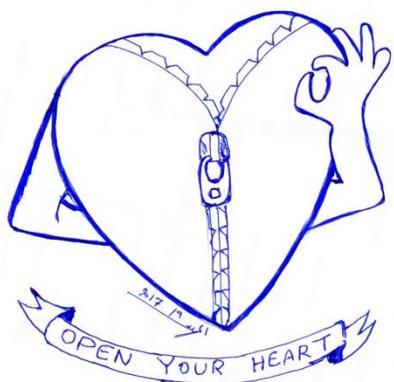


## It is time to open your heart ....

**Do we get patients feedback in R&D?  
Do patients participate in designs?**

**By Almady Eltonsy**



A question popped up in my mind:

**Do we get patients feedback when it is related to healthcare projects?**

Let me start from the beginning ....

Late in April this year I had a discussion with Prof. Wael who told me, Almahdy ... Opening your heart is the only way out ...

22 years working in healthcare projects and industry, providing solutions, consultation, working closely with doctors, attending examinations, operations, 10 years of them spent in Cath labs, working closely with cardiologists, total hospitals and now I must have a new experience in healthcare ... as a patient.

Each one has his own trigger for being vulnerable, as I was in the industry for 22 years, my personal nightmare was being inpatient in a hospital; now I must be inpatient and need a major surgery, **an Open-Heart surgery**.

With calcified severely stenosis in aortic valve in addition to endocarditis, I have no choice, except for timing.

I must face my trigger for being vulnerable.

Knowing that whatever will happen, I will have no control over it ... Nightmares popped up. I looked at my inner side and decided to act and decided to have the control again.

I stopped all my thoughts at once, taking my mind off, instead of feeling vulnerable with no control ***I decided to believe that it will pass***, now I could see the golden opportunity I have ... to live the healthcare industry from the other side ... to be a patient ... it is an opportunity. Yes, after all the projects I did in the last years, now I will live in the project itself.

First I had to run a lot of investigation ... I did an Echo, Abdominal ULS, Throat ULS..

The big chance happened: I had to make TEE (Trans Esophageal Echo), great ... I was talking to my colleague who works as a modality service leader: now I will see the work flow in a radiology dept. and know how patients could bite the probe, how convenient the project to the patients.

I will use the chairs that have been supplied.

Went to the radiology center, waited for some hours, started the echo at 9 PM but I was under full anesthesia with a mouth guide for the probe ... How the patient bites the probes? a question I couldn't find answer; how the probes get damaged, then the workflow could be much better; the area and the waiting area could have much more to reflect a friendly atmosphere and add real relief to patients.

The doctor asked me to redo the TEE, but in Cairo University hospital, I was lucky as I will check again, how things will be in the largest hospital in Africa and the oldest university hospital in Middle West and Africa as well?

Again I was under full anesthesia and they used a mouth guide.

In Cairo University Hospital, I asked the doctor how you see the ULS brands that you are looking for; the doctor said ... some are much simpler and you can perform the exam faster but we have a problem in the probe. **Can we make a campaign for TEE users (periodical) on how to use it and the importance of the mouth guide, normally nurse in hurry is making all the preparation?**

**What to do to make the patient experience more convenient?**

It was time to be admitted to the hospital and start a new experience as "In-patient".

After performing the necessary process I heard a voice ... Gleng – Gleng – Gleng – Gleng – Gleng ... it was a surprise, he is standing in front of me with his blue suite ... yes .. the Monitoring system ...

It is always great to see an old friend, the system for measuring NIBP, SPO2, Dinamap visited me each 6 hours.

I could easily hear his footsteps coming to me (you cannot miss the castors sound), **Is there a way to make the wheel rolling without this sound?** I want to get surprised, **why don't we use other ground coating materials to absorb the vibration and the castors sound?**

Hospital Biomedical engineers visited me each single day, we chatted, discussed different topics, one of them was the complexity of health care projects and how things become more complex.

One of the topics is how to get the maximum out of the CIT, how to make the project more lean, how to accelerate implementing the projects?

I had to make a chest x ray, abdominal ULS, ECHO , Cerebral angiography (Brain), Coronary angiography (heart Coronaries).

To conduct the cerebral angiography, first a bigger cannula should be inserted to comply with Injector pressure, the injector is a key here although relatively its cost is a fraction with respect to the CT.

It was my first time to have the feeling of the contrast media injection, the feeling of the patient ...that warm feeling when the contrast media starts to spread in the blood circulation.

Now in the CT tunnel I felt the dual source CT rolling around me with the two tubes two detectors....

I can hear the motor and bearings; the sound is ok ... **Was wondering what is the rotation speed, could it have a more comforting color inside the gantry? Is there a possibility to have music coming out as we have a speaker already there? How to make the room with effective space?**

Around 2010, I was the project manager for the modernization of the radiology unit in the hospital, the technician laughed with me and said ... **The cooker should taste what he cooked** 😊.

On the wheel chair, back to my room I stopped to say hi to Prof. Mohamed Mostafa, the former minister of health; he wished me the best of luck.

It was the holy month of Ramadan. I was enjoying some wonderful oriental sweets when the doctor visited my room to ask me to stop eating and drinking, reminding me that: you will have the surgery in the morning 9:00 AM, ok I will finish this wonderful piece of “Konafa” I replied and it was only 1:00 AM.

At the morning, I was ready, jumped on the trolley, looking at the ceiling, figured out some lamps need to be replaced, how to make the lighting system implementation more effective? How the low voltage projects affect the total workflow?

In the OR dept. I talked with the anesthesiology who described to me what will happen and how long I will be under full anesthesia. I told myself I slept more than that in weekends ... 12 hours is not that much, I told myself.

In the OR room, I looked at the ceiling; I could see the laminar air flow, could see the arrangements for HIPAA filters and on the left hand side the heart-lung machine. I was lucky as I entered the room fully conscious; I was able to see the arrangements.

I had a look at the anesthesia machine.

Oh, I could see now, where am I? Oh now I remembered, I was in OR and now I should be in the recovery.

I tried to talk to the nurse, Oh I cannot talk ...I was scared did something go wrong? Why I cannot talk... I started to move my hands, my legs ...they are fine ... ok started to wave to the nurse... he came to me ... with my hands I described to him that I can't talk, with a smile on his face, he told me: don't worry you will not be able to talk as there is a tube in your mouth. Oh ok ... I figured out there is a lot of tubes coming out ... I felt like a robot.

Few moments later I wondered, oh is that him ... I could see a mobile X-Ray coming to me, I knew the technician he was working in Police Hospital where I used to repair X-Ray systems.

I felt Happy because I saw someone I knew and because I am conscious.

They removed the tube so I could talk a very few words, I said Hi to him, he remembered me at once.

He did the X-ray, I saw him after many times as he performed chest X-Ray for me. **Is there a much simpler way to perform the X-Ray, even with a cassette tray in the bed?**

Now moved to the ICU, hooked to a monitor, couldn't have a look at the type, now with Invasive blood pressure.

I tried to sleep but with no luck; the Non-Invasive Blood pressure cuff measures my pressure each 20 or 30 minutes, I could not sleep. **Is there a way to measure the non-invasive with another methodology?**

The next day I had to make Echo, with the sternum bone still not healed, lungs not up to normal yet with no ability to use my hands. I had to lay on my back. It was tough and hard.

I asked the doctor, **Can we make the Echo while I am sitting, I cannot breath well?** I cannot rest on my back.

It was tough to lay on my back for about 10 minutes. **I understood why one minute less make a big difference to the patient.**

During the following days, I started to recover. Each day I used part of the hospital facility or underwent a medical examination, each time I asked myself: **Do we get patients' feedback in our R&D dept.? Do patients participate in design?**

I feel I am really gifted with this experience I have seen a lot ... I am gifted with the family I have (my family, friends, colleagues, neighbors ...) They were all around me, supporting me with their encouraging smiles and positive energy.

**Now I could tell a lot about: Improving Healthcare projects!**

## About the Author



### **Almahdy Eltonsy**

Cairo, Egypt



**Almahdy Eltonsy**, IPMA – B is a Senior Project Manager in the HealthCare industry, and the first healthcare PM granted the IPMA-B certification in Egypt. Starting with Siemens in 1993, Almahdy has extensive technical and managerial experiences, gaining the ability to work cross-functionally in a time-intensive environment. One of the most important milestones in Almahdy's project management career is Children's Cancer Hospital in Egypt (57357) ([www.57357.com](http://www.57357.com)), a 30 Million Euro Project. As a GPM for this strategic pivotal project, the scope was not only project management but also the service management, in addition to work with accreditation bodies.

In 2012 Almahdy moved to GE HealthCare to work as a product service manager for Surgery – X-Ray – Intervention – Ultrasound – Life Care solutions, using his experience in leading the service team with project management methodology. Almahdy's motive to change is to take a new challenge and exposure to new cultures and discipline, taking advantage of his technical and managerial skills and using the project management tool box in general management aspects.

In addition to his work in healthcare, Almahdy worked as an IT project developer with one of the largest media and advertising groups in Egypt. Almahdy was able to realize a new methodology and software for Media planning and advertising campaign planning. Almahdy holds a B.Sc. in Systems and Biomedical Engineering from Cairo University - Faculty of Engineering, and passed many specialized courses in Siemens, GE and Microsoft. LinkedIn: Almahdy Eltonsy. Email: [Almahdy\\_eltonsy@yahoo.com](mailto:Almahdy_eltonsy@yahoo.com)