

**Project:** Promoting health on successful grounds: Enhancing hospitals' cooperation on emergencies / ACRONYM: MediciNet II

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## PRESENTATION ABSTRACT

For those who don't know, we are actually talking about two projects. The first MediciNet project was realized between 2012-2014, during the “Greece-Bulgaria 2007-2013” Interreg Programme and the second project finished a year ago, in October 2019.

The partnership remained the same across both projects. General Hospital of Komotini has been the lead partner, while the Hospital of Kardzhali has been the second partner.

Coming to the Medicinet II project, the main deliverables of the project are based in three major pillars.

- The basic and foremost pillar is the medical equipment and the renovation of the central operating theatres in Komotini's hospital
- The second major pillar covers investments and deliverables in new technologies and further development in existing IT infrastructure. we will give more details about these later.
- And the third pillar has to do with training activities to medical personnel.

The respective indicators of the project are the following:

- The covered population is 103.267 people
- The number of health care institutions that has been reequipped is 1.

Let's give some more details concerning the deliverables, and I would like to start with the results of our Bulgarian Partner.

Kardzhali's hospital procured and finally installed a series of medical equipment in several departments of the hospital. In this way, it took advantage of their budget and covered basic and chronic problems they had.

This is actually the approach Komotini's hospital followed during the first Medicinet project.

Kardzhali's Hospital installed a new WEB application for access to electronic medical records outside the hospital. More specifically, the application:

- Enables GPs access in remote areas to a patient record stored in the hospital Information System (HIS)
- Enables GPs to schedule admission and attach referral data.
- And also gives access to the laboratory results by a patient

We need to say, that the General Hospital of Komotini intended to develop a similar solution, but due to budget cuts by the JS, decided to withdraw this work package.

This application is not something innovative or revolutionary. But it gives a practical solution to real problem patients and doctors face in remote areas.

The highlight of the project – and we believe one of the highlights of the whole Greece-Bulgaria Programme is the total renovation of the central operating theatres of Komotini's Hospital. In the photos you can see and have a slight idea of the work that has been done and a comparison between the previous and new environment. We are talking about a block of four different operating rooms together with their auxiliary rooms.

It is undoubtedly the biggest and most complex project that has been carried out in the General Hospital of Komotini, since it had both technical and administrative aspects.

It involved many clinics, a lot of stakeholders, both staff of the hospital and the citizens of the wider area, since we had to close the operating theatres and postpone surgeries for about 4 months.

It is a major work in which some state-of-the-art materials have been used (for example corian for the scrub-ups, BIOCLAD panels for walls/roofs) and new equipment has been installed (operating tables, Surgical Lights, "Laminar Flow" Air-conditioning system). We can talk and give details about this specific deliverable for hours....

The new operating theatres are being used since March 2019 - it is already one and a half year - and it is definitely a work we are very proud of since it has improved the quality of services our Hospital provides to the local population.

Except for the medical equipment, we referred to a third pillar of results which is equally important. The trainings.

We organized a common master class – doctors of both hospitals participated in this training – covering subjects of Disaster Medicine and Mass Destructions. This high-valued 2-day seminar was organized by the School of Medicine of the National and Kapodistrian University of Athens with great success.

In addition, high quality local seminars for the medical and nursing personnel took place in Komotini's hospital. More than 40 people were certified in "Intermediate Life Support" by the European Resuscitation Council.

And finally, we went to 3 remote and mountainous villages and more than 150 citizens were trained in Basic Life Support.

What ultimately remains to all of us who have been involved in the management of the project and the organization of all the above actions, are the comments we read, the satisfaction of our colleagues, the smile of children and residents of remote mountain communities.

For example, one of the emails we received from the trainers of the ILS seminars which took place in Komotini wrote:

"I would like to thank the administration of the hospital and the Head of the Nursing Division who dealt the seminar so seriously and adapted the hospital's program in order more than 50 people to be able to attend the seminar. This has not happened to any other hospital so far. To train massively so many medical personnel at once.

On October 2019, MediciNet II project received the **Gold Distinction during the** Healthcare Business Awards 2019 Ceremony in Greece, in recognition of the important improvement in the quality of provided healthcare services.

Our project was also chosen as one of the eight best cross border projects across Europe for 2019, amongst participants and actions belonging to different investment priorities, such as tourism, SMBs, environment, health, etc.

On October, we travelled to Brussels where we presented the project during the Interreg Project Slam Contest, which is regarded as the "festival" of Interreg Programmes.

Concerning the problems our project faced. The first obstacle that more or less every project faces is the continuous Legislative changes that takes place in Greece.

For example, Public Procurements Legislation changed in 2016, and I believe most of the beneficiaries and their Procurements' Office were not ready.

Another example is that from the time we sent our Application until today, we have changed 4 different Chief Executive Officers, and we all understand the bureaucratic and other delays that these changes produce.

All the above examples are facts that are out of reach for both the beneficiaries and the Managing Authority, and we cannot do anything about them.

Our project faced a couple of more issues that we consider are important and are worth sharing them in this panel.

The first one had to do with the process that takes place between the approval of a project and the actual start of a project. This process involves the Joint Secretariat and the Lead Partner and it mostly has to do with budget clarifications. So during this process, our project underwent a budget cut – as I believe it happened to most of the approved projects. But this fact affected this project considerably because during the planning process we did a very serious planning of the cost estimates and the total budget.

So, due to the budget cut, the project faced serious problems with the procurement of the renovation of the operating theatres. We had a lot of parties and companies that were interested in participating, but the budget became so strict and tight, that affected their decision to actually participate in the procurement.

The second major issue Medicinet II project confronted was the significant delays during the pre-tender / pre-contract checks by MA. We were planning to start the actual works of the renovation of the operating theatres on summer 2018. We wanted to close the central operating theatres and make all works during the summer, when the operation of the operating rooms is significantly lower comparing to winter. This particular procurement suffered delays of almost 3 months in total, and it may have been more if we didn't contact the Managing Authority.

At the same time, at the end of 2018, the JS and MA were pressing and grumbling about the payments of our project.

Anyway, we would really need to give an emphasis to the fact that we had a unique and excellent communication with the Joint Secretariat, our Project Officer Ms Dinkova, the head of the JS Mr Papathanasiou, as well as executives of the Managing Authority, such as Mr Samaras and Mr Fotiadis to name a few, so all these issues were solved one way or another.

So what makes a project successful? Why the Medicinet II project is considered a best practice project and a successful one???

Personally I like to devote a couple of minutes to this slide, in order to give an idea what lies behind this success. And today's event is the best opportunity to exchange these ideas.

Our project finished On scope – on time – on budget.

In order to achieve this, a very serious and time consuming planning phase took place, back in 2016. During the planning phase both hospitals searched for the real and actual needs they had that period. So at the end, the project delivered results which were actually useful and covered real needs.

Another aspect that sometimes happens to projects is that even if there is a good and realistic plan, the project team does not pay so much attention to the actual execution. Or since these projects usually last for a 1-2 years, people who are involved with the project let's say get tired. So the Execution phase is equally important as Planning.

The last thing that we would like to emphasize is that it is important to give attention to the quality of every action and every deliverable. From the info kits and the website, to the largest construction deliverable.

What we did with our project is that we raised the bar from the very beginning and we set high standards to our actions. We wanted to make a renovation using the best materials and equipment we could afford with our budget. We did not want to organize common seminars for our medical personnel – we had done that dozens of times in the past – that's why we wanted our staff to get certified.

So QUALITY. A single word, difficult to achieve, but is a mark of success.

Every detail and every action of this project is due to many hours of struggle and effort from people on both sides of the borders.

And this hard effort led to the success. Two humble and unknown hospitals managed to go to Brussels amongst the eight best cross border projects for 2019.