Jouko Vallikari

THE JOLLY DOLPHIN IN THE SCHOOL OF SHARKS

An insider’s tales about how cleverly Datex made its way to a world leader - to ultimately become acquired by GE
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Why did I write this book? And, why should you read it?
The Datex division of Instrumentarium Corporation (in its various incarnations) grew profitably for more than a quarter century (please see Appendix 2 for the specifics) and became a global market leader in the anaesthesia equipment business.

Many companies have been consistently profitable. Others have shown strong growth. Rather few companies have grown profitably for over 25 years like Datex did. And – had it not been for General Electric buying Datex’ parent company Instrumentarium in 2003 – I strongly believe that Datex would still be growing profitably today.

I find the question of how to achieve consistent, profitable growth very interesting. This book looks at profitable growth by way of an individual case study. Success stories are inspiring and deserve to be told.

Most business books are written by top executives, journalists/historians or academics/consultants. During my time in Datex I represented middle management. A view from the “trenches” is not very common and I hope that the reader will find this approach different and refreshing. For the CEO’s and presidents here is a rare chance to read how the other half (or rather the other 99%) lives. The rest of you may feel that “there, but for the grace of God, go you or I”.

The main business of Datex always was anaesthesia monitors. Between 1990 and 1995 I managed an anaesthesia machine development project: the AS/3 Anaesthesia Delivery Unit (ADU). My observations are skewed by my vantage points both inside and outside of Datex. In particular this means that I have described the ADU development program in considerable detail and the financially much more important AS/3 Anaesthesia Monitor program in much less detail.

If someone feels that another book about Datex should be written from a different view point, I’ll be amongst the first to buy it.

When I look at this completed treatise, I realise that it includes unadulterated praise for the “immature organisation”. Unfortunately such immaturity is difficult to inject (or re-inject) into an organisation and may be difficult to sustain as
Which leads us towards our subject. Behind – or beside – every surgeon there is an unsung hero: the anaesthesiologist.

The anaesthesiologist is an indispensable subcontractor to the surgeon, working on the other side of what is referred to as the “blood-brain barrier”, the green drape separating the surgeon’s sterile operating area from the anaesthesia side. Anaesthesiologists and surgeons co-exist in a sometimes more and sometimes less happy symbiosis.

Anaesthesiology is a holistic profession where the clinician needs to fully control the patient’s responses to ensure patient safety while creating optimum working conditions for surgery (for more detail about the course of anaesthesia, please refer to appendix 5). For an anaesthesiologist, success is nothing going wrong. Rarely will a patient come and thank him/her for excellent anaesthesia.

Lack of glory and fame for the anaesthesiologist there may be, lack of challenge there isn’t.

At the impressionable age of fourteen I underwent a kidney stone (urinary calculus to the more medically-minded) removal from my left kidney. An impressive 30 centimetre-long scar adorns my left flank as a reminder.

Though not a first-timer to the operating theatre, this was my first major surgery and provided considerable excitement.

I was duly admitted to the “Hilton”, the main building of the Helsinki University Central Hospital. The night before the operation I was shaved where I didn’t know people were shaved at all (this was 1970) and was given an enema to flush my bowels. A rather attractive female nurse provided these acts of medical care in a ward treatment room, which had no direct access to a toilet. The corresponding episode in the brilliant film “Right Stuff” still reminds me of my wild scramble down the ward corridor to the nearest toilet.

On the morning of my surgery I was pre-medicated, before being wheeled into the operating theatre. I don’t know what particular drug I was given, but in the High Street it would probably count as a hard drug or its second cousin. Whatever it was, it made me feel quite jolly, relaxed and confident.

In the operating theatre proper, the anaesthesiologist introduced himself and told me that he was going to put me to sleep. He induced me with an intravenous injection and I was quite amazed at how quickly I started to go under. Up to this point there was nothing unpleasant about the anaesthetic experience, rather the reverse.

During surgery my blood pressure and heart rate must have been monitored. As I was in a central university hospital, there might even have been an ECG monitor showing my heart wave (the Finnish Board of Medicine mandated the use of an ECG monitor in general anaesthesia during elective surgery only in 1971).
After surgery I was probably woken up in the operating theatre before being transferred to the recovery room, but my first recollections are from the recovery room: I was groggy, shivering from cold, the surgical wound on my side was hurting and my mouth was dry.

The contrast between my pre-surgical high and the awful feeling in recovery was dramatic.

At that age I had rather naively thought that anaesthesia just involved getting an injection, falling asleep and then waking up when the drug wore off. I had no idea that once I had been put to sleep, the anaesthesiologist would ram a tube down my throat and mechanically ventilate me with a breathing machine.

Twenty years later I found myself leading a project to develop a new-generation anaesthesia machine.

Anaesthesia involves numerous risks.

Insufficient oxygen in the gas mixture given to the patient can cause brain damage or death. An overdose of anaesthetic drugs may cause permanent damage, induce intra-operative pain, prolong recovery or cause other complications. Patients may have adverse reactions to particular anaesthetic drugs. High pressure in the breathing system may damage their lungs. The breathing tube inserted into the windpipe may damage the vocal chords. Awareness during anaesthesia may be traumatic to the patient. Post-operative nausea and vomiting may occur in the recovery room; the latter involves the risk of inhaling one’s own vomit. Residual anaesthetic drugs in the bloodstream may cause a patient to stop breathing.

Today, however, anaesthesia is very safe. This state of affairs would not have been achieved without today’s anaesthesiologists having much better tools at their disposal than ever before.

This book deals with the business of developing some of those tools.
Appendix 2.

Datex and Instrumentarium turnover

Datex and Instrumentarium turnover M€, 1982–2003
This book is the story of Datex, a high tech venture that experienced a phenomenal growth, emerged from nowhere as the global market leader and a billion dollar enterprise, and ultimately became part of GE — and all through its history remained virtually unknown to the general public. At the same time the book is an autobiography of Jouko Vallikari, a hilarious story of how a young engineer grows and adapts in the turbulent environment of an ever-changing and highly unconventional global organization.

The story of Datex is brought to the context of the well known success stories of the global business literature: how is it possible that a domestic market oriented technical service department within a Finnish corporation can transform itself, and become a truly global and enormously successful global organization? In this development path, what is the role of the very peculiar company culture of Datex, and how did the culture change on the way towards business excellence?

A parallel story line, along with the growth stories of the company and the author, is the description of the amazing job and the ‘cockpit’ of the anaesthetist. Upon reading this book even a layman understands how the high skills of the anaesthetist augmented by some high technology help the patients survive the unimaginably complex surgical procedures of today.