

# Embedded worldwide in the healthcare sector

Comfort, ergonomics, functionality and - if possible – preferably a homely style: these are just some of the requirements that hospitals and nursing homes want their care and cure furniture to meet. Founded in 1931, Haelvoet has been successfully implementing these requirements into high-quality products for over 90 years now. Moreover, the Flanders-based family company has also successfully paid attention to the international market since the turn of the century. General manager Tom Preneel and export manager Pieter Verkest take us on a tour through a wonderful world with innovations galore.

**A**fter more than nine decades, Haelvoet still is run by the family, with Vincent Haelvoet (third generation) at the helm. "We have always focused on the production and distribution of mobile furniture for hospitals and nursing homes", explains Pieter Verkest. "Besides beds and bedside, dining or reading tables, we are also known worldwide for our functional seating furniture (seats for patients and elderly residents)."

Stretchers and examination tables, of which the characteristics are very similar to those of 'nursing beds', are also part of the range. "Because we act as a central contact point for furniture for a lot of customers, we also supply high-quality tables and chairs for communal areas (such as cafeterias). However, our biggest added value can be found in the functional products you see in the rooms of hospitals and residential care centres."

Tom: "Driven by our thirst for

innovation we manage to make such products both functional and more efficient, so that they simplify the task of the nursing staff. Next to that, we increase the patients' self-reliance. Our extensive experience and vertical integration are undoubtedly huge advantages: we design, produce and commercialise most of our products ourselves by predominantly using sheet material, wood, tubes and fabrics (for upholstery). The Belgian market obviously remains important, although most of the growth potential is to be found abroad."

## French purchasing centres

**STERCK.** Since when have you started to explore export markets more intensively?

Tom: "That is one of Vincent Haelvoet's many achievements. He joined the company 25 years ago. He soon realised

that further expansion was only possible if we looked beyond the local market. We operate in a very competitive market segment, which we approach in two ways: by means of distributors or by means of our own sales offices. Currently, we have branches in France, Switzerland, the Netherlands and Romania."

**STERCK.** France was the first in 2001. How and when do you decide to step on the gas pedal in which countries?

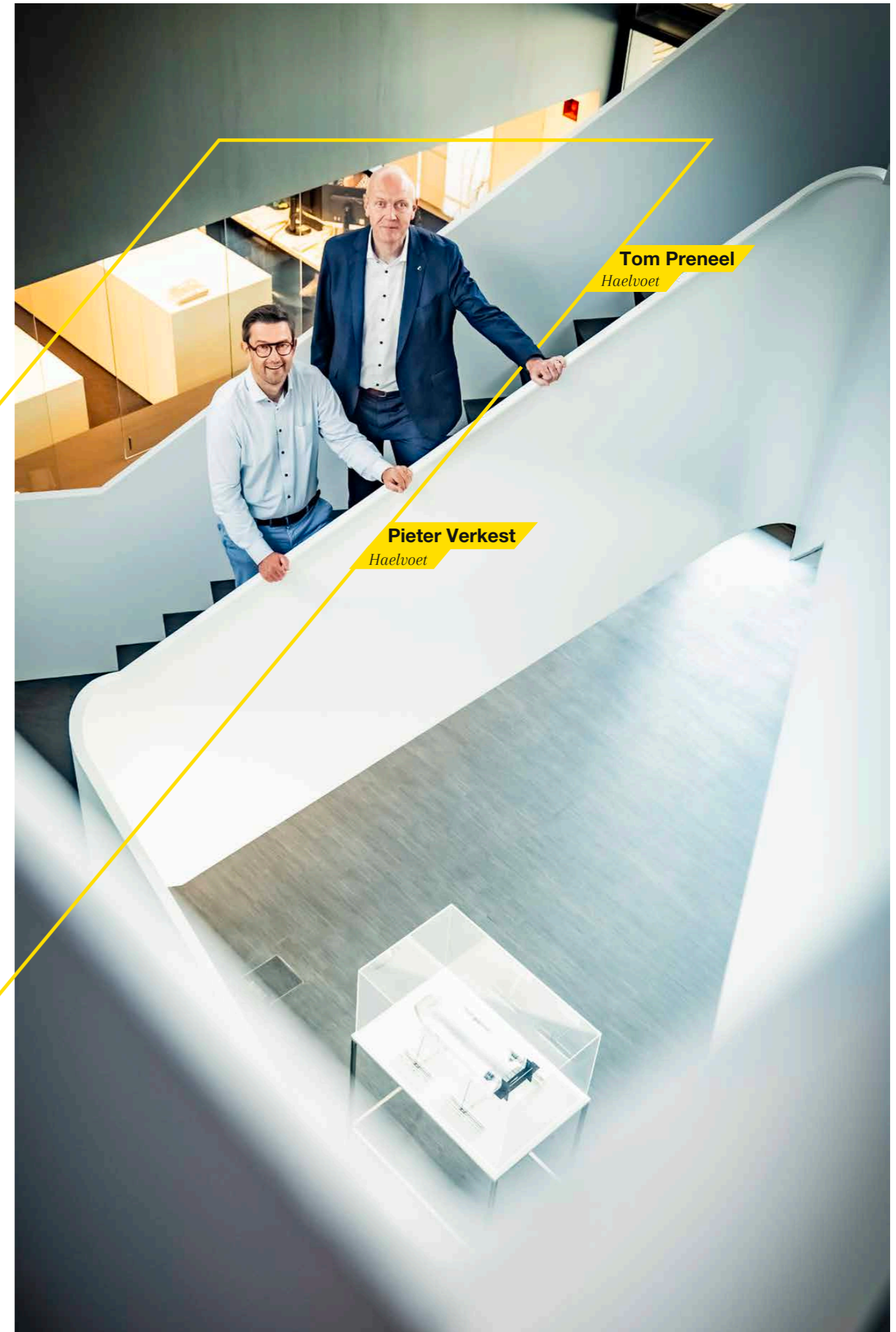
Tom: "Everything begins with one or more (reference) projects. Once you have completed those and the volume starts to swell to a sufficiently large critical mass, you can set up your own branch abroad. Every country has its specific characteristics, but it's never a walk in the park: in a lot of countries you have to compete with a lot of local companies. France, for instance, is a difficult market because healthcare institu-

tions buy products at purchasing centres. To supply them optimally, you actually need instant national coverage, which is a massive challenge. Offering the same quick delivery and technical support as our French competitors in, say, Paris, Bordeaux and Lyon is logistically unfeasible for us. That's why we mainly focus on everything north of Paris, whereas other French customers are served by distributors. Care furniture can be defined as investment

goods, which are characterised by long sales processes. So it takes some time to gain a foothold in a country."

**STERCK.** What was the main motive to open a production facility in Romania?

Pieter: "The high production costs in Belgium, including labour costs, are obviously a crucial factor. Moreover, the Romanian labour market offered many opportunities and the country is also an int-



eresting sales market for us. We started there in 2006. Until 2021, our focus in Transylvania was mainly on the production of parts, which then were brought to Ingelmunster for assembly. Since the spring of 2022, we have also been making finished products in Romania for the local market and for export to Eastern and Southern Europe. From a logistic point of view, shipments to, say, Austria and Hungary, can be better optimised from Romania. Over a distance of 1,850 km, there is now weekly transport between both two production units."

*Tom:* "Moreover, Romania has provided a budget of no less than 3 billion euros to build 8 new hospitals in the next few years. In addition, 18 other hospitals will be completely renovated. The first projects are now starting to be carried out. This is another reason why local presence is a huge added value."

**STERCK.** What are both production sites specialised in?

*Tom:* "In Romania we mainly focus on working with metal, solid wood and upholstery. These are all tasks that require a lot of manual manipulations. Our Belgian production concentrates mainly on panels, final assembly and logistics. Our furniture supports, for example, are made in Romania, after which our assembly line in Ingelmunster installs boards and sideguards."

### Southern European aging wave

**STERCK.** What's the equipment like in foreign institutes, compared to the Belgian nursing infrastructure?

*Pieter:* "In Romania you hardly find any nursing homes, not even private initiatives. This is largely due to local culture. The credo 'you take care of your (elderly) family' is still strongly present there. The planned expansion budget of 3 billion euros is even entirely destined for hospitals and not for (new) nursing homes

but we're convinced that there will be large geriatric departments in the new hospitals. The infrastructure in Hungary and Bulgaria is similar to the one in Romania, so there is a lot of potential there as well. Next to that, there is definitely some catching up to do in Southern Europe as well: governments there have actually dawdled far too long over investments to tackle the ageing wave. In those countries there is a structural shortage of beds in nursing homes."

*Tom:* "Between the two niche markets - elderly care and hospitals - you actually notice an ongoing pendulum swing. The pandemic created an oversupply of elderly care in many places, whereas there is now a growing tendency to invest more in hospitals. A lot depends on both demography and the country's predominant religion."

*Pieter:* "That's correct. In Muslim countries, it has always been a tradition that adult children took care of their parents. Now there are more and more double-income families in, for instance, Saudi Arabia, and so it has become very difficult for young families to fulfil this task. Therefore, certainly in the long run, we expect there will be more investments in elderly care facilities in those regions as well."

**STERCK.** In which continents is Haelvoet's position the strongest?

*Pieter:* Europe is currently our most important market. In the Middle East, we supply to hospitals, whereas in Asia (e.g. Singapore) we score with functional seating furniture for the elderly. This is also the case in Oceania, which is investing heavily in high-quality products. South America consists of a number of niche markets, whereas the potential in Africa is limited to that of a project market."

## HAELVOET IN FIGURES

4

sales offices

the Netherlands, Switzerland,  
France, Romania

25

million euros: turnover

60

per cent of its turnover  
by means of export

235

employees

90 in Belgium,  
145 in Romania

1,850

distance between  
both production units

39,000

m<sup>2</sup> production area,  
of which 20,000 m<sup>2</sup> in  
Belgium

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*In Southern Europe, the government has dawdled far too long over investments to tackle the ageing wave.*

*Tom:* As a supplier of high-quality products, we prefer mature markets. Products 'made in Belgium' and in Western Europe in general enjoy a strong reputation there.

**STERCK.** How do you look back on the COVID-19 pandemic?

*Tom:* Demand shrank significantly in mature markets during those years. Countries that did not yet have a fully-fledged nursing infrastructure had no other choice than to accelerate investments in it.

*Pieter:* "England is a good example of this. The available number of hospital beds was really outdated, and they had to make a considerable effort to solve this problem. Saudi Arabia invested substantially in mobile hospitals, whereas Ukraine's demand increased as well, even before the war broke out there. It was a great advantage that we switched quickly during that period by opting for large intermediate stocks of one bed type, which enabled us to deliver those products much faster. By doing so, you build a lot of trust with the customer. Such reference projects are a very important stepping stone to further sales contracts. Short-term additional sales of hospital beds have far from made up for the contraction caused by the lockdown."

### Connected beds

**STERCK.** Was your drive for innovation on the back burner during the COVID-19 crisis?

*Tom:* "On the contrary: as a family business we did not deviate from our long-term vision and continued to invest in research and development, recognising

that it is from these innovations that we gain our competitive advantage."

**STERCK.** What innovations has this led to?

*Tom:* "We have added two new chair collections to our functional seating furniture. These, like all the other chairs, are equipped with removable seats, making them easy to clean and thus guaranteeing hygiene. More importantly, these chairs are equipped with a stand-up help (electric or mechanical). This supports people who, due to age or after a major injury/surgery, have difficulty in getting up or sitting down without assistance. In this way, it makes the work of the nursing staff more fluent: people become fully self-reliant or only need one (instead of two) nurses to get in or out of their chair."

**STERCK.** Haelvoet Connect Solutions is the second innovation. What is its greatest added value?

*Pieter:* "We have equipped beds with several sensors and a communication card, enabling us to send certain parameters wirelessly to a software platform. In this way, nursing staff can see on their laptop or tablet whether a patient/resident is really lying in bed or not, whether the bed has been put in a safe mode (low) as well as where the bed is located anywhere in the institute."

*Tom:* "We developed this ecosystem together with 25/8, an Aalter-based provider of modern communication technology for healthcare organisations. Thanks to the partnership with the Austrian lighting manufacturer Zumtobel, the lighting in the room changes colour when a patient/resident leaves the bed. If the person is not back after around ten minutes, the nurse receives an alarm notification. Such solutions make it possible for nursing facilities to use resources



Tom Preneel  
& Pieter Verhest

more efficiently. Especially during the night shift, one nurse often has to supervise dozens of beds. Then it helps to know who is lying in bed and who isn't."

*Pieter:* "The impending ageing waves in many countries make it even more important to invest in intelligent care management. Hospitals and nursing homes need to think about how they can best employ their staff. The same applies for new recruitments; it is crucial to have modern nursing furniture: for potential new staff, it is good to know that modern infrastructure will help them do their job in an efficient and qualitative way."

**STERCK.** What insights can connected beds still lead to?

*Tom:* "The collected parameters provide a treasure trove of information on which you can apply artificial intelligence. For example, you can analyse movement patterns and use them to further improve the quality of beds. The data also offer an added value when it comes to predictive maintenance. Plus: if a bed requires a certain intervention, it obviously helps enormously if you know where that bed is located: in the room, in the radiology department, and so on. As a hospital manager, you would rather not want a nurse to lose half an hour looking for an (untraceable) bed."

**STERCK.** How can Haelvoet continue to grow in the future?

*Tom:* "First of all, it is important to manage our energy and labour costs as well as possible so that we remain competitive, even in growth markets. We can further strengthen our position in certain countries by offering more products there. As we explore 'new' countries, we have to remain selective by assessing opportunities correctly and thus entering the right markets. After all, we are and will remain a relatively small player. As for the production level, there are still plenty of opportunities to grow. There is also still room for expansion in Romania, especially when investments in improving the road network will make container transport possible."



*Thanks to our innovations, nursing staff can see on their laptop or tablet whether a patient/resident is effectively lying in bed.*



*Tom Prentel  
& Pieter Verkest*