



The Hospital of the Future: Paying for Beds Was Yesterday

- **Capacity must be oriented around treatment procedures**
- **Building costs nearly negligible compared to operating costs**
- **The “ten commandments” for future hospitals**

Classic orientation around the number of beds in hospital planning will soon be obsolete in modern healthcare systems. Capacity planning must be oriented around the demand for health services and not the patients' length of stay, the authors of a new study on the necessary reforms in hospital planning demanded at the European Health Forum Gastein, the leading health policy conference for experts and decision-makers in the European Union (EHFG, 30 September to 3 October 2009 in Bad Hofgastein).

In the sensational study titled “Investing in Hospitals of the Future” new fundamentals in planning are specifically urged. “Hospital beds largely function as a waiting area until the hospital institution can carry out its actual function, namely the treatment,” says one of the study's authors, Steve Wright, management board member of the European Centre for Health Assets and Architecture. “Those oriented around this are actually unable to operate efficiently.”

Procedures must therefore be the focus of planning for the hospital of the future: how many operations are to be carried out, how many doctor/patient contacts are necessary, etc. “Orientation around these figures is undoubtedly more complicated, but leads to greater efficiency, particularly in the current operations of the hospital.

Overall, the current costs of operating a hospital must be granted greater priority in planning. The building costs for a new hospital are only two to three times the annual costs, with the tendency declining. “Thus higher start-up investments which enable simpler, more affordable processes will pay off very quickly,” according to Wright.

The study's authors have summarised additional requirements in the “Ten commandments for the hospital of the future”:

1. **Ensure future flexibility:** Demographic and epidemiological transitions, advances in medical technologies and pharmaceuticals, and rising public expectations mean that the future of health care provision is very difficult to predict. It is therefore essential to build sufficient flexibility into new health care facilities, such as through buildings that are easily adaptable and have scope for outward expansion.
2. **Embrace sustainability:** In the context of climate change, the environmental sustainability of health facilities assumes an ever greater importance. Sustainably built



hospitals can help to meet the environmental challenge and improve the lives of patients, staff and local communities. Health care is a major source of carbon emissions, partly due to the journeys generated, and hospitals in particular should be places designed to improve, not worsen health.

3. **Take a life-cycle perspective:** The initial investment costs for hospitals are very small in comparison with the recurrent costs (facilities management and medical) over their life-cycles (roughly equivalent to 2-3 years of recurrent costs). Taking a life-cycle perspective helps to ensure that the long-term costs of buildings are taken into proper consideration when deciding on design features.
4. **Ensure quality-at-entry:** All too often, hospital projects are driven by short-term tactical considerations, such as the political desire to build a new hospital, rather than an analysis of long-term strategic performance and need. It is essential to improve the quality of hospital projects in the earliest stages of their development.
5. **Place the patients at the heart of new hospitals:** Health facilities need to be designed around the needs of patients, and staff; active engagement of both groups in new hospital projects can help to achieve this aim, including through the provision of healing environments that offer nature, daylight, fresh air and quiet.
6. **Embrace a whole systems perspective:** There is increasing recognition that hospital treatments are often only part of much longer care pathways. The development of integrated care pathways across different settings of care, and the social sector, has great potential of improving the delivery of health care, such as through avoiding unnecessary hospitalizations.
7. **Enable the flow of patients and services:** The hospital is a complex functional network, where the effective capacity of the system is set by constraints, many of which may be hidden. It is crucial that the often complex pathways through the system are organised in ways that ensure a smooth flow for both patients and services and eliminate waiting, mistakes and inappropriate procedures.
8. **Maximize the economic and community impact of capital investment:** Hospitals are major features of the urban environment. Investment in health facilities can play a vital role in regenerating deprived areas, empowering local communities and creating employment opportunities.
9. **Use appropriate financing models:** The financing and provision of hospitals can encourage the flexible provision of services when they are not locked into inappropriate long-term contracts, such as in some public-private partnership schemes, but are much more adaptable to the changing services required.



10. Expand the evidence base: In many areas of capital investment, the evidence base on what works best is still sparse. It will be essential to evaluate hospital projects rigorously, and to identify and share best practices.

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