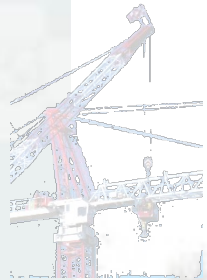




Kuopio University Hospital B11 EXPANSION Kari Janhonen IFHE 2011





LECTURER

Kari Janhonen

- Project Manager of the Kuopio University Hospital expansion project from August 2008 to November 2010
- Currently the Director of General Support Services
- M.Sc.(Econ.) 1985
- Certified Public Accountant 1994
- Chartered Public Finance Auditor 1994
- KHT- Auditor 2004



Kuopio University Hospital

- One of Finland's five university hospitals
- 770 beds
- 4270 employees
- Budget 300 Million Euro / per annum
- 20 000 surgeries
- 330 000 patient visits
- 227 000 care days
- Owned by 21 municipalities
- Tax-funded
- Functions as a teaching hospital





Location on the map of Finland





Patient / Customer focus

- Proven methods of treatment
- Treatment at the right time and place
- Good safety awareness
- Patient satisfaction

STRATEGY

Staff competence and renewal

- Professional style of management
- Effective recruitment
- Coordination of skills
- Healthy working environment
- Prominent player in the field of health science

Vision
Best health service

Functioning services

- Research and treatment practices of nationally significant diseases identified and documented
- Information technology and e-services
- Strategy supported by org. structure
- Innovative hospital

Economy and efficiency

- Predictable economic operation
- Efficient and most productive univ. hospital
- Operationally beneficial investments

The project is part of the implementation of the hospitals overall strategy and real estate plan



Projects

Project 	Schedule	Contents 
B11	1 Aug 2008 - 30 Jun 2009	Coordination of planning and facility planning 
B112 	1 Aug 2009 – 31 Sep 2010	Preparation for construction decision  





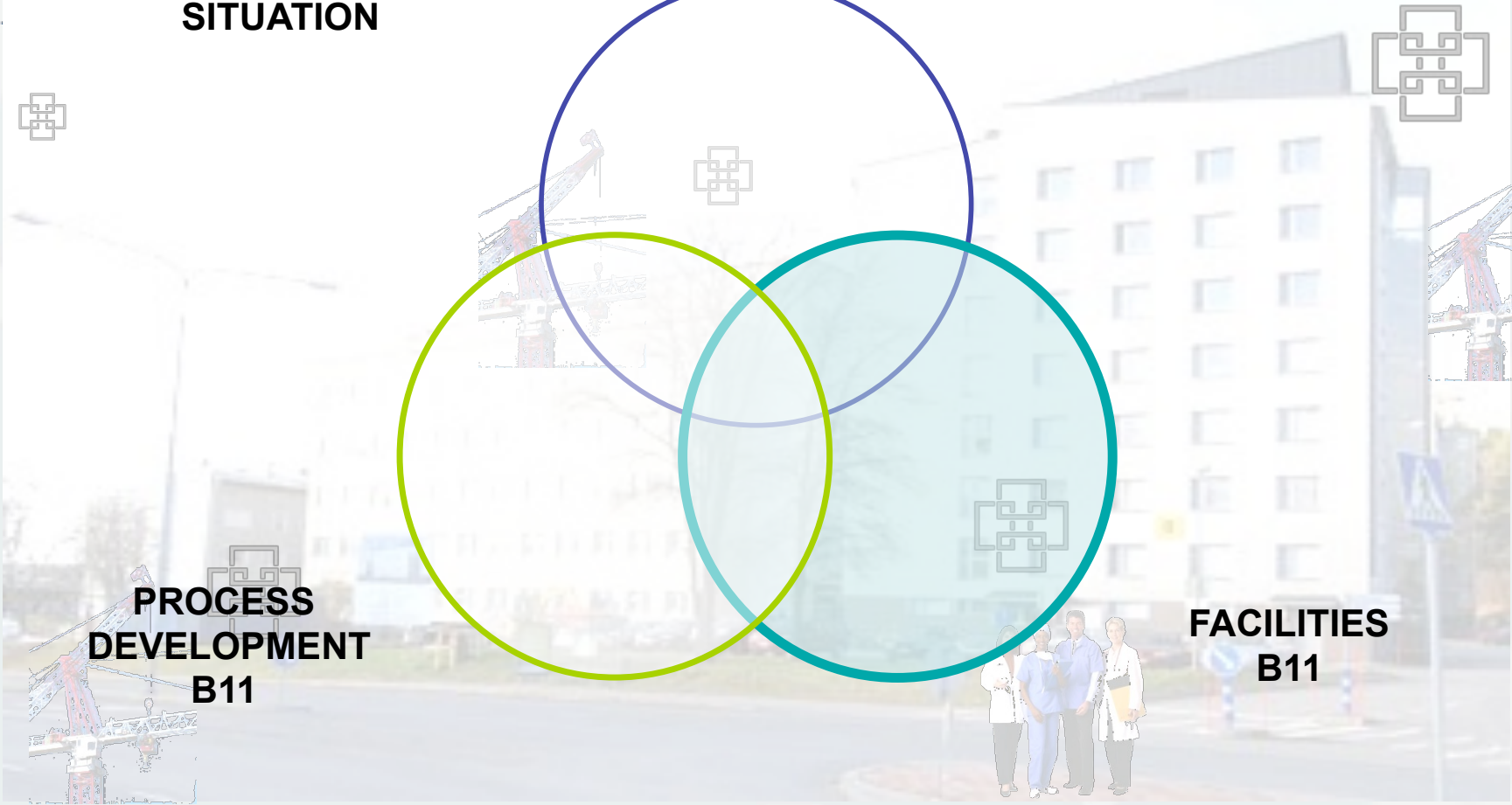
ORGANISATIONAL DEVELOPMENT

DEVELOPMENT SITUATION



PROCESS DEVELOPMENT B11

FACILITIES B11





The hospital has been built over several decades:



- 1958 40 %
- 1983 25 %
- 1985 30 %
- 1992–2004 5 %



40 %

25 %

30 %

5 %





Repair needs

- Aging of the building (20-year repair interval)
- Operational changes (8-12 year interval)
- Development of medical and therapeutic practices
- Low degree of interchangeability
- Indoor air problems
- Overcrowding (operation has expanded, premises haven't)





Operating in the overall interest

- To ensure the overall benefit for the hospital, and refrain from considering the space requirements of individual operators (**no partial optimisation**)
- To assess the consequences of alternatives transparently from the viewpoint of the entire hospital (**functional planning**)
- To ensure efficient and flexible use of real estate assets



Why processes?

- Individual expansions or alterations carried out in sub-projects may
 - complicate the performance of care processes
 - cause overlapping investments
 - disrupt the building's internal logistics





For example

- Simply changing surgical facilities may not enable processes development
- If operating rooms are added without considering diagnostic processes, polyclinic operation and / or follow-up treatment facilities
- > additional surgeries might not be possible because diagnoses and follow-up treatment cannot be arranged





Objectives

- To assess the overall need for facilities from the process perspective
- To assess the use of existing facilities from the process perspective
- To assess the adequacy of the existing facilities
- To optimise the allocation of the processes
- To explore new functional solutions for the facilities
- To create a long-term plan for the premises



ANALYSIS AND ASSESMENT

Analysis of treatment and care processes
Assessment of existing facilities

B11
Expansion
and related
functions

Project
plan

Existing
facilities
and their
rearrange-
ment

Partial
processes
to be solved
in the future

Long-term master plan

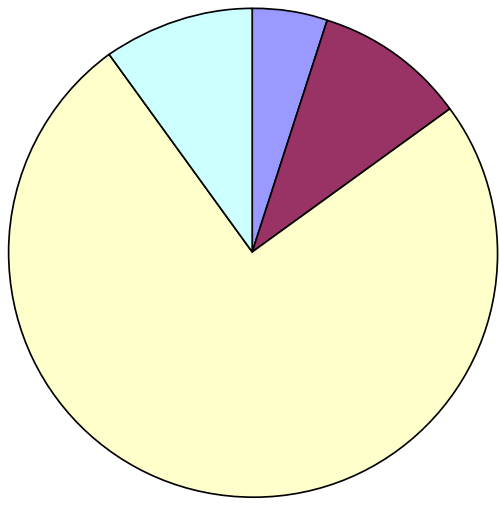




In addition to facility planning, operational and human resource planning are required

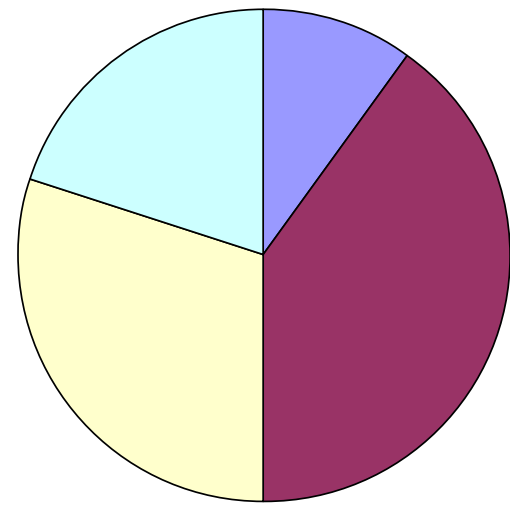
Evaluation of changes in operational focus

Current operation (excluding polyclinics)



- Day hospital 12/5
- Week hospital 24/5
- Inpatient care 24/7
- Increased monitoring / intensive care

Changes to operation



- Day hospital 12/5
- Week hospital 24/5
- Inpatient care 24/7
- Increased monitoring / intensive care

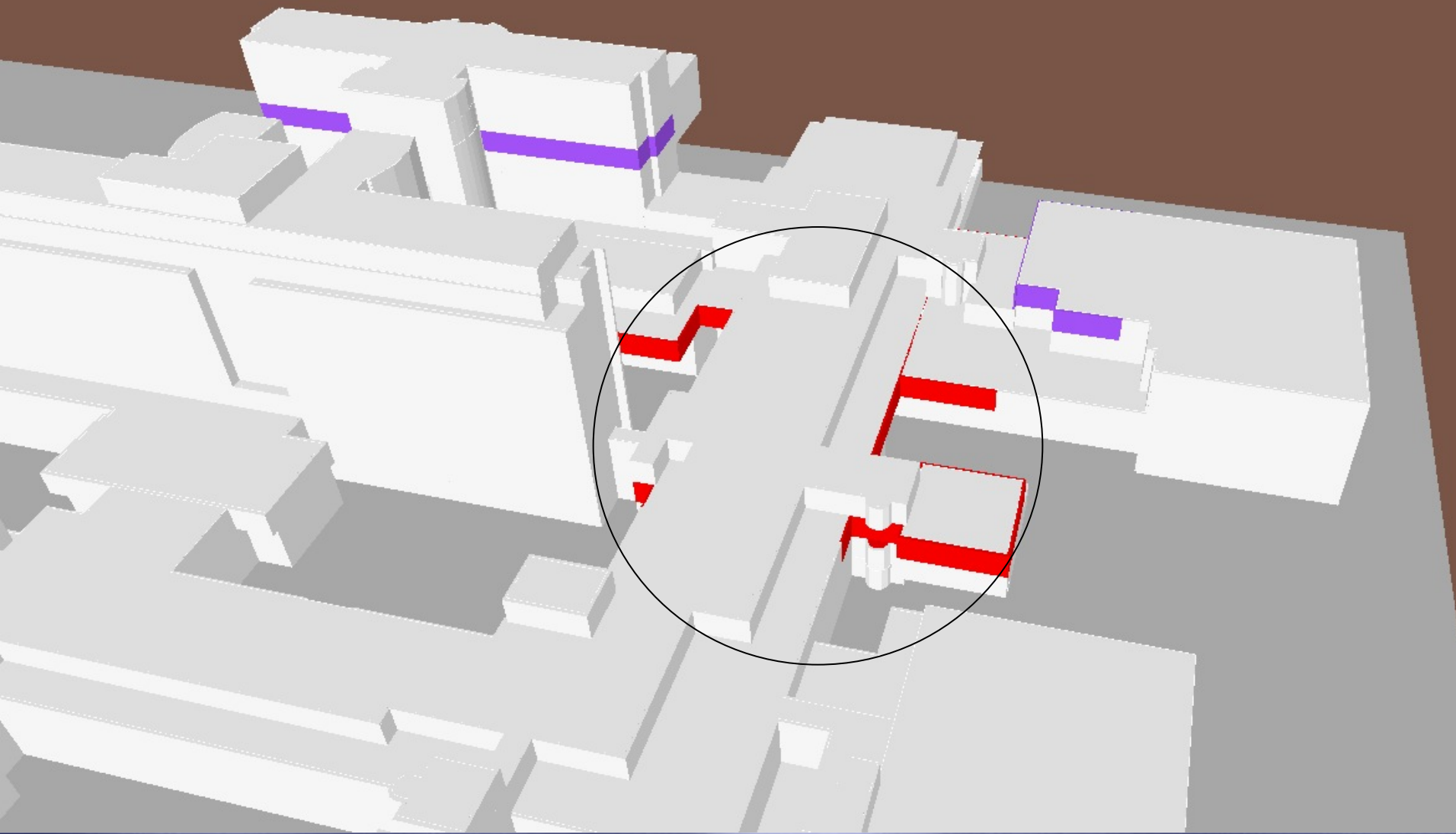


Logistical plan

- An allocation plan has been prepared for the functions of the hospital
- The implementation is scheduled to start in 2014 and proceed with the renovation.



Heart center



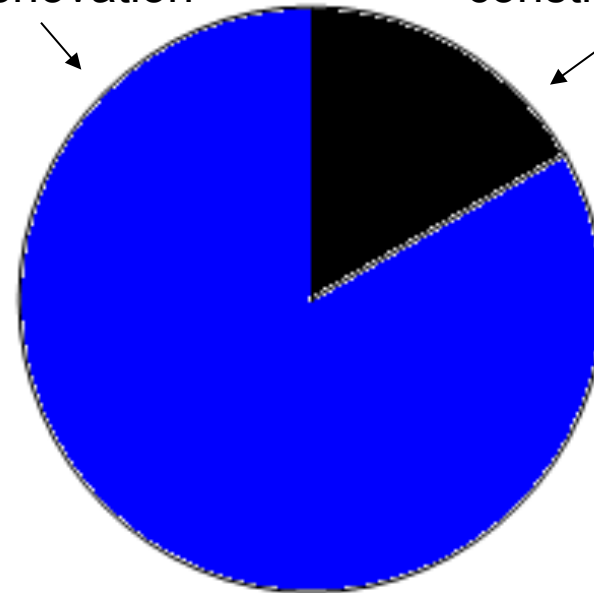


Conclusions - B11 project

- Existing facilities require renovation between 2014 and 2020
- New construction is also needed
 - facilities for use in renovation
 - enable the operational changes

The need for renovation

The need for new construction





B 11 - expansion

- Facilities for surgery and recovery
- Intensive care units and heightened monitoring
- Delivery rooms, heightened monitoring at risk mothers, maternity and gynaecological polyclinics
- Polyclinics for surgery, ophthalmology, oral and maxillofacial diseases, physiotherapy and rehabilitation; pain clinic
- Endoscopy unit (gastro-lung), urology and gastroscopy polyclinics, dialysis unit and kidney polyclinic
- Instrument service centre, breastmilk centre, staff restaurant





Construction schedule

- Construction will begin in August 2012
- Completion by April 2014
- Commissioning in September 2014
- Stage 1 of the renovation will start in June 2014 and be completed in May 2015
- Main hospital renovation from 2014 to 2020



Renovation:

- freeing up space in the main hospital for the renovation period,
 - no temporary building
 - 1-2 bed rooms on inpatient wards
- solving indoor air problems, emptying floor 0 of care facilities



- Mandatory repairs, temporary spaces would be costly
 - dialysis, instrument service, operating rooms, delivery rooms
- Free up additional space in the existing building for the following activities, among others:
 - cancer treatment
 - day hospital activities such as drug treatment unit
 - neurological centre



Centralisation:

- operating rooms in the same area
- rehabilitation activities centralised in main hospital
- somatic inpatient wards to main hospital
- critical patient care, intensive care
- Assigning the hospital the status of critical area, and emergency service, treatment and conservative care focus
- Improved patient and personal safety



**SUPPORT
SERVICES**

B11

KYS Laajennus B11
Luonnos 23.3.2010
Lintuperspektiivi kaakosta

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Funding

- The funding system has changed
 - In the 1980s, large expansions were built with state equalization payments that amounted to 76%
 - Municipalities' share of costs accounted for 24%
 - Now the renovation and expansion must be undertaken fully with municipal funds, 100%.





B11 expansion, cost estimates of construction and support services



costs M €

Construction	54
Equipment	20
Total	74

Changes to annual expenditure

- Maintenance, net 0,7
- Support services -0,5
- Core processes -1.4

Total -1,2 M € / y





Costs saving measures

- 1,5% impact on billing
- Two hospitals to be closed. Owned hospital will be sold and lease of premises discontinued.
- Wards will be changed to 24/5 and combined.
- Surgeries to be increased without additional staff, or at least the number of surgeries is to be increased more than the number of personnel.

KYS Laajennus B11
Luonnos 22.2.2010
Lintuperspektiivi idästä

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