CONTAINING HEALTHCARE COST THROUGH HOSPITAL DESIGN COLLABORATION PROGRAM

MEETING IN GENEVA
6th - 7th February 2014

Participants
- Eric de Roodenbeke – President of International Hospital Federation (IHF)
- Hans Eggen – Executive member and past President of UIA Work Program Public Health
- Romano Del Nord: Executive member of UIA Public Health Group and Director of TESIS Research Center, University of Florence

Objective of the meeting
- to explore possible synergistic actions and initiatives of IHF and UIA-PHG for the benefit of members of both institutions

Topics
- forms of collaboration between IHF and UIA-PHG for developing an editorial program of guidelines for a broad dissemination

Decisions
- The subject of the guidelines
- The program of the workshop in Florence
- Expected results

Prof. Arch. Romano Del Nord
CONTAINING HEALTHCARE COST THROUGH HOSPITAL DESIGN
WORKSHOP - Florence, 3rd - 5th June 2014

PARTICIPANTS

- PHG (UIA – Public Health Group) Representatives
  1) Hans Eggen
  Executive Member and Past President of UIA Work
  Program Public Health, Switzerland.
  2) Romano Del Nord
  Executive Member of UIA Public Health Group and
  Director of TESIS Research Center, University of
  Florence, Italy.
  3) Ružica Božović Stamenović
  Professor of University of Belgrade and Executive
  Member of UIA Public Health Group, Serbia.
  4) David Allison
  Member of UIA Public Health Group and Director of
  Graduate Studies in Health-Clemson University.
  U.S.A.
  5) Schinko Thomas
  Member of UIA Public Health Group and Associate
  Architect of Vasconi Associates Architectes Paris,
  France.

- IHF (International Hospital Federation) Representatives
  1) Eric de Roodenbeke
  President of International Hospital Federation (IHF),
  Switzerland.
  2) Jacinta George
  Acting Deputy Director-General of Australian Capital Territory
  Health Department, Canberra, Health Infrastructure and
  Planning, Australia.
  3) Paul Merlevede
  Member of Council of International Federation of Hospital
  Engineers - IFHE, Belgium.
  4) Henning Lengs
  Dipl.-Ing. Architect, Chief Executive Officer of RRP International
  Hospital Planners PTE Ltd, Germany/Singapore.
  5) Rufino L. Macagba
  MD, MPH, Founder of Lorma Medical Center, Philippines.
  6) Chad E. Beebe
  AIA, SASHE, CHFM, CFPS,CBO, Deputy Executive Director,
  Advocacy of American Society for Healthcare Engineering of the
  American Hospital Association, U.S.A.

- TESIS’s Researchers: Tiziana Ferrante, Francesca Gioffré, Anna Maria Giovenale (University “La Sapienza” Rome)
  Roberto Bologna, Sandra Carlini, Luca Marzi, Francesca Nesi (University of Florence)

AGENDA

Wednesday 4th June

- The components and the different interpretations of the concept of “cost” in the design and
  use of hospitals.
- Initial brainstorming to identify key concepts allowing significant cost reduction on operations
  covering managerial and technical dimensions: opinions, experiences e contributions from all
  the workshop’s official participants.
- Interdependencies between investment costs, in use and maintenance costs, processing and
  decisions, design solutions.
  -- Prioritize the domains that should be further explored, consider the existing available
  information and benefit/cost approach for new healthcare projects, as well as retrofitting
  existing facilities.
- Identify the work package and need for resources.
- Suggestions and operational proposals.
Thursday 5th June

- Develop a framework for guidelines by identification of priority target audience and their needs or information.
- Decide on what can be easily/quickly prepared by leveraging existing material and what area needs in depth works.
- Develop an outline for a concept including key issues and budget for possible sponsors.
- Identify sponsors and contacts and agree on approach for reaching out of them.
- Next steps and timeline for completion of tasks.
- Different possible initiatives oriented to create synergistic benefits for IHF and UIA-PHG.

The aim of the workshop is to identify a MATRIX that prioritize items and gives an order to our concerns. The goal is to share our knowledge and make it available to everyone.

The long terms goals are to disseminate good practice and find a funding mechanism to keep improving in the future.
The current speed of change make it difficult to accept the fact that timing between design and completion may take up to 10 years. Innovation enables us to accelerate construction. Hospitals must not be shops for organ repair but promote good healthy living.

We must create the condition for improving the relationship between space and operating cost of construction. This means also greening the hospital.

Healthcare is fast changing and today’s solutions may be no more suitable in the future. A hospital is first and foremost a PUBLIC BUILDING and designers must understand what users want and respond to their needs appropriately.

An important aspect of cost containment is the relationship between the hospital and the other healthcare centres. It is important to reflect on the inappropriate use of hospital. Flexibility and resilience are paramount to address market pressure and contain cost waste.

The ‘Programme’ and decision making is already in place when the design team starts working on a project. Commissioning (validation) cost should be carried throughout all the design phases and should be aimed at minimizing cost by reducing energy cost.

Industrialization is changing and its renewed potentials must become integral to the design and construction process. Industrialization and BIM can contribute to reduce cost? How can we maximize initial capital cost to reduce functional cost that have a greater impact? Should Acute Hospitals outsource all their services or should the Hospital produce all these services and make a profit?
REFLECTIONS AND QUESTIONS

When should feasibility study start and when should be encompass?

What does a hospital do to raise the social capital?

How to address the efficiency of the hospital in relation to its size, typology, cultural context?

When should feasibility study start and when should be encompass?

In-Use cost needs to be taken into consideration at feasibility stage.

How to generate an income from the hospital?

Resources and technology play a major role and have a great impact on manpower.

The feasibility evaluation and cost evaluation in the Feasibility Study is a strategic phase of decisional process.

Predictive costs are never the same as the final costs: how to face this problem?

Prof. Arch. Romano Del Nord

METHODOLOGICAL APPROACH

There are 3 levels of costs - social cost, operating cost and initial cost - and for each level it is important to define the main factors and the relevant strategy.

Level of social cost is more difficult to define both in terms of measuring strategies and results. Decision makers should be made aware of the social context and of its specific aspects.

The importance of finding recommendations within the 3 levels that can be useful globally (from the most developed to the less developed countries) is strategic to achieving the objectives.

The general aim is to CONTROL the cost NOT containing the cost. To this end the point is: which decisions need to be taken at the level of feasibility study. Which information and which decisions need to be provided and addressed.
It is important to define the “value of knowledge” and to draw a MATRIX (road map) that fosters innovation.

The aim is to identify a MATRIX that prioritize items and gives an order to these concerns.

The goal is to share the knowledge and make it available to everyone.

The log term goals are to disseminate good practice and find a funding mechanism to keep improving in the future.
## NEXT STEPS

**Next targets:**
Defining how to involve the members of both Institutions in this research. To this end it is necessary to inform all PHG and IHF members.
How can we move forward to develop the road map?
It is important to give members specific tasks.

**As far as deadlines:**
Define the publication project/Open source knowledge

**Potential Sponsor and/or Partnering Organization:**
- Pharmaceutical companies
- Construction companies
- International Federation of Hospital Engineers
- Saudi Arabia
- European Investment Banks

**Phase 1:**
August - November
Presentation of the program to UIA-PHG in Durban
Presentation of the program to IHF leadership in November

**Phase 2:** by end of year
Proposal (or white paper) to include:
- Abstract
- Problem statement
- Proposal of summary statement
- List of Promoters and interested members (individual and organizations)
- Outline/Table of Contents of Final Document
- Methodology and project Schedule
- Project budget
- Bibliography of supporting literature

**Phase 3:** book, series of white papers, and/or online document(s)