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Implementation of Norwegian Experience to Slovenian Hospital Sector

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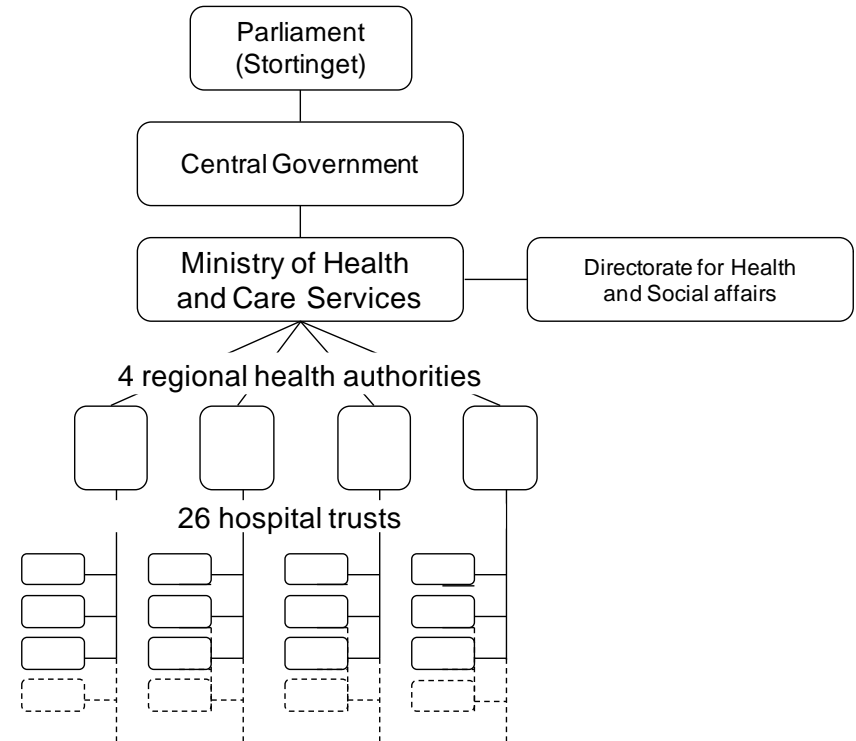
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Outline

- Background
 - Norwegian and Slovenian Hospital Sectors
- The Implementation Project
 - Objectives and Approach
- Results:
 - MultiMap – method and tools
 - Examples
- Discussion and conclusion

The Specialist Health Care Service in Norway



- Basic funding (60%) + activity based funding (40%)
- Totalt budget: approx. 103 bn (13,5 bn €, approx 2700 € per inhabitant)
- Approx. 95.000 per man-year

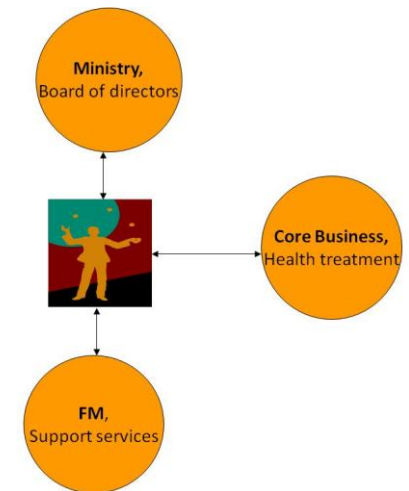
- Value of the building portfolio is approx. 80% of the accounting balance
- Close to 5 mill m2 (per 2008)

The Specialist Health Care Service in Slovenia

- Health sector divided in three levels
 - 58 Health centres, one in every municipality / communes
 - 10 General public hospitals, one in every region
 - 2 Clinic centres (Ljubljana and Maribor)
- Budget
 - 1.222 bn €
 - 561 € per inhabitant (Norway: 2700 € per inhabitant)
 - App 55 % of State budget
 - App 22.034 man-years
 - App 52,25 bn € goes to investments and FM

Challenge

- The health sector is the most costly sector in all nations
- The health sector is rapidly changing due demographic change and new technology within health treatment
- FM has the possibility to act as a strong contributor to cost-effective health operations
- Buildings dated from different periods (1880 – 2010)
 - Transformation of the building portfolio in line with the development of the health care services is necessary.
- Extraction of information from buildings portfolio for decision making in the strategic process



Challenges based on current situation

- Transfer the best practice of sustainability within the FM industry
- Describe parameters relevant to buildings usability and adaptability
 - Performance of desired activities, capacity, sufficient design (plan, room size and form, traffic area), equipment, indoor environment, technical condition, adaptability etc
 - Performance on physical parameters

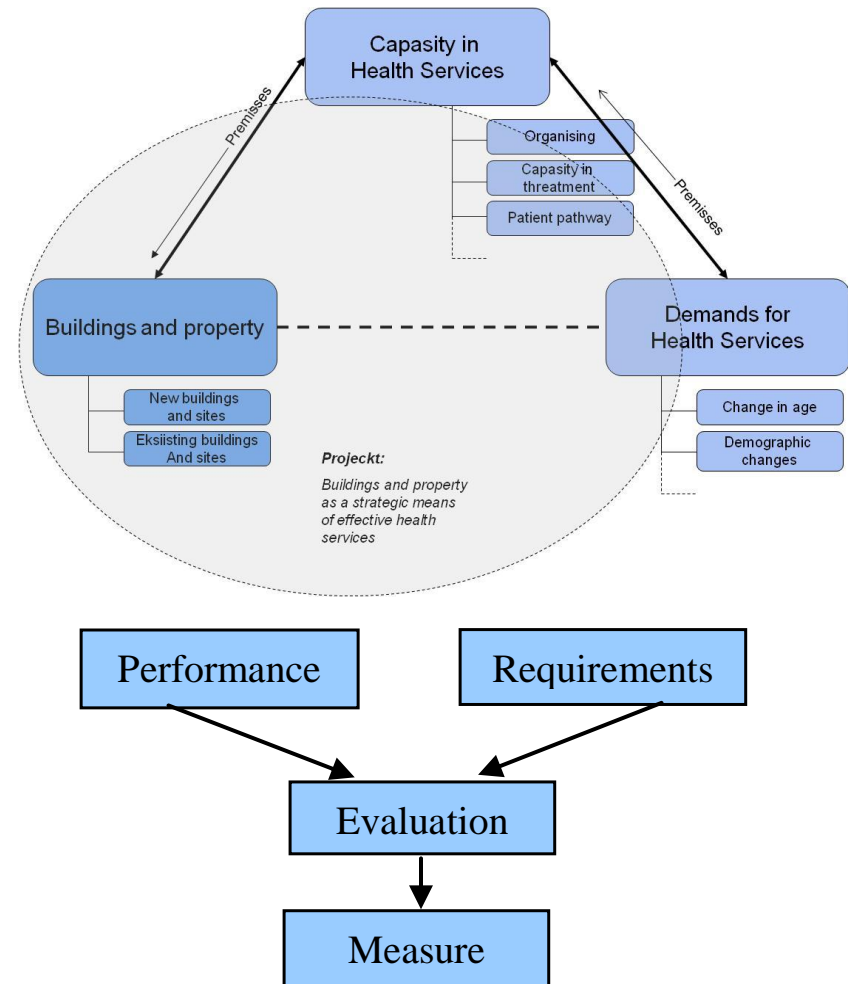


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Objectives and approach

- Examine possibilities to implement methods and tools to
 - provide information for strategic planning
 - Get a platform for transformation
 - See if the Norwegian models are applicable to Slovenian context
- Approach so far (last 8 months):
 - Meetings and workshop for introduction of models and tools
 - Comparison of hospital structure
 - Clarify needs for improvements



Implementation

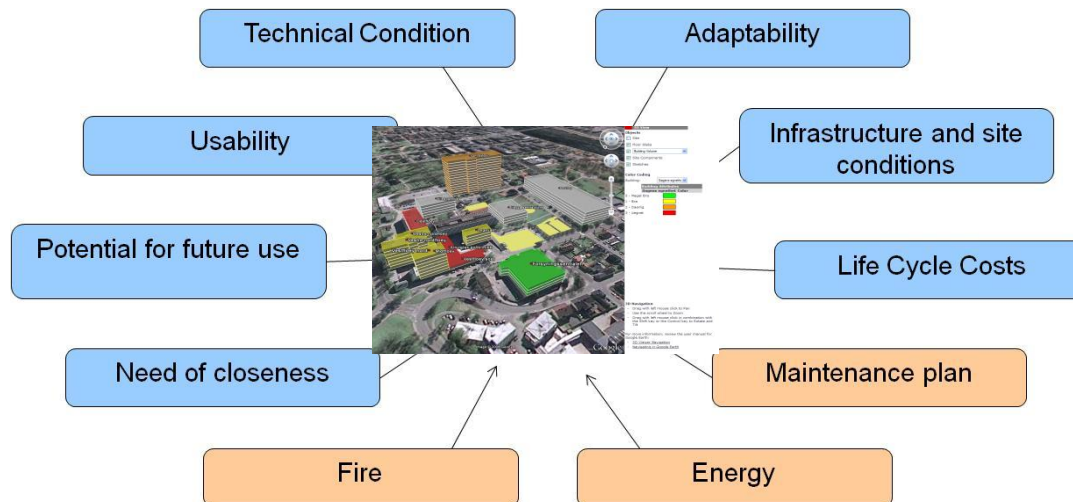
- Establish cooperative partners
 - University Medical Centre Ljubljana, GEA-College and Multiconsult
- Form an organisation for the implementation
 - Steering committee (hospitals, ministry ++)
- Clarify classification systems
 - Essential for the tools to get extracted information
- Training of people for the future system
 - Should train the assessment people at the hospitals

Implementation

- Choose a pilot hospital as a starting case
 - Variety of health functions and building stock
 - Develop helping matrixes adapted for Slovenia
 - Assessment process as in Norway.
 - Workshop with hospital responsible based on helping matrixes
 - Assessment of grades as input
 - Table and structured info from the input
 - Reports with suggested actions
 - Lessons learned

Implementation

- Establish assessment plan
 - All hospitals based on experience from pilot hospital
- Summing up report
 - Report with extracted data



Helping matrixe

Part 1 Each main function/organizational unit

	SCORE 0	SCORE 1	SCORE 2	SCORE 3
FUNCTIONS, CAPASITY AND AMOUNT OF SPACE				
Functions (core activity)	The facilities house the support functions the core activity needs in order to operate effectively, now and in the known future. no complaints from users (staff, patients).			The facilities does not house the functions the core activity needs in order to operate effectively. Many essential functions located in other facilities/buildings. Negative effect on productivity and efficiency. Lot of complaints from users (staff, patients)
Support functions for the core activity (storage, offices etc.)	The facilities house the functions the core activity needs in order to operate efficiently, now and in the known future. no complaints from users (staff, patients).			The facilities does not house the functions the core activity needs in order to operate efficiently, many essential functions located in other facilities/buildings. Negative effect on productivity and efficiency. Lot of complaints from users (staff, patients).
Capacity/amount of space	The unit has sufficient space in order to maintain the desired productivity and efficiency.			Acute need of more space in order to obtain required productivity and efficiency.
LOGISTICS				
Distance/closeness	Distance to other functions that is often used is short. no negative effect on productivity and efficiency			
Use of resources for transport				

FUNCTIONALITY - INTERNAL LOGISTICS				
Parameters	Grade 0	Grade 1	Grade 2	Grade 3
Functions	The facilities contains the functions the organisation (user) needs, now and in the known future. No complaints from users.	The facilities contains to a high extent all necessary functions the users need in todays situation.. Only small amount of functions located in other facilities/building.	The facilities lack some essential functions, resulting in regularly use of other facilities/buildings.	The facilities does not give room for necessary functions. Large amount of essential functions located in other facilities/buildings. High amount of complaints/dissatisfaction from users.
Area/space	Suffisient area (m2) to support necessary functions satisfactorily, now and in the known future.	Suffisient area for todays functions.	Amount of space (m2) is little. The spaces is small and well suited for the different functions. Low space/area efficiensy.	Acute need of more space in order to perform necessary functions.
Design and shape	Design and technical solutions is a very good support to the core activity, today and in the known future. The internal logistics is good and the core activity can operate effectively.	Design and technical solutions is a good support to todays core activity. The internal logistics is good and does not hinder effective operation for the core activity.	Design, shape and technical solutions is inexpedient. Essential functions is ineffecively located.	Design and technical solutions is inexpedient. Internal logistics is bad and results in ineffective operation of the core activity.

Results and Discussion

- No adequate tools such as MultiMap is available in Slovenia
- MultiMap open a better and more transparent way to communicate lots of data
- Finding correct information can be a challenge
- Methodology from Norway meets the criteria's defined as primary objectives
 - Examine possibilities of implementation to Slovenian context
- But, a tool is just a tool, results depend on how it is used

Conclusions

- The Norwegian methods and tools is found to be relevant
 - for use in Slovenia with adjustments
 - and useful for strategic planning and feasibility studies
- Cooperation between Norway and Slovenia within hospital sector will be continued
- Funding has to be found followed by the steps of implementation mentioned

Thank you for your attention

