



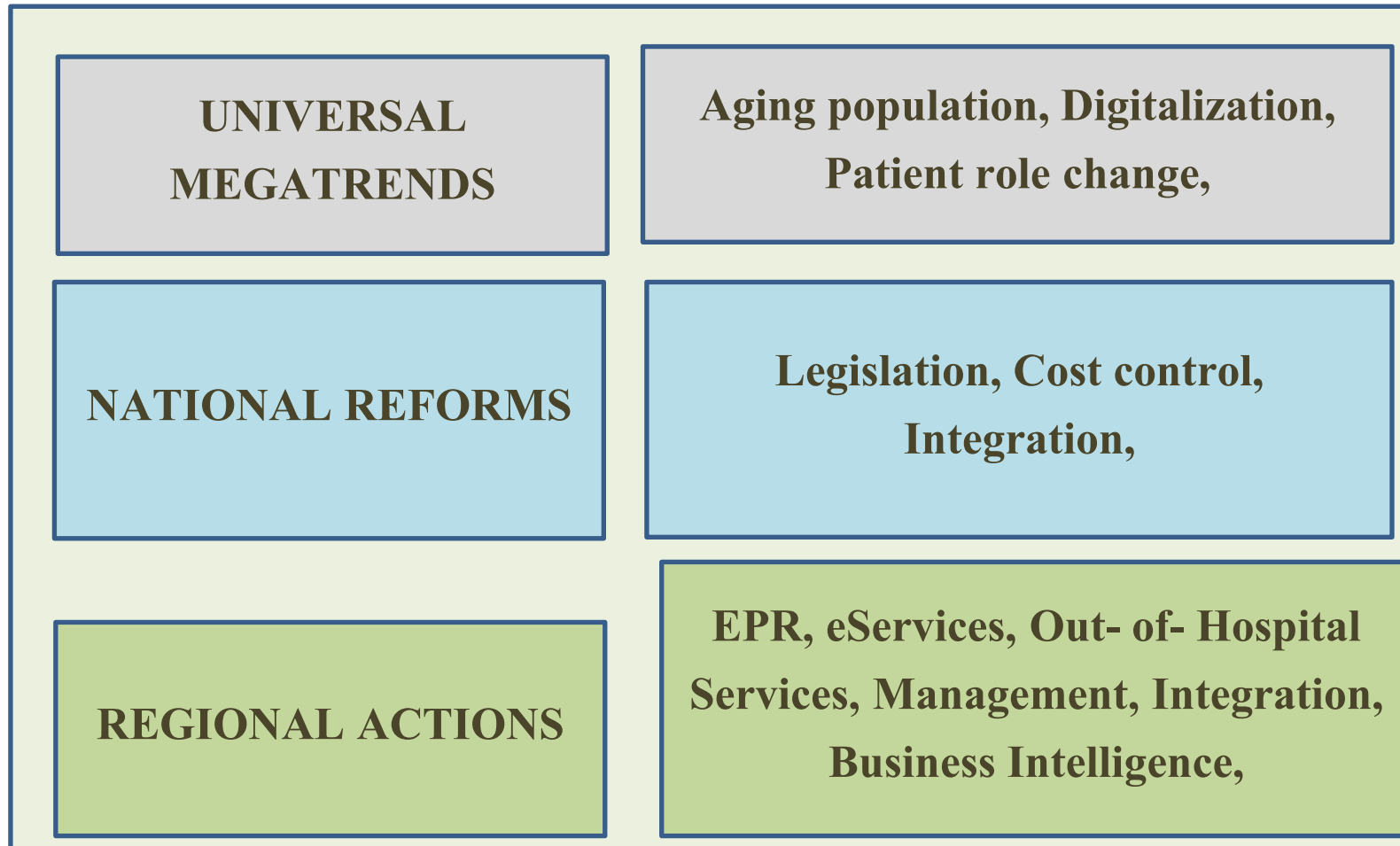
## **EuHPN 2016 Workshop in Madrid**

### **A new model of emergency care in Finland: what happens to buildings**

**Pentti Itkonen PhD,  
CEO**



# Universal "triple" agenda



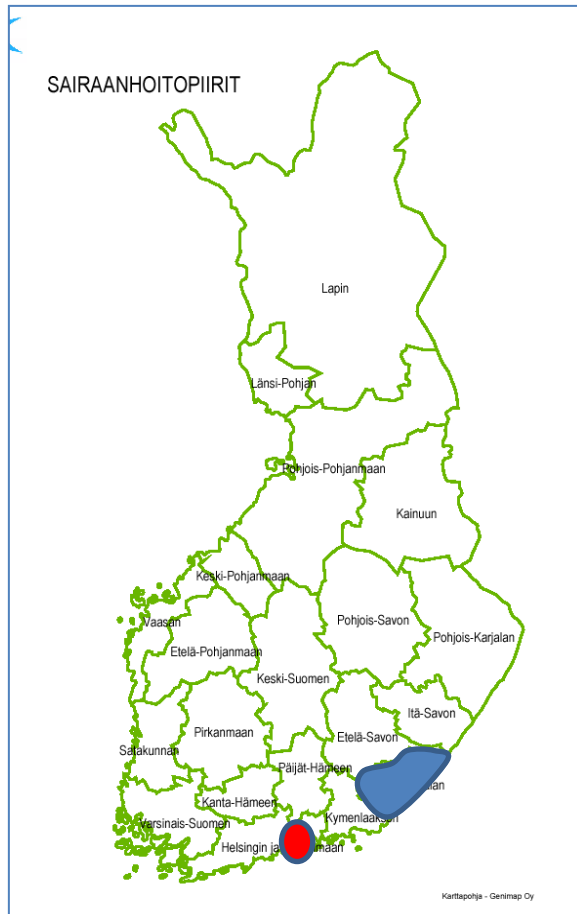
# The Finnish Social- and Healthcare Reform

- Finland will be divided in eighteen regions each having a central hospital;
- All social- and healthcare services in the region will be integrated;
- One political council is responsible for organizing the services;
- The financing comes from the state;
- Many big questions are still open:
  - More competition, patient's choice, cutting costs

# The South Karelia Social and Healthcare District



## Responsible for the whole Social and Health Care in the South Karelia Region



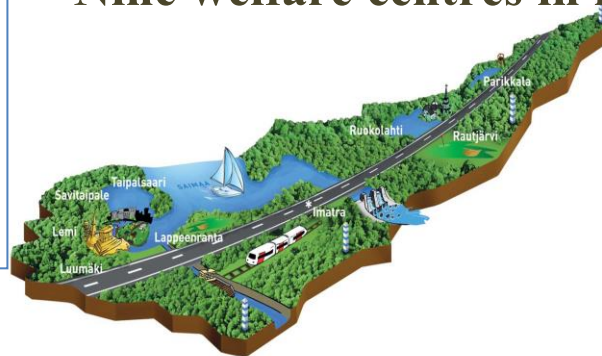
**Population** 132.000

**Budget** 450 M€

**Workers** 4600

**One acute hospital** 280 beds

**Nine welfare centres in municipalities**





# European Health Property Network

## Strategy – “out- of –hospital” services

## Vision and management system





# From the hospital to the living room



50-60 YEARS



**Digization:**

**DIGITAL SERVICE  
DESIGN**

**DIGITAL  
DECORATION**

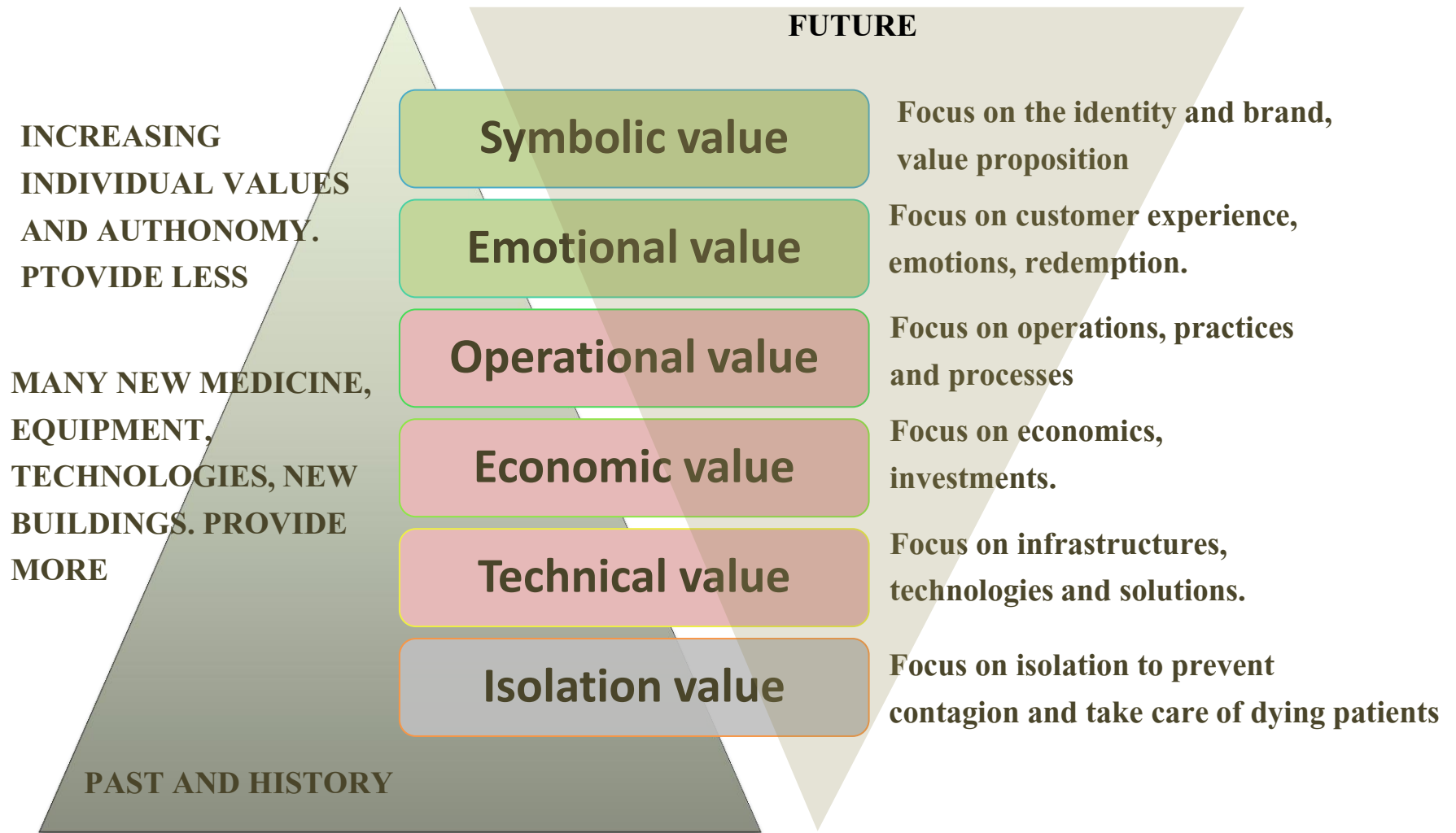
**ETHICAL AND  
ETIC THINKING**

**GREEN AND ECO  
DESING**

**MEANING OF ART**



# From isolation to customer value



# The main parts to create out- of- hospital services



- **The vision**
  - Only those patients go to the hospital who really benefit the hospital care.
- **Integrated organization structure**
  - Integration of structures and clinical practice around the full cycle from the acute hospital all the way to homecare. Management mandate.
- **Data analytics model**
  - Measurement of health outcomes by disease, procedure or by segment of the population.
- **Incentives to provide more value**
  - Measuring health outcomes the reimbursement system is based on more values than reward those providers, public or private, who shift costs and bill for more services



# Social- and Health care outcomes measuring in EKSOTE region



- To measure health outcomes is possible in EKSOTE region, because every Finnish resident has a personal identity code.
- This means that the measuring system has unique personal identifiers to link multiple sources of data- such as episodes of care, visits, costs, labor input and compensation that currently exists in multiple databases.
- The possibility of linking the various data sets in this fashion has the potential for creating a holistic view of outcomes and system costs, both direct and indirect, across the entire care-delivery pathway.

# “Out- of- hospital” service measuring

- Do customers come back to other services?
- Where are customers after certain period of time?
- What is the service utilization and costs of different customer groups and are there any changes?
- How the customer groups care/service pathways have gone (processes)?
- Aid in decision making: What are the options and what are the effects (to customer and costs) on longer term?
- With current data it is possible to form and follow up tens of thousands of customer groups

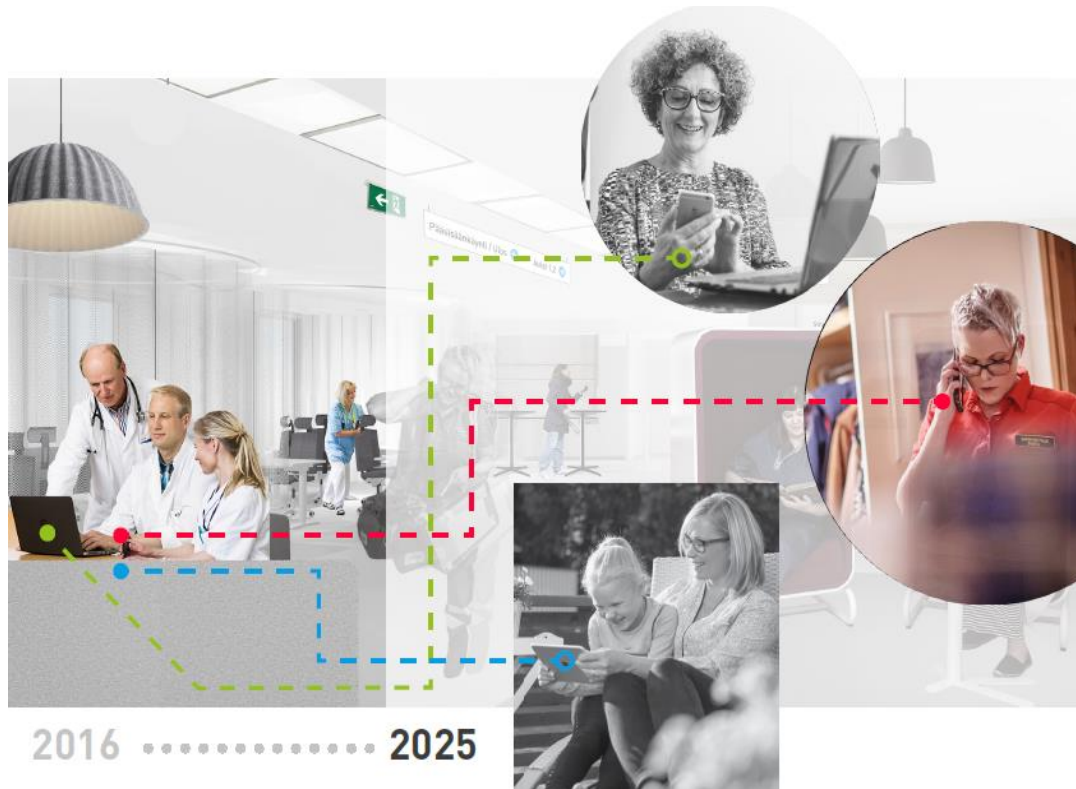


# European Health Property Network

- Examples of out of hospital services:

<https://youtu.be/w4aasiZLY9Q>

# Impact to the hospital design

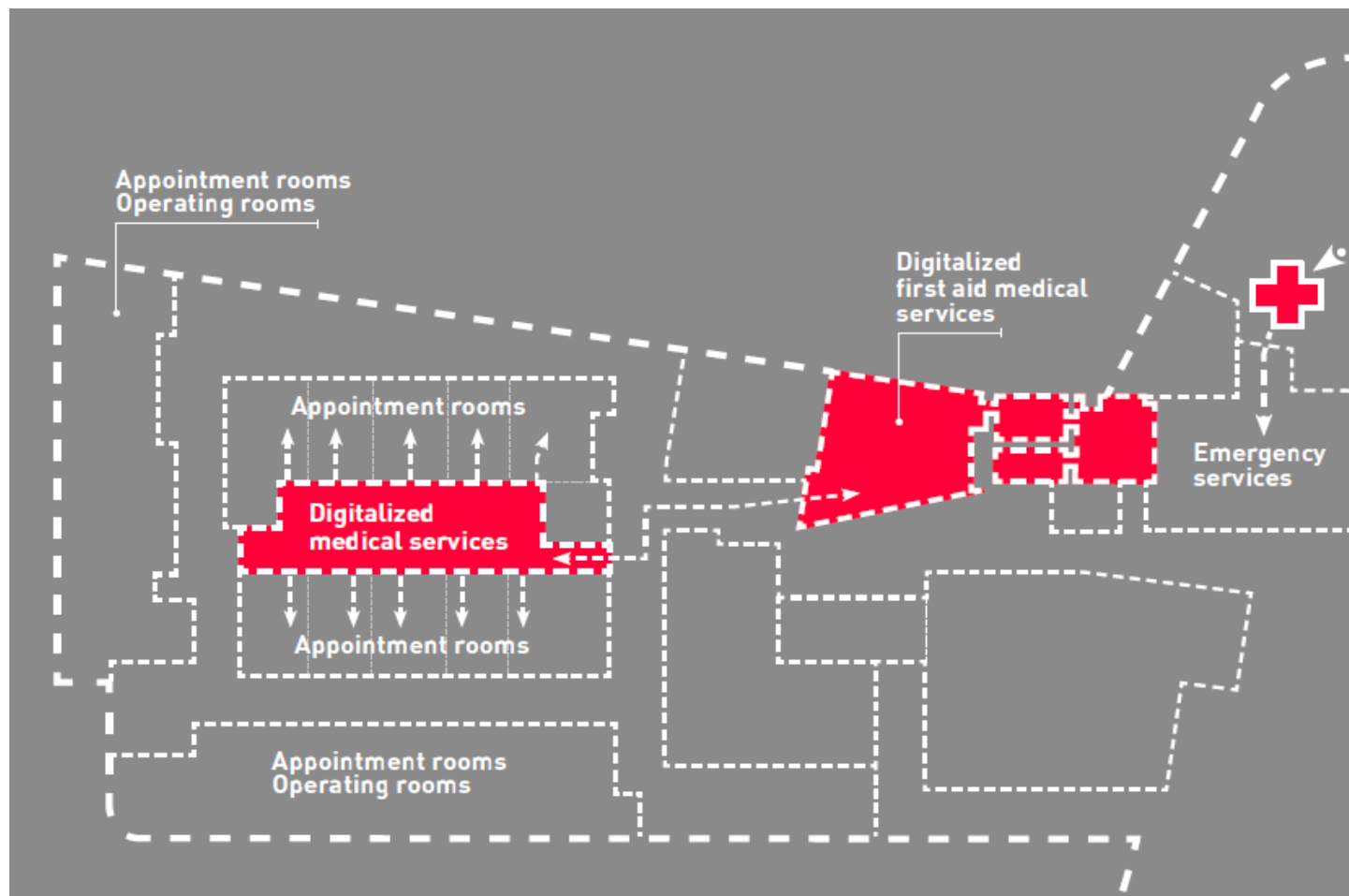


In 2010 Social- and Healthcare Facilities in use 90.000 m<sup>2</sup>

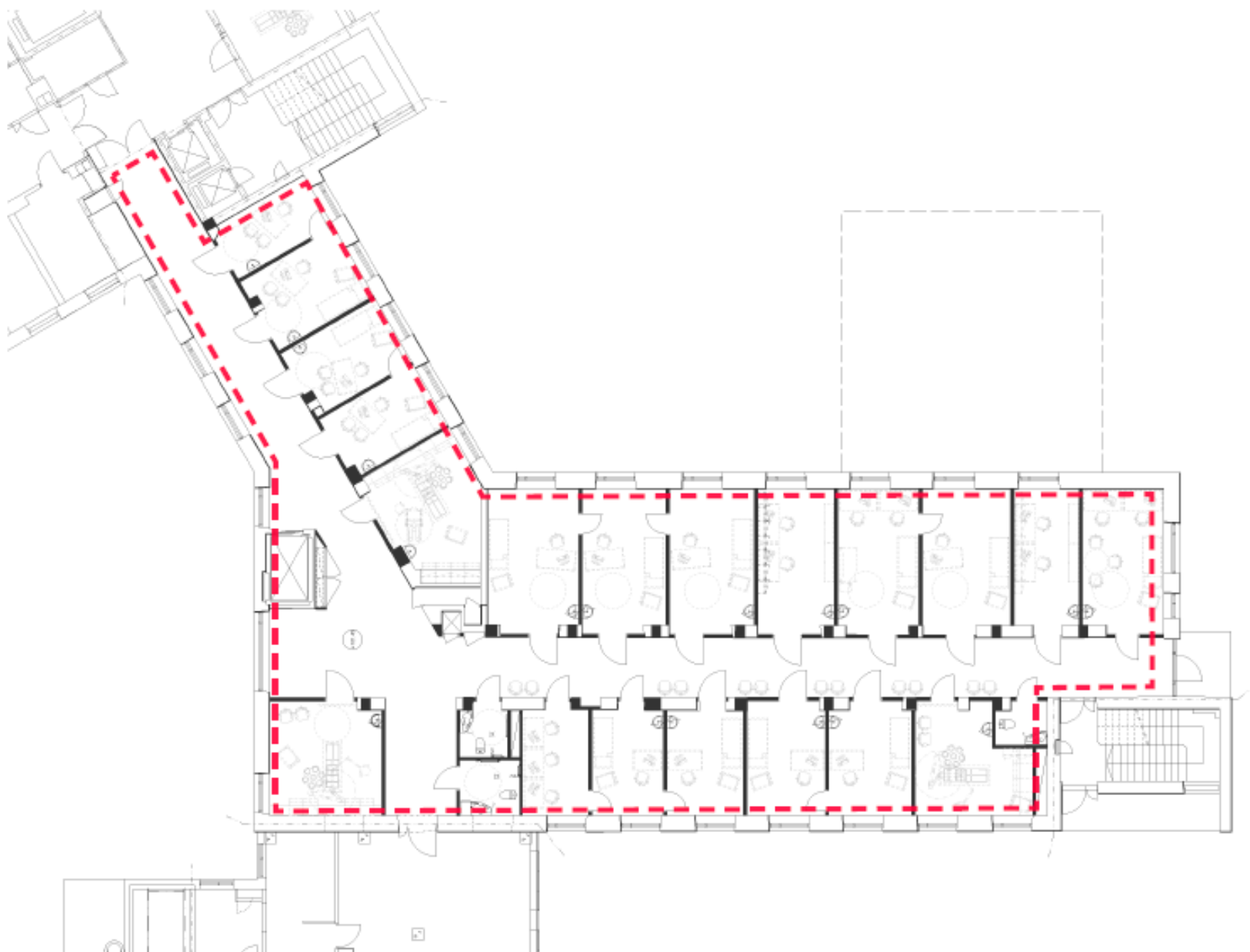
In 2016 Social- and Healthcare Facilities in use 60.000 m<sup>2</sup>.

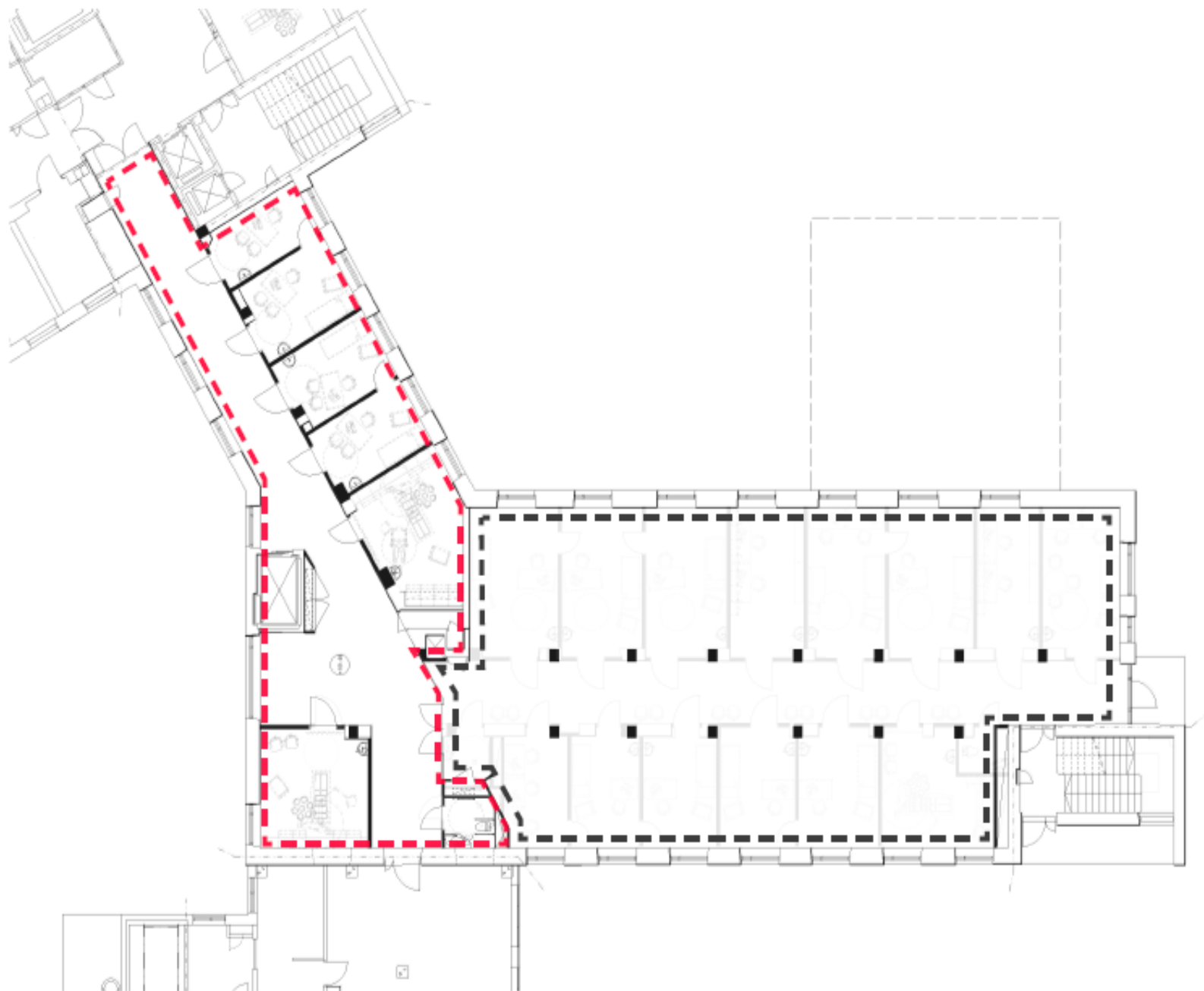
House for Children and Youths collected services from eleven different addresses.













2016 ..... 2025



# ***Out-of-Hospital Services***

***Hospitals have taken the ancient role of the castles. They are the centers of their own region. The lord of the castle is planning expansion and new parts of the castle. But what happened to castles when the humble subjects became more independent and autonomous? So many empty castles. Is the fate and the future of hospitals similar to castles?***

# Thank you

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