The Hospital in the Year 2050

Let us dare to take a look into the future: what might hospitals look like in 2050? Our suggested picture is broken down into four aspects: the procurer (the healthcare system), the operator (the hospital company), the building and installations (the hospital site) and the consequences for the user (the patient).

The healthcare system

- The public sector will have withdrawn from the operative hospital business to focus on its role as procurer and regulator. The conflicts between roles that are familiar to us today will have been resolved.
- The public sector will issue invitations to tender for the services and will call for bids in a competition among health networks that operate on an integral basis; bidders will be granted concessions to provide healthcare services.
- The healthcare networks will no longer be paid to treat illnesses but instead, to maintain the health of their customer base. The incentive is shifted from repairing to maintaining health.

The hospital company

- Some public hospitals will have private minority shareholders while others will have been sold in their entirety to private players.
- The hospital properties will belong to hospital real estate companies that operate on a national (and in some cases international) scale. Some of them are exchange-listed.
The hospitals will be grouped together into national healthcare networks, offering integrated services at all levels of the healthcare system.

Hospitals will focus on outpatient treatment. Outpatient services will account for three quarters of turnover. It will no longer be the case that inpatient business is more rewarding than outpatient business.

There will no longer be any local hospital companies with only one facility.

The hospital site

- Hospitals will resemble towns, with their own residential accommodation, shopping and leisure facilities.
- External third parties (such as logistics companies) will handle most of the support services that are still provided by the hospital companies at present. They will deploy cutting-edge logistics systems to operate driverless deliveries to the precise storey of the building where the consumers are located. Orders for materials will be triggered, bundled and delivered automatically. The logistics specialists, not the hospitals, will be responsible for inventory management.
- Hospitals with large sites will focus on their core areas of expertise and operate portals close to the locations where users reside.
- Numbers of patients and visitors on the site can be reduced by network organization. Traffic loads on sites can also be reduced.
- Various service providers will operate in one healthcare centre on the hospital site.
- The hospital buildings will be occupied by different users. The single-tenant approach on hospital sites will have become obsolete.
- Hospital sites will have increased in area, but their utilization will be multifunctional.

The patient

- 90% of the accommodation in a typical acute-care hospital will consist of single rooms.
- Patients can be monitored remotely from outside the hospital site, so the monitoring function is independent of the location of those performing it.
- Thanks to sophisticated communication instrumentation, 30% of patients will not be located in a hospital or clinic building for their treatment, but at home. This enables the healthcare networks to save on costs, so their customers benefit because premiums are lower.
- As a result, there will be a major reduction in the numbers of beds. Only serious cases are accommodated in the wards.
- Robots will have filled the gap caused by the chronic shortage of staff, and they will be omnipresent.
- There will be fewer hospitals – but thanks to the portals located close to users' homes, the reliability of the healthcare service will not suffer.
Summary

It is difficult to predict what hospitals will look like in 2050. But hospital buildings should certainly have one key characteristic: they must be usable for different purposes, so they must be convincingly flexible. One of the major challenges in hospital planning will therefore be to examine the possibilities for change with 'built-in' flexibility – and to turn those possibilities into reality.

As in a theatre, the shell of the building will remain in place wherever possible, but – just as the stage set in a theatre is rebuilt between performances – the 'stage' in a hospital will be rebuilt with every change of use.

To provide its services efficiently, a hospital depends on being able to adapt its buildings and installations as well as possible to the requirements that arise from the processes performed. In 2050 too, hospital buildings should ultimately be able to provide the best possible support for the hospital's business operations, and should make it possible for services to be provided efficiently.

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