



Outpatient surgery in hospital – future concepts –

Innovative Krankenhausplanung -
„Rückblick, Aufbruch, Zukunft gestalten“
25. Juni 2025

Est. in 1974

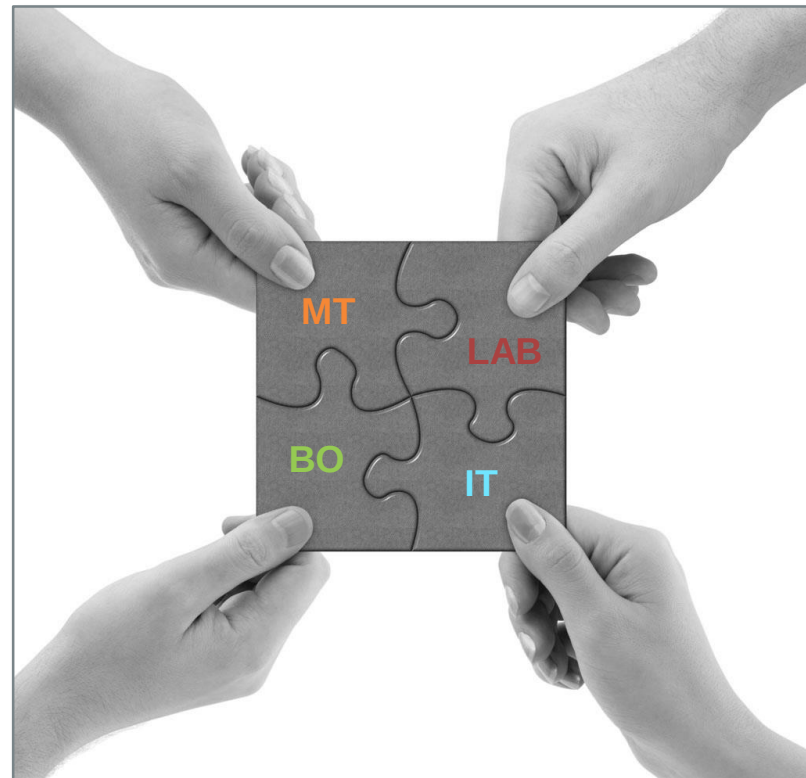
currently over 6 employees

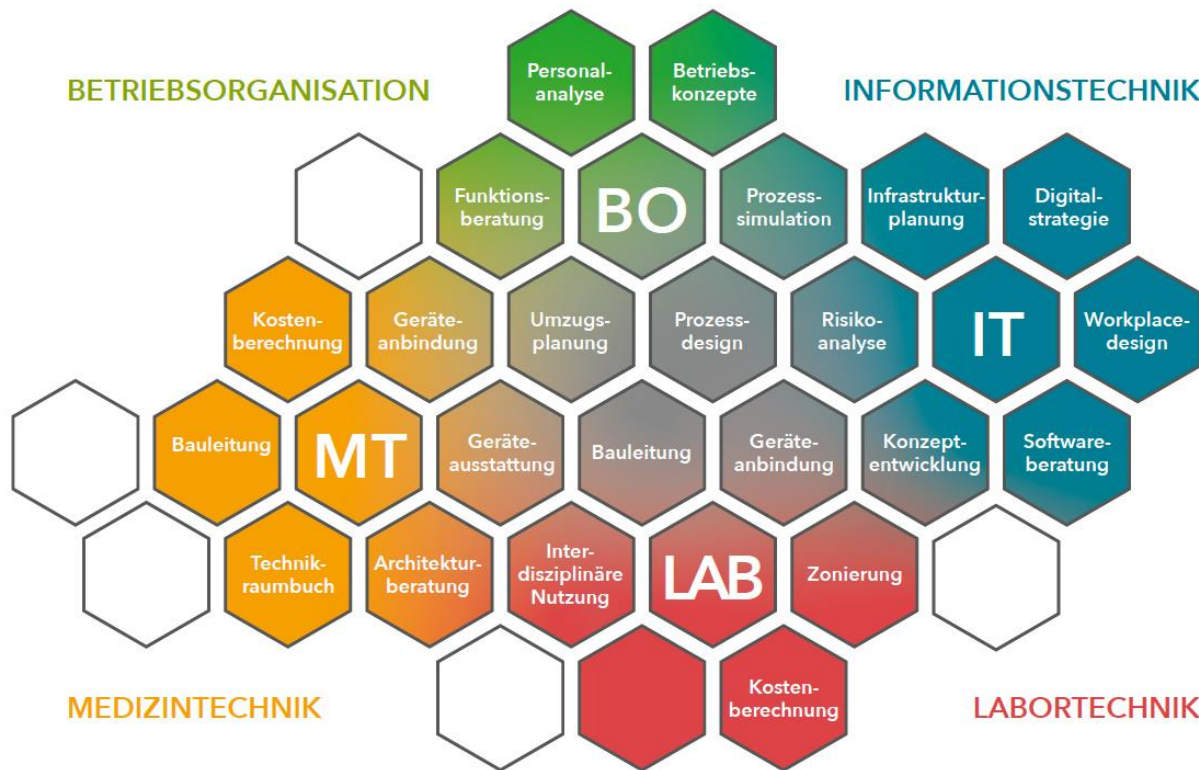
Specialists

graduate engineers and state-certified technicians specializing in medical technology, interior designers, health economists, health and nursing staff, graduate physicists, IT specialists...

over 750 projects realized

in germany and abroad, every 6th hospital has already been supported by HT in projects







Universitätsklinikum Augsburg
Neubau Bettenhaus
BGF 22.000 m²



Universitätsklinikum Erlangen
Neubau Operatives Zentrum
BGF 36.000 m²



Gesamtklinikum Schaumburg
Gesamtneubau
BGF 49.000 m²



Universitätsklinikum Aachen
ZOP Neubau Abschluss LPH 3
BGF 30.000 m²



Klinikum der Universität München
Neubau Eltern-Kind Zentrum
BGF 62.000 m²



Universitätsklinikum Erlangen
NOZ I + II
BGF 34.500 m²



Universitätsklinikum Homburg
Neubau Innere Medizin
BGF 35.000 m²



Universitäres Herzzentrum Berlin
Raum- und Funktionsprogramm
BGF 32.000 m²



Universitätsklinikum Düsseldorf
ZOM II
BGF 47.000 m²



Klinikum der Universität München
Campus Großhadern
BGF 39.500 m²



Universitätsklinikum Würzburg
DZHI
BGF 15.000 m²



Charité - Universitätsmedizin Berlin
Sanierung Bettenhaus, Neubau OP
BGF 80.000 m²



Universitätsklinikum Bochum
Neustrukturierung Funktionstrakt
BGF 37.500 m²



Universitätsklinikum Bonn
Neubau Neurologie / Psychiatrie
BGF 27.000 m²



Universitätsklinikum Göttingen
Neubau Funktionstrakt
BGF 68.000 m²



Universitätsklinikum Erlangen
Masterplan 2030



Kantonsspital Baden
Neubau
BGF 78.000 m²



Kantonsspital St. Gallen
Neubau H07A/B
Ganzheitliches OP-Konzept BO/IT/MT



Inselspital Bern
Neubau Anna Seiler Haus
BGF 70.400 m²



Inselspital Bern
Neubau Organzentrum
BGF 32.200 m²



Neubau Medizinischen Hochschule Hannover
Baustufe 1
BGF 98.000 m²



Universitätsklinikum Frankfurt
Entwicklung BO Masterplan



Städtisches Klinikum Braunschweig
Neubau/ Umbau/ Ergänzung
BGF 86.700 m²



Offenburg NF 36.500 m²
Lahr NF 26.500 m²
Achern NF 13.500 m²

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Concepts

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Planning

04

Examples

*„No acute care, but a plannable and service-oriented services
with significantly higher frequency “*

- **„Ambulant vor Stationär“** - § 39 SGB V
- **AOP Katalog** - § 115b SGB V, Anlage 1
- **IGES-Gutachten** Erhöhung der ambulanten Operationen
- **Hybrid DRG** - § 115f SGB V

Sozialgesetzbuch V



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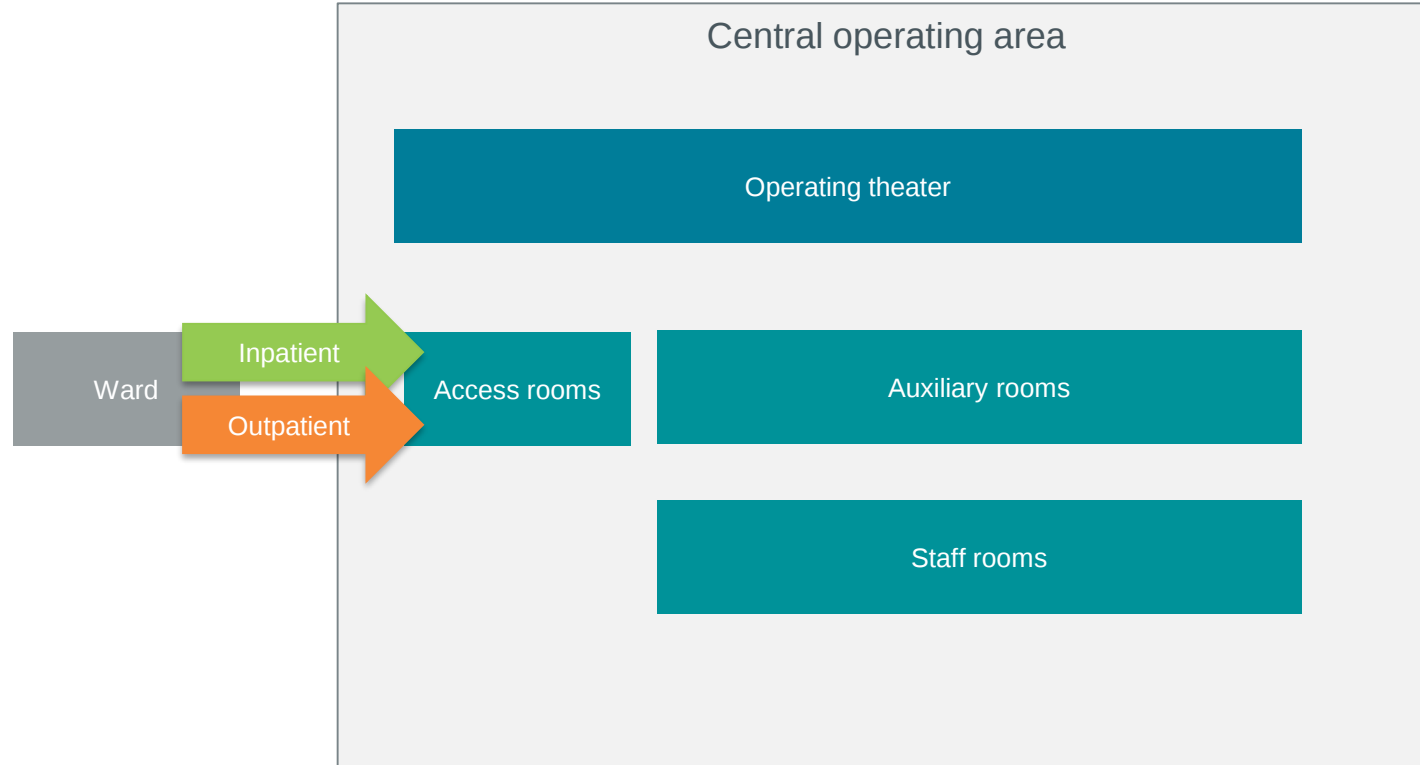
Concepts

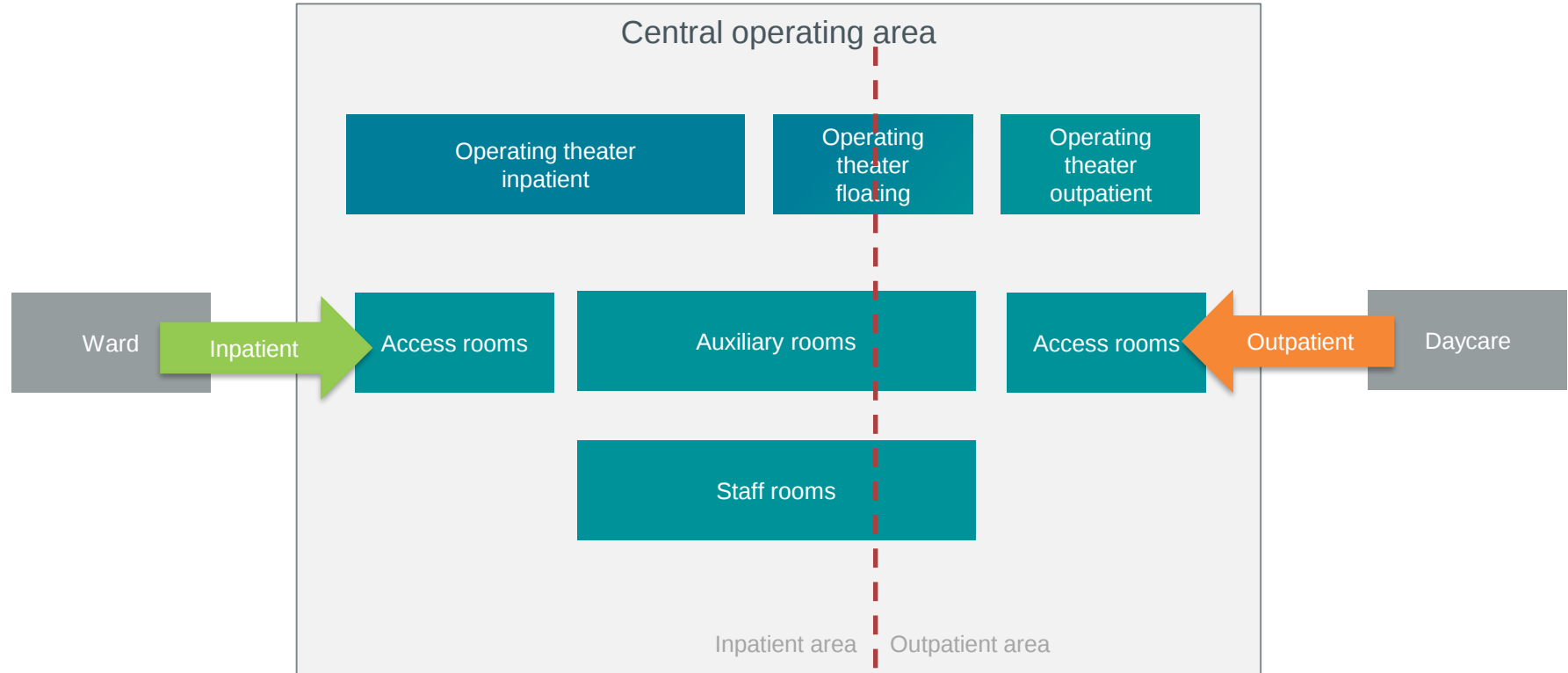
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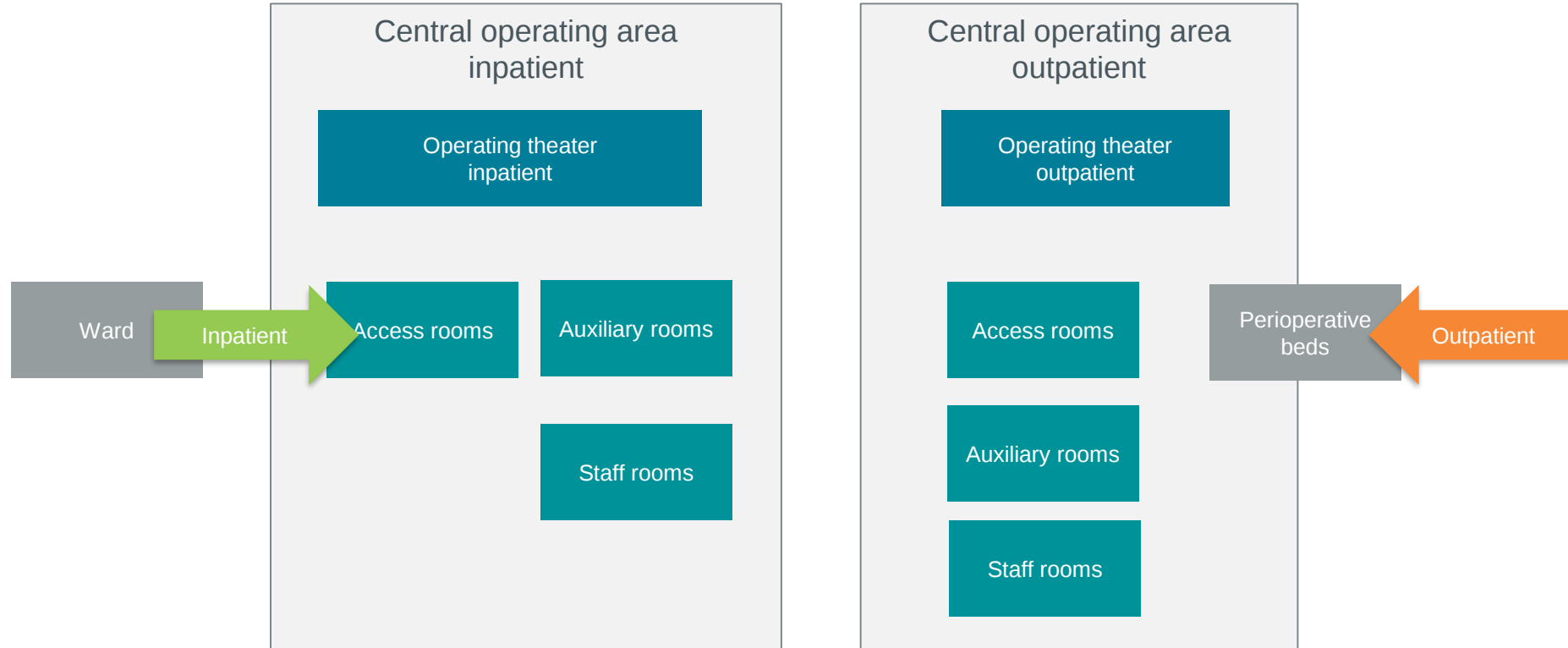
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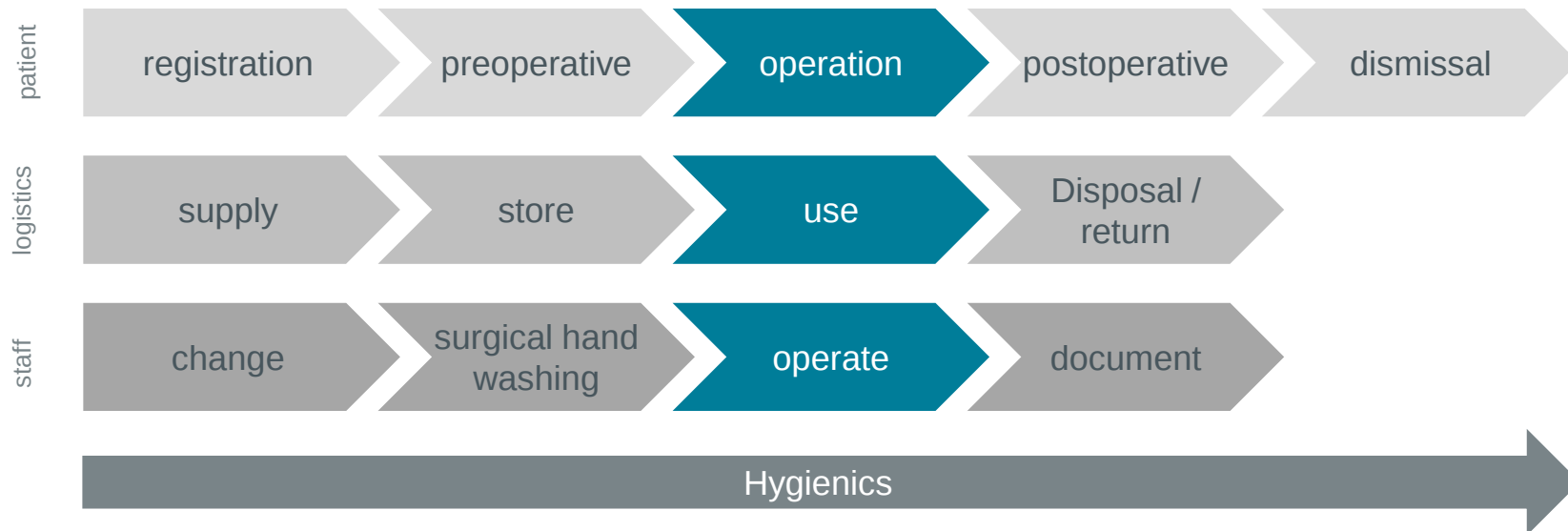
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Examples



- The outpatient is not a classic hospital case - he is a day guest with clear expectations
- Patients are no longer “affected”, but increasingly customers with a choice
 - The choice of facility is increasingly conscious and comparative
 - Patients come informed and with concrete expectations (e.g. online reviews, testimonials)

- Service orientation
 - Ambience → Appreciation (lots of daylight)
 - Service → meal → “That little something special” (snack box)
 - Support at key points → Personal presence (e.g. nursing, service assistance) during admission, discharge, intermediate phases
- Service orientation begins at reception and ends with a structured discharge discussion

➤ Conclusion

- Service orientation, waiting management, ambience and personal support **are not add-ons**, but an integral part of the process architecture (form follows function)



- High cycle times, but buffers → Logistics must be fast, error-free and proactive
- Personnel resources are limited → Logistics systems must compensate for this
- Standardization is a must → Individual special solutions lead to delays
 - Pre-commissioned surgical kits tailored to the procedure
- Digital support for track & trace, OR planning, material consumption, reordering

➤ Conclusion

- Outpatient surgery needs precisely timed, highly standardized logistics processes
- If you don't plan the logistics in Outpatient surgery area, you'll end up failing on small things - and wasting huge efficiency potential.



- success factor
- Different distribution of roles, higher frequency, more service orientation (while maintaining quality) → A high degree of process reliability
- Deploying the right staff
 - OTA vs. certified OR nursing vs. MFA
- Staff must cover more tasks simultaneously → Appropriate qualifications
- Interdisciplinary teams

- Staff shortage: staff recruitment and workplace attractiveness
 - Short distances to the social rooms due to higher frequency
 - Short distances for the surgeon and anaesthetist for the final consultation
 - daylight
 - Own staff locker

➤ Conclusion

- Outpatient surgery needs a personnel setting that thinks differently: standardized, service-oriented, on time
- Outpatient also means: thinking along, supporting, structuring” - the staff are responsible for process quality



- Outpatient surgery does not necessarily mean lower hygiene requirements
 - Attention to interventions
- Sterile supply requirements and personnel hygiene similar to inpatient surgery
- Higher patient turnover, higher room cleaning → Take hygiene standards into account
- Hygiene requirements have structural, logistical and procedural effects

➤ Conclusion

- Hygiene is not easier in the outpatient OR - but more demanding due to the cycle time
- A high cycle time requires clear, hygienically safe processes
- Integrate hygiene into the planning process at an early stage and understand it as an integral part of the operational organization.



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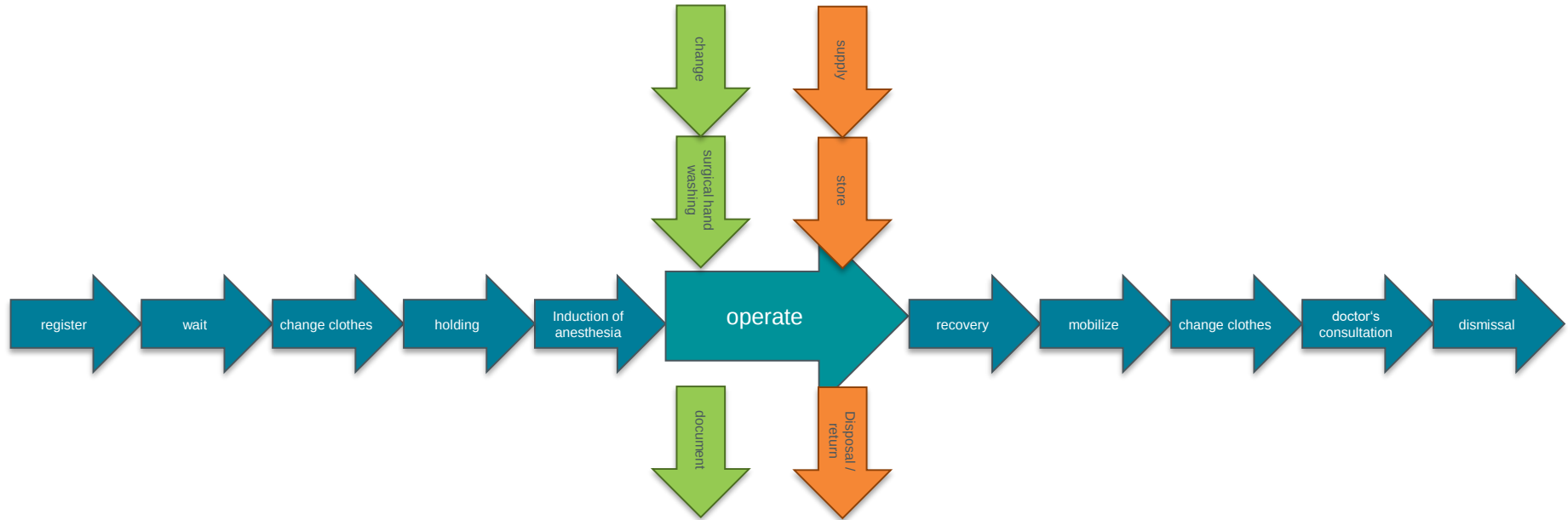
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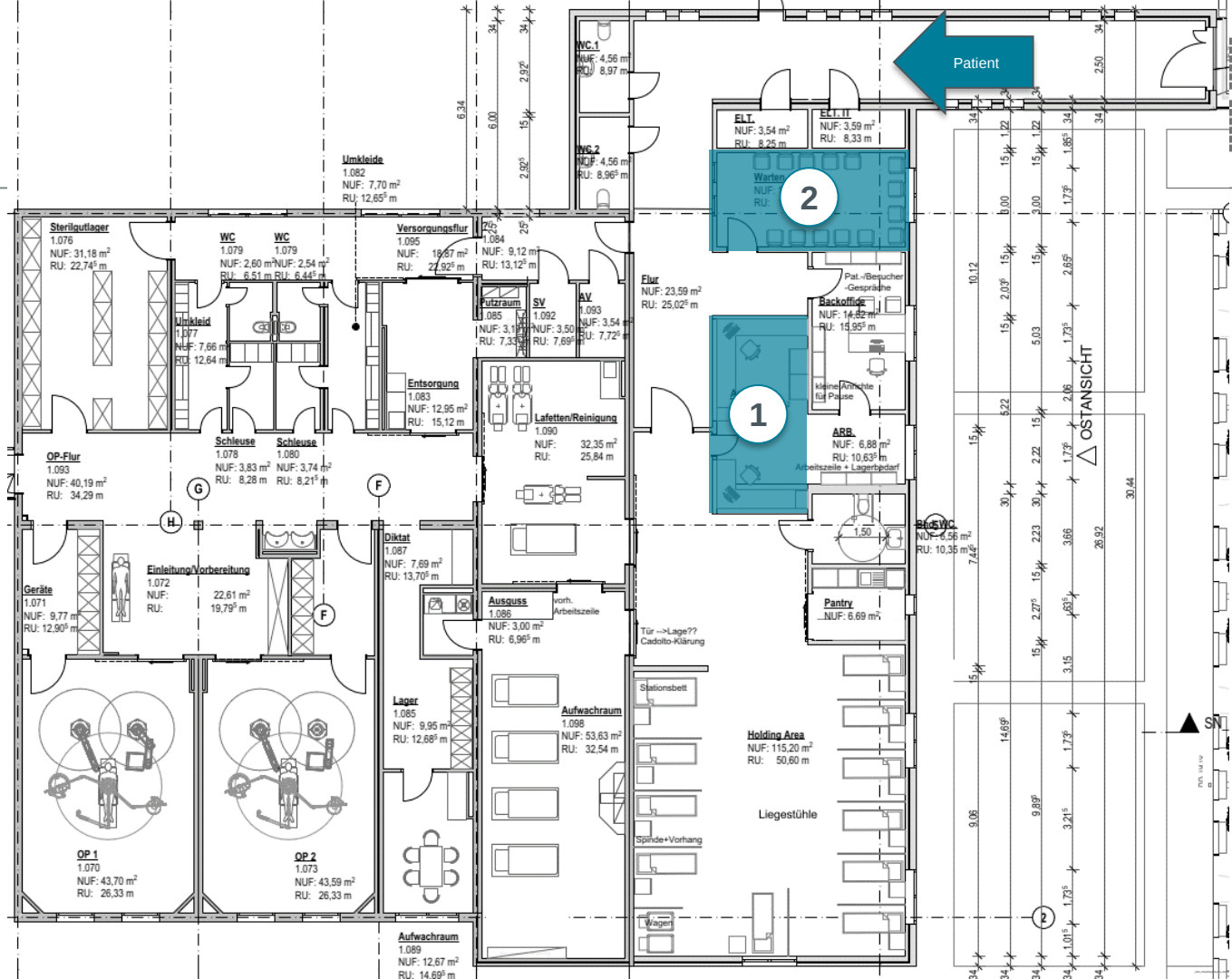
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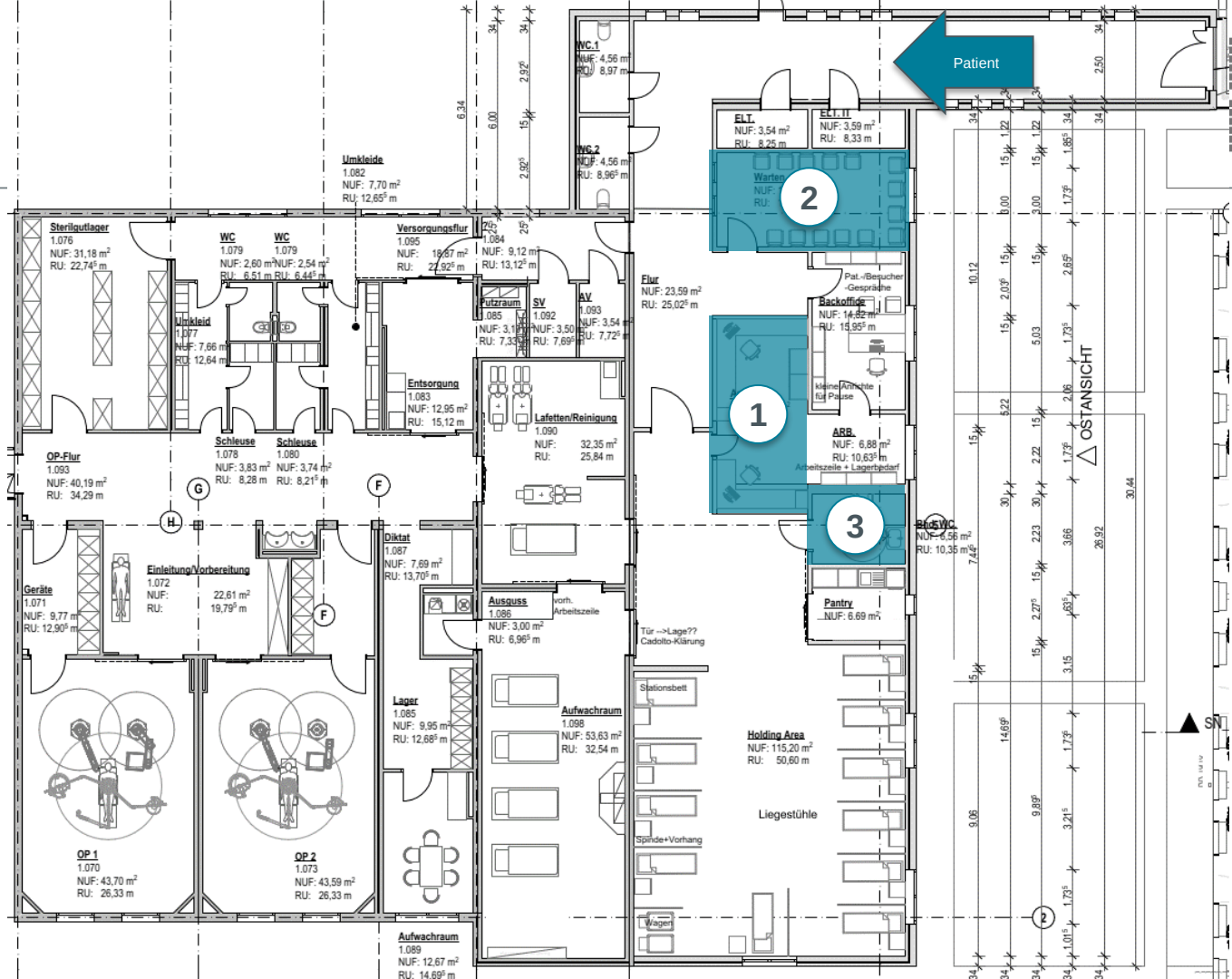
Examples

Examples Processes















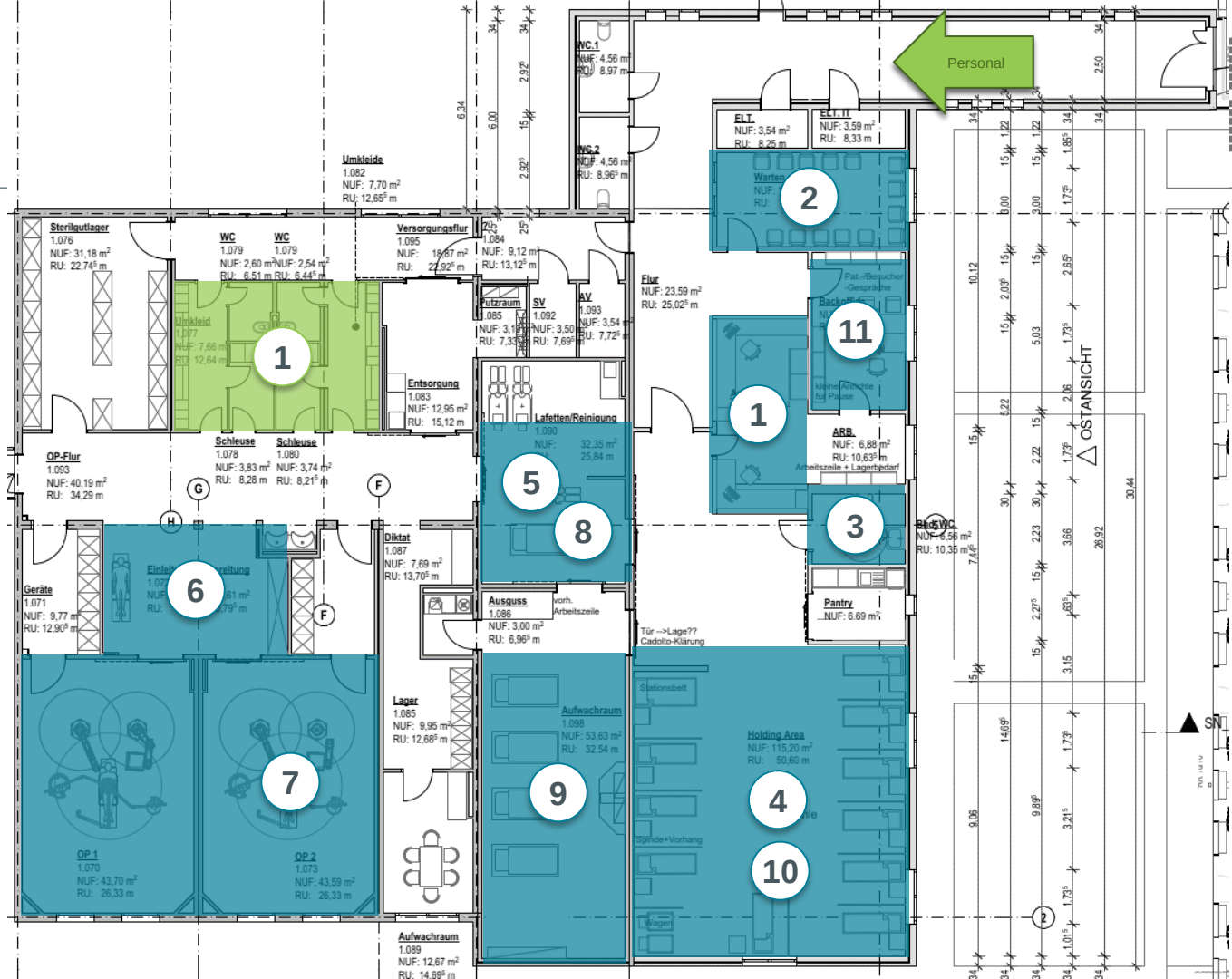












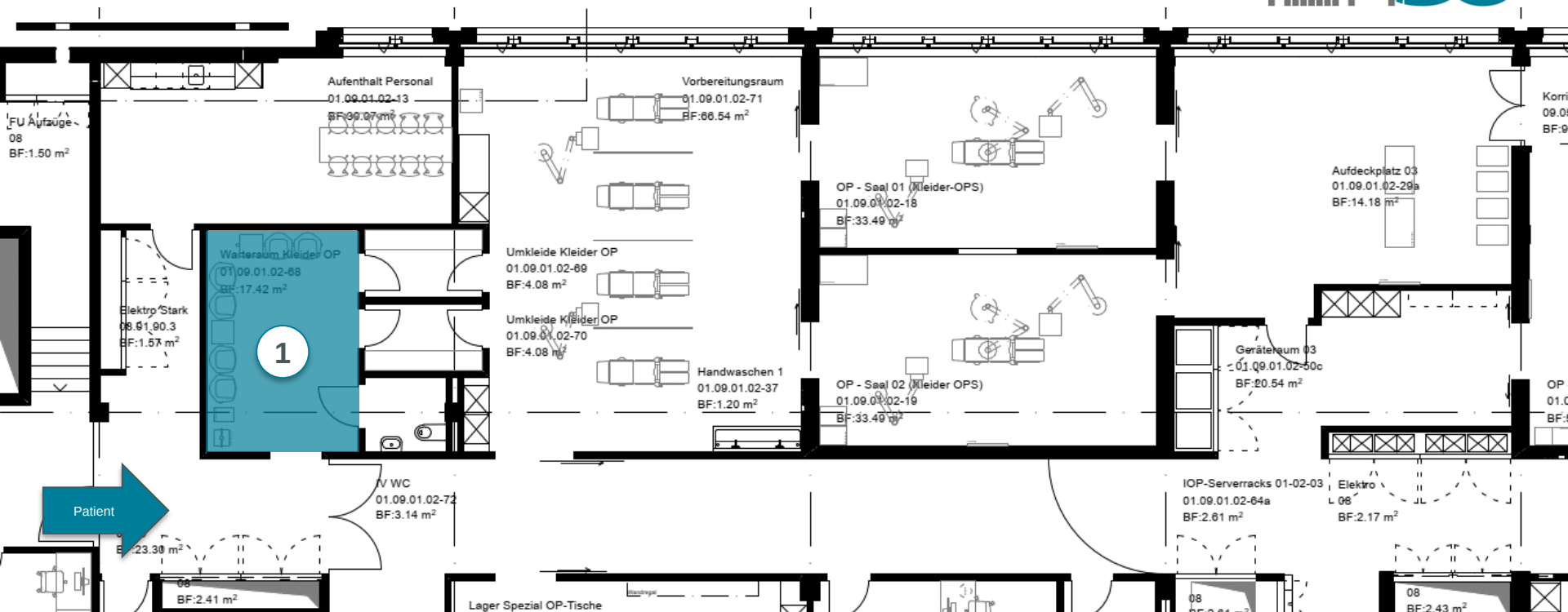


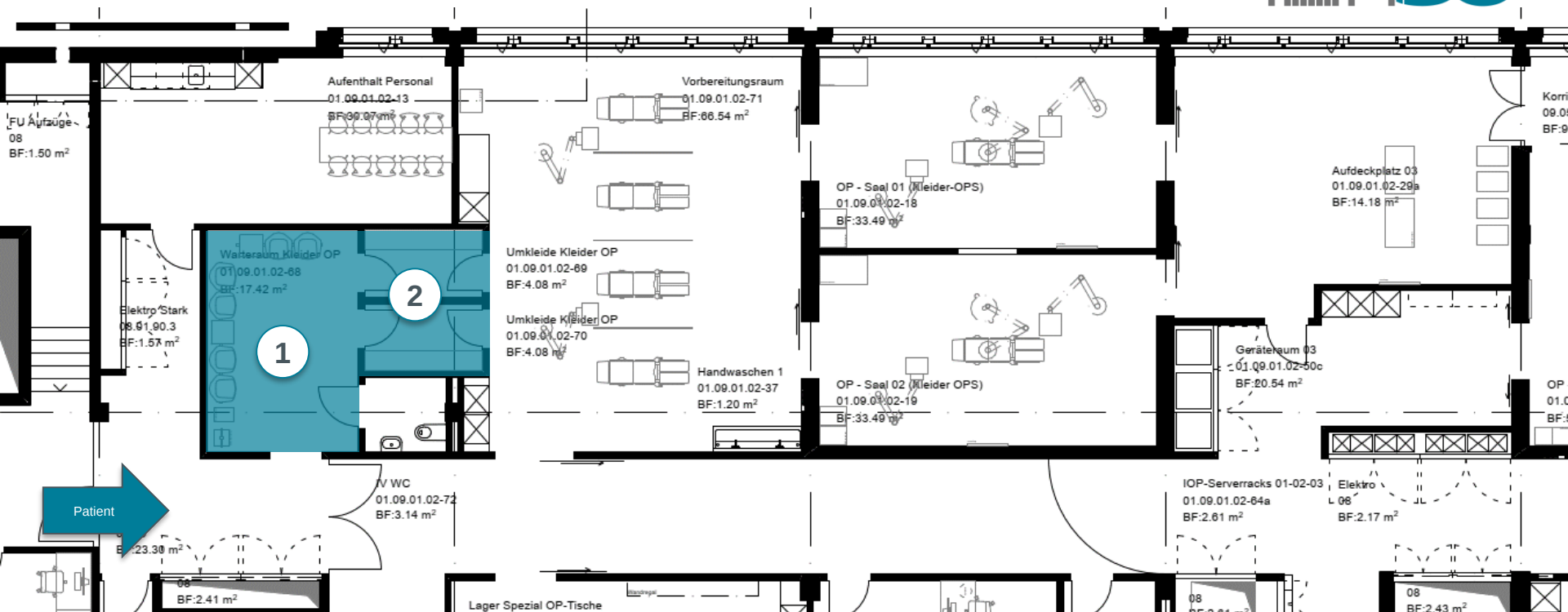


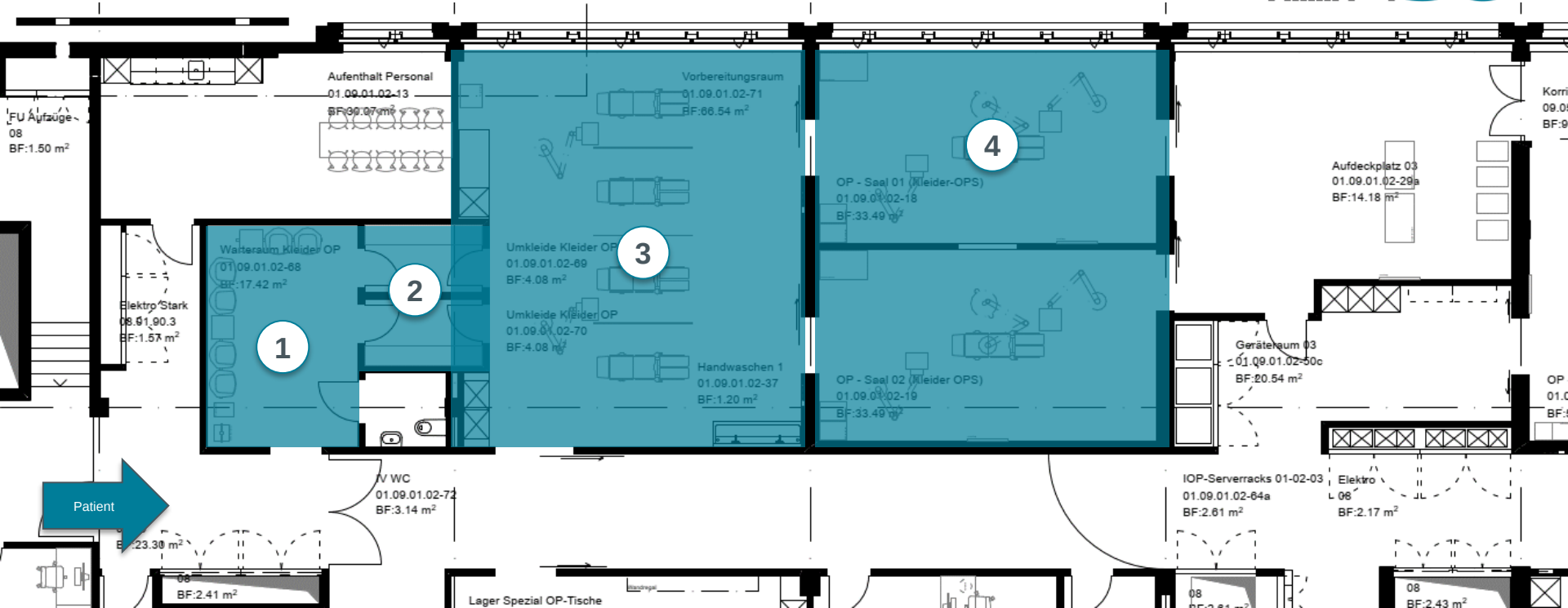


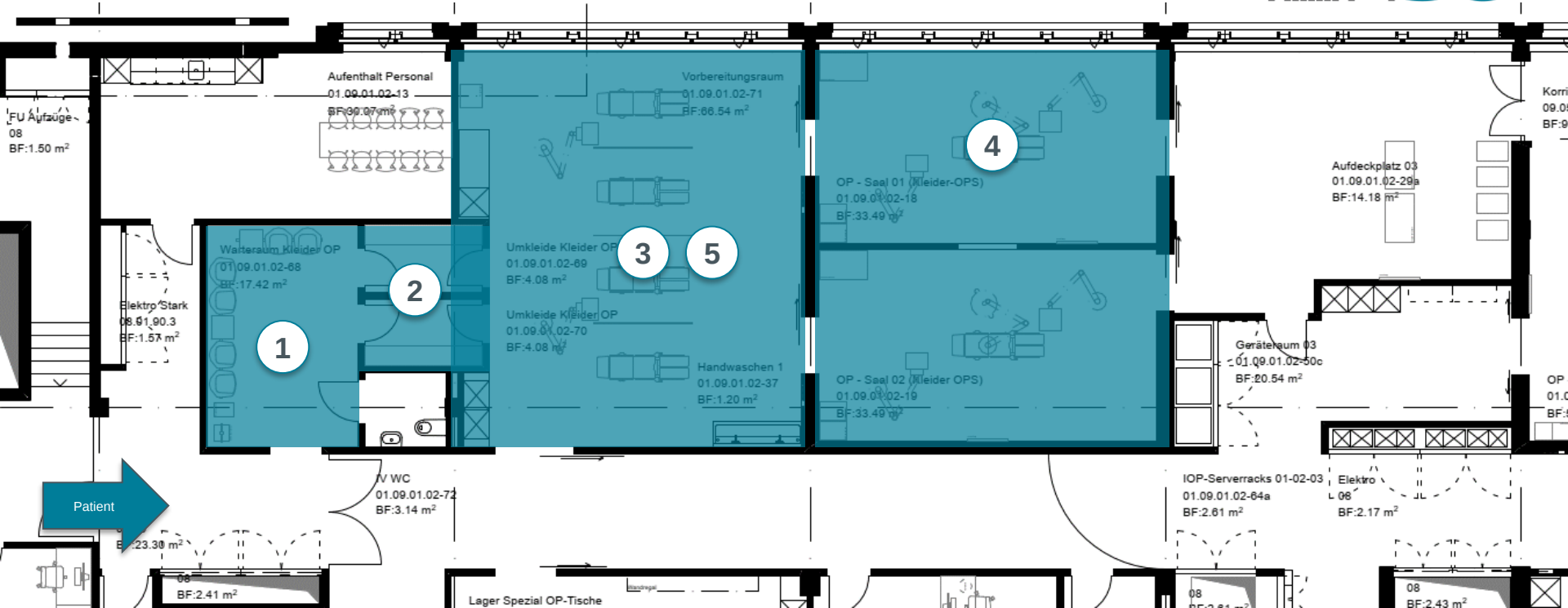


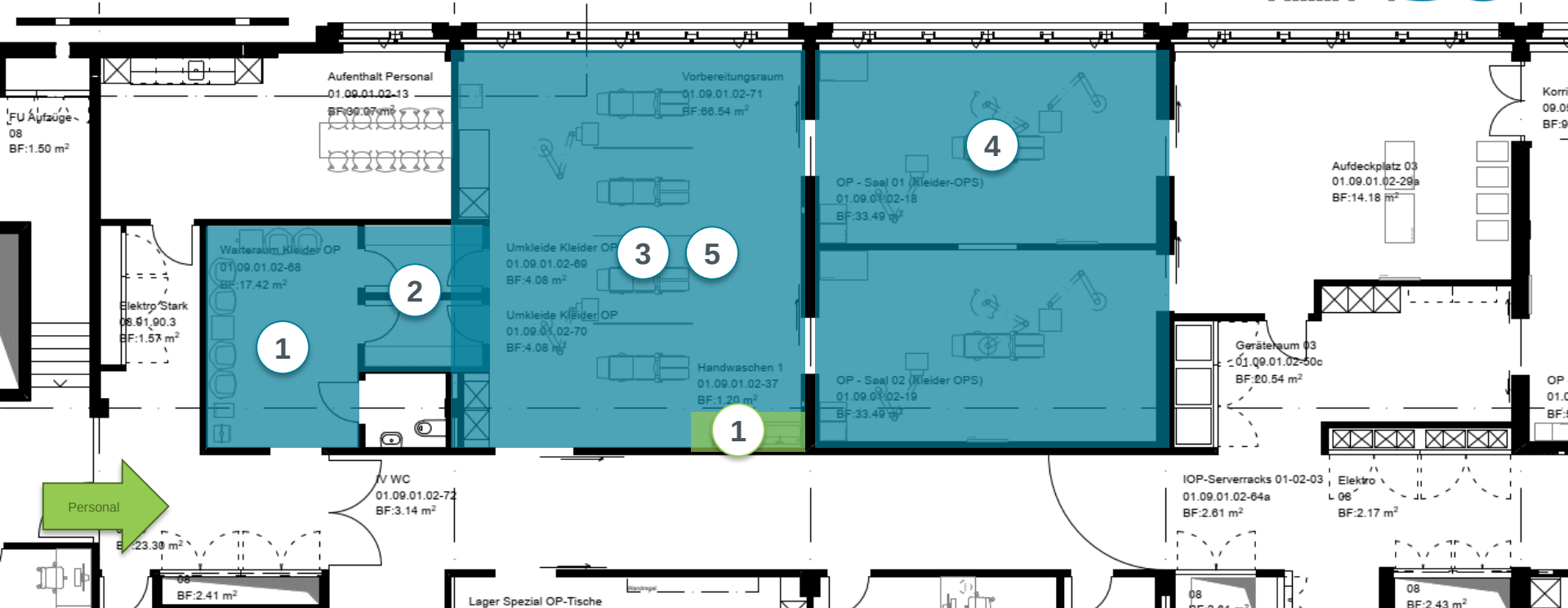


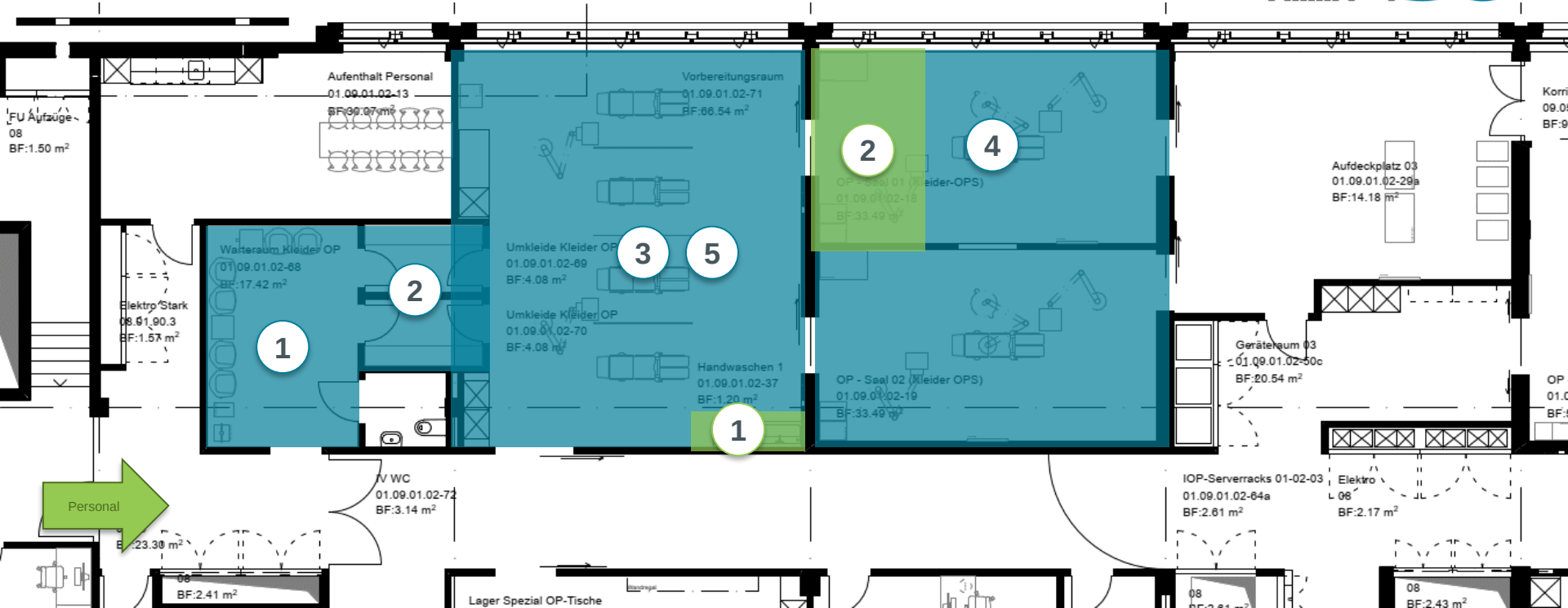


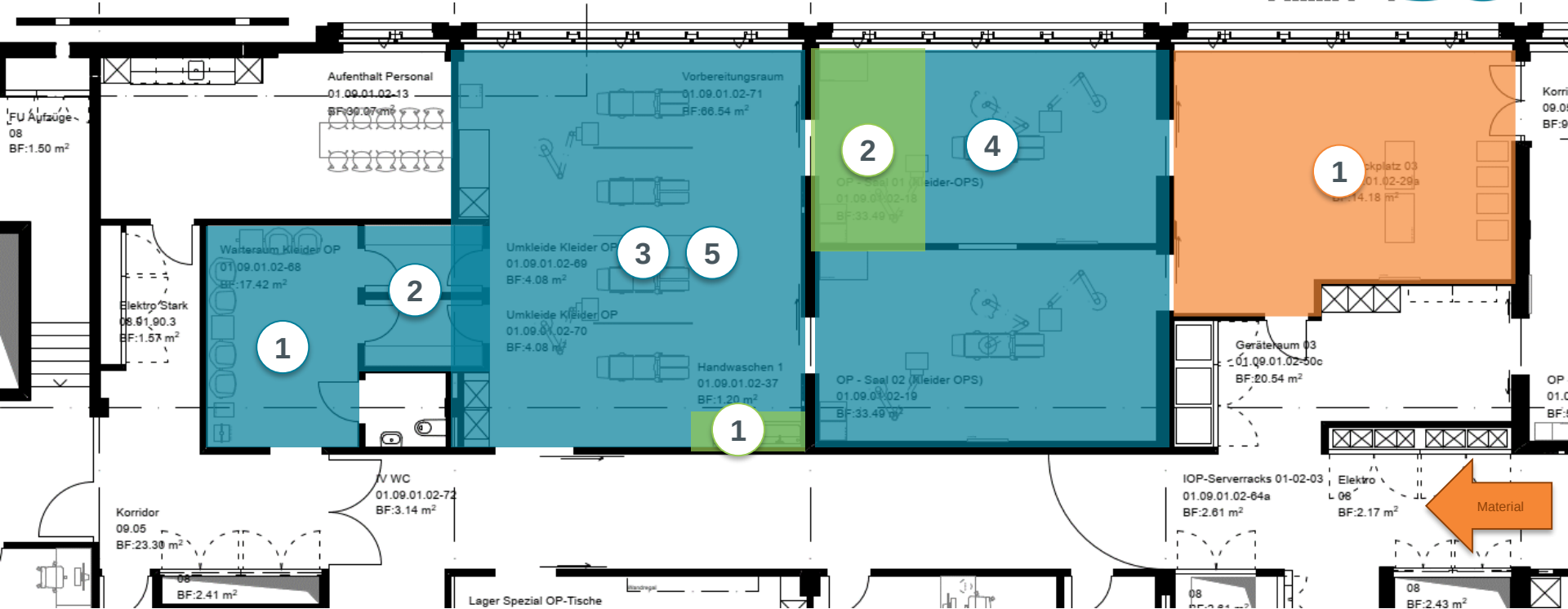


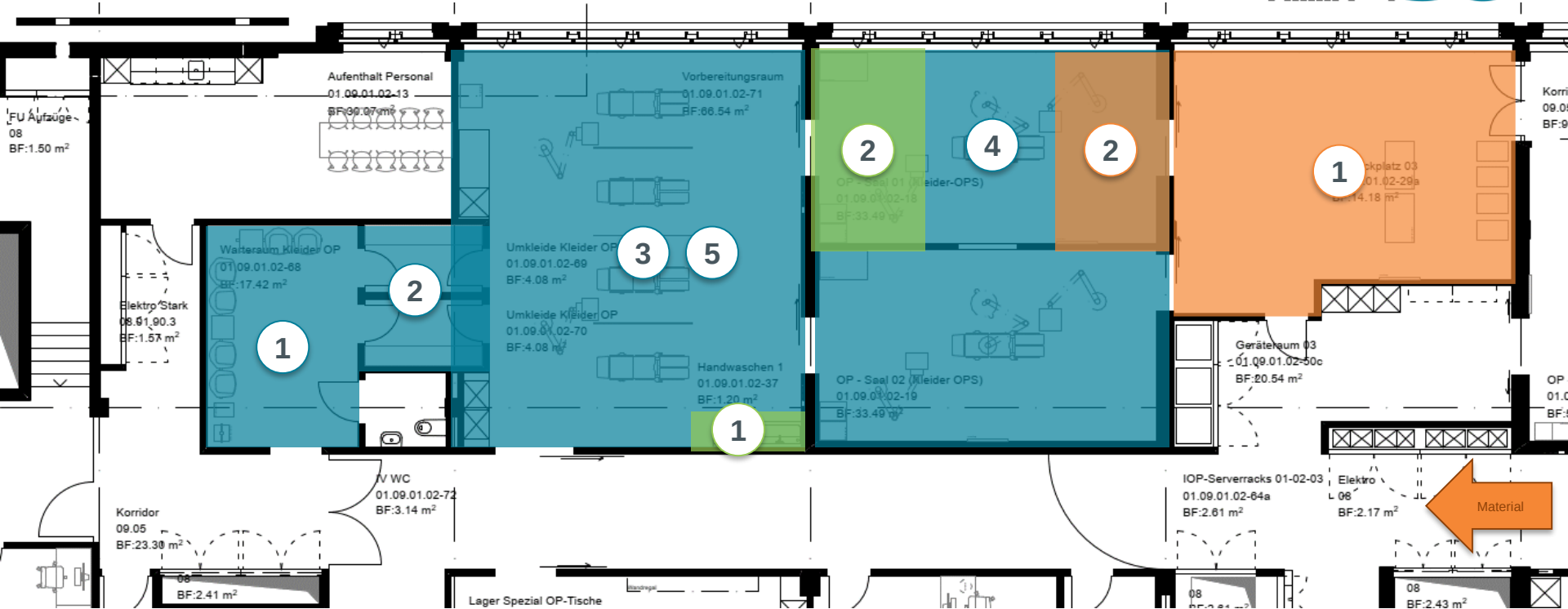


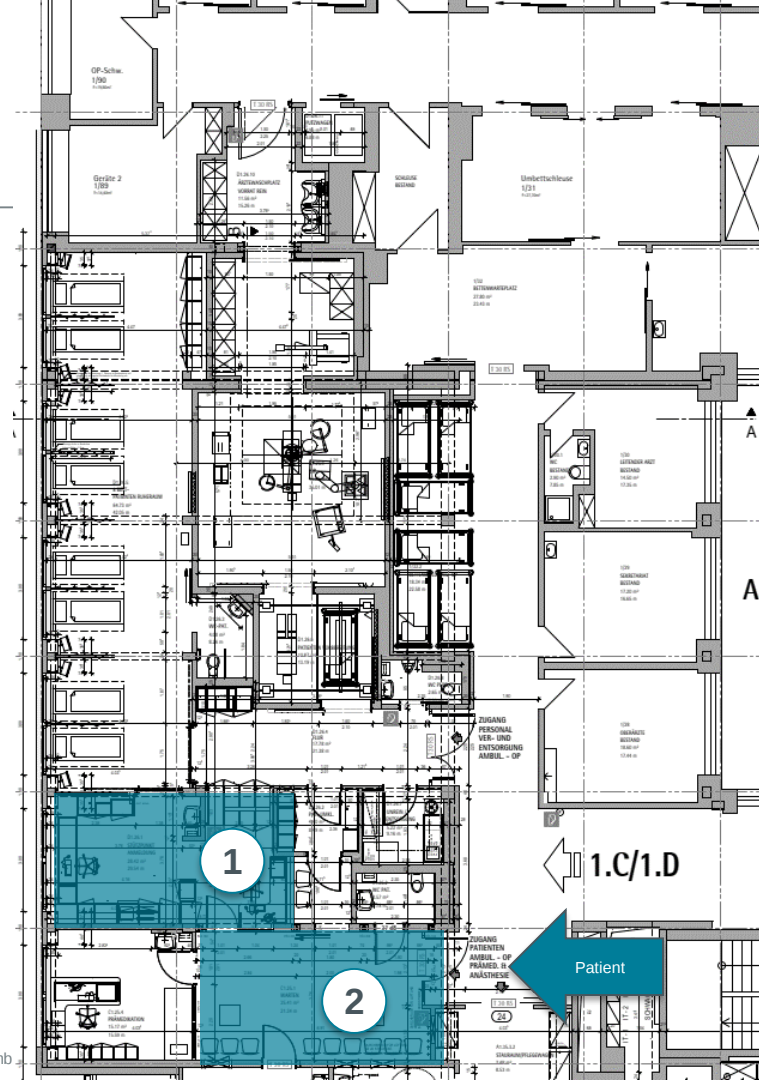


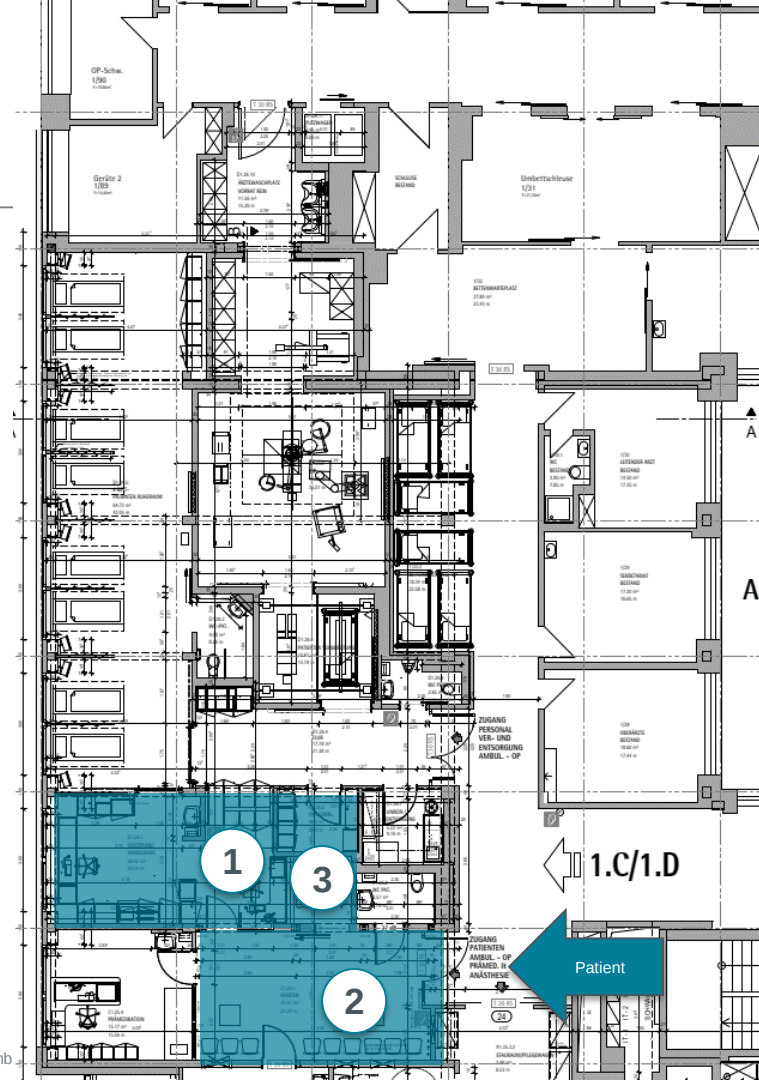


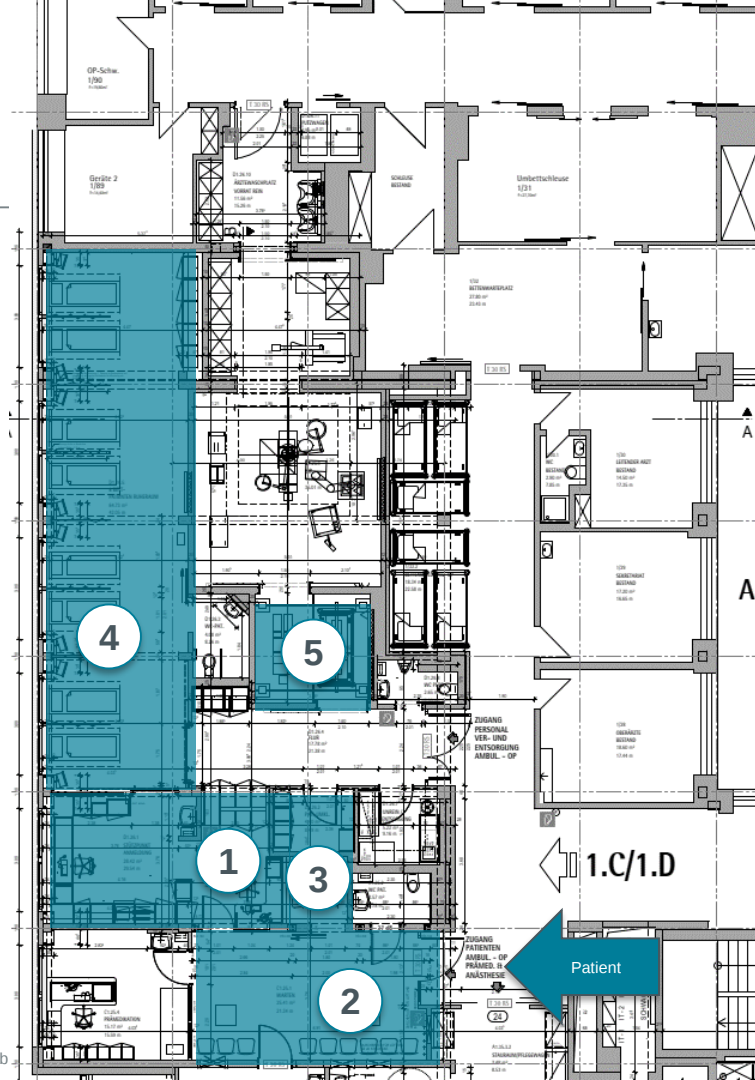


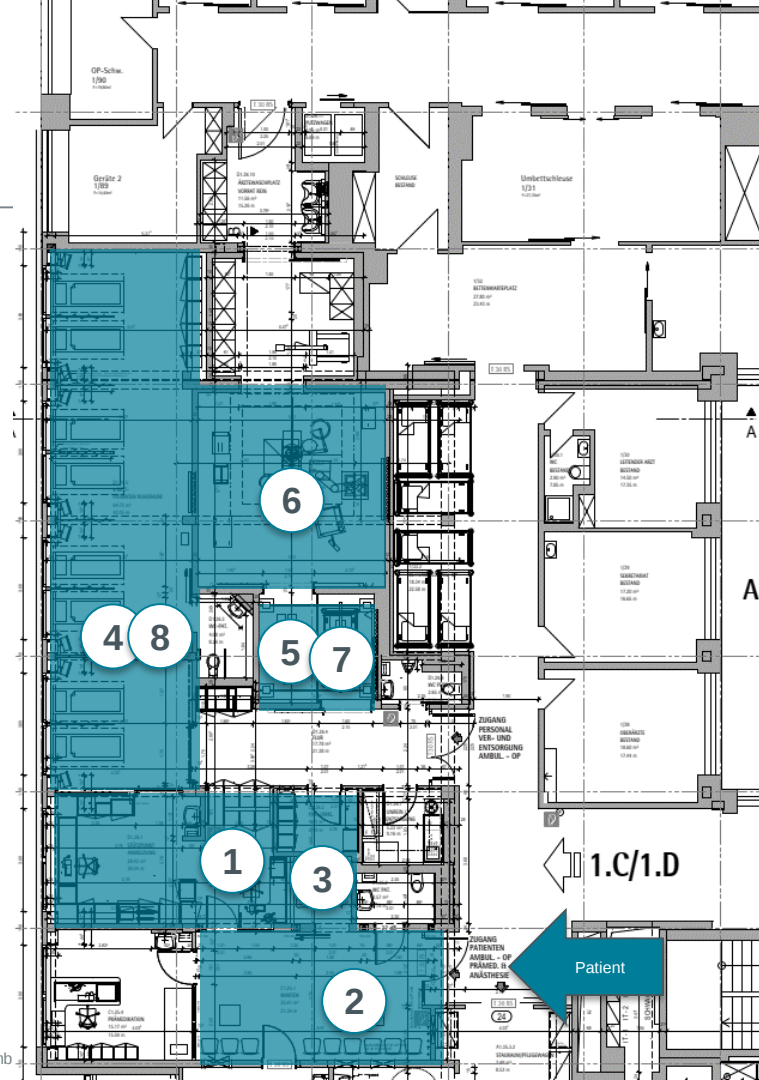


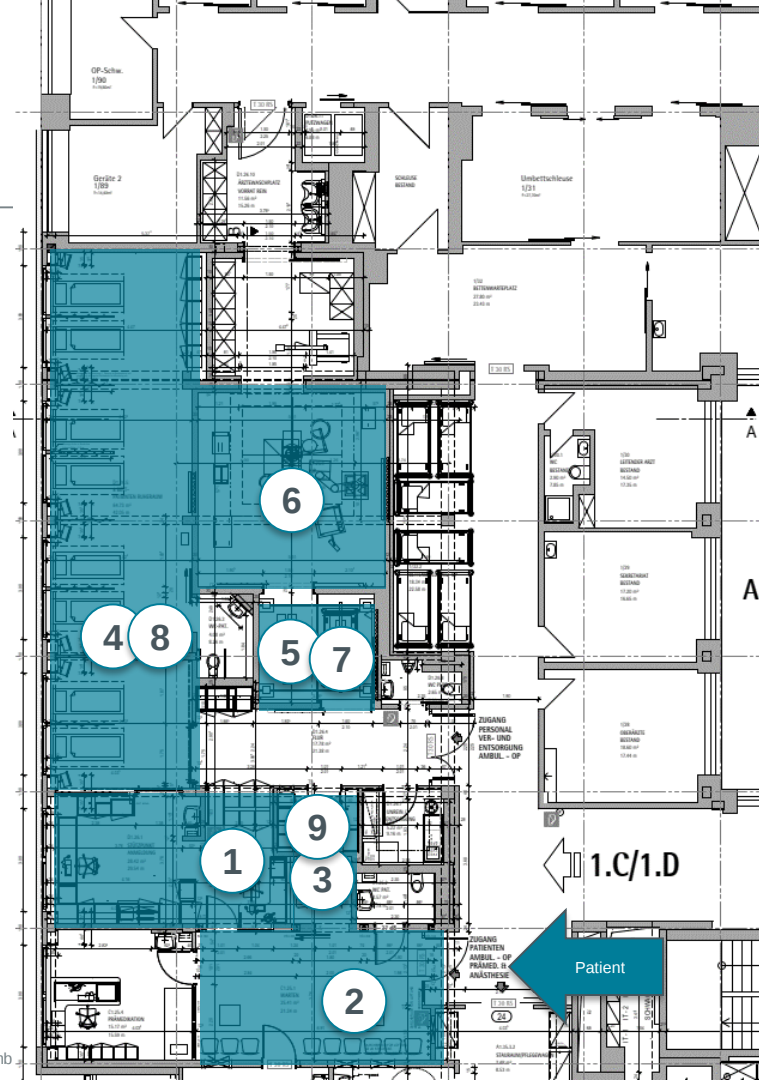


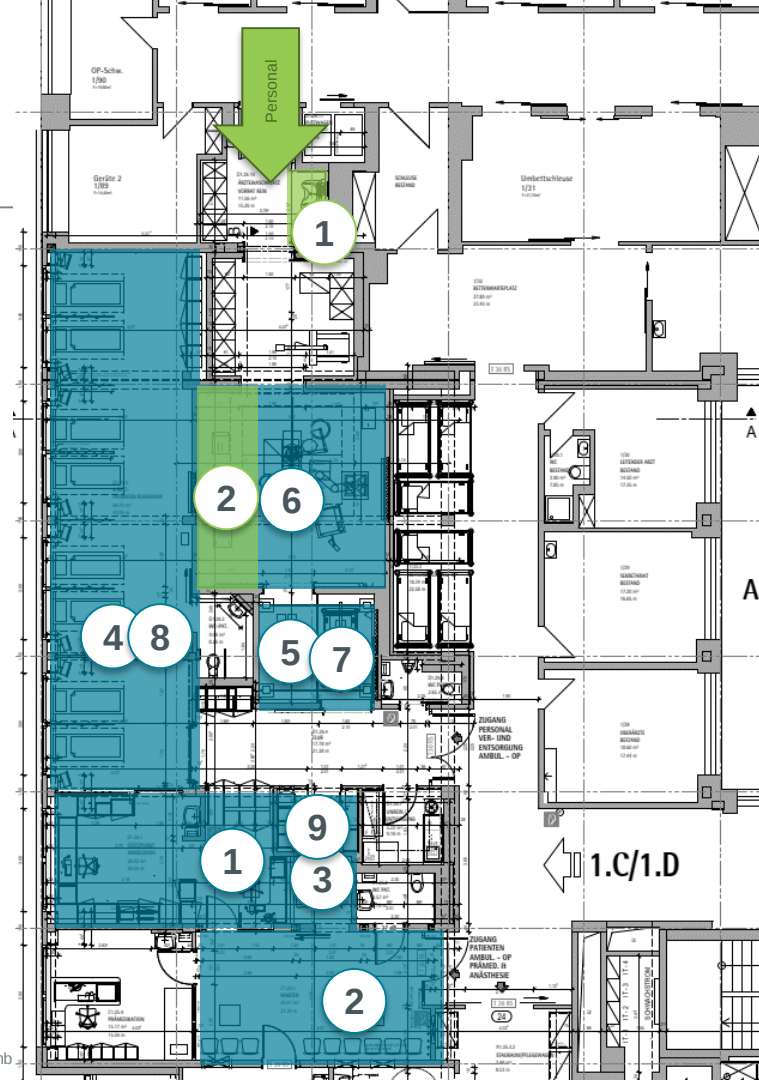


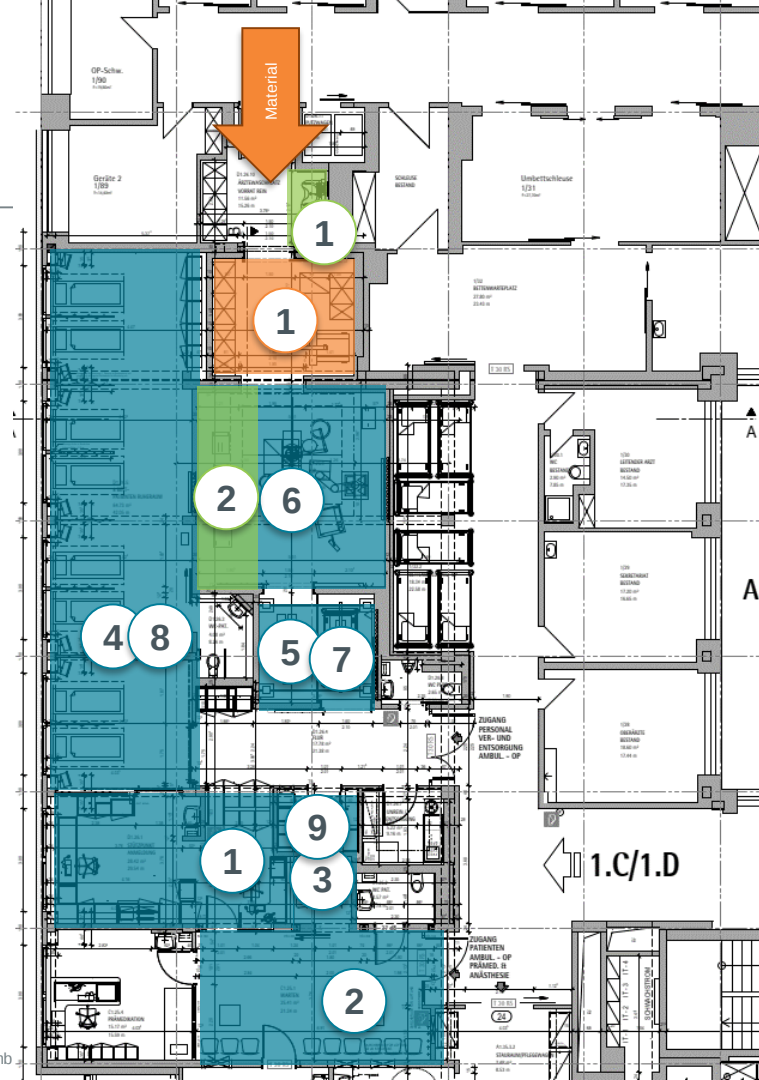


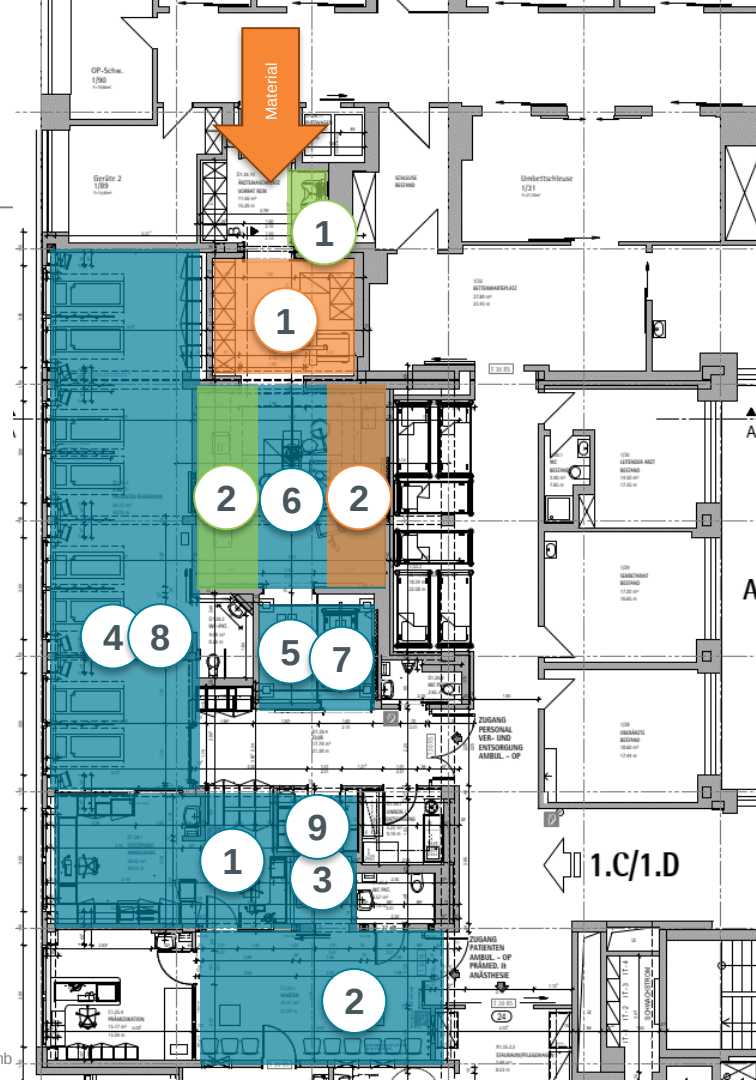












„If you don't plan consistently with patients, staff and logistics in mind, you won't achieve quality as a whole”



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