



EcoQUIP: innovative procurement in Polish healthcare

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EcoQUIP Project (overview)

- ▶ Collaborative European 'Buyers Group' project
 - ▶ Increase demand for innovative solutions in healthcare
 - ▶ Develop and replicate good practice
- ▶ Explore collaborative approaches to Public Procurement of Innovation (PPI)
 - ▶ Bottom up leader led projects (current priorities)
 - ▶ Six hospitals in five countries
 - ▶ Top down joint actions (future priorities)
 - ▶ Energy, environment, ICT
 - ▶ Improve patient experience
 - ▶ Innovation procurement management standards

EcoQUIP aims to improve the efficiency, quality and environmental sustainability of healthcare through innovation procurement

Innovation procurement is a way of buying goods and services in a way that stimulates the supply chain to invest in developing better and more innovative solutions to meet the unmet needs of an organisation.

Two projects – opportunities and challenges

Sucha Beskidzka Hospital started participation in two EU co-funded projects (EcoQUIP and RES Hospitals) at the same time

- ▶ Challenges in running two projects simultaneously:
 - ▶ Problems with capacity of the hospital
 - ▶ Confusions in distinguishing projects
 - ▶ Staff not used to project type of work
- ▶ Opportunities:
 - ▶ CEO's involvement (higher motivation of management)
 - ▶ Potential synergy effect (in the future)
 - ▶ Previous experience in running European projects gained through LCB-Healthcare project

Searching for an unmet need

- ▶ Search for unmet need started in December 2012
- ▶ Biggest difficulty – identification of genuine need
- ▶ Mistakes most often made:
 - ▶ Attempts of purchasing traditional solutions through innovative procurements
 - ▶ Confusing innovative procurement with innovative product (just being offered on the market)
 - ▶ Confusing 'innovative' with 'not essential'
 - ▶ Unwillingness to spend more time and work on something that may or may not turn out to work (in more general terms: risk aversion)
 - ▶ Belief that today's solutions are going to work tomorrow

Searching for an unmet need

ACTIONS TAKEN

- ▶ Discussions with hospital management (through meetings).
- ▶ Discussions with hospital's staff (through workshops)
- ▶ Setting an 'Evaluation Group' aimed at:
 - ▶ walking around the hospital
 - ▶ talking to personnel and patients
 - ▶ searching for ideas for improvement
- ▶ Going through 'next to purchase' lists in search for a product suitable for innovative procurement.
- ▶ Peer Learning Visit in the UK

Searching for unmet need

December 2012

- pressure ulcer prevention solution,
- zero waste hospital
- efficient lighting system
- energy efficient hospital,
- protective footwear,
- increasing patients comfort,
- reducing physical work of hospital (e.g. when lifting patients)

February 2013

- energy self-sufficient hospital
- waste management hospital
- reducing water consumption
- distribution of medications

April 2013

- energy self-sufficient and sustainable hospital
- user-friendly, economic and efficient lighting solution
- comprehensive solution for providing food for patients and personnel
- solution for easy and safe transportation of patients from one place to another
- economical heat management of hospital

May 2013

- environmentally, economic and ecological lighting solution for the hospital and its surroundings
- intelligent motion-wear
- distribution of medications system
- internal transport system
- energy self-sufficient hospital

Lack of real progress
Coming back to the same topics

EcoQUIP and RES Hospitals synergy

- ▶ RES Hospitals workshops (February – June 2013)
 - ▶ 8 projects developed and run by hospital's staff
 - ▶ amongst those a project concerning patients' exposure to sunlight
 - ▶ Decree of Minister of Health from June 2012:
Patients' rooms exposed to excessive sunlight are (should be) protected by specially fitted shading equipment
 - ▶ Effective 2016 – future unmet need
- ▶ Early July 2013 – decision to develop this idea and define it as the hospital's unmet need

Improvement of thermal comfort of patients and personnel of Sucha Beskidzka Hospital with the lowest (zero) exploitation costs.

Current situation and solutions

- ▶ Hospital
 - ▶ 442 beds in 19 hospital wards
 - ▶ Majority of patients' rooms (68%), ICU, post-operation rooms and stroke unit situated in the southern part of the hospital

- ▶ Currently used solutions
 - ▶ Shutters and internal blinds (which cause shading but not significant decrease of temperature)
 - ▶ Air conditioning in some rooms

Current situation

Temperature in patients' rooms exposed to excessive sunlight [°C] –
26th till 28th July 2013

Ward:	26.07.2013						28.07.2013					
	temp. outside		room temp.		blind temp.		temp. outside		room temp.		blind temp.	
	1 PM	4 PM	1 PM	4 PM	1 PM	4 PM	1 PM	4 PM	1 PM	4 PM	1 PM	4 PM
Surgical	26.6	29.6	25.5	27.1	36.5	34.5	31.1	33.0	28.1	28.0	29.9	32
Orthopaedic			24.9	26.6	39.6	35.4			28.9	28.3	31.9	32.1
Neonatal			25.2	25.8	36.2	35.2			28.8	29.0	30	32.2
Cardiology			26.1	25.6	38.4	36			29.1	28.9	34	33.3

**Estimated annual costs of using air-conditioning
in over-lit rooms:**

93,050 PLN (23,260 EURO)

Required outcomes

- ▶ Solution that provides:
 - ▶ reduction of excessive sunlight in patients rooms,
 - ▶ thermal comfort for patients and personnel of Sucha Beskidzka Hospital,
 - ▶ energetic self-sufficiency of a solution,
 - ▶ meeting health and safety standards,
 - ▶ comfort of usage.
- ▶ If possible the purchased solution will improve thermal comfort in winter time

Improvement of thermal comfort of patients and personnel of Sucha Beskidzka Hospital with the lowest (zero) exploitation costs.

To be kept in mind: Whole life cycle costing

Hospitals that already declared interest in sought solution

1. Chrzanów County Hospital
2. E. Szczeklik Hospital in Tarnów
3. Myślenice County Hospital
4. Oświęcim County Hospital
5. The John Paul II Hospital in Kraków
6. University Hospital in Kraków
7. Voivodeship Children Hospital in Kraków
8. Wadowice County Hospital
9. ...

These hospitals declared interest just in first few weeks since the unmet need was identified.

More to come in the near future.

Communication with market (technical dialogue, allowed in Poland since 2013)

▶ Preparation

- ▶ Identification of possible market ready solutions
- ▶ Building data base of potential providers
(153 Polish companies, 56 foreign companies)



all companies
contacted
directly by
mail and phone

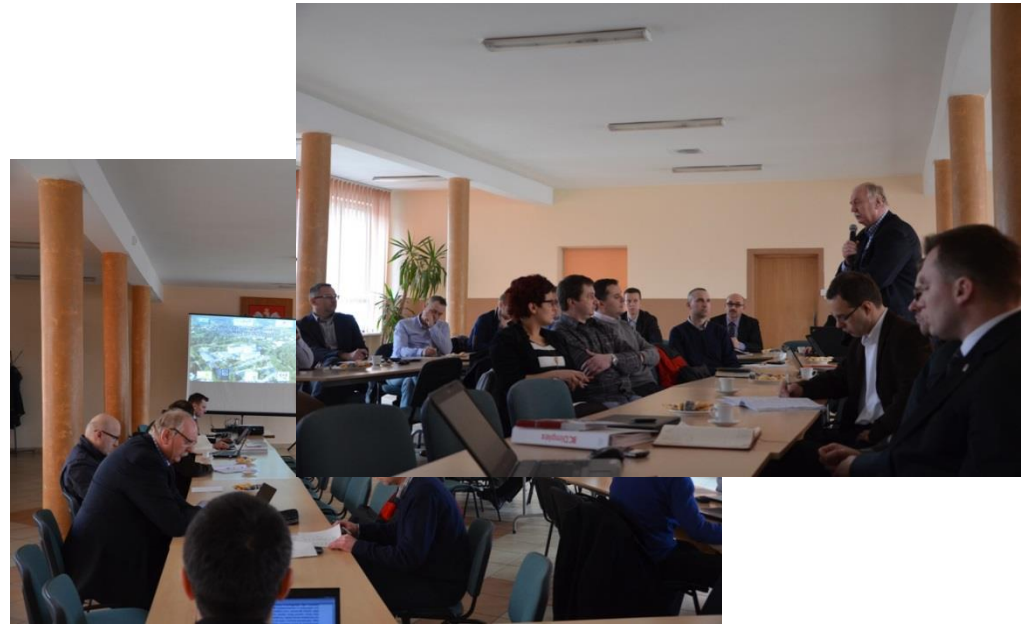
▶ Dialogue announcement

- ▶ 12 December 2013 – Polish Procurement Journal, hospital
www, European Journal TED
- ▶ 17 February 2014 – application deadline

Participation of
19 Polish and
foreign
companies

Technical dialogue

- ▶ Opening meeting
 - ▶ 3 March 2014
 - ▶ 15 participants
 - ▶ Presentation of need, Q&A session, hospital tour



Individual meetings

- ▶ 16 meetings
- ▶ 13 March – 29 April 2014
- ▶ Discussing proposed solutions

Technical dialogue outcomes

- ▶ Various proposed solutions
 - ▶ Differentiated in used technology, costs, degree of 'invasiveness' in hospital infrastructure
 - ▶ Price range: 34,011 EURO to 783,488 EURO
- ▶ Challenges
 - ▶ Not all participants understood idea of technical dialogue - some companies used it as a chance to present catalogue products (similar experience of the LCB Healthcare project)
 - ▶ Most of proposed solutions were originally not comprehensive enough to meet hospital need

Two companies originally competing, merged into a consortium and presented a joint solution

Technical dialogue outcomes

Identification of three groups of solutions

- 1) Solutions and devices limiting sunlight exposure in rooms.
- 2) Solutions of cooling, heating and rotation of air in rooms.
- 3) Solutions regarding use of renewable sources of heat energy which will supplement the solution from group 2.

Procurement of a solution from group 1 to be announced
in
October 2014

Thank you for your attention

For further information:

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