

A photograph of a hospital room. In the foreground, a patient is lying in a bed, partially covered by a white blanket. Medical equipment, including a ventilator and various monitors, is visible around the bed. Two healthcare workers, a man and a woman, are standing near the bed, looking at a monitor. The man is wearing a white lab coat and the woman is wearing a white lab coat and a ponytail. The background shows a window with a view of a building.

Skåne University Hospital

in brief

2024



Skåne University Hospital

Introduction

Skåne University Hospital



Skåne University Hospital (Sus) is the third largest hospital in Sweden. There are three elements to the mission of a university hospital:

- health and medical care
- research
- education.

Sus has a specific responsibility for specialised and highly specialised care in Region Skåne. Sus employs around 13,000 staff, all of whom contribute directly or indirectly to healthcare, research and education.

The main focus of activities is in Malmö and Lund, but there are also activities based elsewhere in Skåne. Sus provides highly specialised



care for the whole of Skåne and the Southern healthcare region (which in addition to Skåne includes southern Halland, Kronoberg and Blekinge). Sus also provides national highly specialised care in several areas. Sus receives patients from other parts of the country and other countries. Sus is also the largest emergency care hospital in the region, with an extensive community hospital mission.

Sus has 36 specialist areas within 19 departments. As a university hospital, Sus has a primary responsibility for research in Region Skåne. Extensive research is carried out in all areas of our operation and in collaboration with external stakeholders. Training activities for all healthcare professions are also conducted in collaboration with Lund University and Malmö University.

Watch the video
about the hospital:



Our mission statement

To be a knowledge hub that drives and develops university healthcare in partnership with patients and their families.



A day at Skåne University Hospital



21 children are born.



507 people visit the accident and emergency departments.



120 patients undergo operations.



2,500 students are trained.



1,055 patients are treated in the hospital.

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1,500 examinations are carried out using X-ray and other diagnostics.



4 research papers are published.



3,085 outpatient appointments.

Vision, goals and strategies



Vision

Best possible health at all stages of life



Goals

- Top-quality medical outcomes
- The right care at the right time
- Excellence in research, education, development and innovation
- Satisfied patients and families, and public trust



Strategies

- Strong research environments and greater integration between research, education and care
- Increased patient involvement
- Competent, proud and committed employees
- Balanced finances
- Developed care in the community
- Systematic and transparent prioritisation
- Greater digitalisation

Future objectives

The purpose of the future objectives is to visualise, illustrate and solidify what Skåne University Hospital's future could look like. These visualisations of the future combine with existing goals and strategies to provide a clear direction for achieving Sus' vision and the four overarching objectives.

Person-centred approach

Sus puts me at the centre when we design my care.



Health promotion and prevention

Sus helps me to maintain my health.



Community care

Sus interacts with and cares for me where I am.



Level structuring

I get to benefit from Sus' expertise – when I need it.



Research, development, education and innovation

Sus provides me with world-leading healthcare through research, development, education and innovation. I contribute, which helps me and others.



Employees

At Sus, I encounter staff who understand their role in the bigger picture and whose competence and desire to develop create the leading university hospital.



Digitalisation

Sus' digital offerings make my path through healthcare easier, I am involved and feel safe and reassured.



Infrastructure

Sus' infrastructure is welcoming and safe for me and contributes to developing the future of university healthcare.



Björn Ekmehag, Chief Administrative Officer

2024 – a tough year, but also a successful one

In this short version of the annual report, we highlight some of the things that happened at Skåne University Hospital over the course of the year.

Successful work from all our staff and managers has enabled us to provide world-leading care to thousands of patients. We have helped to train future colleagues and we have continued to be a research and knowledge hub for Region Skåne, the Southern healthcare region, the rest of the country, and even beyond Sweden's borders. Skåne University Hospital is a fantastic hospital, and you should all be proud of your contribution to this, whether you work in direct patient care or in a more supportive capacity. Everyone plays a crucial role in different ways.

2024 was such a busy year, and I would like to briefly mention just some of the many developments. Moving into the first part of the new hospital buildings in Malmö was a hugely positive change. We will be moving into the other parts during 2025. We have been assigned responsibility for five additional areas of national highly specialised care. Continued work on emergency care restructuring, Sus' Hospital at Home and opening more beds has been important for patients, as well as for the care burden and the work environment. A trauma clinic for victims of sexual violence was launched. During the year, work began on the My Midwife project at Sus in Malmö, where a new care model is being tested to provide extra reassurance for pregnant women with a fear of childbirth, anxiety and worry, or who do not understand Swedish. Children's services in Malmö have successfully been concentrated in the northern part of the hospital campus, albeit still in more than one location. Work on the Competency and Duties Model and Magnet departments has continued. The same applies to work on digital developments, such as data lakes and AI. These examples are just a small sample from a massive operation in which we make a difference for many people every day.

Thank you!
Björn Ekmehag
Chief Administrative Officer





The nameplate being put up on the new hospital building in Malmö in spring 2024.

2024 has been a year of both challenges and successes for Skåne University Hospital. Economic difficulties and strikes have been combined with a major move to new premises and intensive work to ensure financial sustainability. Despite these challenges, staff have demonstrated an impressive ability to continue providing the highest quality of care.

This short version of the annual report summarises the events of the year and highlights the commitment and professionalism of our staff. By presenting medical outcomes alongside outstanding research and innovative projects, the report aims to show how Sus is working to provide patients with the best possible care.

Read more
about everything that
is being done in the
annual report



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New Hospital Campus Malmö (NSM)

Historical move into the new hospital building:

The new hospital buildings in Malmö are an important investment in the future of healthcare, helping to improve patient safety, efficiency, the work environment and the quality of care.

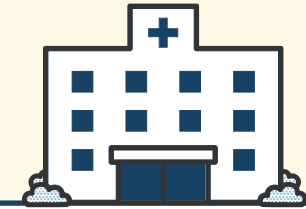
Watch a video from
the new hospital building.



Scan the QR code



“This will bring major improvements for healthcare, patients and staff.



About the hospital building and the New Hospital Campus Malmö

- Construction began in 2018.
- Ten wards with 244 single rooms, 22 of which are adapted for intermediate care (level of care between intensive care and regular wards).
- 23 operating rooms with 12 prep rooms and 46 post-operative beds.
- Intensive care unit with 14 beds for adults and children.
- Pre- and post-operative care unit for planned operations.
- Centrally located sterile processing unit that cleans, disinfects and sterilises instruments.
- Public facilities including a pharmacy, kiosk, quiet room, patient forum/library and café.
- Administrative premises, changing rooms and bicycle garage.
- In addition to two new hospital buildings, the full New Hospital Campus Malmö project also includes a service building with a new laboratory and logistics centre, a new morgue, an expanded pneumatic tube system, technical infrastructure and culverts with self-driving trucks.
- The last part of the new hospital building is due to enter use in autumn 2025. The project will conclude at the end of the year when the activities are up and running in their new premises.
- The construction cost for the entire project is SEK 12.3 billion, plus SEK 1.9 billion for equipment.

Target area:

Top-quality medical outcomes

Skåne University Hospital is known for its excellent medical outcomes, regularly ranking among the best in the world in several areas. This section presents some of the results from the past year.



Cancer

Skåne University Hospital Comprehensive Cancer Centre

Skåne University Hospital is part of the Skåne University Hospital Comprehensive Cancer Centre (SUHCCC). The centre works to promote clinical research, faster access to new treatment methods for patients with cancer, greater patient participation and even higher quality of cancer care through more structured partnership.

- Receives patients from all over the Southern healthcare region and has national responsibilities for highly specialised care.
- The centre is to develop care for and with the patient. A reference council of patients and relatives meets monthly to include patient perspectives in the improvement work.
- SUHCCC was accredited as a Comprehensive Cancer Centre (CCC) on 6 May 2022. The accreditation supports the work of continuously developing and pushing the boundaries of cancer care and cancer research.



Lung cancer:

In lung cancer screening (standardised lung cancer care pathway), Sus is unique in implementing advanced modern technologies, thus improving the quality of investigations and ensuring that the data on which treatment decisions are based is of the highest quality. Despite challenges with lead times during the investigation process, Sus shows excellent lung cancer survival rates. Lung cancer survival in Sweden is among the highest in the world and Sus has a higher survival rate than the national average.

Breast cancer care:

- Every year, around 1,200 new breast cancer patients come to the clinics in Skåne. Around 700 of these receive treatment at Skåne University Hospital.
- Since March, all breast cancer patients at Sus have been referred to Malmö, where all the breast oncology activities (except radiotherapy) are based. This is a first step towards a physical breast care centre.
- The new facility is called the Breast Oncology Clinic.
- Skåne University Hospital also runs a clinic at Helsingborg Hospital and provides doctors for Kristianstad Central Hospital. These clinics continue to operate in their respective locations.
- Breast cancer care falls within the remit of the Skåne University Hospital Comprehensive Cancer Centre (SUHCCC).



World-class cardiac care

Cardiovascular surgery at Sus in Lund has excellent outcomes. Although urgent and emergency operations account for 35% of all surgery, only 1 in 100 people are no longer alive 30 days after surgery. For planned operations, the corresponding rate is 1–2 per 1,000 operations.

Sus has made great advances in post-myocardial infarction care over the past year, as reflected in the even higher scores in the national quality index Swedeheart. By focusing on level structuring and patient-centred interventions, Sus has managed to become the best in the country in terms of survival rates after heart attack and has Sweden's lowest 30-day mortality rate after acute heart failure.

Alzheimers

One in five women and one in ten men will develop Alzheimer's in their lifetime, but diagnostic tools are currently inadequate. Researchers at Sus have developed a new method to easily diagnose the disease using a blood test that measures levels of the substance phospho-tau217. The method is as accurate as, and sometimes superior to, spinal fluid tests. An accurate blood test is important both for early diagnosis and to rule out other treatable causes of memory problems.

“The results show that the blood test is 90% accurate in determining whether or not a person with memory problems has Alzheimer's disease.

Out of a total of 1,213 people who sought care for memory impairment, 515 were examined in primary care and 698 in a specialist memory clinic. These were tested with the relevant blood test and the results were then confirmed with spinal fluid tests that can detect Alzheimer pathology. Around half of the people had Alzheimer's changes in their brains.

The accuracy of primary care doctors in identifying Alzheimer's disease was 61%, while specialist physicians were correct in 73% of cases. This highlights the need for good and cost-effective diagnostic tools, especially in primary care, and the improvement that could be achieved if such a blood test was introduced.

Transplants

Sus is one of two hospitals in Sweden that performs heart and lung transplants, and one of four hospitals that perform kidney and pancreas transplants. Both adults and children are given transplants. Transplant care is complex and highly development-focused with a view to maintaining high standards.

Sus has established the Sus Transplant Centre for the development of organ transplant care. This provides a better basis for coherent care for patients and is a step forward for Sus as a transplant hospital.

Transplant Fund

Researchers from Sus or other hospitals in Region Skåne can apply for funding to launch research and development projects with a focus on organ transplants. In 2024, five researchers received funding for projects covering kidney transplants in elderly people, acute renal failure after heart transplants, evaluation of a new surgical method, recurrence of IgA nephritis in kidney transplant recipients, and heart transplants in children.

Pancreas transplants In 2024, Sus performed four pancreas transplants in combination with kidney transplants.

Heart transplants

30 heart transplants were performed at Sus in 2024.

The centralisation of heart transplants at Skåne University Hospital in Lund and Sahlgrenska University Hospital in Gothenburg has led to significant improvements for patients. A national study published in the Journal of Heart and Lung Transplantation shows that the survival of patients waiting for a heart transplant improved significantly after centralisation, although the waiting time became slightly longer:

- The mortality rate for patients on the waiting list decreased from 8.3% to 3.2%.
- The risk of dying within one year of transplantation was reduced by 64%.
- In the first 30 days after transplantation, mortality fell from 9% to 2%.
- In addition, the total number of transplants increased by 53%, from an average of 38 transplants per year to 58 per year after centralisation.



81 kidney transplants were performed at Sus in 2024.



16 lung transplants were performed at Sus in 2024.



30 heart transplants were performed in 2024 and the average waiting time to receive a new heart is 6 months.



Cooperation across the strait

Copenhagen University Hospital and Sus are collaborating in several areas, one example being ex vivo lung perfusion (EVLP), a technique to evaluate lung quality before transplantation.

The project consists of two parts:

- a clinical component for lung transplants
- a research component for EVLP research

The aim is to centralise EVLP in Scandinavia in order to maintain international standards despite low volumes. Donor lungs are collected in Lund, evaluated in Copenhagen and returned to Lund if they are suitable for transplantation.

Sepsis – Sus is leading the work!

The rate at which intensive care patients receive antibiotic treatment for sepsis affects survival. This is the result of a large international study presented at the Critical Care Reviews meeting and published in the Journal of American Medical Association, Jama. Fredrik Sjövall, consultant in intensive care at Sus and associate professor at Lund University, led the Swedish part of the study.

An international study involving researchers from 70 intensive care units in seven countries, Bling III, involved over 7,000 patients, including 150 from Skåne. The study showed that continuous infusion of beta-lactam antibiotics improves survival in sepsis, compared to intermittent infusions, increasing survival within 90 days by 2%. Given the number of people being cared for worldwide, this could make a major difference globally.

This year, researchers in Skåne received a donation of SEK 12 million to fund an expansion of the research project. Over the next two years, an additional 14,000 blood samples will be collected and analysed using mass spectrometry and AI, to identify sepsis risks early. The results could lead to improved, personalised treatment for sepsis patients. Intensive care units around the world should now consider changing their treatment regimen – from infusions at regular intervals to continuous infusions, says Fredrik Sjövall.

Renal care

Chronic kidney disease has increased in recent years, linked to lifestyle diseases and an ageing population. The number of patients on dialysis at Sus has risen from around 20 half a century ago to more than 400 today. At the same time, research and new technologies have led to better outcomes in kidney transplants, with a 94% survival rate after five years. In addition, systematic efforts are underway to ensure earlier prevention of decline into kidney disease requiring dialysis and transplantation.



Choosing wisely – for better quality and greater benefit

Doing the right thing for the patient is the foundation of wise clinical choices. It is about reflecting on each action and asking whether it is necessary, and whether it is beneficial. Working on choosing wisely can lead to doing less of some things and more of others. There may be financial implications, but that is not the driving force. The driving force is to create quality of care.

Making wise clinical choices requires teamwork and a learning environment. We need to trust each other and dare to speak up when things are going wrong.

Two examples of choosing wisely at Skåne University Hospital:

Reduced number of lung X-rays

Thanks to wise clinical choices, staff in the department for emergency care and internal medicine at Skåne University Hospital have halved the number of chest X-rays in just a short time – from 5,000 annually to less than 2,500. The benefits for the patient are immediate: no waiting time, no transport requirement, no radiation and more time with the healthcare professionals. At the same time, it frees up resources to care for more people.

Reduce – the end for beta-blockers after a heart attack

Around 20,000 people in Sweden suffer a heart attack every year, and up to half of these retain heart function afterwards. Traditionally, these people have been treated with beta-blockers. A new study, published in the New England Journal of Medicine and led by physician Troels Yndigegn from Skåne University Hospital, shows that long-term treatment with beta-blockers does not reduce the risk of new heart attacks or death in these patients.

The study, called REDUCE, was conducted by researchers at several hospitals and universities in Sweden, Estonia and New Zealand. More than 5,000 patients, including around 500 from hospitals in Region Skåne, were included in the study and were randomly chosen to receive standard beta-blocker treatment or not. The researchers then followed the patients for up to five years, looking at mortality, new heart attacks, heart failure and atrial fibrillation.



National highly specialised care

National highly specialised care (abbreviated as NHV in Swedish) is a complex or rare form of care that can be provided in a maximum of five units in the country. Care is concentrated so that the healthcare provider can maintain the competence of the entire multidisciplinary team, while also developing and maintaining good quality research and care without limiting availability.

A concerted effort to maintain and develop current fields of highly specialised care in Region Skåne, and to prepare for the possibility of new ones, is vital for the region's professional capabilities in healthcare and research. Sus has a central role to play in this region-wide effort.

Information om
all the NHV fields assigned to
Sus and Region Skåne:



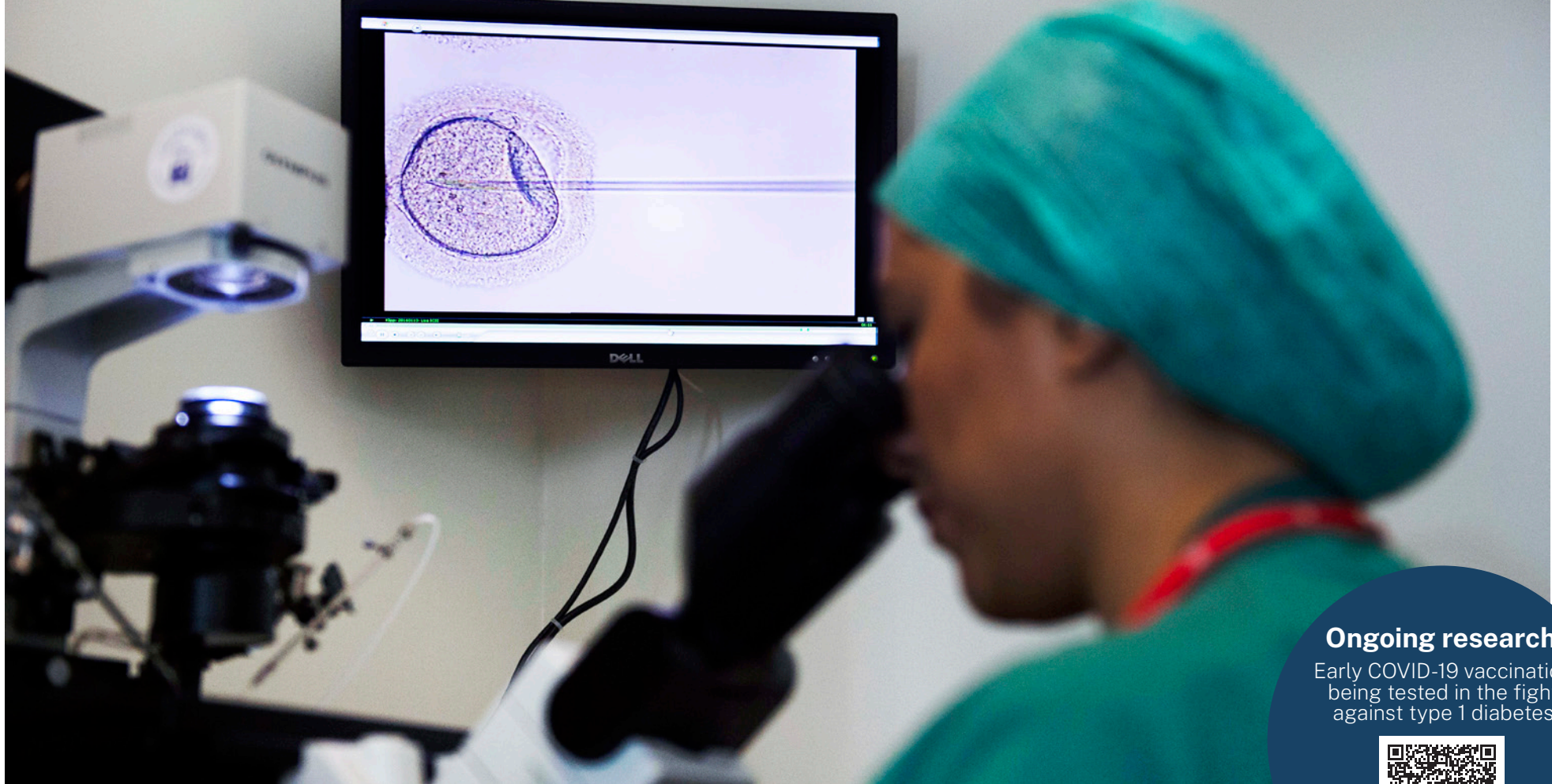
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The new mandates relate to:

- Occupational and environmental dermatology
- Malignant hyperthermia
- Coagulation diseases
- Rare kidney diseases
- Skeletal dysplasias

5 new fields within the
framework of NHV 2024

33 fields assigned
in total



Ongoing research:

Early COVID-19 vaccination
being tested in the fight
against type 1 diabetes



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Target area:

Research, development, education and innovation

Skåne University Hospital (Sus) conducts extensive activities in research, development, education and innovation. By combining clinical excellence with academic excellence, Sus is positioning itself as a key player in developing the future of healthcare in Skåne and Sweden.

Research at Skåne University Hospital



738
registered researchers.



1,918
ongoing research projects.



690,884
research funding spent
(SEK thousands).



700,269 funds received
(SEK thousands).



1,539
registered publications.



99%
of the budgeted time.

Research at Skåne University Hospital is among the most distinguished in the world in several disciplines

Another year of increased research activity at SU, with 738 researchers working on 1,918 ongoing research projects in 2024. Thanks to 2023's regional investment in freeing up more time for research in university healthcare units, over 90 new research projects were able to be launched at Sus in 2024.

A sign of Sus' growing importance through excellence is that 104 of this year's Sus publications in clinical medicine fall into the "top one percent most cited publications in the world in clinical medicine". This compares to 70 in 2023.

Clinical Studies Sweden – Forum South

The newly established Grants Office within Clinical Studies Sweden – Forum South helps researchers to apply for grants from research funders for clinical studies. During the year, 25 researchers received funding for their projects at different levels. In total, the researchers have been granted SEK 40 million.



Ongoing research:

Millions for method to identify more people at risk of heart attack and stroke



Digitalisation with focus on patient benefit

Skåne's digital healthcare system (SDV)

Digital transformation and the development of information-driven care are crucial in improving access and driving good, local and person-centred care.

Skåne's digital healthcare system (SDV) is a major initiative in which Region Skåne is replacing around 30 older central systems with a common IT environment. This is being done to meet future healthcare needs and residents' expectations of safe, accessible and equitable care. Healthcare professionals from both public and private providers will all work using the same medical record and medication list, and the patient will have access to the same information.

Work on preparing for SDV is ongoing, with a training and IT testing centre already established. The aim here is to enable operations to test and train in the system even before implementation. Further examples of preparation for SDV include the introduction of digital referrals (eLab), with the aim of creating faster and safer processes.

Medanets

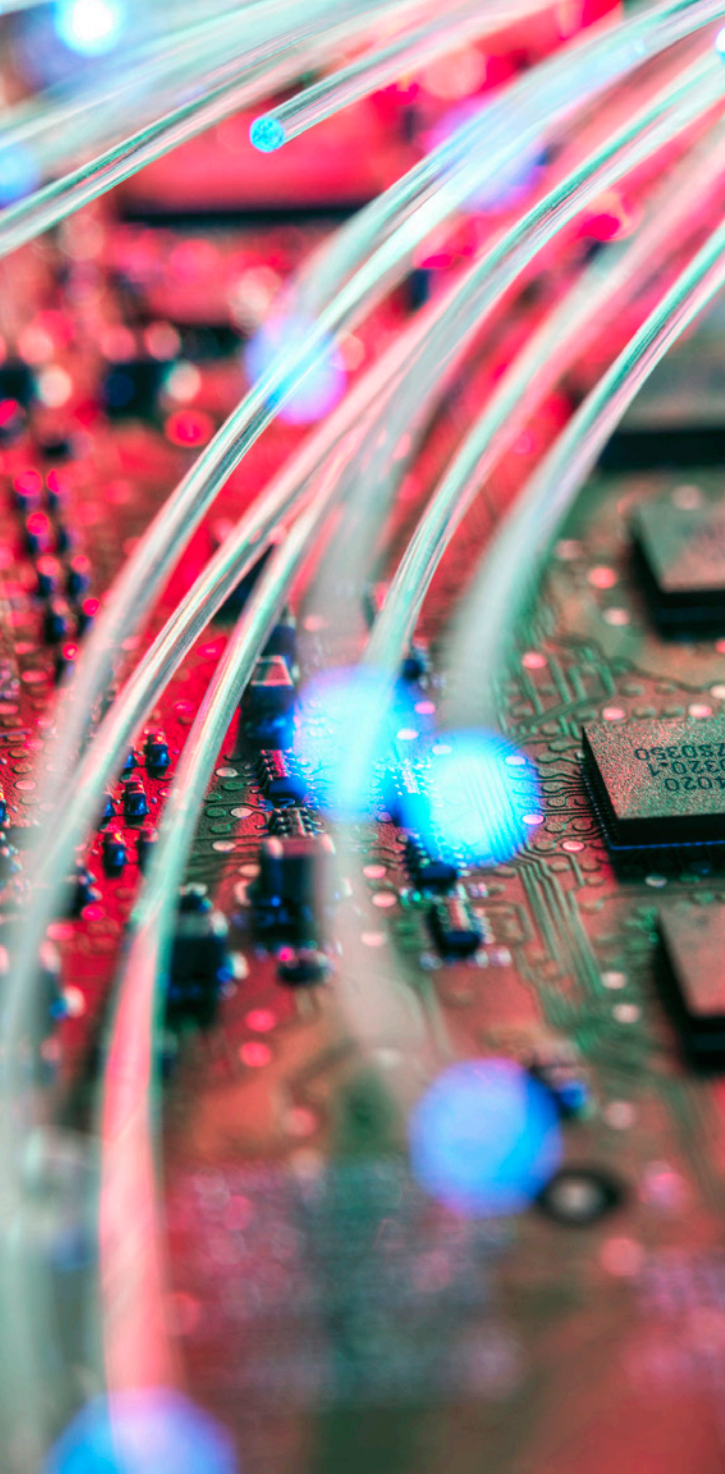
Furthermore, Sus is working on the introduction of Medanets in preparation for SDV. This is a system for documentation via smartphone, which is used in much of the inpatient care at Sus. Sus records around 7,000 readings per day as they are taken, rather than staff having to go to a computer and enter the readings manually. Its introduction will improve patient safety and enable staff to use their working time for other purposes. The introduction also marks a change to the way of working in healthcare towards more real-time documentation.



VR headsets in paediatric care make children feel safer

In a new development this year, children at Skåne University Hospital will be able to use VR headsets to alleviate fear and pain ahead of surgery. The department has noticed a difference: children feel safer and more secure, allowing for a reduction in the use of sedatives. Research points to a clear link between fear and pain. The studies show that even where medication physiologically removes all the pain, the child may still experience severe pain due to fear and anxiety. In addition, anxiety before a procedure can lead to greater pain afterwards.

“The best finding is that children who are less afraid before the procedure suffer less pain afterwards.”



Artificial intelligence (AI)

Sus has several projects underway to test and improve the use of AI.

Data lakes for health data

Sus is involved in the EU project CAIDX, which develops models and tools for the development and implementation of AI solutions in healthcare. Sus is also a driving force in a project to develop a data lake for Region Skåne's health data. The project is expected to help simplify access to health data and ensure more secure data handling, which within a few years could benefit both clinical research and development work and advances in Skåne's life science companies. The data lake will be important for the development of AI tools and machine learning.

Sus is working with the IT/MT administration on several international AI collaborations and is also planning to establish a regional AI hub.

Assisted by artificial intelligence

The Caisa project (Collaborative artificial intelligent surgical assistant) aims to develop an AI surgical assistant that can improve the quality and safety of paediatric cardiac surgery. In the future, a robot will help surgeons with simple operations in the operating room, to allow more children to undergo surgery.

The robotic colleague will be trained using image data from heart surgeries at Skåne University Hospital and other hospitals, along with computer-generated data. In the first phase, within three years the robot will have learned to recognise 20 surgical instruments that it can hand over to the surgeon during surgery, and will also have learned to recognise five anatomical structures of a heart.

Running between 2024 and 2027, the project is a collaboration between Sus, the Departments of Computer Science and Automatic Control at Lund University, Cobotic AB and Cognibotics AB. The project is also supported by the Swedish innovation agency Vinnova.

European TRAIN

Sus is part of a network of research hospitals in Europe, including Sahlgrenska University Hospital, Helsinki University Hospital and San Rafael Hospital in Milan, which will be working with Microsoft to develop AI for healthcare. The collaboration is known as European TRAIN (Trustworthy & Responsible AI Network). This places Sus in a unique position at the forefront of the new technology and gives our patients and staff a unique opportunity to access the latest technological advances.

Investments in clinical research

Skåne University Hospital has several ongoing initiatives in clinical research, including precision medicine and ATMP.

Precision medicine

2024 saw the establishment of the Precision Medicine Centre South (PMCS), a joint venture between Region Skåne and Lund University. Through close collaboration between healthcare and academia, the centre will contribute to the development and implementation of precision medicine so that more citizens are able to benefit from these new diagnostic tools and treatments.

The ambition of the PMCS is to become an international hub with a central role in research and early implementation of research findings for patients. To ensure that it remains at the forefront, a number of nodes of excellence are being established – including genomic medicine, ATMP (Advanced Therapies and Medicinal Products, i.e. cell, gene and tissue therapies), drug repurposing, health economics, digital/AI, and clinical trials – and tasked with building and continuously advancing expertise in key areas. These nodes are represented in the therapy areas, where clinicians meet the experts to discuss and establish applications for PMCS.

Ongoing research:

Award-winning research shows positive outcomes from shorter radiotherapy for prostate cancer



Ongoing research:

Clinical stem cell-based transplantation study, STEM-PD, for Parkinson's has initiated dose rises



ATMP centre

Advanced therapy medicinal products (ATMPs) are biological medicines based on cells, genes or tissues. These medicines have the potential to treat, and in some cases cure, several hereditary, chronic and fatal diseases such as muscular dystrophies, Parkinson's disease and cancer.

The ATMP centre at Sus was founded in 2021 as a gateway for industry, academia and testers to obtain support, in the implementation of both ATMPs in clinical trials and market-approved ATMPs.

At Sus, treatments with ATMPs are ongoing in several diagnostic areas, both as clinical trials and treatments with market-approved ATMPs. Treatment with CAR-T cells for lymphoma and myeloma is being carried out at Sus within Lund's JACIE-accredited transplantation unit, and several clinical trials of cell and gene therapies are ongoing in various departments in both Lund and Malmö.

By the end of 2024, Sus had a total of seven ongoing clinical trials of externally manufactured ATMPs, ten trials with completed enrolment, two planned trial starts and six market-approved ATMPs in clinical treatment.



Education and training

Research initiative reverses the trend

Researchers and research supervisors are in short supply. To reverse the trend, the Faculty of Medicine at Lund University and Sus introduced the following initiatives:

- In autumn 2022, a career course was launched to facilitate/shorten the time it takes to move from dissertation to associate professor. 2024 saw the course run for the third time, and demand was still high, with around 70 participants. So far, healthcare professionals in Region Skåne with a PhD have been able to apply. From autumn 2025, the plan is to reserve five places for the Southern healthcare region. Evaluations indicate that course participants are highly satisfied with the course content.
- To boost the number of research coordinators, a course on research coordination was launched in 2023 in partnership with Lund University. The part-time course runs for 20 weeks and is worth 15 credits. 40 students started the programme in 2024 (2023: 25) and 32 students graduated in early 2025 (2024: 18). The course is the only one of its kind in Sweden. Most students come from Skåne, but participants also enrol from other parts of the country. Most of the students are nurses, but there is a wide range of other professions too, including chemists, pharmacists and occupational therapists.

Orthopaedics

Sus was ranked highest of all the 14 clinics audited in the 2023 SPUR inspection*. The orthopaedics department has worked closely with doctors in specialist training to design a varied and stimulating ST programme, and this approach has paid off. The results now show that Sus provides extremely high quality specialist training in orthopaedics.

** The SPUR inspection is an independent review of the quality of specialist training.*

Best possible conditions for research

- Investing in research and education together with Lund University and Malmö University.
- Researchers, students and healthcare professionals work side by side using state-of-the-art resources.
- Research results are fed back to our patients in the form of new and improved diagnostics, medical treatments, care and follow-up.





Target area:

The right care at the right time (in the right place)

Providing the right care at the right time is a key objective for Skåne University Hospital (Sus). In prioritising the right care at the right time, Sus aims to create person-centred and efficient healthcare that also improves the patient experience and contributes to a more sustainable healthcare structure.

Overall, Sus availability at first contact was largely unchanged in 2024, compared with 2023, but has improved for return visits and surgery. Achievement of targets is generally low, although some departments stand out for their performance.

In terms of Sus operations in Malmö and Lund, the total production volume is down by 300 operations in comparison with the previous year, representing a decrease of almost one percent. This is explained by the fact that ophthalmology, which has a high volume of operations, has reduced its production by 12%, equating to more than 600 operations. These large volumes have a knock-on effect for Sus overall, in terms of both production and availability.

However, even with eye care included, the number of operating minutes at Sus has increased (by one percent). This is due to a general increase in long operations – a development that aligns with Sus' mission as a university hospital.

The number of patients waiting more than 90 days for surgery has decreased by 4% compared to 2023. The number of people waiting more than 365 days for surgery has also fallen, by 22%.

Change projects that make a difference

Increasing availability is a high priority for Skåne University Hospital and a great deal of change work is underway. Some examples are given below.

Production management increases availability

The endocrinology, renal and rheumatology department invested in a production management structure and model in 2024. Working with the model and having a clear focus on first contact has improved the availability of first contact by five percentage points, taking it above 85%. Rheumatology has also introduced a new function, the return visit coordinator, who actively identifies available appointments, re-prioritises patients and re-schedules appointments that patients re-book. This change has freed up around 700 patient slots, thus increasing production and improving availability.

The memory disorders unit has been working on planning its production according to a person-centred waiting time that is optimal for its patient group. Through good planning and careful preparation of patients and relatives before the visit, the goal of offering an appointment within six weeks has now been achieved. Fulfilment of the first contact target is up by 13 percentage points and 90-day availability compliance is 97%.

More ablations with new lab

In 2023, Sus invested in a third ablation lab to meet a growing need for ablation mainly of patients with symptomatic atrial fibrillation. The third ablation lab, combined with intensive planning efforts, has led to a 26% increase in ablation production in 2024, compared with 2023.

Fewer people waiting for surgery

In 2024, the endocrine sarcoma team in Lund worked off much of the long-term queue for surgery. The numbers waiting for surgery have fallen from 450 to 250 patients. Systematic work on quality assurance of waiting lists, coordination, level structuring and follow-up contributed to this result.

Cooperation and new solutions cut queues

March 2022 saw the launch of a plan to improve access to MRI scans.

Two years later, we have evidence of major improvements.

From 9,502 people waiting in December 2022



to 1,147 people waiting in December 2024





Outpatient and day surgery

Outpatient treatment can reduce the need for inpatient care.

Work on moving to more day surgery also continues, with Sus already making great progress. More day surgery and outpatient operations reduce the need for inpatient beds, free up capacity on surgical wards and, above all, benefit patients.

In haematology, all acute leukemia treatment was previously provided in inpatient settings. Since 2022, all patients receiving curative treatment have been able to be offered intensive outpatient CADD pump chemotherapy from the second treatment cycle.

In oncology, the most common chemotherapy treatment for sarcoma patients has been shifted from inpatient to outpatient care by changing the administration procedure.

These changes have freed up care days, which has had a positive impact on the department. Patients have been given more opportunities to remain in their own homes and spend time with their loved ones during a difficult period, which has been much appreciated by patients.



342

More day surgery operations

Within specialised surgery, the switch enabled 342 more day surgery operations in 2024, compared to 2022.



7.7%

Outpatient operations

Outpatient operations at the hospital have increased by 7.7%, compared to the same period in 2022.



Hospital at Home improves quality of life and frees up resources

Hospital at Home is an innovative form of care that allows patients to receive specialised care at home, with the same high quality as in hospital. Moving care to the home frees up important resources while significantly improving patient well-being.

Being cared for at home gives patients more reassurance and involvement in their care, while reducing the risk of healthcare-associated infections and other complications. Patients recover faster, sleep better and experience less stress. Evaluations show that 99% of patients and their families are satisfied and feel safe, and an overwhelming majority would recommend this form of care to others. In addition to the patient-centred benefits, Hospital at Home is a cost-effective solution that delivers a 30% to 50% saving, compared with traditional inpatient care. It is therefore not just a response to today's challenges, but also an important step towards adapting care to the needs of tomorrow.

Since its launch in 2021, around 2,000 patients have received hospital care at home, and every day, around 30 patients are able to receive specialised care at home instead of being admitted to hospital. The number of patients cared for each day in the two teams is equivalent to one large ward.



The same high medical quality as in hospitals.



Greater levels of satisfaction, confidence and participation.



Reduced risk of infections.



More efficient use of healthcare resources.

Restructuring emergency care flows

The Restructuring emergency care flows project has ensured that thousands of patients have received care at the right level, at the right time, without having to go through an accident and emergency department. Recently, the stronger collaboration between Skåne University Hospital and primary care was recognised with the award of Region Skåne's Diabasen prize.

The project includes around 80 public and private health centres, along with the accident and emergency departments for children and adults and all the other specialised care units at Sus. The health centres now have a consultation number that the specialists can call and vice versa. In addition, urgent appointments and extended urgent day care provision are available within specialised care.



Stronger cooperation has paid off: Since January 2023, as a direct result of this work, almost 8,000 patients have been able to avoid waiting in accident and emergency, and have instead been directed straight to the right level of care.



Target area:

Patients and public trust

As far as Skåne University Hospital (Sus) is concerned, patient participation and public trust are the pillars of successful and sustainable healthcare. Involving patients in their own care, and in the development of care, is crucial in building a strong and meaningful relationship with the people we serve. Sus strives to create a person-centred and trustworthy healthcare system that promotes stronger and more socially relevant healthcare in Skåne.

BB My Midwife Malmö

During the year, work continued on a new care model to be introduced in the autumn, which will provide extra reassurance for pregnant women with a fear of childbirth, anxiety and worry, or who do not understand Swedish. The midwife remains assigned to the pregnant woman throughout her pregnancy, during childbirth and in the aftercare. BB My Midwife is being implemented as a project at Sus in Malmö over the course of three years.

Having the same midwife creates scope for building trust and increasing participation throughout the care chain. The lead midwife is supported by a team of midwives and the pregnant woman meets all the members of the team during her pregnancy to ensure continuity.

Women can be offered this care model via referral from primary care (private and public midwifery clinics in Malmö) or by making their own care request. This model of care, known internationally as Caseload Midwifery, is well established in many countries, including Australia, England and Denmark.





The Magnet model at Skåne University Hospital

Nursing, leadership, satisfied and involved patients, and continuous development are the focus at Skåne University Hospital. With the Magnet model providing a suitable framework, Sus has decided to implement it as a strategy for nursing.

The Magnet model is not in itself a ready-made way of working, but rather a strategy for systematically reviewing activities, practices and structures. Based on patients' experiences and nursing outcomes, areas for improvement are identified and work is developed to promote good, safe, person-centred care, not to mention a workplace with a good work environment and job satisfaction.

Evaluating and measuring results is key to the Magnet model, based on a specially developed patient survey and point prevalence metric for nursing (PPM Nursing). The patient surveys consistently indicate high satisfaction levels among the majority of patients, laying a solid foundation for the development and implementation of more person-centred approaches.

The autumn patient survey showed that:

- over 95% of patients felt safe
- patients' perception of involvement stands at around 87%

In this year's second PPM Nursing for Sus' Magnet wards, the results show positive movement in several areas during the autumn, including

- a higher percentage of patients receiving adequate pressure relief, 75%, compared with 47% in April 2023
- 88% of patients said they felt they had been involved in their care to the extent they wanted, compared with 82% in April 2023

PPM Nursing also identified areas for improvement, such as further increasing the number of insertions with no remarks, i.e. correctly fixed without leakage under the dressing, and correct labelling in accordance with the Care Manual.

Nursing council within the Magnet model

A hospital-wide nursing council has been set up, with a view to creating commitment and a strong mandate within the nursing profession, in order to better utilise clinical skills, develop nursing quality and share knowledge within the hospital.

The Magnet model at Skåne University Hospital

The Magnet model was introduced at Sus in 2022 and is gradually being rolled out across more departments.

- The model includes five key focus areas:
 - excellent nursing work
 - developmental leadership
 - structures for personal development and authority
 - new knowledge, innovations and improvements
 - measurable results
- We employ continuous measurement in our drive to improve the quality of care, the work environment and the patient experience.



Nursing Leader of the Year and Nursing Quality Award

2024 was the inaugural year for Nursing Leader of the Year and the Nursing Quality Award. The awards were developed within the framework of the Magnet model and aim to shine a spotlight on employees and quality work that have made things a little bit better for patients. The awards are also a key element of our ambition to be a Magnetic hospital, celebrating and recognising when we have done something well. Any staff member can enter someone in one or both categories, and the winners are then selected by a jury based on set criteria.

This year's winning nursing leader was specialist nurse Petra Ek on medical ward 3 in Malmö, with the jury praising her as "a role model, inspiration and lifeline for many people". Petra has worked in the department for 24 years and developed a high level of expertise and experience, which she shares in an easy-going and instructive way.

This year's award for quality work in nursing went to the intensive and perioperative care unit in Malmö, which was recognised for its work in quality assuring entrance and exit sites. The introduction of a sticker in the anaesthesia record with the acronym PECKA (Swedish for peripheral entry, epidural catheter, central entry, catheter, other) has encouraged staff to quality assure entrance and exit sites in a simple and structured way before the patient leaves the ward.



Employees

Region Skåne's attractiveness as an employer is crucial for meeting talent requirements both today and in the future. Being an attractive employer with professional operations means constantly working to create an attractive workplace, supporting employee development and making the right use of skills and expertise.

Improvements to staff churn

Staff churn fell in 2024, compared with 2023, with the reduction occurring in all major occupational categories. Churn has decreased most among nurses.

The churn rate among permanent staff decreased overall in 2024, compared with 2023, indicating greater stability within the organisation. This decrease is reflected in the three largest staff groups: nurses, assistant nurses and specialist doctors. Having experienced a slight increase in staff churn in 2023, nursing turned the tide in 2024 with a drop in churn.



Agency staff costs

The cost of agency staff decreased by 84% in 2024, compared with the same period last year, with a figure of SEK 25.6 million in 2024, against SEK 160 million in the previous year. The cost mainly relates to locum doctors' hours, with no cost for agency nurses following the total freeze imposed in the region on 15 January.

Sickness absence

Overall, the proportion of long-term sickness absence, defined by the Swedish Association of Local Authorities and Regions as over 60 days, is lower than the proportion of short-term absence. Both long-term and short-term sickness absences are decreasing within Sus,

with sickness absences at Sus now down for the third year in a row. Absence has fallen to 5.8%, the lowest rate for the period since 2019, when sickness absence stood at 5.3%.

Joint work on health promotion factors began in 2024 across the administration, making an integral contribution to our work environment goal: "Active work environment management will lead to healthier employees". The result will be followed up in 2025 by examining whether sickness absence has decreased in the administration.

Clinical foundation year for nurses

The clinical foundation year is offered with the help of lectures by staff from the various medical specialties, mainly specialist nurses. During the spring semester, Sus offered ten sessions on different subjects in accordance with the regional programme. A total of 730 nurses participated.

Assistant nurses

Lectures on nursing, including some practical skills, were held for assistant nurses, with a total of 120 participants.

Funding for specialist training

In 2024, 126 staff members received funding for specialist nurse/ midwife training. 82 graduated during the year.

In addition, 15 assistant nurses passed their supplementary vocational training.

5.8%



Sickness absence has fallen to 5.8% – the lowest rate for the period since 2019.

12.3%



Staff churn is down from 13.8% in 2023 to 12.3% in 2024.

4 percentage points



For nurses, **staff churn** has decreased by 4 percentage points.



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