Tartu Ülikooli Kliinikum

CONSOLIDATED ANNUAL REPORT 2024

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Address by the Chairman of the Board

In 2024, we celebrated a big birthday and moved closer to our patients

Last year was more festive than usual for us, as Tartu University Hospital celebrated its 220th birthday. The Hospital's three pillars, namely the long traditions of treatment, teaching, and research, were born and continue to thrive alongside Tartu University, whereby we continue to apply the latest scientific knowledge and achievements to the service of our patients. The Hospital plays the same role in the Estonian Hospital Network Development Guidelines 2040, which emphasise the importance of a university hospital. This means that, in addition to providing healthcare services, the Hospital also has a role to play as an academic centre of excellence, promoting medical education and leading research and development in the field together with the university.

Patients, staff, and the infrastructure needed for a university hospital are the three additional pillars without which we could not perform our activities. It is fair to say that 2024 was an unusually busy year for the Hospital. While the number of hospital inpatients was comparable to 2023, the volume of outpatient services increased year-on-year; for example, the number of nurse and midwife visits increased by as much as 9,000. Emergency department visits also increased year-on-year, with 86,000 patients receiving emergency and urgent care at the Hospital. Altogether, the Hospital provided healthcare to patients in more than 750,000 instances.

Patients must get the treatment they need at the right time. To move towards this goal, the Hospital has paid more and more attention to e-consultations, and in that, we can call ourselves leaders in Estonia with 36,219 e-consultations in 2024. Our valuable partners in this effort are general practitioners, who subscribe to e-consultation in more than 80% of cases.

The number of doctors' appointments has also increased outside Tartu. As the university hospital's services are intended for all Estonian residents, we also brought our services physically closer to patients. The cabinets opened in Lõunakeskus allow people from Tartu and southern Estonia to comfortably take part in screening tests on the side of other errands or have the necessary radiological examinations without coming to the hospital. Also, the Hospital's Tallinn clinics have moved to the new Ülemiste City Health Centre, whereby units that have been receiving patients in different locations can now offer modern conditions to both patients and staff. In turn, patients in northern Estonia will have better access to health services at the university hospital.

I believe patients have noticed the Hospital's efforts towards becoming more patient-friendly. We value our patients' opinions highly; therefore, we has started to calculate a monthly Net Promoter Score (NPS) in all our outpatient units, which receive nearly half a million referrals a year. Anyone interested can follow the numerical patient assessment on the Hospital's website. Over the past year patients gave encouraging feedback on the image of the Hospital. The Kantar Emor survey on the image of medical institutions, conducted in the summer of 2024, focused on three key indicators: high quality of care, reliability, and patient-friendliness. Estonian residents ranked the Hospital as the brand with the highest quality of care among hospitals, and the most trusted healthcare institution. Respondents also ranked the Hospital as one of the most patient-friendly medical brands. Thank you to our patients for the vote of confidence!

Alongside all the positives, however, there is also cause for concern, as we are fully aware that the health sector is facing challenging years. Nor has the volatile international situation gone away, forcing us to prepare for the unexpected. As our employees play a strategic role in the country, we will continue with major exercises. It is essential to ensure access to health services in a changing environment. As our constant priority, it may require different solutions, for example in the form of paid services.

The Hospital sees small miracles every day, as I like to say. Thank you to the staff who make them happen and to the patients who continue to appreciate us!

Priit Perens
Chairman of the Management Board

The Hospital's timeline for 2024

JANUARY

- On 3 January, the **first and only triplets of 2024** were born at Tartu University Hospital. The birth of triplets is always a special event at a Women's Clinic; in 2023, for example, 27 pairs of twins but no triplets were born there. Brothers Remi, Rico, and Ralf were born exactly one minute apart.

- January 3 marked the **25th anniversary of the first liver transplant** in Estonia and the Baltics that took place at Tartu University Hospital. The method, introduced by Dr Toomas Väli in 1999, requires excellent teamwork and a well-functioning hospital and logistics system, both in-house and out. While the first liver transplant took more than 20 hours, it now takes 6–8 hours on average. There are dozens of different people in the patient's care team, both during and after the transplant. Since the Hospital is a member of Scandiatransplant, our patients have significantly wider options than before, and it is not uncommon for a donor liver to arrive from a Scandinavian country. Liver transplantation is indicated for patients with end-stage liver disease and in whose case tablet therapy no longer cures the disease but relieves symptoms. Most transplanted patients can lead a full life, for example, enjoy physical exercise or travel.

- On 11 January, a **thank you and welcome event** was held for the Hospital's chief nurses, celebrating their new leadership term. Chief nurses are members of the Hospital's clinical leadership team who perform the important role of leading nursing and care in an integrated way with teaching, development, and research, while improving the patient experience in both their unit and the entire Hospital.

- On 12 January, the Hospital celebrated the inauguration of Estonia's first **Children's MRI Centre**, where parents can stay with the child throughout the examination, which reassures both the young patient and the parent. In addition to the radiology team, an anaesthesiologist is also present with the young patient throughout the examination. The Hospital performs around 600,000 radiological examinations for adults and children a year, including X-rays and computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound examinations for children. MRI scans are performed on children for different reasons, such as, neurological emergencies, rare diseases, epilepsy, or unclear developmental delay. The scan is increasingly prescribed in case of

suspected cancer diagnosis in children, in cases of various surgical issues and rheumatic conditions, and to test children with heart defects. Safety is one of the most important considerations when choosing a paediatric examination, which is why a medical specialist and a radiologist collaboratively decide on examinations.

- On 18 January, Tartu University Hospital held its **second research and development conference,** which showcased thriving research projects, successful training experiences, and doctoral theses defended in 2023. In 2024, 15 research and

development projects received funding from the Hospital's Development Fund, totalling €896,959. In addition, €36,746 was allocated to 9 training activities, including staff traineeships in foreign hospitals or professional training in Estonia.

- From January, **the number of oncologists' appointments in Narva** was increased to offer patients the earliest possible diagnosis and treatment of tumours close to home. Appointments at Narva Hospital are available for all residents of the area.

- Late January saw the completion of the **reconstruction of the A wing at L. Puusepa 8** or construction phase IV of the medical campus. The A wing has been reconstructed in different phases, and its last phase was the construction of floors 2 to 4. The signature colour of wing A is green, and to provide convenient logistics for the Eye Clinic patients, a bridge was built on the second floor connecting the J wing and the A wing, decorated with a continuation of the "Tree of Life" motif from the phase II art competition's winning work by Tiiu Pirsko and Mati Veermets.

- From January, the Hospital has facilities to **make tablets with a 3D tablet printer unique to Europe** that enables the production of highly accurate doses of the medication in the patient-friendly dosage form. 3D-printed tablets are particularly helpful to children and patients with swallowing difficulties. According to Jana Lass, senior pharmacist at the Tartu University Hospital Pharmacy, many medicines are not produced in doses suitable for children because the pharmaceutical industry primarily focuses on adults, the larger consumer group. The Children's Foundation financed the purchase of the 3D tablet printer.

  > *Printed tablets are more patient-friendly than powdered tablets, for example, because they are easier to take," senior pharmacist Jana Lass explained.*

FEBRUARY

- On 7–14 February, the International Congenital Heart Disease Week was celebrated at the Heart Clinic's initiative to raise public awareness. In 2024, the events of the theme week in Estonia focused on adults with congenital heart defects and reminded them to visit a cardiologist specialised in congenital heart defects. Dr Maarja Maser, a cardiologist at the Heart Clinic of Tartu University Hospital, who has extensive training in adults with congenital heart defects, said that the main and biggest concern for these patients is that they disappear from the doctors' view after they reach adulthood.

  > *The main problem is that regular follow-up of patients with congenital heart defects is often interrupted at an age when the patient makes a transition from a paediatric cardiologist to an adult cardiologist. Most patients with congenital heart defects require lifelong monitoring, regardless of whether or not they have complaints. With regular monitoring, it is possible to ensure a near-normal quality of life, which includes an active working life, raising a family, and engaging in sports. In order to be able to spot and prevent potential health risks, patients with congenital heart defects should discuss these steps with their cardiologist before planning major life events, such as pregnancy, sports competitions, or non-cardiological operations. In the absence of monitoring, the patient may, quite unnoticed by himself or herself, develop intractable or even irreversible problems with heart functions, such as worsening of valve stenosis, deterioration of ventricular function, exacerbation of heart failure, life-threatening arrhythmias, and even sudden death," explained cardiologist Dr Maarja Maser.*

- On 21 February, research completed **by the Hospital's staff was awarded an annual national prize.** The research prize is awarded for the best research papers completed and published

in the previous four years. The Annual Award of the Republic of Estonia was awarded to Prof Aare Märtson, Chief Medical Officer and Senior Lecturer of the Orthopaedics Clinic, and Dr Katre Maasalu, Head of the Orthopaedics Clinic, for the series "Molecular Mechanisms and Treatment of Orthopaedic Diseases", and to Dr Viljar Jaksi, Head of the Dermatology Clinic, for the series "Tissue regeneration and the extracellular matrix". Viljar

Jaks shared his prize with Prof Peep Palumaa from Tallinn University of Technology.

- On 29 February, **World Rare Disease Day was celebrated** to draw attention to rare diseases and their treatment. Although these diseases are rare in isolation, the number of people with rare diseases is high – Estonia has up to 80,000 residents with rare diseases, and more than 6,000 different rare diseases have been identified worldwide. The Hospital has a unique centre of excellence for rare diseases to support the rare disease patient's treatment pathway, from early diagnosis and counselling to treatment.

- Since February, the Hospital has been using **navigation robots** to help patients and visitors find the desired location. The two Estonian-speaking guide robots, named Linda and Kalev, guide the patient to the right place through the building's long corridors. Robots point the way on the ground floor of the main building at L. Puusepa 8. If the place to be found is on a different floor, the robot will guide the patient or their escort to the correct lift area.

- In February, **President Alar Karis honoured the Hospital staff of the with national decorations.** The Order of Merit of the Estonian Red Cross, Second Class was awarded to Professor Aare Märtson, Chief Medical Officer, Senior Lecturer, and Head of the First Clinical Department. Prof Märtson has dedicated his life to the practice and development of orthopaedics at Tartu University Hospital and the University of Tartu. As a long-serving Chief of the Orthopaedic Clinic, he has promoted treatment, education, and research in Estonia and abroad. He has been extremely dedicated to treating his patients, and thanks to his work, thousands of Estonian patients, from young children to the elderly, have received help. The Orders of Merit of the Estonian Red Cross, Fourth Class were awarded to Dr Maris Suurna and Dr Katrin Kruustükk, who work at the Tartu University Hospital Ear Clinic. Dr Maris Suurna has been a pioneer of ear surgery in Estonia, and under her leadership, the first cochlear implants were performed at the Hospital almost 25 years ago. The cochlear implant allows people with

profound hearing loss, for whom the use of hearing aids does not give the desired results, to perceive sounds and distinguish speech. Dr Suurna was the first surgeon to perform a cochlear implantation in Estonia. Dr Katrin Kruustük, in turn, was the first Estonian ear, nose, and throat specialist who started implementing (young) children's in-depth hearing examinations and diagnostics, as well as indications for cochlear implantation and the management of their treatment journeys. She still spearheads the relevant treatment team today, and all successive specialists will acquire their skills under her guidance.

- In February, the Hospital introduced **artificial intelligence to prevent and detect falls.** The Hospital's Internal Medicine Clinic was the first in Estonia to implement the system.

MARCH

- On 19 March, t**he City of Tartu organised a large-scale exercise** to rehearse the cooperation skills of front-line staff. The Hospital was represented by the Emergency Department, where patients were hospitalised following various incidents in the city, according to the exercise scenario.

- From March, patients of the Hospital can **take laboratory tests in the comfort of their local hospital**, making the patients' treatment journey faster and more convenient.

> *While the practice used to be that the Hospital's patient would take their labs, such as blood tests ordered by a specialist doctor on site in Tartu, the Hospital and other South Estonian hospitals now provide the option to have the tests done near home, thanks to cooperation with laboratories in Estonian hospitals. This considers more than before the time spent by the patient and the complexity of their medical condition. For example, if blood tests need to be taken over a longer period to monitor the treatment, there is no longer a need to travel to Tartu especially, but it can be done where it is more convenient," said Pille Mee, a Senior Bioanalyst at Tartu University Hospital's United Laboratories.*

Labs can now be taken in the laboratory analysis cabinets of Viljandi, Põlva, Valga, and South Estonian hospitals.

> *Thanks to eHL, the common information system of these hospitals, the specialist will already know the results of the patient's analysis by the time the patient comes in for an appointment, treatment, examination, or procedure," said Pille Mee to introduce the benefits of the new system.*

- In March, the Hospital launched a **series of health workshops** for patients, their relatives, and the wider community. The workshops aim to support people in taking care of their health. At these workshops, the Hospital staff provided health advice on various topics and taught new skills to maintain and promote health. Each workshop focused on one or two specific topics. In addition to practical skills, participants could ask the University Hospital's staff for advice on reliable health information.

APRIL

- From 1 to 28 April, the Hospital **carried out an outpatient satisfaction survey** to identify patients' experiences and satisfaction with outpatient services, and to take into account the patients' suggestions for the organisation of outpatient care.

- On 19 April, Tartu University Hospital was awarded both the Golden Egg and the Bronze Egg at the **final event of the Golden Egg Festival of Creativity.** A record number of design, marketing, and communication entries, 1,037 in total, took part in the Golden Egg competition, of which 490 were selected as finalists by the jury. A Golden Egg in the environmental design category was awarded to illustrator Marju Tammiku and Unt/Tammik design studio for the Hospital's wall art "Tireli-tareli-tiit". In addition, a Bronze Egg in the Corporate Communication category was awarded to the Hospital's communication team for the way the magical world of "Tirel" was integrated into communication activities and messages.

- On April 20–21, the Hospital's old pink Children's Clinic building participated in the **Open House programme.** The event was part of the cultural programme of the European Capital of Culture Tartu 2024, which included two days of open doors at buildings of architectural value or buildings that are normally closed to the public. In the old pink house, visitors heard fascinating stories about the history of the building and the staff and patient experiences. The old pink building of the Children's Clinic became the most popular and visited building of the Open House programme. Over the two days, 479 people visited the building.

MAY

- **On 13 May, Tartu University Hospital celebrated its 220th birthday.** The Hospital staff, patients, and students enjoyed the festive birthday cake. It was on 13 May 1804 that the first patient was admitted to the hospital, founded 220 years ago. The University of Tartu's medical clinicum or hospital was officially opened on 1 May 1804.

Over the past 220 years, Tartu University Hospital has grown from 8–9 beds in its early years to

963 beds today. A hospital that once had only a few employees has become one of the largest employers in Estonia, with more than 5,000 staff members working together to provide the best care for patients. While 90 patients were treated in 1804, that number has somewhat increased by 2024. More than 750,000 appointments were made to outpatient clinics, day care, hospital, dental, emergency, and other health services. In 2024, 305 scientific publications were published by the Hospital staff, and 111 new research projects were initiated. All in the name of putting science at the service of patients.

→ On 24 May, **the Clinical Research Award, the best scientific article in the journal Eesti Arst and the Neinar Seli's Research Scholarships were awarded at the Hospital's opinion lunch:**

- the winner of the 2024 Clinical Award was Dr Kaja Julge, whose life's work has been the development of allergology, both at Tartu University Hospital and in Estonia as a whole.
- Neinar Seli's scholarship was awarded to Dr Sander Pajusalu and Prof Katrin Õunap.
- Every year, the Hospital rewards the best scientific article published in the journal Eesti Arst, which in 2024 was Markus Louis Mühlberg's and Maksim Zagura's article "Computed tomography angiography in the diagnosis of coronary heart disease".

→ On 29 May, the spouses of the Presidents of Estonia and Finland **Sirje Karis** and **Suzanne Innes-Stubb** visited the Hospital. The guests' journey started in the Emergency Department, where they learned about the treatment of sexual violence survivors; next, the dignitaries moved through the maternity ward; and finally, they got an overview of the mental health concerns of children and adolescents.

→ In May, the Hospital, in collaboration with the Medical Students' Union (MVÜK), recognised **the best lecturers** who supervise students at the Hospital. In 2024, dental students nominated Dr Mari-Liis Aro as the best dental lecturer, while medical students nominated Dr Lauri Heina as the best medical lecturer.

→ In May and June, a **new cancer treatment procedure** was carried out at the Hospital. The multidisciplinary paediatric tumour treatment included different cancer treatment methods, including high-dose I131-mIBG therapy combined with systemic therapy and haematopoietic progenitor transplantation. According to Dr Tiina Kärner, Head of the Hospital's Department of Nuclear Medicine, this was the first time in Estonia that I131-mIBG was administered repeatedly in high doses, two weeks apart.

> *"I131-mIBG is a radioactive iodine-labelled analogue of noradrenaline, administered to the patient alongside chemotherapy. The treatment aims to deliver a maximum dose of radiation expected to destroy tumour cells to those tumour cells that express a tumour marker. Considerations before the procedure include the maximum whole-body radiation dose allowed for the patient, as well as the fact that the treatment inevitably leads to bone marrow damage and the need for a haematopoietic progenitor transplant. Treatment requires prior diagnosis with the same marker," Dr Kärner explained.*

Today, combined treatment of oncological diseases in children is only performed at Tartu University

Hospital in cooperation with several departments. A significant component of successful treatment is courage of the patient and excellent cooperation from the parents.

> *"The treatment requires a nuclear medicine team including a physician, a medical physicist, and radiology technicians, as well as a paediatric oncology team with bone marrow transplantation capacity and appropriately qualified doctors and nurses, plus around-the-clock availability of paediatric intensive care," described Dr Kärner.*

JUNE

- On 6 January, the **fourth environmental conference, "Healthcare and the Environment"**, was held at Tartu University Hospital to discuss the sustainability of hospitals, the impact of climate change on human health, and the green disposal of medicines. The conference underlined the health sector's and citizens' responsibility to reduce environmental impact and promote sustainability. In collaboration with the Infection Control Service, infections caused by climate change were also in focus this year.

- On June 12–14, the of the Nordic Orthopaedic Federation Congress awarded the best research paper title to the presentation **"Arterial stiffness after total joint arthroplasty: results from the CAMERA study"** by Dr Kaspar Tootsi, co-authored by PhD student Kadri Loorits, Prof Jaak Kals, and Prof Aare Märtson.

> *"The paper I presented is part of the CAMERA study, which has received a research grant from the Estonian Research Council, to investigate the cardiovascular and metabolic risk changes after endoprosthesis. While arterial stiffness increases every year in normal population, then in patients with significantly poorer arterial health and who are undergoing endoprosthesis, will be on a par with the general population within seven years and will no longer be at increased risk. It is the first study to observe changes in arterial stiffness after endoprosthesis over such a long period," explained Dr Kaspar Tootsi.*

JULY

- **A high-level conference on organ donation and transplantation** was held in July in Hungary, where Virge Pall, Head of the Hospital's Transplant Centre, represented Tartu University Hospital and Estonia. The conference provided a comprehensive overview of multiple aspects of the use of human donor material with a primary focus on health policy debates. The event's motto was "Every life-saving organ transplant starts with the decision to become an organ donor".

AUGUST

- On 13 August, the Hospital's Department of Cardiovascular Surgery performed **a novel operation on a patient with severe mitral insufficiency underwent open mitral valve prosthesis with a working heart.** According to Dr Arno Ruusalepp, Head of the Cardiac Surgery Department at the Hospital's Heart Clinic, the patient, in his 60s, required surgery because of severe mitral insufficiency.

> *"The patient's heart disease could not be treated with catheter-based methods and required surgical methods instead. As the patient had undergone a still well-working aortocoronary shunt 15 years ago to relieve coronary artery disease, conventional cardiac surgical techniques would have been too risky and damage the heart muscle during surgery," Dr Ruusalepp explained.*

While the heart is normally stopped for valve surgery and to open the heart cavity, the heart was opened, and a prosthesis was fitted to a working heart in this operation.

> *"This is the first time using this technique in Estonia as far as I know, and the complication of such an operation is the risk of a possible air embolism, i.e., air entering the aorta. When deciding to operate, we relied on our prior research and knowledge of the physiology and physics of artificial circulation, while considering the high risks involved. We set up a supporting artificial circulation through the femoral grooves, and while the heart is usually approached from the mid-line through the sternum, then this time, we had to make an intercostal incision to*

save heart muscle and not risk damaging the coronary shunts," the heart surgeon described.

- On August 14–17, the Hospital's old pink building, or the former Children's Clinic, hosted a **Youth Festival** as part of Tartu 2024. The festival featured an art house project "WHERE is METRO" in the former Children's Intensive Care Unit, as well as a mini-concert "WHERE is the stop?" and an escape room titled "The Secret of the Pink House". In the escape room, participants took part in an exciting and adventurous game inspired by escape rooms, guiding them through the old children's hospital.

- On 21 August, the Hospital **staff went on a raft trip on the Võhandu River**, where the employees of different units spent time and competed with each other. Board member Ilona Pastarus summarised the day by saying, "It was a great and competitive event! The weather was good, and some boats got more soaked than others, but everyone was happy. No wonder if the next step will be the Võhandu Race!"

- On 26 August, the Hospital's **entire staff was treated to a summer-end concert**, where singer Ines and the band Terminaator performed for more than 1,000 employees.

- On 28 August, bacteriophages were used for the first time in Estonia at the Hospital's Orthopaedic Clinic to combat the purulent inflammation associated with joint endoprosthesis. This is a breakthrough in Estonian medicine, as the use of bacteriophages in treatment requires extremely thorough preparation. According to the Hospital's Orthopaedic Surgeon, Dr Kaspar Tootsi, infection or inflammation of tissues around a joint replacement is a rare complication in large joints, while if it occurs, it is a serious one, requiring repeated operations and a long recovery.

> *Another challenge to the treatment process in these cases is the emerging resistance of bacteria to antibiotics. For this reason, different solutions have been sought both at the Hospital and elsewhere in the world to prevent and treat infections related to joint replacement," the orthopaedic surgeon explained.*

According to Dr Tootsi, the use of bacteriophages is a milestone for both the Hospital and Estonian medicine, because using viruses for treatment is complex and requires extremely thorough preparation. Tartu University Hospital's Pharmacy was also involved in the preparations, for it is the only pharmacy in Estonia that can manufacture bacteriophage medicine. According to Senior Pharmacist Jana Lass, introducing such a novel method also meant close communication with the Estonian Agency of Medicines to think through the appropriate conditions for preparing and handling bacteriophage administration at the Hospital.

> *We also had to upgrade our pharmacy licence, which means that the Tartu University Hospital Pharmacy is the only place in Estonia where bacteriophages can be prepared for human use. It was an exciting process for the Hospital's pharmacy, and in the future, we hope to use it to contribute to treating patients with the complex treatment options described above," said Lass.*

- In August, **Dr Marjo Sinijärv** took up the post of Head of Clinical Area 3 and **Dr Raili Randoja** became the new Head of the Blood Centre.

- In August, Kantar Emor's branding survey of medical institutions revealed that **Tartu University Hospital has the strongest image in Estonia.** From 10 to 17 June, Kantar Emor conducted a survey on the image of different medical institutions to map their reputation, reliability, patient-friendliness, and quality of care. Estonian residents ranked the Hospital as the brand with the highest quality of care among hospitals (56% of respondents), and the most trusted healthcare institution (59% of respondents). Respondents also ranked the Hospital as one of the most patient-friendly medical brands (37%).

SEPTEMBER

- On 4 September, the Estonian Hospitals Association held its autumn conference, **Health of Healthcare 11**, which was co-organised by Tartu University Hospital. On 5 September, the conference was followed by the Hospital's birthday conference, **220 Years of Science at the Service of Patients**, to reflect on the past, present, and future of the university hospital and recognise that the whole timeline is characterised by the close integration of treatment, teaching, and research. According to Priit Perens, Chairman of the Hospital Board, being the only university hospital in Estonia is a great value, but it is also an obligation to the health of the Estonian people and to forming the future generation of healthcare. "We have arrived at the present moment together with the university, and together with the university, we will go on from here," said the Chairman.

- On 4 September, the Hospital was awarded the **Attractive Employer Award**, which means that students voted the Hospital one of the most attractive employers. The most attractive employers were identified through a nationwide survey of job expectations and employer reputation, carried out by the Employer Branding Agency. The survey tested the attractiveness of a total of 301 Estonian organisations.

- On 6 September, **Bajram Begaj, the President of the Republic of Albania, visited the Hospital with his wife Armanda Begaj**, as part of their state visit to Estonia. The dignitaries were welcomed at the Hospital with a tour of the Emergency Department, and given an overview of research and development activities, as well as the treatment of congenital heart defects, and the process and organisation of organ transplantation.

- From 17 September, the **Hospital's Community School** began a new period, expanding its activities from schoolgoers to the elderly. The Hospital also launched a Community School Portal for people of all ages. The Community School aims to promote health-conscious community development and strengthen links between the university hospital and the community. To provide reliable information, the Hospital's Community School Portal offers free access to various short courses, two-minute lectures, and other information materials. Topics on the Community School Portal include first aid at home, mobility breaks for office workers, and patient safety during hospital stays.

- On 20 September, the Hospital was awarded the **Best Interior Design** prize at the Estonian Design Awards competition. The Tartu University Hospital's interior design project "Tireli-tareli-tiit" was awarded in the category "Design in space", in collaboration with design studio Unt / Tammik and illustrator Marju Tammik.

- On 26 September, the new **Ülemiste City Health Centre** was inaugurated in Tallinn, accommodating the Hospital's various Tallinn units. At the new Health Centre, both the treatment conditions for patients and the working conditions for the staff will improve. According to Priit Perens, Chairman of the Hospital Board, it was a long-awaited move to shared premises for staff working in Tallinn.

> *The Hospital's Men's Clinic, Genetics and Personalised Medicine Clinic, including a Centre of Excellence for Rare Diseases, and the Sports Traumatology Centre have so far worked in different locations in Tallinn. At the Ülemiste*

City Health Centre, we bring the services of Tartu University Hospital under one roof in the capital, improving both the patients' treatment conditions and the staff's working conditions. As the Hospital's services are intended for all Estonian residents, the new Health Centre will allow more people to benefit from the services of the Tartu University Hospital," said the Chairman.

- In September, **the Hospital recognised its physiotherapists.** Physiotherapists are valued members of the clinical team at the Hospital, as they contribute to daily patient care. Janika Arras from the Anaesthesiology and Intensive Care Clinic, dealing with the most critically ill patients in hospital wards, was announced the best physiotherapist in inpatient work. In outpatient work, however, Mati Arendt, who works in the Sports Medicine and Rehabilitation Clinic, was recognised for his significant contribution to the development of the speciality.

- September is always special at the University Hospital because of the start of the new academic year. More than **1,000 students and resident doctors from different specialities** acquire new knowledge at the Hospital each year. In autumn 2024, 105 new residents will start work at the Hospital, bringing the total number of residents to 306. In addition to medical residents, the Hospital is a teaching and training site for almost 800 trainees, who complete more than 1,200 different placements a year. The highest number of traineeships at the Hospital is performed by nursing students, followed by 6th-year medical students, trainee physiotherapists, midwives, bioanalysts, and radiology technicians.

OCTOBER

- On 11 October at a scientific conference dedicated to the University of Tartu Medical Faculty's anniversary, the **Hospital's Research Award** was presented to Hanna Kadri Laas, a member of the Anaesthesiology and Intensive Care Clinic, for her article "Pharmacokinetic model selection based on patient characteristics improves the predictive accuracy of individual vancomycin dosing". The co-authors of the article were Tuuli Metsvaht, Kristiina Naber, Artjom Afanasjev, Kadri Tamme, Juri Karjagin, Carmen Tiivel, Hiie Soeorg, and Irja Lutsar.

- On October 17–18, the third **Arthroscopy Live Surgery Days** took place at the Clinic, focusing on shoulder joint surgery and post-operative rehabilitation. The Arthroscopy Live Surgery days are a unique event in Estonia, as conference attendees can watch a live video of the operation, hear comments from the operating surgeon, and ask questions about the ongoing operation. Dr Leho Rips, Head of the Hospital's Sports Traumatology Centre, said that this year, the focus was on shoulder joint surgery techniques, as shoulder joint conditions and post-traumatic injuries are among the most common causes of arthroscopic surgery. Over two days, six live shoulder arthroscopies were performed. In addition to the operations, orthopaedic surgeons delivered thematic lectures and a post-operative physiotherapy session. Around 130 health professionals from the field attended to share and acquire knowledge.

NOVEMBER

- From 1 November, Tartu University Hospital opened its branch at Lõunakeskus where services are provided by the Hospital's Radiology Clinic and United Laboratories. Dr Liis Salumäe, the Hospital's Chief Medical Officer, commented that the expansion aims to shorten the waiting list for radiological examinations and bring healthcare services closer to patients. The Hospital's cabinets at Lõunakeskus are equipped with new high-tech radiology equipment.

> *"There, we provide patients with CT scans, MRI or magnetic resonance imaging, mammography, and ultrasound scans. Also, moving the service out of the hospital space makes health prevention more private. People have convenient screening options, for example, a mammography for early detection of breast*

cancer, and a CT scan as part of lung cancer screening," said Prof Pilvi Ilves, Head of the Radiology Clinic, to introduce the move.

- November 15–16 saw Estonia's largest inter-institutional ball games tournament **Golden Ball 2024**, where the Hospital's employees competed in six different ball and racquet sports. The two-day tournament featured 11 different sports events. In the overall ranking, the Hospital team achieved the 12th place.

- On November 20–21, **eight European experts in cancer treatment visited the Hospital.** One of the aims of the visit was to get an overview of the current state of cancer care at the Hospital and in Estonia, and to set common goals for 2030 across Europe. The foreign visit included experts in cancer treatment and research from all over Europe: Karolinska University Hospital and the University of Uppsala in Sweden, Vall d´Hebron University Hospital and Institute of Oncology in Spain, Oslo University Hospital in Norway, Turku University of Applied Sciences in Finland, Jules Bordet Institute in Belgium, European Organisation for Research and Treatment of Cancer (EORTC) in Belgium. Eva Jolly, Lead Co-ordinator of the Karolinska Cancer Centre in Sweden, led and chaired the visit.

- On 27 November, the Hospital's patient information database **received the clear consumer message award**, presented by Ülle Madise, Patron of the clear message initiative, and Arvi Tavast, Director of the Estonian Language Institute. The Hospital's patient information database contains nearly 400 guidelines, which aim to provide patients with clear and reliable information on diseases, hospital care, self-care, examinations, and procedures.

- From November, anyone can track the value of the **Tartu University Hospital's Net Promoter Score (NPS)**, which shows how likely patients are to recommend the Hospital's health services to a friend or relative. NPS is calculated on the Recommy website, integrated with the Hospital's information system, and is one of the feedback methods that the Hospital introduced in autumn 2022. Ilona Pastarus, Board Member and the Head of Nursing and Patient Experience, said, "We enhanced the existing feedback system to know first-hand how our patients rate our healthcare services and what influences this rating the most." She explained that NPS is a tool used to measure patient satisfaction and to interact with patients in almost all hospitals. "Asking for active feedback is an easy and convenient way for the patient to give both positive and negative feedback, which is also passed on to the relevant Hospital unit," said the board member to describe the process. Feedback collected through the Net Promoter Score method shows that patients rate the Hospital highly, and consider the healthcare services professional, friendly, and pleasant.

- In November, **new linear accelerators** were inaugurated at the Department of Radiotherapy and Oncotherapy at Tartu University Hospital. Radiotherapy is a cancer treatment method that aims to affect cancer with ionising radiation. The Hospital now has four linear accelerators, all of which are new-generation machines and allow for a variety of world-renowned therapeutic techniques.

DECEMBER

- In December, CV Keskus awarded the Hospital the **Most Desirable Employer award in the healthcare sector** based on Estonia's Most Desirable Employer survey. The 2024 survey took place from September to December among nearly 3,500 employees across Estonia, giving employers in different sectors more than 32,000 votes altogether.

- On 9 December, a **Christmas market** was held at the Hospital with employees buying and selling a wide range of home-made Christmas-themed snacks and other delicacies, handicrafts, and works of art.

- On 9 December, the Hospital staff **joined together for a year-end concert "Glam rock"** to enjoy

the festive season and look back on the year. The concert featured the glamorous duo Big Girls and rock singer Ollie. In addition, awards were presented to colleagues who defended their doctoral theses in 2024 and to employees who received the most thanks from patients. The Clinical Ethics Committee also announced the winners of the Best Colleague Award, top 3 of the Hospital's video competition, and the most Patient-Friendly Act of the Year:

- **Most thanked staff by patients** – from 1 December 2023 to 1 December 2024, Dr Tiina Tammik from the inpatient department of the Sports Medicine and Rehabilitation Clinic received the highest number of thank-you letters from patients. Between 1 January and 1 December 2024, Anne Ilves, a midwife at the Women's Clinic, received the most positive feedback on the Recommy website.

- The group meetings for patients with addictions were voted the most **Patient-Friendly Act of 2024** in a public vote. In turn, the Hospital's Patient Advisory Board chose the option to take laboratory tests at a nearby hospital as the Act of 2024.

- Dr Jelena Kuznetsova from the Department of Paediatric Intensive Care in the Anaesthesiology and Intensive Care Clinic, and Tauno Heinastu from the Department of Indoor Climate and Low Flow in the Technical Service, were named **the best colleagues of 2024.**

→ In December, employees of the Hospital were recognised at the **National Student Research Competition.** In 2024, three members of the Hospital staff were recognised in the field of medical and health sciences:

- In the doctoral student category, Dr Priit Pauklin, Senior Lecturer at Tartu University Hospital's Heart Clinic, received the 1st prize for his thesis, "Haemodynamic and biochemical profile of patients with atrial fibrillation and anticoagulation therapy of patients with atrial fibrillation aged ≥65 years in Estonia", supervised by Dr Priit Kampus and Prof Jaan Eha.

- The 3rd place prize for doctoral students was awarded to Liis Ilves, a Medical Lecturer at the Tartu University Hospital's Dermatology Clinic, for her thesis "Metabolomic profiling of chronic inflammatory dermatoses". The thesis was supervised by Prof Külli Kingo, Aigar Ottas, Dr Paula Reemann and Dr Viljar Jaks.

- The 1st prize in the professional higher education and Bachelor's category was awarded to Brigitta Varul, a physiotherapist at the Women's Clinic of Tartu University Hospital, for her thesis "Motor development of children with spinal muscular atrophy undergoing spinal fusion therapy", supervised by Karin Jesse and Eva Mengel.


Tartu Ülikooli Kliinikum
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2024

The Hospital's key indicators for the financial year 2024 and comparison with past periods

Key treatment indicators

Key Indicator	2020	2021	2022	2023	2024
Percentage of patients undergoing scheduled day surgery compared to all scheduled operations[1]	n/a	49.7%	48.9%	51.0%	52.5%
Efficiency of the use of operating theatres[2]	72.8%	70%	74.7%	75.9%	70.3%
Percentage of hospitalised patients who stayed in the Emergency Department for more than 360 minutes[3]	14.0%	14.9%	17.5%	16.9%	18.1%
Percentage of outpatient consultations of all consultations performed outside Tartu (including in Tallinn)[4]	7.0%	7.1%	7.1%	7.2%	7.4%
Incidence of nosocomial circulatory infections (number of episodes per 1,000 bed days)[5]	0.70	0.70	0.70	0.70	0.70

Formulas for calculating key indicators:

[1] Formula Z (%) = (X / N) * 100
X – number of patients who have undergone scheduled day surgery
N – number of patients undergoing planned inpatient surgery + day treatment
Target group: all patients undergoing scheduled surgeries in the operating room

[2] (Actual patient stay in the operating theatre / total operating time allocated to each operating theatre (planned operating theatre time in hours)) *100. Indicators for the large operating block (OR1) in Wing G at L. Puusepa 8

[3] (Number of hospitalised patients staying in ED over 360 minutes / number of hospitalised patients) *100

[4] Number of consultations outside Tartu (in Tallinn, Ida-Viru County, Võru, Põlva, etc.) / number of consultations, regardless of the place of service provision *100

[5] (Number of nosocomial circulatory infection cases registered in the year / number of bed days) *1000

Key patient experience indicators

Key Indicator	2020	2021	2022	2023	2024
Patient satisfaction with outpatient healthcare services[1]	n/a	n/a	81.0%	n/a	75%
Patient satisfaction with inpatient healthcare services[2]	n/a	80.0%	n/a	75.0%	n/a
Net Promoter Score[3]	n/a	n/a	75	75	87
Percentage of patient falls in the hospital[4]	0.5%	0.3%	0.4%	0.49%	0.9%
Percentage of primary outpatient consultations preceded by an e-consultation[5]	4.0%	4.6%	6.1%	9.7%	10.2%

Formulas for calculating key indicators:

[1] (Number of respondents highly satisfied with outpatient services / number of respondents to the survey question on overall satisfaction) *100
[2] (Number of respondents highly satisfied with inpatient services / number of respondents to the survey question on overall satisfaction) *100
[3] Respondents answered the question "Would you recommend the Hospital to friends or family in need of treatment?" on a scale of 0 to 10. Calculation of the Net Promoter Score: response values 9 and 10 are labelled referrals. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between referrals and the dissatisfied. NPS = percentage of referrals (%) - percentage of the dissatisfied (%). The passives are considered in the total number of respondents and thus reduce the proportion of referrals and the dissatisfied, and tilt the NPS value towards 0.
[4] (Number of falls of patients registered in inpatient care / number of patients treated in inpatient care per year) *100. The indicator is per hospital, i.e. active care and nursing.
[5] (Number of e-consultations (labelled treatments referred) per year in applicable specialities / number of initial e-consultations in applicable specialities) *100

Key employee indicators

Key Indicator	2020	2021	2022	2023	2024
Employee satisfaction[1]	88%	91%	88%	n/a	87%
Employee NPS[2]	n/a	3	-3	n/a	-7.1
Participation of doctors in advanced training (academic hours per person per year)[3]	23.4	40.9	65.8	75	84.1
Participation of nursing staff in advanced training (academic hours per person per year)[4]	19.2	29.2	43.5	43	57
Percentage of doctors aged under 40 among all doctors[5]	28.9%	28.2%	29.0%	28.9%	29.7%
Percentage of nursing staff aged under 40 among all nursing staff[6]	45.5%	45.8%	45.4%	44.5%	46%

Formulas for calculating key indicators:

[1] (Number of employees satisfied with their job who answered the question "strongly agree" or "somewhat agree" / number of employees who responded to a survey question) *100
[2] The question "Would you recommend the Hospital as a workplace to friends or family?" is answered on a scale of 0 to 10. Calculation of the promoter score: response values 9 and 10 are labelled referrals. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between referrals and the dissatisfied.
NPS = percentage of referrals (%) - percentage of the dissatisfied (%). The passives are considered in the total number of respondents and thus reduce the proportion of referrals and the dissatisfied, and tilt the NPS value towards 0.
[3] Number of academic hours of advanced medical training per year / total number of doctors (natural persons) *100
[4] Number of academic hours of nurses' advanced training per year / total number of nurses (natural persons) *100
[5] (number of doctors (excluding doctors-in-residence) aged <40 years / number of all natural persons who are doctors (excluding doctors-in-residence) *100
[6] (number of nurses aged < 40 years / total number of nurses (natural persons)) *100

Key research and teaching indicators

Key Indicator	2020	2021	2022	2023	2024
Number of high-level scientific publications[1]	216	260	282	168	175
Percentage of doctors with a doctorate[3]	15.6%	18.4%	18.4%	18.9%	19.1%
Percentage of nurses with a Master's degree[4]	3.9%	3.9%	4.3%	4.7%	6%

Formulas for calculating key indicators:

[1] Number of publications published in ETIS 1.1, 1.2, 2.1, and 3.1 from 01.01 to 31.12
[3] (Number of doctors with doctorate / total number of doctors) *100, as at 31.12
[4] (Number of nurses with a Master's degree / Total number of nurses) *100, as at 31.12

Key financial indicators

Key Indicator	2020	2021	2022	2023	2024
The Hospital's market share of specialised Out of the Health Insurance Fund's specialised medical care[1]	23.8%	24.1%	23.6%	23.65%	23.8%
Cost-benefit ratio[2]	1,02	1,00	1,03	1,03	1,02
Volume of investment (as a percentage of total turnover)[3]	9.46%	4.00%	14.00%	11.72%	4.37%

Formulas for calculating key indicators:

[1] [Actual financial volume of execution of the agreement for specialised medical care (annex to the agreement, including periodic fees and special cases) financed by the Hospital with the overtime coefficient / actual volume of expenditure on specialised medical care (including periodic fees and special cases) financed by the Health Insurance Fund (as at year-end)] *100, as at 31.12
[2] Total revenue / total cost, as at 31.12
[3] Total investments (buildings, equipment, etc.) /total Hospital turnover *100, as at 31.12

Key environmental protection indicators

Key Indicator	2020	2021	2022	2023	2024
Energy consumption per bed day[1]	n/a	0.195	0.182	0.182	0.182
Energy consumption per outpatient admission[2]	n/a	0.070	0.068	0.068	0.068
Percentage of waste collected by type[3]	24.0%	28.0%	28.4%	30.9%	36.4%

Formulas for calculating key indicators:

[1] Hospital's total annual energy consumption / number of bed days per year
[2] Hospital's total annual energy consumption / number of outpatient admissions per year
[3] Total amount of waste collected by type (packaging, scrap paper, biodegradable waste) / total municipal waste


KERIT KALDER

The most patient-friendly hospital in Estonia

The Hospital's vision is to be the first choice for patients

Creating and shaping the patient experience

Patient experience is created and shaped by ensuring and developing the quality of health services, promoting patient safety, and organising patient education. Shaping the patient experience focuses on how healthcare is delivered from the patient's perspective and how to improve it.

The **Hospital's Patient Advisory Board** plays an important role in making the Hospital's services more people-centred. In 2024, the Advisory Board celebrated its 5th year of activity and provided input to the planning of the Hospital's birthday events, participated in Cancer Centre projects and the Health Insurance Accelerator Programme, provided feedback on patient safety developments, etc. The Patient Advisory Board continued the tradition and launched a patient-friendly act competition, the winners of which in 2024 were the option to take laboratory tests in a nearby hospital and group meetings for patients with addiction disorders.

- In January 2024, the reconstruction of the Hospital's **A wing at L. Puusepa 8**, the fourth construction phase of the medical campus, was completed, and the second floor of the A wing was opened for outpatient work. The Ophthalmology and Neurology Clinic, which had previously operated in cramped conditions, moved into new spacious reception and examination rooms. To provide convenient logistics for the Eye Clinic patients, a bridge was built on the second floor connecting the J wing and the A wing, decorated with a continuation of the "Tree of Life" motif from the phase II art competition's winning work by Tiiu Pirsko and Mati Veermets.

- From April, **the C wing operating block became fully operational**. All 10 operating theatres are in operation, treating both day surgery patients and inpatients.

- From 1 June, the inpatient departments of oral and maxillofacial surgery of the Ear Clinic and the Stomatology Clinic were merged into a single **Department of Head and Neck Surgery**. A shared bed fund and staff allow for flexible, efficient, and patient-friendly working arrangements. A II-level intensive care ward has also been put into operation.

- From 1 November, **Tartu University Hospital opened its branch at Lõunakeskus**, where services are provided by the Hospital's Radiology Clinic and United Laboratories. The aim of the expansion is both to shorten waiting times for radiological examinations and to bring healthcare closer to the patients, making health prevention more private. In the two months following the opening, MRI scans were carried out in 534 patients, 142 patients underwent CT scans, and 144 women underwent mammography.

- In 2024, **the Emergency Department triage area** was extended, and the patient triage system was changed. This introduced the biggest change and improvement for patients presenting with a trauma complaint who previously did not immediately undergo triage. Patients are now seen by a nurse, who performs a quick triage, gives painkillers if needed during the waiting period, and provides cold treatment. The doctor reviews patients and provides the necessary help according to the results of the preliminary triage.

- In 2024, **a patient escort service** was introduced at the Clinic, allowing staff in departments to do their work with fewer interruptions and to entrust the transport of patients to examinations or to another department to trained staff.

- To alleviate children's anxiety and fear of hospitalisation, the Children's Clinic introduced medical VR goggles, holograms were added to the inpatient procedure rooms, and tablets were purchased with a special app to help present procedures to children in a developmentally appropriate way.

- **Charity, volunteering, and collaborative projects** have brought children new events, but also those that have a longer tradition and which continue to delight with their continuity:

  - Toy Museum display in the atrium of the Children's Clinic; play day "Teddy Bear comes to visit", when children crafted and read a book together with the museum staff;

  - "Joy and Creativity" workshop in the parents' recreation area at the Children's Clinic. Annabel Toom, a gymnast from Rhythmika, was the leader of the creative project and introduced gymnastics equipment to children and parents, demonstrated show costumes and tricks, and made a creative medal together with the children;

  - the theatre studio "Püünepäälsed" gave children a performance, titled "Forgotten toys and elves";

  - pupils from year 8 of Räpina Co-Education Gymnasium delivered a Christmas donation for hospitalised children.

  In cooperation with the Children's Foundation, we continued to make the Hospital's waiting rooms and wards more child-friendly. Waiting areas were upgraded with interactive game boards, wall panels, and children's furniture to help entertain children.

- In October, the Palliative Care Department started the **development project "Implementation of a comprehensive virtual reality solution in the Palliative Care Department"**, which involved purchasing VR goggles for patients. Participation in the TV show "Südamesoov" provided an opportunity to raise awareness about palliative care and, with the help of supporters, to improve the department's people-friendly environment.

- In cooperation with volunteers from Tartu memory institutions, the **Museum project** continued at the Psychiatric Clinic, with activity days and joint visits to the museum.

- The Hospital introduced **robot guides Linda and Kalev** to help patients and other visitors find their desired location. Robots point the way on the ground floor of the main building at L. Puusepa 8. If the place to be found is on a different floor, the robot will guide the patient or their escort to the correct lift area.

  Linda and Kalev have become favourites with child patients and play an important role in reducing hospital anxiety. With their mobility speed, the robots are also suitable for the elderly, and if an elderly patient is reluctant to pick a destination, the hospital staff can point the patient or visitor in the right direction with the robot. In 2024, the robots performed 5,970 tasks, covering 576 kilometres.

- The clinic has introduced **Wayfinder digital concierge software** to help patients and other visitors better navigate the large, multi-level hospital complex. Wayfinder offers 3D and 2D interactive maps that allow users to find their destination. The solution works on different platforms, including touch kiosks, web apps, and mobile devices. To date, 3D and 2D building guide maps have been completed, and an interactive kiosk has been installed at L. Puusepa 8. A QR code solution is being developed to allow users to transfer their journey to their smart device. There are also plans to integrate the online version of Wayfinder into the Hospital's website, so that patients and visitors can plan their route before arriving at the hospital. This will help to reduce wandering around and make hospital visits smoother.

Satisfaction surveys and feedback

Outpatient satisfaction survey

In April, Tartu University Hospital conducted an outpatient satisfaction survey among 6,044 patients. The survey aimed to find out patients' experiences and satisfaction with outpatient services and to consider patients' suggestions when organising outpatient services. The majority, i.e., 82% of feedback was given to a consultation with a doctor, 12% with a nurse, and 6% with a midwife. The entire survey was conducted electronically. Various factors impact patients' satisfaction with their appointment, and in this survey, feedback was asked on 13 of those factors.

Patients were highly satisfied with the attitude of doctors, nurses, and midwives – 88% of respondents said they were treated with respect at the appointment. 83% of respondents found the reception sufficiently private, and 81% were satisfied with the time devoted to each patient. They were also satisfied with the explanations regarding medicines, analyses, and tests needed.

Patients were significantly less satisfied with the long waiting time to get an appointment (44%); they also felt a need for more advice to cope at home; reception and examination rooms are not always easy to find, and waiting areas are not always comfortable.

88%
of outpatients were highly satisfied with the attitude of doctors, nurses, and midwives

59%
of ED patients evaluated their ED visit as very good

87%
of patients receiving home nursing carewere highly satisfied with the service

90%
of women who gave birth were highly satisfied with their experience at the Women's Clinic

In response to the question "Please rate how well the last appointment met your expectations" on a 10-point scale, 75% of patients rated the appointment as very good (rating 9 or 10) and 16% as good (rating 7 or 8). Dissatisfaction with their appointment (rating 0–6) was expressed by 9% of patients. Patients could also make suggestions on how to improve appointments. A correlation analysis of the survey results showed that involving patients in the decision-making process and providing them with comprehensive advice to cope with their health problems would help to bring appointments more in line with patients' expectations.

Survey of Emergency Department (ED) and dental care patients

The survey of outpatients was conducted at the same time as the survey of Emergency Department (ED) and dental care patients. The ED survey involved 652 patients, 59% of whom rated their ED visit as very good. ED patients expect to receive more information about the expected waiting time, and would like the waiting area to be made more comfortable.

The dental patient survey included 738 patients, 79% of whom rated the visit as very good. Dental patients expect more information on the expected cost of treatment

Satisfaction survey of patients in home nursing services

In April, a satisfaction survey was also carried out among patients in the Hospital's home nursing service. Patients' overall satisfaction with the home nursing service was high. 87% of respondents were highly satisfied (2020: 81%). People were most satisfied with the bedside manner (93%) and attitude (92%) of their home nurse. Patients were less satisfied with the clarity and speed of formalities and the waiting time for home care.

Obstetricians' and midwives' home visit satisfaction survey

The women gave a positive assessment of their childbirth experience at the Hospital: more than 90% of the women were highly satisfied with their hospital stay, information about the department, explanations about tests and treatment, involvement in decisions, availability of the midwife, communication style, and answering questions. More support and advice were requested on self-care, breastfeeding, newborn care, and pain management.

Satisfaction with all parts of the midwife's home visit was 88.9% or higher. Satisfaction was highest with involvement in decisions about children (95,6%), while it was lower with the timing of the visit (88.9%).

On 6 June, the Patients' Day, we asked patients and staff at the Hospital: "What matters to you?". In a patient-friendly hospital, friendly staff and a caring attitude were deemed most important. The international "What matters to you?" movement aims to remind us that people are at the heart of healthcare.

The Hospital's Net Promoter Score (NPS)

In 2024, the **Hospital's NPS was 87.3**, reflecting a high level of satisfaction and trust in the Hospital's healthcare services. Altogether 30,887 patients rated outpatient visits and the work of ED and on-call cabinets on a scale of 0–10.

The promoter score is used as a direct feedback method in all outpatient departments, emergency departments (ED), and on-call cabinets of all clinics. Separately, it is possible to assess admissions to ED, on-call cabinets, doctors, specialised nurses /nurses, and other health professionals, giving a good insight into patients' experiences in a specific area.

> **90% of patients recommended the Tartu University Hospital's healthcare services (score 9–10), while 7% remained neutral (score 7–8). 3% were not satisfied with the expected service (score 0–6)**

Patient feedback shows that the main reason for dissatisfaction is long waiting times, but the main positive points are satisfaction with the provided healthcare services and staff communication. Patient comments in the feedback allow finding immediate solutions to problems and contacting patients when necessary. Recognition feedback is sent as a weekly letter to all staff in the relevant unit.

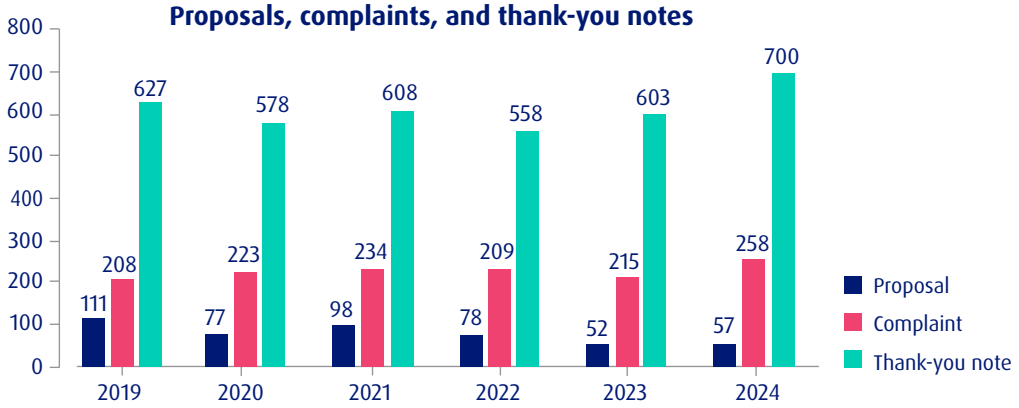
The Hospital's feedback system

Feedback from patients and their relatives is also collected through the Hospital's feedback system. In 2024, a total of 700 thank-you notes, 258 complaints, and 57 proposals were registered. The feedback received is important to create opportunities to improve the patient experience, so that patients receive the best care and feel comfortable in the hospital environment.

A large part of the feedback is in the form of thank-you notes, and in 2024, there was a significant increase in the number of thank-you notes compared to the previous period. Most thank-you notes are about the quality of care. Specific staff members and departments are thanked, and the caring attitude of doctors and nurses is recognised. Every year, the tasty food provided by the Hospital's catering service is also recognised in the thank-you notes.

Critical observations were made about the provided examinations/procedures or the treatment results, communication problems encountered, parking problems, disputed bills, and shortcomings of information systems. Patients are most frustrated by long waiting times.

The feedback received is analysed on an ongoing basis and the observations made are taken into account as far as possible. Problems that arise are discussed and solutions are sought to avoid similar problems in the future.



Care pathways

In Estonian healthcare, care pathways are being developed to make healthcare services more person-centred and ensure a more holistic approach to care. Tartu University Hospital plays an important role in creating and developing care pathways, made possible by the willingness of our people to change and innovate.

- In September, six projects were launched with the support of the Health Insurance Acceleration Programme, three of which are led by the Hospital:
  - **the lung cancer care pathway project** aims to ensure a smoother, faster, and more person-centred treatment pathway for lung cancer patients from the time they suspect cancer to the start of anti-tumour treatment;
  - **the heart failure care pathway** focuses on improving the patient experience and quality of care, streamlining the integration of primary care and other services, and reducing emergency referrals;
  - **the children's oral healthcare pathway** project aims to create a common approach to oral health for children by dentists and other health professionals. It should be ensured that the child's health is continuously monitored from birth, that parents are counselled, that a system is in place for regular follow-up visits, and that compliance with treatment and the need for further interventions is regularly assessed. The project will also pilot an orthodontic e-consultation service.
- With the support of the Development Fund, the Psychiatry Clinic launched the project **"Development of integrated care pathways for patients with mental disorders in the Psychiatry Clinic of Tartu University Hospital"**. The project aims to create local treatment pathways for patients with severe mental disorders with a high case load, allowing for flexible adaptation to people's changing expectations. The pathways to be created will emphasise the involvement of the person with the disease and, where possible, their loved ones in the treatment process, and will be structured, evidence-based, allow for the evaluation of the effectiveness of clinical activities, and provide support to different professionals in carrying out clinical work. The project will focus on 13 clinical areas. Nearly 60 staff members from eight work teams will participate in the project.
- In 2024, a research project "Satisfaction of rare disease patients and their family or guardian with the treatment pathway of a person with a rare disease" was launched. The Department of Genetics and Personalised Medicine of Tartu University Hospital and the Institute of Clinical Medicine of the University of Tartu will carry out the research.
- Department of Surgery launched preparations for the study "Evaluation of the effects of post-operative supplementary health surveillance of day surgery patients in the Department of Surgery". The study aims to describe health and coping problems after day surgery and to assess the effect of counselling on patients' post-operative coping and satisfaction with their treatment.
- In 2024, the "Distance care model for cardiac rehabilitation – patient care journey" project continued in the Outpatient Rehabilitation Department, funded by the Hospital's Development Fund and the Health Insurance Fund.
- In February, the Outpatient Rehabilitation Department started offering physiotherapy home services to post-endoprosthesis patients in the city of Tartu as part of the endoprosthesis treatment pathway.

Patient information and education

Patient information and education as an important part of improving the patient experience

Patient information and education form an important part of the patient experience and support patients in making health decisions. The information and teaching provided by the health professional is supported by information materials, educational videos, workshops, and support groups at the Hospital. Information is also shared on the

website, digital screens, Hospital TV, in social media, and the Community School to reach as many people as possible and to participate in shaping community health behaviour.

The Hospital's patient information materials include instructions to support patients in managing their illness and self-care at home, and to ensure that patients are prepared for tests and procedures. The Hospital has produced nearly 400 patient information materials, some of which have Russian and English translations. In 2024, 28 new and 53 existing patient information materials were prepared and updated. Patient information materials are distributed through publications and a patient information database on the website.

In 2024, the patient information database on the Hospital's website was awarded the prize for the best consumer text with a clear message.

400
patient information materials

4.8
million visits to the Hospital's website

14,060
followers on the Hospital's Facebook channel

1.5
million views of Hospital content on social media channels Facebook, Instagram, and YouTube

The Hospital's website also provides information about its services, appointments, preventive activities, and guides on how to use the Hospital's services. In 2024, the website was visited 4.8 million times, including 1.5 million visits to the Patient section.

Posts on the Hospital's social media channels play an important role in communicating the Hospital's news to all target audiences and stakeholders. The Hospital's Facebook channel has 14,060 followers, the most of any hospital in Estonia. In 2024, the Hospital's Facebook content was viewed 828,461 times and its Instagram channel 659,752 times. The Hospital's YouTube channel had 66,286 views. More than 1,000 people follow the Hospital's LinkedIn account.

The main source of patient education at the Women's Clinic is the **Family School**, which offers individual lectures and courses to prepare families for childbirth and parenthood. Lessons of the Family School take place online. The popular contact training in the form of cyclical learning took place on four occasions, with a total of 127 participants. A total of 491 people attended Family School lectures in 2024.

The Patient Information Centre, which opened its doors to patients and other visitors the year before, regularly hosts support groups for stroke and cancer patients and their families. In support groups, both a trained experience counsellor and other patients with similar experiences support each other in coping with the disease.

In March, the Hospital launched a **series of health workshops** as part of the Community School activities for patients, their relatives, and the wider community. The workshops aim to support people in taking care of their health. At these workshops, the Hospital staff provided health advice on various topics and taught new skills to maintain and promote health. The eye and ear health workshops, women's and men's health workshops, and the heart health workshop proved very popular. Mental health workshops had to be repeated several times during the year. The workshops were held in cooperation with students from Tartu Health Care College, who helped measure health indicators and practice first aid skills. In November, in cooperation with the Estonian Medical Students' Association, a nationwide Diabetes Day event was held in eight different cities, during which blood glucose levels were measured in 1,809 people

As part of the joint project between the Children's Clinic and the Tartu Health Care College **"Preparing the child and the parent for examinations and procedures"**, a video tutorial, "A family-centred approach to easing infant procedural pain" was created to prepare parents better.

The Hospital produced a series of **patient education videos** to provide patients with reliable and visually understandable information on caring for their health or recovering from an illness. In the Internal Medicine Clinic, a video tutorial "Options for Renal Replacement Therapy" was produced; in the Eye Clinic, "FYI During Eye Surgery", and "FYI After Intraocular Injection" were produced with the help of AI; in the Radiology Clinic, "MRI Examination of a Child" was produced in cooperation with the Tartu University School of Public Health; and in the Stomatology Clinic, "Exercises for Relieving Temporomandibular Disorders" was produced in cooperation with the Institute of Dentistry of the University of Tartu.

The Rare Diseases Competence Centre (RDCC), which deals with the diagnosis, monitoring, and treatment of rare diseases and aims to improve the pathways of patients with rare diseases, also translates information on various rare diseases into Estonian. A total of more than 170 information materials on the causes, heredity, treatment, and other relevant information are included in a separate database. The information is available on the RDCC website.

Patient safety

Patient safety experience survey

A patient safety experience survey was conducted among inpatients from 10 to 16 June 2024. The survey aimed to find out how patients evaluate the safety of the healthcare they receive in the hospital.

The survey covered three areas related to patient safety:

1) communication and information exchange from the patient's perspective;

2) the occurrence of incidents affecting patient safety and well-being;

3) informing patients when they leave the hospital.

95%
of patients were aware of where and who to turn to

93%
of patients felt comfortable with their treatment and care

85%
of patients felt that they received clear and understandable information when they left the hospital

262 patients from 37 departments in 13 separate clinics took the survey. The largest number of respondents was from the Surgery Clinic. Compared to the previous two years, when a similar patient safety survey was carried out, the percentage of positive ratings increased.

Patients' experience of communication and information sharing, including staff-to-staff communication, was mainly positive. The majority of respondents (95%) knew where and who to turn to with their concerns and problems (2022: 85%). 86% of patients surveyed said they always had the opportunity to talk to hospital staff about important issues related to their treatment and care (2022: 74%), and the majority of patients (88%) said they were confident that they were listened to and understood when they approached hospital staff with their concerns and problems.

The safety of hospital care was rated very highly by patients at the Hospital. 93% of patients surveyed felt confident about the safety of their treatment and care (2022: 84%).

Most patients (85%) received sufficiently clear and understandable information when they left the hospital, both about post-hospital care and treatment, and about what symptoms and health problems to look out for after discharge (2022: 75%). Even more information was received on taking medicines: 87% of respondents said they were confident that the administration of medicines was explained to them clearly and simply (2022: 75%).

The Patient Safety Experience Survey will help us understand and assess over time how the Hospital's patients experience patient safety and which issues we should pay more attention to in ensuring the safety of healthcare services.

Patient safety incidents and preventive work

In the Patient Safety Information System (POI), **1,633 cases were registered and processed in 2024**, an increase of 635 cases compared to 2023. An increase in reported cases must be attributed to the topical nature of the issue, both nationally and within the Hospital. From 1 November 2024, new national requirements governing patient safety and recording patient safety events entered into force. In this context, the patient safety event information system (POI) underwent a major upgrade, and several training sessions and discussions were held among staff.

The most frequently recorded cases were those involving patient falls (2023: 202 cases, 2024: 368 cases). The AI-based fall prevention and detection system used in the inpatient department, which also detects falls that had previously gone unnoticed, played a role in detecting falls. Preparations have been made to implement a similar system in the Palliative Care Department, and there are talks to introduce the same technology in the Inpatient Nursing Department.

The number of recorded drug-related incidents has more than doubled (2023: 96 cases; 2024: 219 cases). There was also an increase in recorded events related to invasive procedures (2023: 26 cases; 2024: 90 cases). Increasingly, patient safety incidents are being recorded by a wide range of professionals, which gives a broader perspective on ensuring safety.

Cross-clinic **joint discussions on patient safety cases** continued with the aim of fostering a blame-free patient safety culture and learning from each other's experiences. Close cooperation with other healthcare institutions using POIs was made to improve the system, share experiences, and develop patient safety.

Created in 2022 in cooperation with the University of Tartu, more than 4,600 healthcare professionals and students from the Hospital and other institutions have completed the Hospital's **e-courses on patient safety**. These courses (basic patient safety course, patient safety culture, in-depth analysis methodology, prevention of medication errors) are designed to raise staff awareness.

The training cycle "Patient Positioning in the Operating Room" will continue at the Hospital, as informed and correct positioning in the operating room ensures patient safety and security. Staff also appreciates the new fall-prevention training.

On 14 February 2024, the Hospital's Internal Medicine-Rheumatology-Endocrinology Department launched a novel AI-based **Verso Vision system for fall prevention and detection**. Nursing and care staff will receive real-time alerts on fall hazards through a dedicated mobile app on portable phones. The app allows setting up individual need-based alarms for each patient, helping staff save valuable time and focus more efficiently on nursing activities. Using this method will increase patient safety and improve the working conditions for nursing and care staff.

From 2024, the Hospital participates in the international **SAFEST** project, which aims to improve adherence to evidence-based standardised patient safety practices in perioperative care and reduce the incidence of surgical complications. Studies show that around half of hospital risk events are related to surgical treatment and anaesthesia, and half of perioperative risk cases are preventable. Based on the self-assessment carried out in the framework of the project, more attention should be paid at the Hospital to factors influenced by the hospital that improve the treatment of patients and simplify the work of the staff and the various work processes. Thanks to the participation in the project, several important guidelines have already been put into place, such as a guide on the prevention of surgical site infections and a guide on perioperative normothermia. Principles for the treatment of femoral neck fractures have also been developed. The project will run until the end of 2025

The **Patient Safety Awareness Week** from 11–17 March introduced patients to various ways to make their healthcare journey safer. In collaboration with the Hospital's Patient Advisory Board, a short course on patient safety was created on the Community School portal, a brainstorming session was held with patient representatives within the SAFEST perioperative safety project, and a fall prevention training programme was set up.

New services for patients and the community

In 2024, the Hospital created a range of new services for its patients and the community:

- A **screening test for newborns with spinal muscular atrophy (SMA)**, previously carried out as part of a pilot study, was added to the list of health insurance services from 1 January 2024. All newborns in Estonia are tested for SMA, allowing early diagnosis and treatment. Screening for cystic fibrosis continues as a pilot study.

- Since March, patients at the Tartu University Hospital have been able to **take laboratory tests at a nearby hospital**, which speeds up and simplifies treatment pathways. Laboratory tests can be taken at Viljandi, Põlva, Valga, and South-Estonian hospitals, which share a common hospital information system with the Hospital. In addition, a new blood collection centre was opened in the Tartu Lõunakeskus shopping centre, providing even better accessibility.

  In collaboration with the Haematology-Oncology Clinic, the Hospital's integrated laboratory started coordinating blood collection for outpatients in the Radiotherapy and Oncotherapy Department to improve the smooth treatment process.

- The Outpatient Department of the Inpatient Clinic **opened a Hospital-wide vaccination cabinet**, which patients can access during working days at scheduled and non-scheduled times. The cabinet was opened to provide the general public with a comprehensive and integrated vaccination service at L. Puusepa 8. In 2024, 5,616 vaccinations were carried out in the vaccination cabinet.

- From 1 April, the **special nurse service was added to the basic list of the Health Insurance Fund's health services.** The implementation of specialised nurses in other specialities (pulmonology, endocrinology, orthopaedics) started at the Hospital besides pilot specialities. New nurse and specialist nurse consultations were added in neurology, ophthalmology, cardiology, general surgery, neurosurgery, gastroenterology, and paediatrics.

- The Sports Traumatology Centre opened an orthopaedic nurse consultation to improve patients' post-operative care pathways. In 2024, phone consultations with a urology nurse coordinator were introduced.

- In September, **orthodontics e-consultation was launched.**

- **In the Cardiology Department, day care was started** to ensure a fast and comfortable treatment of patients. The new service helped 219 patients. A clinical psychologist was included in the team to improve the treatment of patients with heart disease. This allowed for the provision of psychological assessment and psychotherapy to both inpatients and outpatients. Another output of the clinical psychologist's work is to increase the awareness and effectiveness of the treatment team in the initial psychological assessment and identification of mental health problems

- **In the Women's Clinic, the provision of pregnancy crisis counselling was expanded.** From October, the outpatient and inpatient physiotherapy service was launched to provide pregnant, post-partum, and gynaecological patients with access to a service for the prevention and rehabilitation of pelvic floor and abdominal musculoskeletal disorders, as well as to facilitate patients' post-operative activation and recovery, to raise patient awareness of the disease and to find appropriate physical exercise and exercises to support recovery.

- Service Design and Management students from the University of Tartu Pärnu College helped the Ear Clinic map the emergency patient's journey and develop possible solutions. The students, together with the medical team, were guided by the question: "How can we support patients and their loved ones to help themselves or to seek the help they need from the right place?". **A self-testing facility has been developed on the Ear Clinic website**, which patients or their loved ones can use before going to the emergency room to get relevant advice.

- Tartu University Hospital is **developing and testing a chatbot project** to provide community members with quick and reliable information and support to improve their pre-hospital, in-hospital, and post-hospital coping.

The chatbot project was launched in autumn 2023 with the support of the Hospital's Development Fund to improve the patient experience with a new communication and information channel, thereby reducing hospital-related and general health anxiety, and improving communication between healthcare professionals and patients.

The chatbot will be trained to respond to all inquiries, regardless of the content of the questions or the language of the inquiry, taking into account both young and elderly users. In addition to health information, the chatbot will also share specific information related to the Hospital, such as its work organisation, parking, department, and specialist contacts, point out patient information materials, and various appointment booking and cancellation options. Chatbot is a convenient solution for those who prefer online communication, who cannot or do not want to engage in contact interaction, and for health-conscious people who need reliable information immediately. The chatbot is therefore designed to offer support to all community members who are looking for help with a health problem or need hospital-related information.

The chatbot is still in the learning phase. For more complex queries, the robot directs the inquiry to specialists who support the robot with their expertise. Emergency nurses, mental health nurses, paediatric nurses, midwives, and patient services staff are on hand to provide necessary support to people contacting the chatbot.

- On 17 September, the **Hospital's Community School** began a new period, expanding its activities from school-goers to the elderly. The Community School aims to support the growth of a health-conscious generation and strengthen the links between the university hospital and the community. In 2024, Tartu Mart Reinik School joined the Community School project, while a pilot project targeting the elderly was launched at the Tähtvere Day Centre.

To provide reliable information, the Hospital's Community School Portal offers free access to various short courses, two-minute lectures, and other information materials. Topics on the Community School Portal include first aid at home, mobility breaks for office workers, and patient safety during hospital stays.

Treatment activities

University hospital as an attractive centre of excellence, a leader in Estonian healthcare

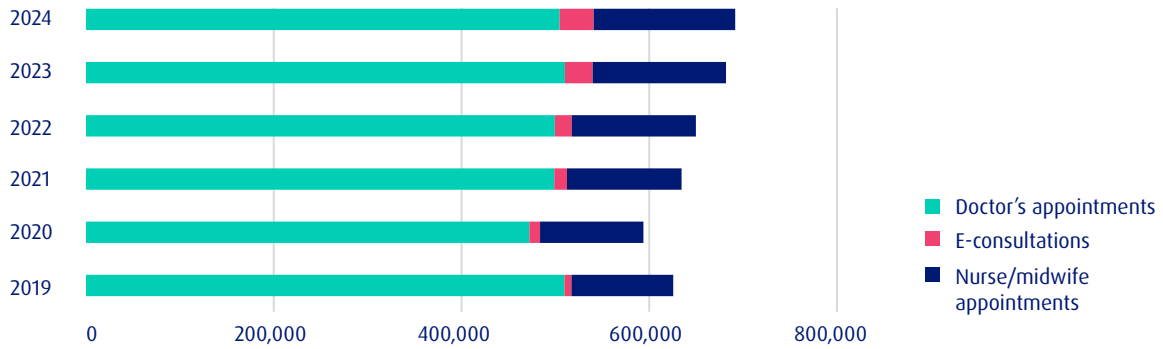
2024 was a busy year for the Hospital. While inpatient and day-care services were provided to patients at the same volume as in 2023, outpatient services were provided in a larger volume in certain treatment sections in 2024 than before.

Outpatient medical care

In 2024, a total of 504,561 doctor consultations (90% of which were contact consultations), 36,219 e-consultations, and 150,824 nurse/midwife appointments took place at the Hospital.

Outpatient care has continued to be the fastest-growing service. Outpatient doctor's appointments, e-consultations, and independent nurse/midwife appointments totalled around 10,000 more than in 2023 and 66,000 more than in 2019.

Outpatient appointments and consultations

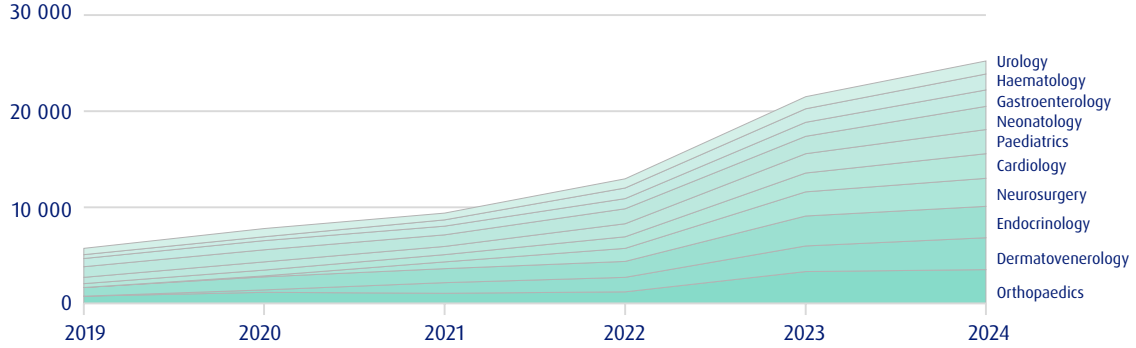


While the number of doctor's appointments decreased by 1% over the year, the number of e-consultations increased by 6,700, or 23%.

In the last year, the number of **e-consultations** asked and answered in the fields of dermatology, cardiology, neurosurgery, neurology, ophthalmology, child and adolescent psychiatry, adult psychiatry, and facial and maxillofacial surgery has increased in terms of specialities. In several fields, such as haematology, endocrinology, internal medicine, and endoprosthetics in orthopaedics, the first contact with a specialist is via e-consultation. Neurology will also transition to e-consultation referral.

From 1 July 2024, there will be two e-consultation services in orthopaedics: orthopaedic e-consultation and endoprosthetic e-consultation, which will give the Hospital the possibility to adjust the volume of referrals according to the capacity of the surgery.

E-consultations by discipline

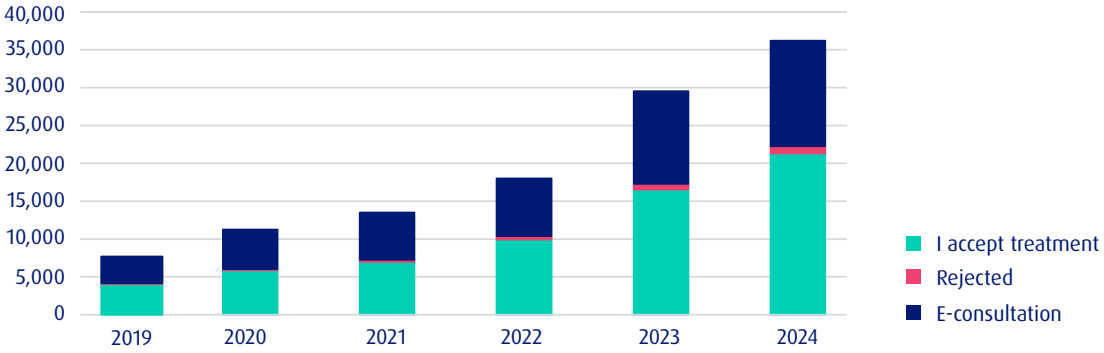


In practice, we see that the transfer of care, assessed by specialists during e-consultation, speeds up patients' timely access to tests and treatment. The referral rate at the Hospital is around 59%, with higher take-up in some specialities and lower in others. The speed of need for medical care, as assessed by doctors, shows that around 8% of patients came to an outpatient clinic within a week and 63% within 8–42 days.

The majority of e-consultation orders continue to come from general practitioners (81%), with a smaller proportion coming from other service providers or clinicians from other specialities within the Hospital. It is clear that e-consultations fulfil their purpose – around 40% of e-consultations end with an e-response with instructions and recommendations for further follow-up and treatment, and the patient does not come in for the appointment. As a result, the annual statistics also show a slight decrease in the number of doctor's appointments.

According to the Health Insurance Fund, the Hospital is Estonia's largest provider of e-consultations, with 36,219 in total.

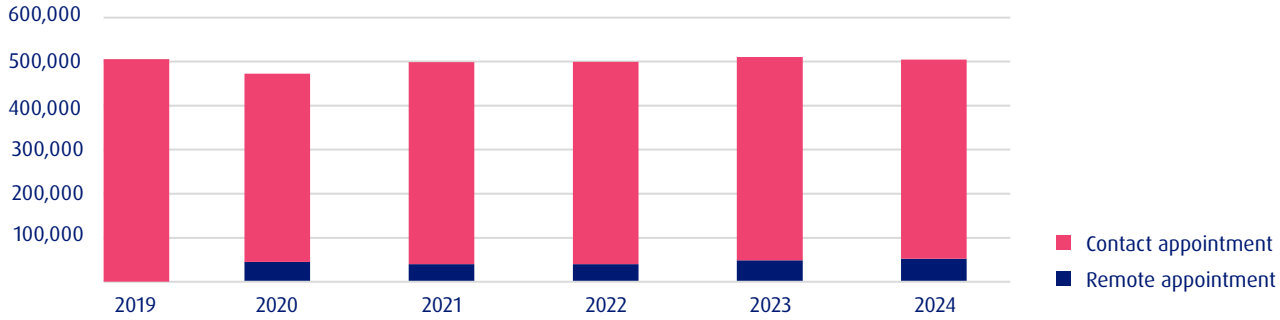
E-consultations by mode of response



By clinic and speciality, there are more **doctor's appointments** in haematology, oncology, cardiology, child and adolescent psychiatry, nephrology, rheumatology, maxillofacial surgery, and medical genetics. On the other hand, there was a decrease in appointments in dermatology, gynaecology, psychiatry for adults, and orthopaedics for traumatology. In dermatology and orthopaedics, there has been a significant increase in using e-consultations as a first step, followed by an appointment with a doctor, according to the patient's needs.

In several specialities, we have continued to provide appointments and other services in other counties and cities, thus being closer to the patient and ensuring better access to services in the respective speciality.

Number of doctor's appointments



37,112 doctor's appointments, or 7% of all appointments at the Hospital in 2024, took place outside Tartu.

Our largest non-Tartu service site is the Tallinn centre of the Men's Clinic. The Tallinn unit of the Men's Clinic made around 14,000 appointments last year, which accounted for more than a third of all services outside Tartu. The Tallinn Centre for Medical Genetics made 3,000 appointments.

The number of services provided by haematologists and oncologists has increased in Ida-Viru County, and particularly in Narva. 23% of oncologists' and 14% of haematologists' consultations took place in Ida-Virumaa, thus showing an upward trend. Around 400 cancer patients received chemotherapy under the supervision of our doctors at Ida-Viru Central Hospital or Narva Hospital.

At the same time, the number of ophthalmology appointments in South Estonia (in Võru, Põlva, and Räpina) has decreased due to the shortage of doctors.

The number of Emergency Department (ED) visits in 2024 was the highest in years – a total of 49,249 patient visits was made, which is an increase of 1,500 or 3% compared to 2023, especially for non-trauma adult visits.

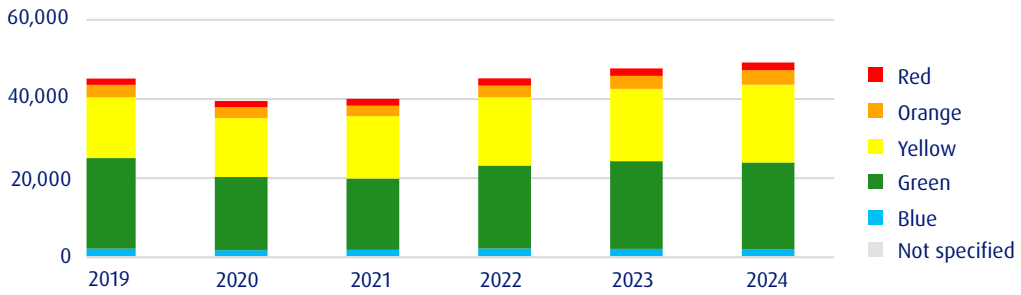
The number of patients visiting the ED has been increasing year on year. Compared to 2019, the number of visits to the ED increased by nearly 4,000 or 9% in 2024.

The increase in admissions in 2024 was specifically for the more severe ED (non-trauma) patients, i.e., red, orange, and yellow triage. The ambulance brought in around 11,000 or 22% of patients, many people (36,000 or 73%) were self-referrals, and GPs referred a small proportion (1,700 or 3%). On average, 135 patients received care in the ED every day.

40,796 (83%) of the ED patients required outpatient care, and 8,453 (17%) were hospitalised for emergency indications. Most often, these patients continued to be treated in the Internal Medicine Clinic, Surgery Clinic, Cardiac Clinic, or the Neurology Clinic.

The smooth running and the work intensity of the Emergency Department are assessed by monitoring the length of stay of patients hospitalised for inpatient treatment in the ED. Hospital targets foresee that the stay should not be longer than 6 hours; the patient is examined as necessary; and a bed is available in the ward for hospitalisation according to the medical condition. In 2024, 18% of hospitalised patients stayed longer than 6 hours in the ED; this figure has slightly increased, mainly due to an increase in the number of patients requiring hospitalisation and a shortage of necessary beds, especially in the surgical area.

Referrals to the ED by triage category



A further four on-call cabinets (at the Eye Clinic, Ear Clinic, Paediatric Clinic, and Psychiatric Clinic) dealt with speciality-specific emergencies around the clock. The total number of such appointments was 37,554, or 7% more than in 2023. The increase was mainly due to a rise in emergency doctor's appointments for paediatric and eye diseases.

The number of children's referrals to ED for minor health problems increased by 1,500, or 16%, over the year.

In 2024, ophthalmology continued to account for the largest share (28%) of treatment cases, followed by cataract operations, prenatal care and gynaecological procedures and operations (15%), ear, nose and throat operations (11%), internal medicine, gastroenterology, rheumatology, endocrinology, nephrology, including patients requiring haemodialysis for chronic renal failure (11%).

There has been an increase in the number of patients operated on in day care for general, paediatric, and orthopaedics surgery. More day surgeries have been performed for herniotomies, laparoscopic cholecystectomies, and arthroscopic operations on bone and muscle tissue. Most scheduled cataract operations are performed in day surgery.

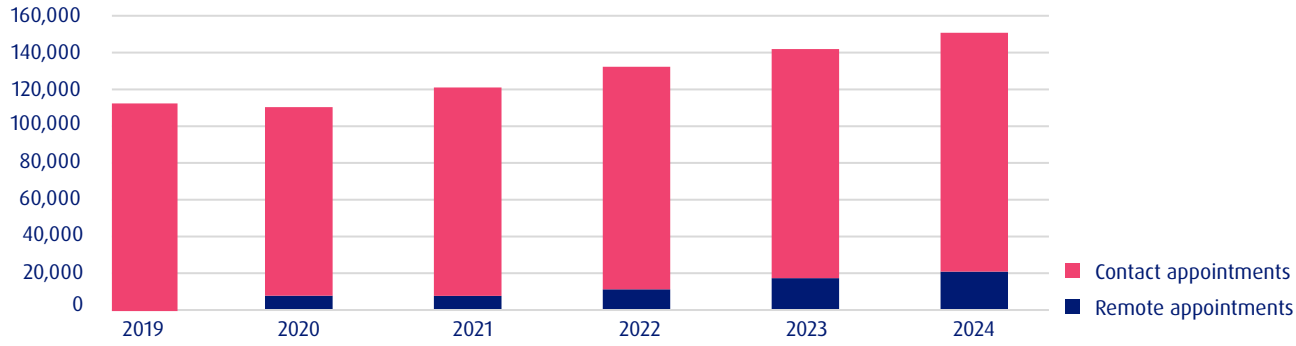
In the summer, treatments also started in the cardiology day clinic, where 219 patients had been treated with the implantation or replacement of an artificial heart pacemaker or cardioversion by the end of the year.

Independent nursing services, including appointments, are provided in all specialities and clinics. The number of independent visits by nurses and midwives increased by nearly 9,000 or 6% over the year. They made a total of 150,824 independent appointments. Compared to 2019, the number has increased as much as 39%. Nurses support patients' care pathways better and more frequently, and patients with chronic diseases receive more help and support.

The provision of nursing and midwifery services has increased and expanded every year, but more so in the last year in haematology, cardiology, general surgery and urology, pulmonology, paediatrics, obstetrics and gynaecology, and psychiatry, both for children and adults.

In several specialities, such as in the Psychiatry and Men's Clinic, nurses are the primary contacts for most scheduled patients. Nurses also play a major role in different care pathways, such as stroke, endoprostheses, cancer treatment, etc., where teamwork with doctors and other specialists is essential..

Number of nurse/midwife appointments



In 2024, a total of 24,702 midwife visits took place at the Women's Clinic, Family Centres, and the Sexual Health Centre. Compared to 2023, the number of visits increased, despite a decrease in the number of pregnant women on follow-up lists in recent years. Healthy pregnant women are monitored by midwives. Midwives at the Women's Clinic also offer diabetes advice, postnatal visits, and breastfeeding counselling to women on antenatal care. A high proportion of women who have given birth request home visits after childbirth (around 2,000 in 2024). Home visits aim to assess the mother's general condition and recovery from childbirth, and pay important attention to mental health, adjustment, coping, and the existence of a support network.

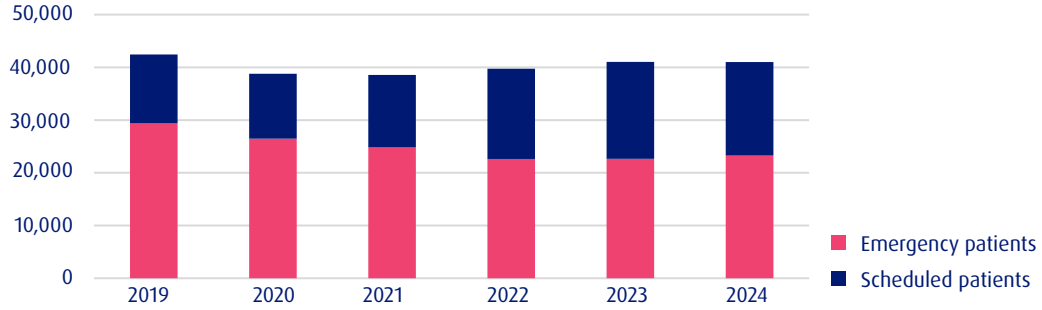
Inpatient care

In 2024, 41,009 patients were treated in the Hospital's inpatient wards, 39,793 in the active wards, and 1,216 in the nursing wards, which is not significantly different from the number of patients treated the year before. Compared

to 2019, the number of patients in the hospital was 1,444, or 3% less, while the number of patients treated in day care increased by 1,631.

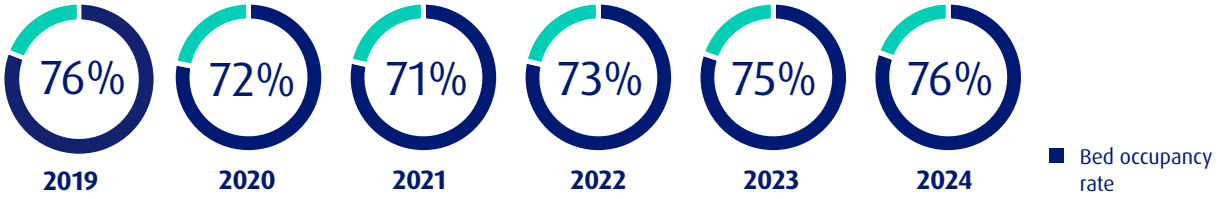
This is a natural change where, with the addition and evolution of different treatment options, patients are in hospital for fewer days and procedures and operations that can be done without overnight hospitalisation are done in a day unit, where the patient comes and goes on the same day but stays for the necessary hours under medical supervision.

Number of patients in inpatient care



There were 958 beds (888 in active care and 70 in nursing), which has not changed. The average stay in active treatment was 6.2 days, and bed occupancy was 75%.

Bed fund and its use



In our day-to-day work, we see an increasing proportion of elderly patients in hospital care, and a growing need for beds in internal medicine specialities. In 2024, 46% of patients in active treatment were aged 19–64, 38% were aged 65 and over, and 16% were children and young people under 19.

We have also seen an increase in the proportion of hospitalised patients who stayed in the Emergency Department for more than 360 minutes (6 hours), particularly for patients who required placement in an inpatient clinic.

Patients who need to be hospitalised from the ED often do not have a bed immediately available, which causes their length of stay in the ED to extend, and requires them to be transferred to vacant beds in other departments within a common bed fund. The problem is particularly felt in internal medicine, but also in neurology, pulmonology, gastroenterology, and nephrology, where bed occupancy is very high, > 90%.

There is close cooperation between the Hospital and other hospitals for inpatients. We refer patients in serious condition who need intensive care or more complex procedures and operations, and we transfer patients to other hospitals for longer hospital stays, including follow-up care and nursing care.

During the year, more than 1,000 patients arrived for inpatient care directly from another hospital. The largest transfers in 2024 were from Ida-Viru Central Hospital and Narva Hospital, with a total of 282 patients, South-Estonia Hospital (205), Viljandi Hospital (186), Põlva Hospital (139), and Valga Hospital (127).

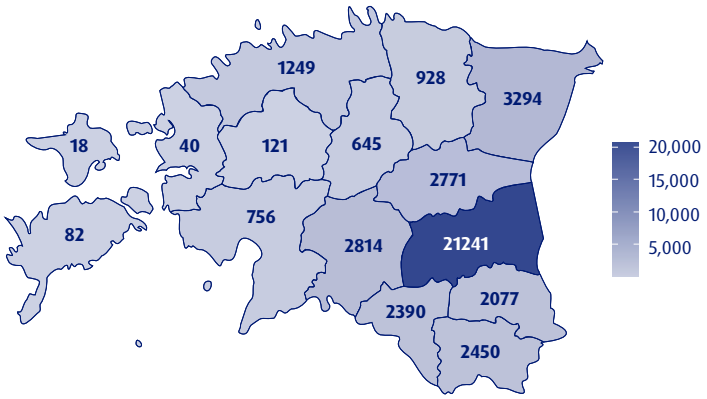
On the other hand, 7% or 2,846 patients did not finish their treatment in the active care unit of the Hospital, but continued in another hospital or in the inpatient nursing care unit of the Hospital. A large proportion of the Hospital's patients went on to hospitals in Elva, Viljandi, Põlva, South-Estonia, Ida-Viru, Valga, and others.

Compared to 2023, more patients have been treated in inpatient active care units in haematology and oncology, cardiac surgery, pulmonology, neurosurgery, paediatrics, child and adolescent psychiatry, addiction, and gastroenterology.

In haematology and oncology (inpatient, day-care, and outpatient combined), there were around 200 or 10% more patients receiving chemotherapy, and over 100 or 12% more patients receiving radiotherapy.

Patients treated in hospital by place of residence

Treated in hospital half of the patients were from the and country of Tartu, 17% from South-Estonian countries (Põlva, Valga and Võru Country), 8% from Ida-Viru Country and 7% from both Viljandi and Jõgeva Country.



Patients were fewer in obstetrics and gynaecology, emergency and planned orthopaedics, vascular surgery, paediatric surgery, ophthalmology, infectious diseases, endocrinology, and rheumatology. In paediatric surgery, shorter treatments have moved to day care or are organised on an outpatient basis.

Half of the inpatients were from the city and county of Tartu, 17% from the counties of South Estonia (Põlva, Valga, and Võru County), 8% from Ida-Viru County, and 7% from both Viljandi and Jõgeva County.

In 2024, more patients were treated in Võru County (+168/7%), Valga County (+81/4%), as well as Pärnu and Lääne-Viru County. However, there have been significantly fewer patients from Ida-Viru County (-300, or -8%), and this in the majority of inpatient departments of clinics (internal medicine, orthopaedics, dermatology, otology, neurology, etc.).

We provided inpatient nursing care (including hospice care) to 1,200 patients in 70 beds. Their hospital stay is longer than usual, averaging 18 days. Compared to 2023, the number of operations on the nervous system, the head, and the spinal cord has increased.

Of the active-treatment inpatients, 37%, or 14,538, were operated on. This is 900 fewer patients or a 6% decrease compared to the previous year, including a 7% decrease in scheduled operations. A total of 22,540 surgical procedures were performed.

Some of the surgical procedures that used to be carried out on an inpatient basis are now performed in day surgery. In the summer of 2023, the new day surgery operating block, which was built during the III Maarjamõisa construction phase, was opened, expanding and improving the conditions of the operating rooms and patient monitoring facilities.

Most inpatients undergoing eye surgery have moved to day surgery for cataract and glaucoma procedures alike. Last year, the total number of eye surgeries, mainly cataract operations, dropped.

Looking at the total number of day-care and inpatient operations, around 1,000 fewer operations were performed on 4% fewer patients in 2024.

The reduction in surgical activity in the inpatient sector is reflected in a decrease in Caesarean sections and gynaecological operations in obstetrics, and endoprostheses and trauma-related operations in general surgery for stomach, small and large bowel operations, and bone and muscle tissue operations. In 2024, the total number of endoprostheses was 1,223. A year earlier, in 2023, the highest number of endoprostheses at the Hospital was 1,325. Compared to 2023, the number of peripheral vascular surgeries also decreased.

Day care

The number of the Hospital's day-care patients in 2024 remained at the same level as in 2023. In 2024, a total of 18,754 patients were treated in the Hospital's different day clinics, and 11,125 of the patients were operated on. There were 131 day-care places for monitoring patients. In the longer term, compared to 2019, the volume of medical work has increased by 10% in both day surgery and non-surgical activities.

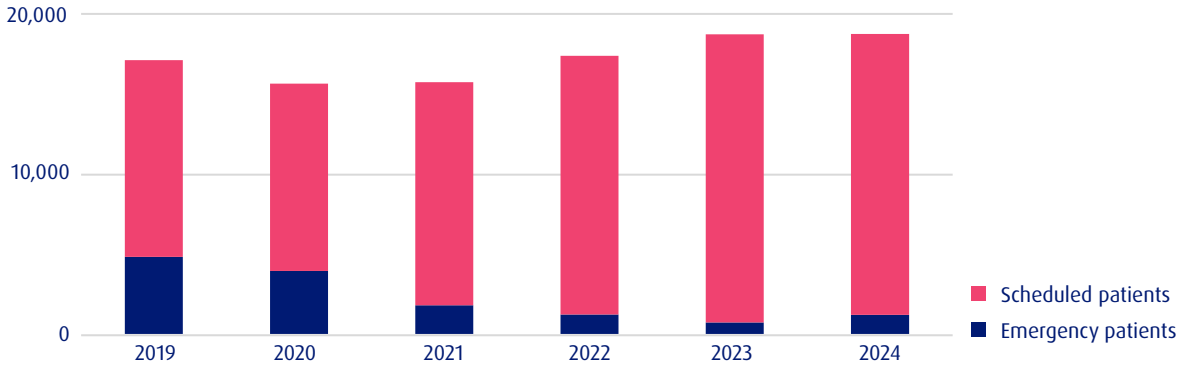
In 2024, ophthalmology continued to account for the largest share (28%) of treatment cases, followed by cataract operations, prenatal care and gynaecological procedures and operations (15%), ear, nose and throat operations (11%), internal medicine, gastroenterology, rheumatology, endocrinology, nephrology, including patients requiring haemodialysis for chronic renal failure (11%).

There has been an increase in the number of patients operated on in day care for general, paediatric, and orthopaedics surgery. More day surgeries have been performed for herniotomies, laparoscopic cholecystectomies, and arthroscopic operations on bone and muscle tissue. Most scheduled cataract operations are performed in day surgery.

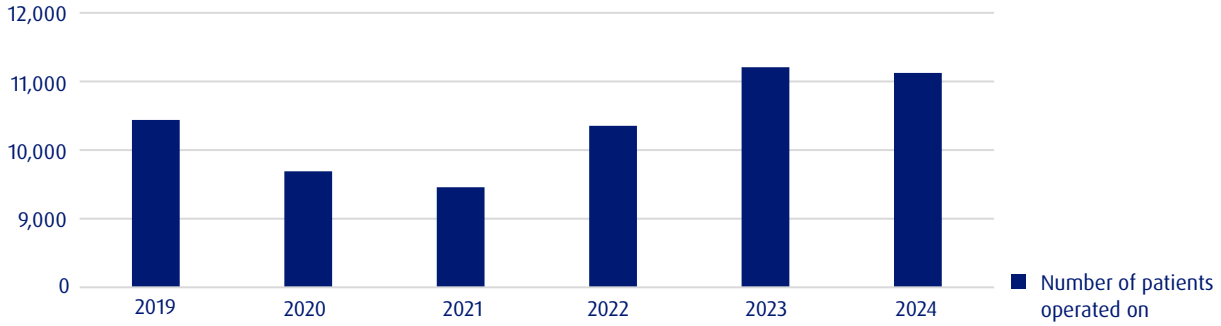
In the summer, treatments also started in the cardiology day care, where 219 patients had been treated with the implantation or replacement of an artificial heart pacemaker or cardioversion by the end of the year.

A noteworthy change was that more patients from Jõgeva County, Põlva County and Võru County, as well as from more distant Lääne-Viru County and Pärnu County, stayed in day care.

Patients treated in day care



Patients operated on in day care

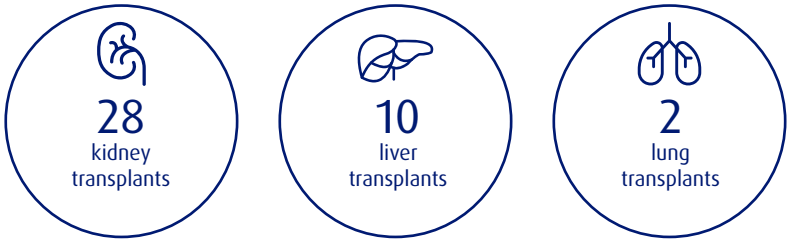


The most common day-care operations and procedures were:

- cataract operations
- prenatal diagnosis and monitoring of pregnant women
- ear, nose, and throat operations
- arthroscopic operations in orthopaedics
- general surgical operations (hernioplasties, laparoscopic cholecystectomies, skin and subcutaneous tissue operations)
- operations on female genital organs
- haemodialysis
- longer infusion treatments, including chemotherapy and biological therapies.

Organ transplants

A total of 40 organ transplants were performed at the Hospital in 2024 (on 39 patients), including 2 lung transplants, 10 liver transplants, and 28 kidney transplants, including 1 simultaneous liver and kidney transplant. No pancreas transplants were performed. The number of transplants was significantly lower than in 2023, when the number of transplants was the highest in years. For example, there were 40 organ transplants in 2022 and 70 in 2023.



International organ exchanges followed a normal pattern, with organ exports being 2.6 times higher than imports. This organ exchange balance is to be expected in small countries with few patients on the waiting list. Close cooperation on organs continued with Scandiatransplant. In 2024, 10 of the organs transplanted at the Hospital (2 lungs, 4 livers, 4 kidneys) were obtained through Scandiatransplant.

The 2024 organ donation rate per million residents was 12.4 for deceased organ donors. The average for Scandiatransplant member states in 2024 was 21.3 (highest in Finland, lowest in Iceland) and for Eurotransplant 15.4 (highest in Croatia, lowest in Luxembourg).

Donor activity in 2024 remained lower than in previous years. Despite this, donor care was of high quality, both in terms of the proportion of multiorgan donors (82%) and the organ utilisation rate (3.8 organs per deceased donor). Both results were very good.

As at the end of 2024, there were 718 patients with functioning grafts in Estonia; the longest functioning grafts are the kidney (29 years and 10 months), liver (19 years and 5 months), pancreas (8 years and 9 months), lungs (14 years and 3 months), and heart (9 years and 4 months).

The main issue has been the lack of acceptance of organ and tissue donation after death.

At the end of the year, 85 patients had been placed on the transplant waiting list by a decision of the medical council.

The number of tissue transplants was the same as a year before, but the amount of donor material given to other medical institutions decreased.

In 2024, 11 corneal transplants and 12 amniotic membrane transplants were performed. Out of the 11 corneal transplantations, 8 were performed by the classical method (penetrating keratoplasty, PKP), 2 by deep anterior layered keratoplasty (DALK), and 1 by corneal grafting with a corneal graft edge. The DALK surgical method was used for the first time at the Hospital.

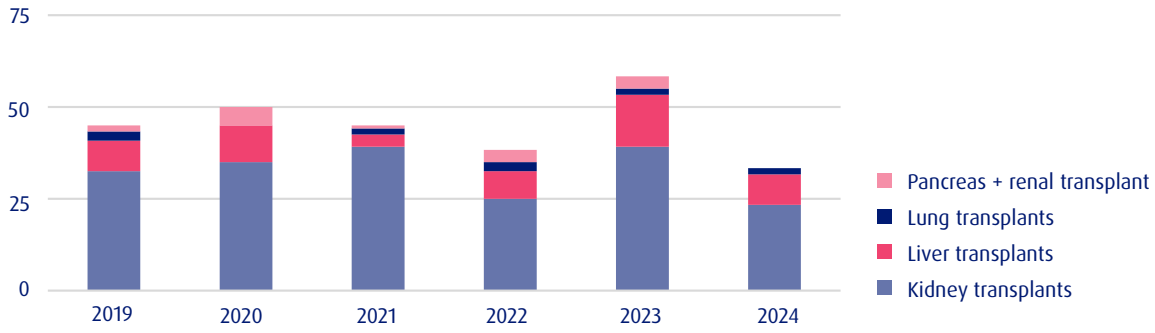
An intrabulbar transplantation of an amniotic membrane to cover a defect in the optic disc was also performed for the first time.

In 2024, skeletal tissues were procured from 93 donors and 162 transplants were issued for transplantation to 130 recipients.

There were a total of 50 haematopoietic stem cell transplants (38 in 2023), of which 20 were autologous and 30 allogeneic. 4 children under the age of 18 received a transplant. To make this work, cooperation with the Finnish Hematopoietic Stem Cell Registry continued.

There were 550 embryo transplants, resulting in a total of 170 clinical pregnancies (30.6% pregnancy rate). Thus, a good proportion of transplants with clinical pregnancy outcomes were achieved. However, the rate of multiple pregnancies was also at a record low, at 1.6% of transplants. As a new procedure, embryo biopsy was introduced.

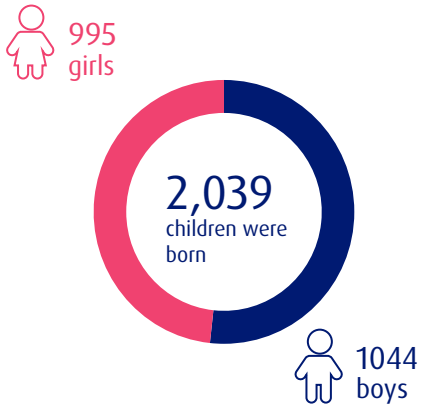
Number of patients treated



Assisted childbirths

The number of births and newborns is falling both in Estonia and Europe, and this is also reflected in the data from the Hospital's Obstetric Unit.

The Hospital's Women's Clinic had 2,013 deliveries (32 twin deliveries, 1 set of triplets), with a total of 2,039 live births, of which 1,044 were boys and 995 were girls. The number of live births at the Hospital fell by 167, or 8%, compared to the year before, while compared to 2019, the decrease was 25%.



21.1% of all live births in Estonia took place in the Women's Clinic of the Hospital. 70% of the births were in Tartu County, 8% in Jõgeva County, 5% in Valga County, 4% in Põlva County, and 3% in Viljandi County.

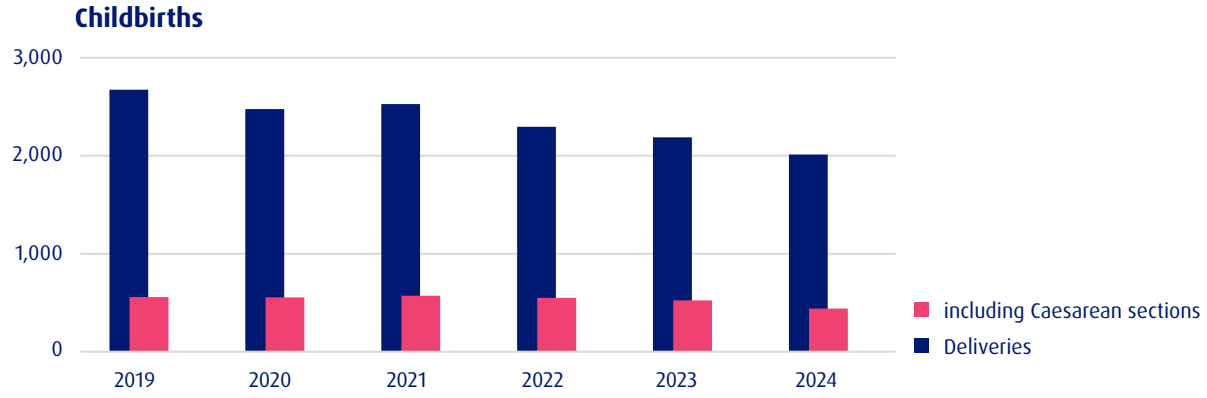
When comparing the births at the Hospital with the initial registration of Estonian births by county, the decrease in births was larger in North Estonia, where half of all Estonian births took place, and smaller in Tartu County.

The number of births in Estonia as a whole has fallen by 10% over the year and by 31% compared to 2019. The year 2024 will in all likelihood set a new record for low birth rates. For the second consecutive year, fewer than a thousand babies were born in Estonia each calendar month.

Nearly a quarter (22%) of the deliveries at the Women's Clinic required surgical intervention, i.e., Caesarean section, and in just under two-thirds (65%) of these cases, this was an emergency indication. Compared to the previous two years, the number of Caesarean sections has fallen by 2%, which is a very positive change.

Pregnant women with a higher risk of childbirth from more distant counties are referred to the Hospital's Women's Clinic, which is why our percentage of Caesarean sections and premature newborns is above the Estonian average. The quality indicators of obstetric care at the Women's Clinic are good: the neonatal stillbirth rate per 1,000 births was 3.61 in 2024 (in Estonia, the corresponding figure was 2.88 in 2023, according to TAI data) and the perinatal mortality rate per 1,000 births was 5.37 (in Estonia, the corresponding figure was 3.44 in 2023, according to TAI). Perinatal deaths were caused by prenatal congenital asphyxia or congenital malformation unfit for life.

The number of women on antenatal care is also on a downward trend. While at the end of 2023, there were around 700 women registered as pregnant, by the end of 2024, there were only 620. In five years, the number of pregnancies under surveillance has fallen from 1,000 to 600.



Palliative care

We are developing palliative care options for patients with severe disease. This is the part of the patient's treatment journey where, as the disease worsens, treatment options and resources are exhausted, but the need for supportive and palliative care increases.

In 2024, around 150 patients received care in 7 palliative care beds. From 2025, the number of beds has been increased to 15, and patients with palliative care indications will be treated by a specialised team (doctor and nurse trained in palliative care, palliative care coordinator, psychologist, respiratory nurse, social worker). A network of outpatient palliative care services is also being developed.

Dental care

The Stomatology Clinic provides services in all areas of dentistry – dentistry for children and adults, including periodontics, endodontics and orthodontics, oral surgery, emergency dentistry, prosthodontics, and anaesthetic dentistry.

In 2024, the total number of visits to the dentist was 61,401, which was around 1,200 visits, or 2% more than the year before. A third of dental activity was related to children's dental and orthodontic patients (21,585 referrals). There were more than 16,000 referrals to the oral and dental treatment service, around 15,000 to the prosthetics service, and nearly 7,000 to the oral surgery service. The increase in dental care is related to prosthetic services.

61,401
dentist appointments

1,520
emergency, unavoidable dental service patients

213
patients in the Stomatology Clinic day care

The Hospital will also continue to provide an unavoidable dental care service, i.e., emergency medical care on weekends and public holidays, with 1,520 patients needing it in 2024. This service is in high demand.

213 patients, who were treated in the day clinic of the Stomatology Clinic, underwent dental treatment under anaesthesia and/or procedures requiring observation. This service is provided to patients with specific conditions, according to the indication.

As the treatment of oral and dental diseases is part of a patient's overall health, dental care services also pay important attention to the different care pathways. Dentists also help patients in inpatient treatment or who need pre-operative preparation for oral cavity cleaning before a scheduled operation, such as an endoprosthesis or heart valve surgery.

Early detection of diseases

Screening can help maintain health and detect serious diseases early. Participation in screening is readily available and free of charge for people both with and without health insurance. In addition to screenings, any additional tests and treatment needed are free of charge.

Participation in screening has increased – people are taking up the opportunities offered, new projects have been added, and some studies have broadened the target groups of participants.

In 2024, more than 34,000 people participated in various screening projects at the Hospital. More referrals were made to the early detection survey of breast and cervical cancer, but also to the health check-up for young athletes and the tobacco cessation counselling project.

The target group for breast cancer screening was extended by two age groups of women (ages 70 and 74). More than 2,000 more women were screened than the year before, with a total of 16,000 women having a mammogram. Participation in the screening has been made easily accessible at the Hospital; the study can be done at the Mammography Cabinet in the Tartu Kvartal Centre, and from autumn, also at the new Ränirahnu Centre near Lõunakeskus. The Mammobus also ran throughout the year in various places in Estonia, including smaller towns and villages. Nearly half of the mammography tests at the Hospital were performed in our mammography buses.

In the prevention of cervical cancer, the home testing option has been added. It is an HPV test that can detect the types of papillomavirus that cause cancer. The sample can be taken at home and sent for analysis to the laboratory.

Women can still visit the Hospital for an on-site examination, where a midwife will take a sample. In 2024, around 3,700 women participated in the screening, 200 more than the year before.

Colonoscopies are carried out at the Endoscopy Centre in the Internal Medicine Clinic as part of the screening for early detection of colorectal cancer. Patients will be referred for testing by their GP if a previous faecal occult blood test is positive. In 2024, there were just over 500 colonoscopy examinations, slightly fewer than in 2023.

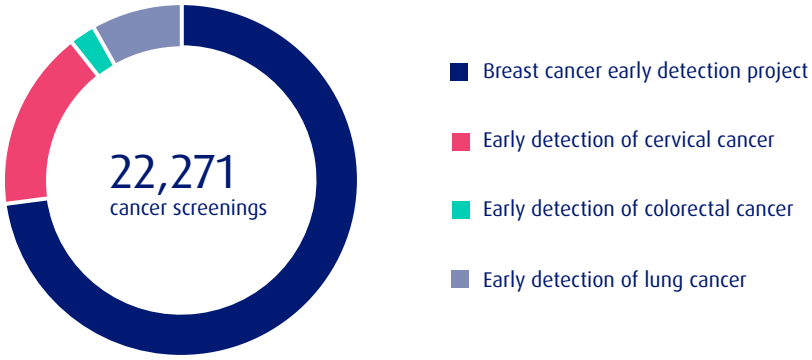
The pilot project of lung cancer screening continued, where a GP or nurse invited people aged 55–74 years from Tartu and Tartu County, who are at increased risk of lung cancer, to be screened. The screening participant undergoes a low-dose CT scan and, if necessary, follow-up examinations. Lung cancer is the most commonly diagnosed malignancy in men and the third most commonly diagnosed malignancy in women worldwide. The aim of the pilot study is to find a solution for Estonia to continue with nationwide screening. In 2024, more than 1,800 people participated in the screening, compared to around 2,600 the year before.

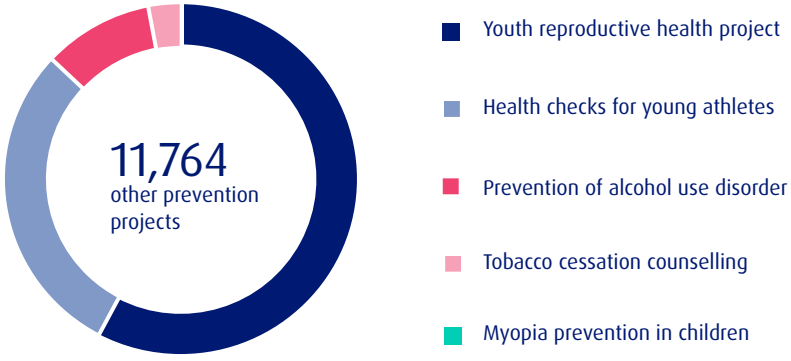
A pilot project on prostate cancer screening was also launched, initially involving men aged 50–69 in Tartu and Tallinn who have not had a PSA test in the last year and have not been diagnosed with prostate cancer before. If the result of the test shows a high level of PSA, an appointment with a urologist will follow. Screening is expected to reduce both morbidity and mortality from prostate cancer

Other prevention projects included providing reproductive health counselling for young people, including prevention of sexually transmitted infections (STIs), to a total of around 6,800 people, both at the Women's Clinic, Sexual Health Centre, and the Men's Clinic.

There were also more young people asking for a health check than in previous years, with over 3,400 young people receiving the service. This package of services is intended for young athletes up to the age of 19 who train regularly and have a training load of at least six academic hours per week. The aim is to ensure safe exercise, which is achieved through counselling and regular health monitoring.

Cancer screening and other prevention projects





Research and development

Ensuring a highly skilled clinical, teaching, and research staff is key to the development of a university hospital

Research and development

The Hospital's research and development activities are carried out in close cooperation with the University of Tartu, and most research projects involve both the University and the Hospital staff.

In 2024, **75 Hospital staff members participated in doctoral studies**, of which 5 defended their doctoral degrees at the University of Tartu. The results of doctoral theses make an important contribution to the advancement of therapeutic practice in the relevant clinical specialities.

The Hospital is a partner in a total of **13 EU-funded** international research and development projects. In 2024, the TeamPerMed project, led by the University of Tartu and the Tartu University Hospital, will continue establishing a research and development centre in Estonia for personalised medicine of international excellence. The role of the Hospital in this project is to organise and conduct the planned clinical trials, with the Clinical Trials Centre and the Genetics and Personalised Medicine Clinic as the main implementers.

75
staff members in doctoral studies

13
EU-funded international research and development projects in which the Hospital is a partner

339
research projects

896,959
euros to fund 15 research and development projects

305
scientific publications

In 2024, the biggest resource in terms of time and manpower was devoted to the launch of a clinical trial for gene donors, **"Genes and cardiovascular disease prevention"**. This project also involves the Hospital's United Laboratories, 12 nurses, and 17 resident doctors. In addition to project-based training, the study participants (i.e., the vast majority of Estonian GP centres, a large proportion of Estonian pharmacy staff, residents participating in the study, etc.) have also received training in good clinical practice.

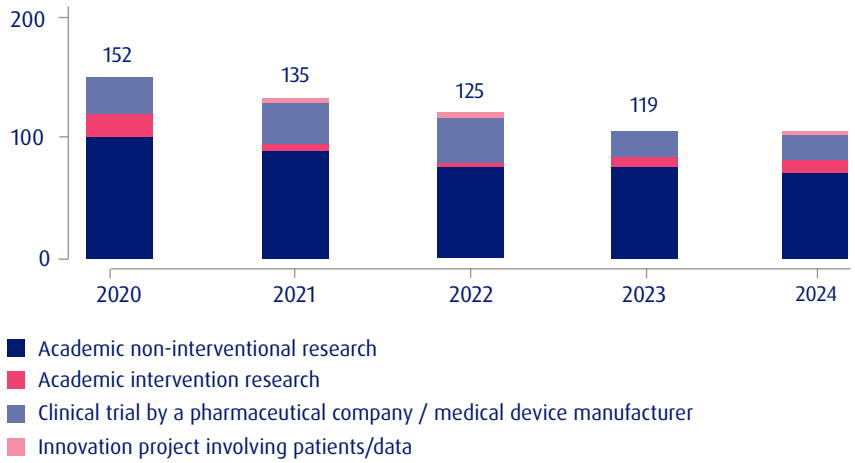
Qualitative studies on genetic awareness among the general public and medical professionals have also been carried out as part of the **TeamPerMed project**. Work has started to prepare a project for rapid sequencing of the genome of critically ill newborns, and a newborn genome sequencing project to complement the screening study.

Within the framework of the **development of the genetic counsellor service**, an application was submitted to the Health Insurance Fund on 27 November 2024 to establish a service code for the appointments of genetic counsellors. In 2024, the design of the modernisation of the Clinical Trials Centre foreseen under the TeamPerMed project, together with the development of the CAR T cell therapy capacity at the Hospital, has also started.

Within the framework of the **Health Insurance Fund's innovation projects**, development work continues in the Dermatology Clinic to carry out an impact study on the effectiveness of teledermatoscopy in an integrated treatment pathway model for skin cancer prevention. Previous development work focused on remote monitoring of psoriasis patients' care pathways and prevention of exacerbations has reached the next stage, where the cost-effectiveness of the method will be evaluated. Work will also continue on the development of a remote model of rehabilitation for heart patients. These solutions will make the professional services of the Hospital's medical teams available to patients in Estonia, wherever they may live.

At the end of 2024, **339 different research projects** were in progress at the Hospital. These included 229 academic non-interventional studies, 31 interventional studies, 78 clinical trials by a pharmaceutical company or medical device manufacturer, and 1 innovation project involving patients or their data. In 2024, a total of **111 new research activities were launched**. The Haematology-Oncology Clinic and the Neurology Clinic are the most active research performers.

Number of new research activities entered in the Research Register during the year



A total of €1.5 million was received from external sources in 2024 for research and development funding. €0.9 million was allocated from the Development Fund. 15 research and development projects received funding from the Hospital's Development Fund, totalling €896,959. In addition, €36,746 was allocated to 9 training activities, including staff traineeships in foreign hospitals or professional training in Estonia.

2024 totalled
305
research publications

In 2024, a total of 305 scientific publications were published, 175 of these in peer-reviewed international scientific journals and 21 articles in the journal Eesti Arst. Five members of the Hospital's staff – Alastair Forbes, Jaan Eha, Margus Punab, Riina Salupere, and Anne Kallaste – were among the 1% most cited researchers in their field worldwide.

The Hospital's researchers who are among the top 1% most cited researchers in clinical medicine

- **2020**
  Margus Punab, Maire Lubi
- **2021**
  Alastair Forbes, Margus Punab, Maire Lubi
- **2022**
  Alastair Forbes, Jaan Eha, Margus Punab, Maire Lubi, Riina Salupere
- **2023**
  Alastair Forbes, Jaan Eha, Margus Punab, Riina Salupere, Anne Kallaste
- **2024**
  Alastair Forbes, Jaan Eha, Margus Punab, Riina Salupere, Anne Kallaste

Doctoral theses defended in 2024

- **Ilves, Norman**
  Risk factors and onset time of periventricular hemorrhagic infarction in preterm born children and periventricular venous infarction in term born children
- **Kuusik, Karl**
  Effects of remote ischaemic preconditioning on arterial stiffness, organ damage and metabolomic profile in patients with lower extremity artery disease
- **Vaher, Ulvi**
  Epilepsy after ischemic perinatal stroke in term born children: neuroimaging predictors, clinical course and cognitive outcome
- **Rips, Leho**
  The influence of vitamin D on the physical performance of conscripts in the Estonian Defence Forces
- **Kärberg, Kati**
  Factors and markers predicting subclinical atherosclerosis in type 2 diabetes

Development Fund's training grants in 2024

Genetics and Personalised Medicine Clinic	Participation in a clinical cytogenetics course in Italy
Stomatology Clinic	Participation in the "LHNC Advanced Head & Neck Reconstructive Course" in microvascular surgery
Nutritional Therapy Centre	Participation in the training course "KetoCollege Advance 2024"
Children's Clinic	Participation in the course "SOS (Sequential Oral Sensory) Approach to Feeding"
Heart Clinic	Organisation of multidisciplinary team training on the management of heart failure patients
Sports Medicine and Rehabilitation Clinic	Organisation of Tartu Arthroscopy Days
Neurology Clinic	Participation in clinical training in St. George's Hospital in London
Radiology Clinic	Attendance at the Abdominal Radiology sub-specialisation course "Abdominal MRI"
Stomatology Clinic	Organisation of a periodontology workshop and theoretical training at the Hospital

Development Fund's allocations for research, development, and innovation projects in 2024

Heart Clinic	Development of the Centre of Excellence for Congenital Heart Defects in 2025 and 2026
Eye Clinic	Preparation of low-concentration atropine eye drops to inhibit the development of myopia at the Tartu University Hospital Pharmacy
Anaesthesiology and Intensive Care Clinic	Development and implementation of multidisciplinary simulation training in neonatal care
Nerve Clinic	Automating the collection of structured stroke care quality data in eHL
Psychiatry Clinic	Purchase of equipment for the Psychiatry Clinic
Genetics and Personalised Medicine Clinic	Tumour cell-free DNA diagnostics: a new standard in oncological precision medicine at Tartu University Hospital
Children's Clinic	Developing a more child-friendly hospital based on AI and Pepper the robot
Sports Medicine and Rehabilitation Clinic	Development project of a service to provide nutritional counselling to athletes
Sports Medicine and Rehabilitation Clinic	Implementing a comprehensive virtual reality solution in the Palliative Care Department
Eye Clinic	Early identification of patients with exfoliative syndrome, assessment of glaucoma risk, and monitoring for patient-specific treatment guidelines
Ear Clinic	Piloting a digital care pathway for the rehabilitation of patients with voice disorders
Heart Clinic	European Society of Cardiology will conduct two international cross-sectional studies in Estonia
Stomatology Clinic	Acquisition of a condylograph to establish systematic functional analysis and test-based therapeutic capacity at the Hospital
Psychiatry Clinic	Development of integrated care pathways for patients with mental disorders at the Psychiatry Clinic of Tartu University Hospital Foundation
Heart Clinic	Developing a treatment pathway for heart failure patients under the Health Insurance Accelerator Programme

Healthcare Transformation Academy

From February to April 2024, the **Innovation Ambassador training sessions**, developed by Karolinska University Hospital, continued with 22 Hospital staff in six teams. The teams' research questions were:

- how to motivate staff and prevent burnout (ICU 1);
- how to create the working environment of your dreams (ICU 3);
- what are existing options to set up a break room for staff, patients, and relatives (ED);
- how to make the communication between the different parties involved in the orthopaedic patient's care more efficient and convenient (Orthopaedics Department);
- what are existing options to create guidance materials for self-examination of adolescent men (Women's and Men's Clinic);
- how to provide parents with relevant supportive information (Child and Adolescent Mental Health Centre)

Over the past four years, 100 employees have participated in the Healthcare Transformation Academy's future skills training.

Staff members participated in different courses **217 times**, and courses on innovation and value-based healthcare proved the most popular. In addition, they took part in introductory e-learning courses in management, personalised medicine, and digital technologies, and at Erasmus University Hospital's summer school on value-based healthcare. The training led to several changes in the structural units::

- The most practical and human-centred solutions came from the Innovation Ambassadors training, where participants tried to solve problems related to patients, loved ones, and the work environment. For example, ICU 2 **started involving patients' relatives in the treatment and recovery process** more actively. The Centre for Child and Adolescent Mental Health also worked on improving the involvement of close relatives, creating coping cards for parents, which will continue to be used to describe treatment pathways for psychiatric illness.
- During the training, the staff of the Orthopaedic Clinic created a **patient checklist**, which will help nurse coordinators to better monitor the patient's progress in the endoprosthetic treatment pathway. In addition, the checklist brings together information that is important for the patient. The checklists that have been developed are now in daily use.
- As a result of the joint work of the Patient, Human Resources, and Information Technology Services, the training involved an in-depth study of patients' needs for contacting the healthcare institution and **the creation of a prototype of the chatbot used today on the Hospital's website.**
- As a result of the training, the Palliative Care Department **changed its physical environment** to make it more comfortable for patients, relatives, and staff. Inspired by the training, the Emergency Department is also working on changing its working environment.

Motivated employees as the greatest asset

The Hospital's greatest asset is its dedicated staff. The Hospital supports a sense of community and improves staff motivation and well-being

At the end of 2024, the hospital employed **5,077 staff members** (4,911 in 2023) in 4,359.06 positions (4,219.13 in 2023). From 2023, the Hospital's workforce increased by 166 people, or 3.4%. The number of doctors increased by 0.05%, and the number of nurses increased by 5.7%. The majority of staff, i.e., 78.2% of the positions at the Hospital, are directly engaged in providing healthcare services.

The Hospital's labour turnover in 2024 was 1.54%.

Positions filled at the end of the year in 2021–2024

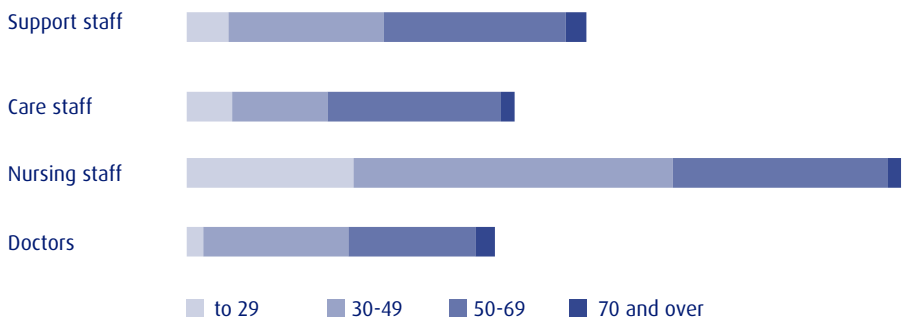
	2021	2022	2023	2024
Number of positions filled	**4,037**	**4,097**	**4,223**	**4,359**
Doctors	626	644	664	672
Residents	194	214	223	216
Nursing staff	1,540	1,557	1,588	1,657
Care staff	749	745	777	790
Support staff	928	937	971	1,024

In line with overall trends in the health sector, the Hospital has more female than male workers: as of 31.12.2024, the Hospital employed **4,316 women** (85% of staff) and **761 men** (15% of staff).

Age distribution of employees:

	2021	2022	2023	2024
Average age of employees	**46**	**45**	**45**	**45**
Doctors	50	49	49	48
Nursing staff	42	42	42	41
Care staff	48	48	49	49
Support staff	50	50	49	48
Breakdown of employees by age group (excluding residents)				
Up to 29	648	696	697	751
30-49	1,811	1,910	1,926	1,985
50-69	1,755	1,768	1,885	1,934
70 or more	155	168	176	186

Breakdown of employees by age group and occupation in 2024



The Hospital's 2024 staff costs, including social tax and employer unemployment insurance contributions, amounted to €265.4 million, including €208.8 million in the parent company. In 2023, labour costs amounted to €232.9 million, including €183.1 million in the parent company. In 2024, the Board and Council member fees amounted to €1.3 million (€1.3 million in 2023). The amounts of the early termination indemnities payable to a member of the Management Board are disclosed in Annex 27 to the Annual Accounts (related parties). Board Members are not entitled to any indemnity in the event of their resignation.

Motivating staff

In 2024, the hospital contributed to motivating its staff through a number of events and activities.

- On 11 January, a **thank you and welcome event** was held for the Hospital's chief nurses, celebrating their new leadership term. Chief nurses are members of the Hospital's clinical leadership team who perform the important role of leading nursing and care in an integrated way with teaching, development, and research, while improving the patient experience in both their unit and the entire Hospital.
- On 13 May, the Hospital hosted an event, dedicated to nursing staff, called **Time Travel**, which included fun professional competitions, a fashion walk "*Haute couture* at the Hospital: masterpieces through time", various time travel workshops, and recognition of future leaders, best trainee managers, successful teams, and fashion designers.
- On 13 May, the **Hospital's City Game** was launched, inviting visitors on an adventure through 220 years of stories about the people, buildings, and places associated with the Hospital. Virtual student Anti Septik accompanied the players on their journey to keep their spirits up. On 27 May, the Hospital's 220th birthday was celebrated by opening the City Game for the entire Tartu community and visitors from outside the city.
- On 21 August, 157 registered participants from the Hospital took part in a 3-hour **boat trip on the Võhandu River.**
- On 26 August, the Tartu Song Festival Grounds hosted the Hospital's **summer concert** with pop-rock band Terminaator and singer Ines. More than 1,000 Hospital employees attended the concert.
- In September, **physiotherapists were recognised as valued members of the Hospital's medical team** for their daily contribution to patient care. **Janika Arras** from the Anaesthesiology and Intensive Care Clinic, dealing with the most critically ill patients in hospital wards, was announced the best physiotherapist in inpatient work. In outpatient work, **Mati Arendt**, who works in the Sports Medicine and Rehabilitation Clinic, was recognised for his significant contribution to the development of the speciality.
- In September, 14 nurses started microcredit training at Tartu Health Care College with the support of the Hospital, half of whom went on to study quality management and leadership in healthcare.
- The Emergency Department and the Intensive Care Units created an **electronic form for "Positive Feedback from Colleagues"**, which can be used to express gratitude and appreciation to each other both within and outside the department, thus keeping colleagues motivated and fostering a positive working environment.
- In 2024, the Emergency Department was awarded **Peaasi.ee's bronze award, "Organisation Valuing Mental Health"**. The HappyMe platform team thanked and recognised the ED with the Employer Promoting Happiness at Work label.
- At the Heart Clinic, a suggestion box was set up to allow all staff to have their say on the working environment and share both positive feedback and concerns. Suggestion boxes are available in departments both in physical form and in a QR-accessible online version.
- The Hospital's Innovation Ambassadors course inspired a joint project between the Anaesthesiology and Intensive Care Departments, and an initiative across the Hospital, namely the **"Know Your Colleague" workshop series.**
- On 1 October, a 6-month YuMuuv series of exercise challenges for Hospital staff started for the third year. Nearly 400 employees actively participated in the different challenges.
- On 8 October, the students took part in the popular career day at Tartu Health Care College, where they could practice operating nurse activities on special models under the supervision of the Hospital's operating theatre nurse. Virtual reality goggles and other child anxiety relief tools, such as Buzzy and Pepper the robot, were also presented at the career day
- On 11 October, the Hospital hosted a Girls' Work Shadowing Day, aimed at breaking gender stereotypes and to

support and encourage girls' ambitions to take on leadership roles.

- On 9 December, the Hospital held a Christmas sale and an e**nd-of-year concert "Glam rock"**, featuring the glamorous duo Big Girls and rock singer Ollie.
- In December, the Hospital announced a **scholarship competition** for postgraduate students to support the studies of future colleagues and motivate them to continue working at the Hospital after graduation. A monthly scholarship was awarded to six nursing assistants and to three other students as an additional support measure.

Supporting staff development

In 2024, the Hospital staff completed **250,120 academic hours of further training** (2023: 193,607 academic hours, 2022: 178,908 academic hours).

Number of academic hours in 2024

Doctors	71,704 academic hours
Residents	17,383 academic hours
Nursing staff	113,030 academic hours
Care staff	19,936 academic hours
Support staff	28,067 academic hours

The total number of training visits (number of times attended) was **44,855** (31,045 in 2023).

Breakdown of training visits in 2024

- Doctors **11,327**
- Residents **2,991**
- Nursing staff **21,810**
- Care staff **3,972**
- Support staff **4,755**

Organisation of training

- **80%** of the training was in-house training at the Hospital (35,757 attendances, including 4,524 participations in e-courses).
- **20%** of the trainings were provided by organisations (9,098 attendances, including 1,426 abroad).
- More than **10%** of the total number of attendances in the Hospital's Moodle study portal were made up of the following e-courses.

In 2024, there were **18 different e-courses open to staff** (13 courses in 2023), several new courses were added, such as "Fire safety for hospitals and care institutions", "Public procurement and the Hospital's procurement rules", and "Data protection e-course".

At the initiative of the Training Department and with funding from the Health Board, new training sessions were launched in 2024 at the Hospital, titled **Major Incident Medical Management and Support** (The practical approach at the Hospital) (HMIMMS). Three 2-day training sessions were carried out, training a total of 55 staff.

In the autumn, the Hospital's crisis coordinator started conducting **crisis management training** to improve the knowledge and skills of the Hospital's crisis management team.

The training series "Supervision in clinical settings", which started the year before, was continued in 2024. In 2024, there were 8 courses (24 training days) attended by 166 staff members.

The training series "Supervision in the clinical setting" is aimed at staff who, in parallel with their clinical work, are involved in one-to-one supervision of trainees and doctor-residents. The training will use active learning methods, with a strong emphasis on mutual sharing and learning from teaching and coaching experiences.

Completion of the training will qualify as a course in teaching methodology, which is part of the professional career model for doctors, described 5. as a prerequisite for the career stage 3 since 2020. The Research Development Service of Tartu University Hospital funds the training.

The Hospital's Training Department organises in-service training for Hospital staff. The main target group is nursing and care staff. Staff from other healthcare institutions are also welcome to attend if places are available.

> **In 2024, the Hospital's Training Department organised 230 training sessions, attended by 4,975 Hospital staff and 1,450 staff from other healthcare institutions. In addition, 45 staff members from other healthcare institutions were provided with practical individual training on various topics in the Hospital's structures.**

The Training Department coordinated 200 simulation training sessions on resuscitation, with over 1,500 employees participating.

The Training Department and the Infection Control Service collaborated to organise **"Critical competencies in infection control" training**, attended by 363 staff members. In addition, 8 courses (with 400 participants) were planned and targeted at the Infection Task Force within the framework of the project **"Hand hygiene and proper glove use – a win-win situation"** from February to December.

Hospital recognitions in 2024

Hospital Award
Kaja Julge

Neinar Seli scholarships
Sander Pajusalu, Katrin Õunap

Hospital Award for the best article published in the journal Eesti Arst
Markus Louis Mühlberg, Maksim Zagura

Best medical lecturer
Lauri Hein

Best dental lecturer
Mari-Liis Aro

Best nurse
Margus Bunder

Best midwifery staff member
Sale-Liis Teesalu

Best trainer
Kerly Kull, Jevgeni Valjuženitš

Best physiotherapist in inpatient work
Janika Arras

Best physiotherapist in outpatient work
Mati Arend

Hospital Research Award
Hanna Kadri Laas

Best colleague
Jelena Kuznetsova, Tauno Heinastu

Health professionals most thanked by patients
Tiina Tammik, Anne Ilves

Staff who have defended a doctoral thesis
Norman Ilves, Karl Kuusik, Ulvi Vaher, Leho Rips, Kati Kärberg

A patient-friendly act
Sõltuvushäiretega patsientide grupikohtumised Kliinikumis
Laborianalüüside andmise võimalus kodulähedases haiglas

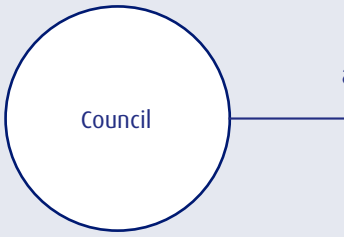
Hospital silver badges
Tiiu Kõrran, Marina Beljaevn, Karina Lõhmus, Külli Uibo
Marju Meus, Tiiu Koemets, Jaanus Pikani

Improving the management culture

In the spring of 2024, the Hospital conducted an employee satisfaction survey, which showed that employees value the continuous development of the management culture. Recognising that employees perceive the management culture primarily through the managers closest to them, management set out to describe the role of departmental managers.

The work of a working group convened to describe the role of departmental managers resulted in the drafting of a **Code of Conduct for Departmental Management** in June. The purpose of the Code of Conduct is to serve as a tool for setting mutual expectations between managers and employees, and to ensure a coherent direction and efficient functioning of all departments at Tartu University Hospital.

As a follow up to the endorsement of the Code of Conduct, the Hospital developed a leadership training course in cooperation with experienced leadership trainers Kristiina Tukki and Toomas Tamsar, which aimed to support the implementation of the Code of Conduct for Departmental Management by providing managers with additional leadership skills, and value the work of departmental leaders and their role in shaping the leadership culture of the Hospital. The training consisted of three training days, which took place between September and December. A total of 14 managers were trained during the first training. The feedback on the training was very positive, so the plan is to continue the training in 2025.



In addition to the training based on the Code of Conduct for Departmental Management, several other training sessions were organised for managers in 2024:

- 9 training sessions on **"The nature of conflict of interest and corruption"**, with a total of 178 participants;
- 4 training sessions on **"Basics and effective management of personal development reviews"**, attended by around 100 employees;
- A 3-module **internal training for managers** with a total of 197 participants;
- 9 small group training sessions **"Health and safety at work for managers"** with 38 managers participating.

In 2024, a 360-degree feedback survey of managers was carried out via PlanPro software, with 62 managers providing feedback: heads of clinics and services, chief nurses at the same level, and heads of administrative departments. Nearly 1,000 questionnaires were filled in, and the feedback collected was to be considered in the annual reviews with managers. The use of the PlanPro software to facilitate personal development reviews was continued. In total, more than 300 personal development reviews were held with PlanPro in 2024.

- Heads of supra-departmental units
  - Cancer Centre
  - Transplantation Centre
  - Infection Control Service
- Heads of clinical areas
  - **1. Clinical area**
    - Surgery Clinic
    - Men's Clinic
    - Orthopaedics Clinic
    - Women's Clinic
  - **2. Clinical area**
    - Internal Medicine Clinic
    - Dermatology Clinic
    - Haematology and Oncology Clinic
    - Children's Clinic
  - **3. Clinical area**
    - Heart Clinic
    - Pulmonary Clinic
    - Ear Clinic
    - Stomatology Clinic
  - **4. Clinical area**
    - Neurology Clinic
    - Psychiatry Clinic
    - Ophthalmology Clinic
    - Sports Medicine and Rehabilitation Clinic
  - **5. Clinical area**
    - Anaesthesiology and Intensive Care Clinic
    - Surgery Services
    - Nutritional Therapy Centre
  - **6. Clinical area**
    - Radiology clinic
    - Pathology service
    - United Laboratories
    - Blood Centre
    - Pharmacy
    - Genetics and Personalised Medicine Clinic
- Analysis Quality Manager
- Patient services
- Research and Development Service
- Head of Human Resources
- Communication Manager
- Business Development and Administration Manager
- Chief Financial Officer
- Chief Information Technology Officer

Management Board of Tartu University Hospital

The Management Board is the governing body of the Foundation, which represents and manages the day-to-day activities of the Foundation following the law and the Statutes of the Tartu University Hospital Foundation. The Board is obliged to act in the most economically viable way and to ensure the functioning of risk management and internal control systems. In its activities, the Board is guided by the five-year development plan and annual operational objectives approved by the Council. According to the Statutes, the Board consists of between three and seven members appointed by the Council for a term of up to five years. The work of the Board shall be chaired by the Chairperson of the Management Board, who may be appointed for a maximum of two consecutive terms of office.

The composition of the Management Board as at 31.12.2024 was as follows:

Priit Perens

Chairman of the Management Board, term of office until 30.09.2025

The Chairman of the Board is the Hospital's Chief Executive Officer, whose responsibilities include:

- general management of the Hospital;
- organising the activities of the Board;
- coordinating the activities of the administrative structures;
- representing finance, IT, and support services at the board level.

The CEO's responsibilities include support functions in the areas of finance, information technology, and administration, the Bureau of the Management Board, the Registry, the Communication Service, the Human Resources Service, the Major Infrastructure Projects Department, and, jointly with the Board, the Internal Audit Service.

Reporting to the CEO are the Chief Medical Officer, the Chief Scientific Officer and the Chief Nursing and Patient Experience Officer as members of the Board, the Chief Financial Officer, the Chief Information Technology Officer and the Chief Business Development and Administration Officer as heads of support areas, and the heads of administrative services and other units.

Liis Salumäe

Chief Medical Officer, term of mandate until 30.09.2028

The duties of a Chief Medical Officer include:

- ensuring the high quality of healthcare services at the Hospital, considering the contract for financing treatment and the University of Tartu as a base for teaching and research and developing cooperation between treatment;
- ensuring the availability of quality health services and the rational use of resources in the Hospital's area of responsibility, in cooperation with hospitals and municipalities;
- organising the cooperation of the Hospital with other medical institutions in Estonia, including other healthcare institutions, family doctors, and professional associations;
- together with the Head of Research and Development, establishing and developing cooperation between the Hospital and international universities.

The Chief Medical Officer is responsible for the clinical areas, their clinics and services, as well as for interdisciplinary units (currently the Cancer Centre, the Transplant Centre, the Infection Control Service), the Analysis and Quality Service, the Myocardial Infarction Registry, which are set up within or across structures. Reporting to the Chief Medical Officer are the heads of the departments responsible for the management tasks (or, in their absence, the heads of the clinics and medical services) and the heads of the other units on a temporary adjunct basis.

Ilona Pastarus

Head of Nursing and Patient Experience, term of mandate until 30.09.2025

The Head of Nursing and Patient Experience is responsible for:

- leading and developing nursing and care at the Hospital;
- coordinating the continuous improvement of a Hospital-wide and inclusive patient-centred approach by implementing it into practice solutions based on the principles of person-centred healthcare (people's well-being), from the need for a holistic care pathway to its resolution;
- refinement, and validation of new diagnostic and therapeutic tools and the validation of new medicines.

The Nursing and Patient Experience Manager is in charge of the Registrar's Office and the Call Centre, the Social Work Unit, the Patient Information and Support Centre as a patient service unit, and curating the Patient Advisory Board.

Reporting to the Head of Nursing and Patient Experience are the Heads of Nursing and Patient Experience or the Chief Nurses (in their absence, Chief Nurses of the clinics and medical services) and the Heads of the other units in the administrative area, who carry out management tasks on a temporary adjunct basis.

Joel Starkopf

Head of Research and Development, mandate until 30.09.2025

The responsibilities of the Head of Research and Development are:

- coordinating the creation and implementation of a development plan for the Hospital; leading the institutional development of the Hospital;
- coordinating cooperation between the Hospital and the University of Tartu in the fields of teaching, research and development, and innovation (currently mainly under the Cooperation Agreement between the University of Tartu and Tartu University Hospital, parts I and II);
- increasing the involvement and visibility of the Hospital in high-priority, modern, diversified, systemic R&D and innovation areas in medical and health sciences, including the development, refinement, and validation of new diagnostic and therapeutic tools and the validation of new medicines;
- establishing and developing cooperation between the Hospital and healthcare institutions of international universities;
- initiating and implementing innovative projects and activities at the Hospital, developing new therapeutic competencies in collaboration with the Chief Medical Officer, a Board member;
- Hospital networking with representatives of other disciplines and fields;
- contributing to the popularisation of the Hospital's scientific achievements.

Responsibilities of the Head of Research and Development include the Development Fund and the Research and Development Service, comprising the Clinical Trials Centre and the Medical Information Centre.

Reporting to the Head of Research and Development are senior medical lecturers with the relevant competence in the clinics in matters of research, development, and teaching.

Council of Tartu University Hospital

The Council of the Foundation plans, organises, and supervises its activities and management. The Hospital's Council has eight members appointed for a three-year term. The founders of the Foundation appoint and recall the members of the Council as follows: three members by the Republic of Estonia, three members by the University of Tartu, and two members by the City of Tartu.

Powers of the Council

The Council is responsible for approving the Hospital's development and financial plan, as well as the annual budget, the annual operational objectives, and the annual report. The Council decides on the number of members of the Management Board, their mandate terms, and areas of responsibility, appoints and recalls the members of the Management Board, and decides on the contract terms with Board members. The Council decides on borrowing and the conclusion of finance leases, as well as on the transfer or encumbrance of immovable property and movable property entered in the register, if their value equals or exceeds the limit approved by the Council to the Management Board. The approved threshold for 2024 was €63,911.65 for immovable property and €19,173.49 for movable property. The Council determines the number of auditors, appoints auditors and the term of their engagement and their remuneration or remuneration arrangements, and decides on the early termination of contracts with auditors. The Council, acting on a proposal from the Management Board, approves the structure of the Foundation.

Council meetings and decisions

The work of the Council is chaired by its Chairman under the rules of procedure established by the Council. The Council takes its decisions at meetings. Council meetings are organised as and when needed, but at least once a year. In 2024, seven meetings were held. A meeting shall be called by the Chairman or a Council member substituting for the Chairman. The meeting shall also be convened if requested by a member of the Council, the Management Board, or the auditor. A Council meeting has a quorum if all members of the Council are present. A Council resolution is deemed adopted if more than half of the Council members present at the meeting vote in favour. A council member is considered present at a meeting by attending the physical meeting or through a real-time two-way audio-video link. Council members absent from the meeting may participate in the vote by transmitting their votes in a form that can be reproduced in writing. In case of voting on clauses 4.2.5, 4.2.6, 4.2.8, 4.2.9, and 4.2.15 of the Statutes, an affirmative vote of at least 5 of the Council members is required to adopt a decision, while a unanimous vote of Council members is required to adopt a decision provided for in Article 4.2.10. The Council may decide without convening a meeting if all Council members vote in favour of the decision in writing or by electronic means. The minutes of a Council meeting are drawn up per the requirements of the legislation. All Council members present at the meeting and by the minute-taker must sign the minutes of a Council meeting. The minutes, the decisions of the Council, and other documents reflecting the work of the Council shall be kept at the seat of the Hospital.

Principles for the remuneration of Council members

The founders of the Hospital jointly decide the remuneration of Council members, guided by the procedure for the remuneration of Council members and the maximum limits of the remuneration, established by a decree of the Minister responsible for the field under subsection 85 (2) of the State Property Act. Council members receive equal remuneration. The Council Chairman may receive higher remuneration than the other Council members for their participation in the activities of the audit committee or another Council body referred to in the Auditor Act. Council members receive remuneration based on their participation in the activities of the Council. In the case provided for in point 8 of subsection 85 (1) of the State Assets Act, the founders may decide to suspend the payment of remuneration to the Chairman of the Council or to reduce their remuneration in proportion to the period during which the Chairman did not fulfil their obligation under the State Assets Act. The remuneration of the Council members is based on the financial situation of the Hospital. The remuneration paid to a member of the Council during the financial year may not exceed 10% of the remuneration paid to the Chairman of the Management Board for the same financial year. No compensation shall be payable in the event of a member's resignation from the Council.

The composition of the Council as at 2024 was as follows:

Members appointed by the Republic of Estonia

Maarjo Mändmaa term of office until 08.10.2027

Merike Saks term of office until 05.04.2027

Kaspar Kokk term of office until 19.12.2025

Members appointed by the University of Tartu

Kristjan Vassil (Chairman) term of office until 11.09.2026

Ahti Varblane term of office until 30.04.2025

Eero Vasar term of office until 30.04.2025

Members appointed by the City of Tartu

Urmas Klaas term of office until 30.04.2025

Helju Pikhof term of office until 30.04.2025

Audit Committee of Tartu University Hospital

Pursuant to the Auditing Act, the Council has established an Audit Committee, an advisory body of the Council in the fields of accounting, audit control, risk management, internal control and audit, monitoring, and budgeting, and the legality of operations.

The Committee aims to oversee the performance of the Hospital's internal control systems and the management of risks, to provide the Hospital's Council with reviews, and, where necessary, to make proposals to improve management and supervision.

The Committee has four members, appointed by the Council for a three-year term. The members of the Committee elect a chairperson from among their number, who organises the Committee's activities. The Chairman of the Council may not chair the Committee

The composition of the Audit Committee as at 31.12.2024 was as follows:

Neinar Seli chairman of the audit committee, term of office until 31.12.2024

Maris Jesse term of office until 07.10.2027

Kristjan Vassil term of office until 14.12.2026

Eero Vasar term of office until 07.10.2027


Kliinikumis kulub aastas:
elektrienergia peale 1,9 miljonit eurot
vett 100 000 m³
keskmiselt 850 koopiapaberit töötaja kohta aastas
Kliinikumis tekib aastas:
307 kg jäätmeid töötaja kohta
Avad akna, rikud siseõhku!
Kas see väljaprint oli vajalik?
Kui tilgub, siis teata!
#rohelisemkliinikum
#säästameenergiat
#säästamevett #eiraiska
Tartu Ülikooli Kliinikum
Rohelisem Kliinikum
"Mis tõi meid siia, ei vii meid enam edasi
Toomas Hendrik Ilves
#rohelisemkliinikum
#esimesehaiglanaeestis
#räägikaasa

A sustainable hospital

Tartu University Hospital is a sustainable hospital that cares for the environment and ensures business continuity and crisis preparedness

Sustainable administrative management

Last year's activities focused on crisis exercises, making locations more convenient and accessible for patients, consolidating services, and developing the Hospital's activities as a green hospital.

The flooding caused by the August downpour provided valuable experience, allowing the whole team to learn how to respond to emergencies and improve internal communication. The rapid response and effective restoration work ensured uninterrupted operation of technical systems and water damage to buildings was repaired within a few weeks.

In the L. Puusepa 8 building we tested stand-alone generators and carried out full maintenance of the main distribution centres, which ensured independence from the power grid and smooth operation of the Hospital's equipment even during synchronisation with the continental European power system. We also continued to improve the firefighting system by extending the water mist system.

The Hospital opened a new office in the Lõunakeskus shopping centre. To provide patients with more convenient and easily accessible diagnostics, the necessary technical equipment and contractual support activities for the open office were organised. Based on the same principle, we consolidated the Men's Clinic, the Genetics and Personalised Medicine Clinic, the Sports Medicine and Rehabilitation Clinic, the Dermatology Clinic, the Psychiatry Clinic, and the Children's Clinic, which had been located in different locations in Tallinn, into the new Ülemiste Health Centre at Sepapaja 12/1 and carried out the relocations related to both projects. We also started preparing the design and procurement of the Kuperjanovi hospital building to be renovated for the Dermatology Clinic. We hope to move the Dermatology Clinic into the renovated building in 2026.

In order to increase the efficiency of support services, we combined the activities of the economic warehouse with the logistics centre of the branch pharmacy, which allowed for more efficient transport arrangements both between buildings and within the building. In the second half of the year, we started mapping out suitable locations for consolidating the archives in the Hospital's different buildings. In the area of catering, we added calorie ranges to the Café's menus, thereby providing visitors with more informed choices. In order to manage the environmental impact of the Hospital as a sustainable hospital and to increase environmental sustainability, we carried out another EMAS certification process and renewed the corresponding registration. In line with our sustainability goals, we upgraded the patient transport, home nurses, and midwives with more environmentally friendly vehicles.

A training programme in project management was procured and launched in cooperation with administration and procurement specialists.

Green hospital

Estonia has set a goal of achieving climate neutrality by 2050, which means that CO_2 emissions must not exceed the amount sequestered in growing forests, soil, peat, and elsewhere. To achieve this, every institution and citizen is expected to contribute.

To contribute to the goal, the Hospital became the first in Estonia to implement the **European Union's Eco-management and Audit Scheme (EMAS)** in 2021.

The Eco-management system aims to identify significant environmental aspects and the resulting environmental impacts, and set environmental objectives and define an action plan to improve performance.

EMAS
TÕENDATUD KESKKONNAJUHTIMINE
EE-000021

With its Environmental Action Plan, the Hospital has set the following targets:

- increase energy efficiency
- increase resource efficiency
- reduce waste and promote recycling
- raise environmental awareness among its staff, patients, and the general public

In May 2024, external auditors confirmed, based on their annual audit, that the Hospital's environmental performance complies with the EMAS Regulation.

The Hospital shares its environmental information in the Environmental Report, available at www.kliinikum.ee/rohelisemkliinikum

Energy consumption

Energy consumption is one of the most important environmental impacts of the Hospital.

In 2024, we consumed a total of 52,504 MWh of energy (2023: 49,836 MWh), of which:

- electricity 23,279 MWh (2023: 23 355 MWh)
- thermal energy 25,758 MWh (2023: 25 192 MWh)
- district cooling 3,467 MWh (2023: 1 289 MWh).

52,504 MWh
of energy consumed by the Hospital in 2024 for electricity, heat, and district cooling needs

The Hospital is committed to reducing its electricity consumption. **Great attention is paid to energy savings in lighting.** In 2024, the Hospital continued to replace existing lighting with LED lamps. The current investment in LED lighting will save 170 MWh of electricity per year.

The load capacity of the technical systems for electricity and cooling is very high in the spring and summer periods. An effective solution is to **switch to a central district cooling system** at L. Puusepa 8. 2024 investments in district cooling will save 830 MWh of electricity per year.

Of the buildings related to medical care, non-renovated buildings consumed less electricity. This is due to the fact that buildings that have not been renovated do not all have modern technical systems, which in turn translates into lower electricity consumption. The main electricity consumption is in the Hospital's main building (L. Puusepa 8), where most treatment and diagnostic activities are concentrated. The Hospital's main building has both new buildings and those that are not completely renovated yet. It should be noted that the electricity consumption of L. Puusepa 8 will be increased by the gradual installation of modern technical systems.

Energy consumption was boosted by the fact that 2024 was the first year in which the new treatment wings (in the order of 30,000 m^2 of floor space) operated for a full year. The new treatment wings were put into operation in summer 2023.

In addition, **campaigns to raise staff awareness** continued in 2024. Workers were urged to keep an eye on the temperature, switch off lamps in empty rooms, and close the windows.

Waste management

In 2024, the Hospital generated a total of 1,290 tonnes of waste, of which 28.1 tonnes were landfilled. The remaining waste was treated by contractors through various recovery operations.

The Hospital generates large amounts of municipal waste, including packaging waste. As a special feature of a healthcare institution, the Hospital also generates medical waste requiring special handling, i.e., infectious waste and pharmaceutical waste. The Hospital also generates other types of waste, such as construction and demolition waste, biodegradable waste, and hazardous waste.

4.8 kg
of waste generated at the Hospital per bed-day in 2024

98%
of was treated by contractors through various recovery operations

> **Staff and patients have become more aware of sorting – for example, 160% more bio-waste was sorted from municipal waste in 2024 than in 2023.**

78 tonnes of bio-waste were sorted out. Increasing the opportunities for sorting certainly contributed to this, but raising awareness is key. In 2024, a series of training sessions on waste sorting were carried out for staff. In addition, a digital waste game was set up at the Hospital to help raise sorting awareness among staff, patients, and other interested parties. With the game created, you can use your new or refreshed knowledge of waste sorting not only at work or in hospital, but also at home.

Resource efficiency

In 2024, the Hospital carried out **20 green public procurements** to invest in products whose production makes optimal use of resources. In addition, there is a continuous effort to improve the skills of key staff, which has resulted in an annual increase in green procurement.

It is important to the Hospital that the events we organise are as environmentally friendly as possible. To this end, a guide for organising green events at the Hospital was developed. The guide provides more resource-efficient guidelines for food selection, transport, material selection, waste management, and communication.

The Hospital is constantly looking for solutions to replace disposable supplies with reusable ones.

> **As a result of the project "Hand hygiene and proper glove use – a win-win situation", the use of non-sterile gloves decreased by 9% compared to 2023, and more than 1.5 million fewer non-sterile gloves were used in 2024 compared to 2022.**

In 2024, the Sterilisation Department partially started using sterilisation containers instead of paper packaging and started looking for ways to replace plastic tablet cups with paper ones that are not laminated

The Hospital is trying to find solutions for discontinued supplies – in 2024, the Hospital put them up for sale on buy.ee.

Biodiversity

The Hospital is part of the **Tartu ROHEring project**, which aims to increase the city's biodiversity, mitigate the effects of climate change, and create a good living environment for all. Therefore, the mowing frequencies on all Hospital properties were reduced in 2024. A vibrant urban landscape offers many benefits in addition to the scenic beauty, such as cleaner air, lower air temperatures, less flooding, and pollinated fruit trees. In addition, two flower meadows were created in the park at L. Puusepa 6.

From 30 May to 16 June, **sheep were brought to the Hospital's green areas** in cooperation with the ROHEring

project to contribute to silent mowing. Sheep had many visitors every day among staff, students, patients, and townspeople.

Ensuring crisis preparedness and operational continuity

In 2024, the Hospital focused on mitigating water supply risks. In cooperation with Tartu Waterworks, an autonomous pumping station and its autonomous power supply have been provided to the Hospital for the crisis period. For possible floods, 4 water suction pumps, 2 water pumps, and water traps were purchased for the hospital in 2024.

The electricity continuity project, which started in 2023, was also completed, equipping all the Hospital buildings with generators.

In 2024, 4 training exercises were conducted, 3 of these national security exercises and 1 mass casualty exercise. The Hospital also took part in the national exercise “Decisive Lancer”.


TARTU ÜLIKOOLI KLIIN KUM

The Hospital's clinics and ambulance service

The Hospital's clinics and ambulance service cover the whole region of South Estonia

TARTU UNIVERSITY HOSPITAL GROUP INCLUDES:

SA Tartu Ülikooli Kliinikum

Lõuna-Eesti Haigla AS

Põlva Haigla AS

Valga Haigla AS

SA Tartu Kiirabi

Lõuna-Eesti Haigla AS

403
positions filled as at 31.12.2024

33,827
outpatient doctor's appointments

7,253
home nurse visits

3,455
patients treated in hospital

14,233
ED visits

Overview

Lõuna-Eesti Haigla AS (South-Estonian Hospital Foundation) is the largest health and social care provider in South-East Estonia and the largest employer in South-East Estonia. More than 25% of the Hospital's patients come for treatment from outside Võru County. The hospital provides round-the-clock availability in four medical specialities, with a 24-hour laboratory, radiological examinations, and emergency operations. Our three ambulance crews and ED unit ensure patients have round-the-clock access to emergency care.

The shares of Lõuna Eesti Haigla AS are held by two legal entities. The majority shareholder is the Tartu University Hospital, which owns 51% of the shares, and the minority shareholder is MTÜ Võrumaa Omavalitsuste Liit. Lõuna-Eesti Haigla AS owns 100% of the shares in two subsidiaries, Pesuring OÜ and Metsakohvik OÜ.

The hospital's medical services are organised into six departments (Internal Medicine, Psychiatry, Surgery, Obstetrics and Gynaecology, Anaesthesiology and Intensive Care, Emergency, Ambulance), two centres (Nursing Centre, Rehabilitation Centre), and one service (Diagnostic Service).

The volume of health services sold to the Health Insurance Fund exceeded €17.3 million in 2024 (2023: €15.1 million), growing by 14.1% compared to the year before. The increase in revenue was mainly due to the increase in the Health Insurance Fund's prices for healthcare services from April 2024, and the increase in the volume of contracts for specialised medical care within the budget period.

Treatment activities

Outpatient medical care is provided by 19 doctors at the South-Estonian Hospital. The total number of doctors' appointments in 2024 was 21,604, i.e., 1% more than in 2023. While the number of long-distance visits by specialists increased, the number of independent visits by nurses and midwives stagnated and was 171 fewer than the year before. The decrease in the number of appointments was linked to fewer births. The figures for day-care and surgical work remained at the same level as the averages for previous years, but were still slightly lower than in 2023.

3,455 inpatients, 4% fewer than in 2023, were treated in seven specialities. The average length of stay in active treatment was 9 days. The hospital's bed occupancy rate was 79.4% as an annual average. The total number of bed days increased by 11% due to an increase in the average length of stay. The average number of bed days with nursing care was 11.3 days.

The number of births at South Estonia Hospital has been steadily decreasing over the past five years. In 2024, there were a total of 260 births at the hospital (in 2023: 344 births) and 261 babies were born (including one set of twins).

The total number of Emergency Department (ED) visits was 14,233, up by 1% compared to 2023, but the situation has been stable over the past five years, and the ED attendance remains at the same level.

Emergency medical care

In 2024, the South-Estonian Hospital provided ambulance services with three nursing crews. The crews are based in Võru and Antsla. Ambulance services are very well integrated into the hospital service structure. Every working morning, the ambulance crews use a video bridge to report to the on-call doctors on events and patients brought to the hospital during the day, and receive direct feedback from the on-call doctors.

Nursing care

The hospital provides outpatient and inpatient nursing care and general nursing home services. Inpatient nursing care was provided to 513 patients (in 2023: 531), 7,253 home nurse visits were made (in 2023: 6,970), and nursing home service was provided to 42 customers (in 2023: 37).

Employees

As at 31.12.2024, South-Estonian Hospital had 492 employees in 403.15 positions (2023: 479 employees in 399 positions). At the end of the year, 311 (63.2%) of the workforce were employed full-time, while 50 (10%) were employed at less than 0.5 full-time equivalents. 87,8% of positions, i.e., 432 employees are directly involved in the provision of healthcare services. During the reporting year, the hospital employed 15 resident doctors, of whom 2 were working at the end of the year. The labour turnover in 2024 was 11.38%.

Patient satisfaction

In 2024, South-Estonian Hospital received 179 thank-you notes and 16 complaints. It is the biggest number of feedback contracts over the years. In 2023, South-Estonian Hospital received 87 thank-you notes and 19 complaints. Based on a survey, 84% of patients were satisfied with hospital treatment/outpatient visits in 2024 (in 2023: 79%).

Thanks were expressed for the excellent care, friendly attitude, and professional help. The hospital's staff were praised as a nice, helpful, and understanding care team. The surgery department received the most praise and was also awarded the Hospital Client's Friend title. The Emergency Department and the Internal Medicine Department also received high praise. Ruth Kipper, a paediatrician, was awarded the Best Colleague title.

Investments

In 2024, a project to construct a new Võru ambulance base was completed. Further actions to continue this project will depend on the development of the national ambulance service. An ambulance base in Antsla was forced to move to a new location due to the expiry of its lease. We adapted the premises to the needs of the base and renovated them with our funds for €80,058.

During the reporting year, we also purchased two new ambulances for €229,816. The hospital invested €242,313 in medical equipment during the year. This year, €590,000 is planned for investment in various equipment and premises, including upgrading endoscopy equipment and buying a new operating table. Investment in the building will include renovating the tunnel and installing fire doors.

Contribution to environmental protection

From an environmental perspective, South-Estonian Hospital took a big step forward in 2024. We started producing green energy and commissioned a 120 kW solar power plant on the roof of the hospital building, consuming almost all of the energy produced. To save energy, we insulated flat roofs, replaced old light fittings with LED lamps, and installed several motion sensors in public spaces.

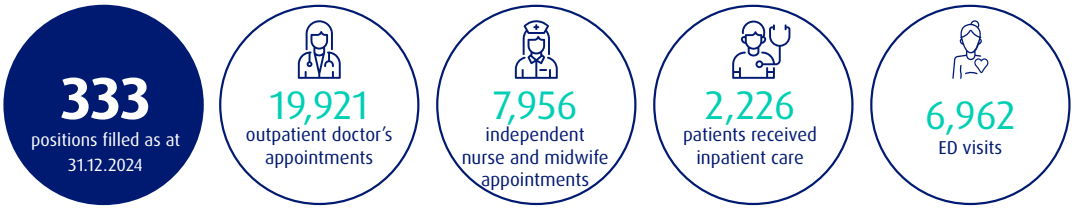
We upgraded the ventilation equipment, heat pipeline, and the automation of the thermal regulation of the rooms.

In 2023, we renewed the separate collection of waste, raised awareness of waste sorting among our staff, and bought new separate collection containers. In 2024, most departments were involved in waste sorting, and the whole building sorted bio-waste.

Employees are encouraged to reduce waste by using reusable dishes instead of disposable ones.

Rational use of disposable hospital supplies is also a focus. Employees have access to electric vehicle charging.

Põlva Haigla AS



Overview

Põlva Hospital has internal and surgical departments, where we provide emergency care, treat internal diseases, and perform operations. In the Emergency Department (ED) of Põlva Hospital, we provide emergency care to people both delivered by ambulance and those who have arrived to the hospital on their own. Depending on the condition, we refer the patient to an inpatient hospital stay or discharge them after counselling. Necessary radiological and laboratory tests and analyses are carried out around the clock. Depending on the patient's condition, we cooperate with Tartu University Hospital and other hospitals in South Estonia.

The Midwifery and Gynaecology Centre at Põlva Hospital supports women and families before, during, and after childbirth. Independent midwifery services are provided, as well as appointments with gynaecologists, day-care facilities, treatment of gynaecological diseases, and advice on gynaecological issues. Põlva Hospital also has a hospital pharmacy, with a turnover of around €0.7 million in 2024.

We provide different types of rehabilitation for children and adults, as well as vocational and social rehabilitation services. Põlva Hospital has an independent inpatient nursing department. We offer home nursing, nursing in care homes, and school nursing services. Põlva Hospital has a primary health centre with 8 family doctors and 15 family nurses, with whom there is close cooperation.

In 2024, we provided healthcare services worth €13.1 million at Põlva Hospital, including €11.7 million to the Health Insurance Fund. We fulfilled the Health Insurance Fund's contract by 105%, in terms of both the total amount and the number of cases.

In order to reduce the contractual risk of the Health Insurance Fund, the Board of Põlva Hospital decided in autumn 2024 that from 1 January 2025, a 50:50 model will be implemented for inpatient and day care. After joining the model, a more stable cash flow to finance economic activities is guaranteed.

Treatment activities

Approximately 85% of Põlva Hospital's 2024 operating revenue was generated from the sale of health services to the Health Insurance Fund. In terms of efficiency and quality of care, it is important to highlight the opening of a state-of-the-art ED, equipped with modern technology and facilities. The management, monitoring, and movement of patients have sped up thanks to renovated premises and updated equipment. In 2025, the Health Insurance Fund's treatment financing contract for Põlva Hospital will be approximately €700,000 larger than in 2024.

In 2024, 2,226 patients were treated and discharged from the inpatient wards of Põlva Hospital, 239 (12%) more than in the previous year. In addition, compared to 2023, the number of patients in active care has increased by 12% and the number of patients in inpatient care by 11%. The overall duration of treatment in days in inpatient care has decreased by 2% compared to the previous year, which has allowed more patients to be treated. The bed occupancy rate has risen to 74.5%, up from 71.6% in 2023. The number of patients treated in day care has increased by 70 (8%) compared to 2023. The number of patients operated on shows a steady increase over the years, having risen in the last year (2%).

Põlva Hospital had a total of 19,921 doctor's appointments in 2024, which was 124 more than in the previous year (0.6%). The number of independent nurse-midwife appointments will continue to increase steadily year on year, with a 7.6% increase (364 consultations) compared to 2023. In the second half of 2024, a mental health nurse started working at Põlva Hospital, with 157 independent appointments. There were 84 e-consultations in 2024, 80 more than the year before. The increase is due to improvements in the existing technical capacity and the addition of new doctors, the reorganisation of the structure of Põlva Hospital, and outreach work.

There has been a significant increase in the number of patients visiting the ED, which is 959 (16%) more than the previous year. On the one hand, this is linked to the completion of the new ED, but it has also improved the quality of care. The ED staff form a professional, well-functioning team, and this has boosted patient confidence.

Põlva Hospital plays a significant role in the provision of independent inpatient nursing care. In 2024, nursing care was provided to 476 patents, which is 11% more than in 2023. The provision of home nursing care is similar to last year in terms of visits. At the same time, the number of cases is 6% higher than last year.

Patient satisfaction and quality management

In cooperation with Tartu University Hospital, we assess patient satisfaction annually, alternating between inpatient and outpatient services. Satisfaction with outpatient services was 88% in 2024. A system of patient complaints, suggestions, and expressions of thanks is in place. A total of 33 thank-you notes were received from patients in the reporting year, with the most notes addressed to the ED staff.

Põlva Hospital has an effective quality management system. Quality management pursues the strategic objectives of patient safety across the sectors in providing high-quality healthcare and rehabilitation services, improving service

performance, optimising resources, and ensuring sustainable development.

Investments

In 2024, we invested around €1 million in fixed assets. We completed the renovation of the Emergency Department, which started in 2023. Since June 2024, Põlva Hospital's ED has operated in modern renovated premises and also opened isolation wards. As a result of the project, we can provide high-quality, state-of-the-art emergency medical care to all our patients, regardless of where they live. While until now, the ED had 240 m^2 of rather dilapidated space at its disposal, by the end of the project, Põlva Hospital will have a 460 m^2 Emergency Department that will meet modern requirements. The cost of the ED project, including construction and equipment, was €2.4 million (VAT included). To this end, Põlva Hospital received around €0.5 million from the support measure of the State Support Services Centre for the construction of isolation wards.

In the longer term, we want to carry out a development project at Põlva Hospital, establishing a rehabilitation campus that has evolved from research, which will simultaneously improve both the quality and accessibility of rehabilitation. Spread over 600 square metres and four floors, the rehabilitation centre will be built in existing premises. As the first phase of the rehabilitation centre, the Sinilille rehabilitation hall with all the necessary equipment was built as part of the Sinilille project.

Networking with Tartu University Hospital will help to create a better patient pathway in South Estonia, leaving the more complex cases that a general hospital cannot handle to a tertiary care facility. At the same time, the general hospital provides basic treatment close to home, freeing up the Hospital's resources for more complex cases.

Valga Haigla AS

Overview

Founded in 1997, Valga Haigla AS (Valga Hospital Foundation) is the largest hospital in Valga County, employing nearly 390 people, including 68 doctors and 189 nursing and care staff.

Valga Hospital aims to provide the maximum amount of active treatment capacity and to ensure a diversity of outpatient specialities, a good working environment, and caring patient-centred service. We are a hospital that values what exists and is pro-development, and we want to provide services close to home for the community.

Optimising health services and improving access to healthcare in the county means working effectively with health and social care providers and investing in mobility. To this end, Valga Hospital participates in the Health and Social System Integration Project established under the auspices of the Ministry of Social Affairs and in the PAIK project in cooperation with Viljandi Hospital and Kuressaare Hospital. In addition, we have set up a cross-county Taskforce on Health and Social Care (TESO) and developed the concept of a Home Hospital.

Treatment activities

In 2024, Valga Hospital provided specialised outpatient care in 16 specialities, and outpatient appointments totalled 29,813. That is 4.3% more than in 2023. The number of e-consultations increased by 10%. The number of outpatient visits to the Dental Department was 3,223, 8.9% fewer than in 2023. The number of gynaecological admissions fell by 5% compared to the previous year, which is directly related to the ageing and general decline in the population

of the city and county of Valga. The number of occupational health appointments increased by 42% compared to the previous year.

The number of Emergency Department visits increased by 2% compared to 2023. Of the 7,569 patients brought to the ED by ambulance or self-referral, 84% received outpatient care and 12.6% required hospitalisation for emergency indications. 3.2% of patients were referred to a tertiary care hospital. Trauma patients accounted for 32.8% of all referrals. Children aged 0–14 years accounted for 14% of all referrals to the ED.

Inpatient care was provided in 65–78 beds, including 25–31 beds used for inpatient nursing care. There were 2,002 inpatients, 413 of them in inpatient nursing care. Compared to the previous period, the number of patients treated decreased, while the number of bed days increased. The length of stay in active care was 7.3 days, in nursing care 22.4 days, and the total bed occupancy rate was 67% (in 2023, the corresponding figures were 7.0 days, 24.8 days, and 61%).

In line with the principles of healthcare organisation, Valga Hospital has also increased the share of day surgery, offering patients modern and effective treatment solutions. The volume of day-care services has been increasing steadily over the years. In 2024, 1,149 surgical procedures were performed on 911 patients (819 and 1,015 in 2023). The number of patients treated and procedures performed was mainly influenced by an increase in the number of appointments in the outpatient urology and otorhinolaryngology specialities, and referrals to day surgery.

The number of independent visits by nurses and midwives increased by 4% compared to the previous period. Nurses provided independent reception in various areas, including chronic disease monitoring, health counselling, and vaccination. In 2024, a completely new service, a stand-alone clinical nutrition nurse consultation, was added. The increase in the number of independent consultations shows that patients are interested in the service and helps to alleviate doctors' workload.

In addition to the outpatient clinics, home visits by nurses are organised to ensure better access to the service for elderly patients and patients with mobility difficulties. Home visits include health monitoring, chronic disease management, wound care, and other medical procedures. The total number of home nurse visits was 4,069, 1% fewer than the year before.

Emergency medical care

Valga Hospital operates three ambulance crews, two in Valga and one in Tõrva. In 2024, the number of ambulance visits was 5,944, 2% fewer than in the previous year. The number of hospitalised patients increased by 2.6%. In 2024, ambulance crews were used to transport patients between hospitals in 367 cases (379 cases in 2023). In the framework of the cooperation agreement between Estonia and Latvia, no emergency calls from the Republic of Latvia were serviced in 2024.

Prevention

Valga Hospital participates in national prevention projects, providing cervical cancer screenings, adolescent reproductive health counselling, alcohol use disorder treatment, tobacco cessation counselling, and children's dental care and prevention. Participation in preventive health check-ups and screenings has decreased in Valga County, which may be related to changes in both awareness and patient behaviour.

Lectures by paediatricians and midwives, as well as information sessions and seminars for both staff and community members, have been well launched in the framework of the Valga Hospital's "Family School".

General and special welfare services

In the Welfare Department of Valga Hospital, clients are offered general nursing home-type care services and special care services for persons with profound disabilities. During the reporting year, 89 clients were provided with both short- and long-term care in a general nursing home, and 20 clients received special care for a total of 25,861 bed days. Bed occupancy in the department has remained very high, exceeding 100% in the last two years. General care bed occupancy will be significantly affected by the care reform that entered into force on 1 July 2023, which has significantly increased people's interest in general care services.

Employees

As at 31.12.2024, AS Valga Haigla had 393 employees in 309 positions, including 68 doctors (including 11 assistant doctors) in 31 positions, and 121 nurses (including 14 nursing assistants) in 111 positions. In 2024, 2 general practitioners and 6 graduate nurses from health care colleges started work. Among specialists, a urologist was employed. As a traineeship base, we supervised 27 students from Tartu Health Care College, and 2 medical students completed the internal medicine and ED traineeship cycle in Valga. The average age of staff is 50 years, including 51 for doctors and 48 for nurses (compared to 2023, the average age of doctors has decreased by 3 years and that of nurses has increased by 1 year). The average length of service at Valga Hospital is 12.4 years, including 14.4 years for doctors and 16 years for nursing staff.

In 2024, the Safety and Logistics Service and the IT Service were established in Valga Hospital and the position of Quality Manager was created. A communications specialist, who focuses on promoting Valga Hospital to medical students, started work.

In cooperation with Tartu University Hospital, an employee satisfaction survey was conducted in spring 2024, receiving 99 filled-in questionnaires. Overall employee satisfaction was 88% (27% were very satisfied and 60% were somewhat satisfied), and 80% would recommend working at Valga Hospital.

Investments

To improve the working environment, investments were made in 2024 in the working conditions of the staff: the outpatient reception rooms were renovated, the rehabilitation department's gym was opened, the canteen equipment was upgraded, and the ED staff's break rooms were renovated. Investments were also made to implement a hospital profile based on the Estonian Information Security Standard (E-ITS) and to upgrade the hospital's car fleet.

Significant investments were made in 2024 to upgrade medical equipment.

Contribution to environmental protection

To reduce the ecological footprint of Valga Hospital, screens were installed on the sunny-side windows of the nursing home, and a paper and cardboard compactor was introduced in 2024. An automatic dosing system was installed to ensure the quality of the water in the rehabilitation pool. In 2024, 1,414 m^3 of municipal waste was collected (2023: 1,596 m^3), of which 19.4% was collected by type (waste paper, mixed packaging, biowaste) (2023: 25%). In 2024, 2,632 kg of waste pharmaceuticals and medical supplies requiring special treatment were handed over to the waste handler.

To reduce the environmental impact of the services provided by Valga Hospital, we continue to introduce new approaches, invest in modern technology to help us better control energy and resource consumption, and train our staff. Our aim is to provide high quality healthcare to the community using sustainable methods.

Tartu kiirabi SA

Overview

31. as of 31 December 2024, SA Tartu Kiirabi (Tartu Ambulance Service) provided ambulance services in Tartu, Jõgeva, Järva, Põlva, Valga, and Viljandi counties with a total of 26 ambulance crews. Three of Tartu's ambulance crews are resuscitation brigades, including one specialising in neonates and children.

As an additional activity, Tartu Ambulance Service has a training centre to train its staff, other healthcare providers, and the general public. Clinical conferences, which took place 8 times in 2024, and the innovative Delta Call Podcast, have become a part of the training. A total of 1,212 students (1,184 students in 2023) were trained in Tartu schools within the project "Life-saving first aid for finishers of secondary schools". Again, the action "Your Hands Save Lives" took place, teaching life-saving skills to more than 2,000 people in different locations across Estonia.

In 2024, Tartu Ambulance Service provided medical security at several events in Estonia. The biggest of these were Rally Estonia, Saaremaa Rally, and Tartu Marathon. They also always participate in the Estonian Ambulance Association's Competitions of Professional Excellence, which were held 8 times in 2024, and where the Tartu Ambulance nursing crew showed the highest level, achieving 1st place.

Treatment activities

In 2024, Tartu Ambulance's 26 crews made a total of 55,338 ambulance visits, 1,850 visits or 3.23% less than in 2023. The number of visits has therefore been on a downward trend for the last two years. Compared to 2023, the number of visits decreased in all counties. In 2024, the total number of visits to the two resuscitation crews increased by 228 visits, or 12.1%. The number of paediatric emergency calls decreased drastically in 2024 due to the move of the Children's Clinic to the Hospital (772 visits in 2023 vs. 60 visits in 2024). Priority C calls account for more than half of all visits (57%) and have increased compared to last year. The share of priority B calls has decreased. The share of priority A and D calls remained at the same level as the year before. In 2024, 21,547 patients, or 41% of all calls, were hospitalised out of 55,338 calls. Hospitalisations have been on an upward trend over the last few years.

In 2024, Tartu Ambulance crews resuscitated 169 patients, 8 more than in 2023. The number of patients who were successfully resuscitated or hospitalised in a post-resuscitation state was 70, accounting for 44% of those resuscitated. 12 patients were hospitalised on resuscitation.

Patient satisfaction

The patient satisfaction survey was carried out from October to November 2024. A total of 800 people were called, of whom 503 (63%) responded to the survey and were interviewed. 78% of respondents were patients, the rest were ambulance callers or relatives. Overall, 95.5% of respondents expressed general satisfaction with the work of Tartu Ambulance Service, 76.9% were satisfied (81% in 2023), and 18.6% were somewhat satisfied (14% in 2023). Ratings for ambulance friendliness, communication skills, and professionalism have dropped slightly in the highest score. At the same time, 91% of respondents rated the professionalism of the ambulance service as good or rather good, 92% as friendly, and 91% as having good communication skills. 63% of respondents rated the treatment provided as good (69% in 2023), while 24% rated it as rather good (21% in 2023) and 2.4% (3% in 2023) of respondents rated it as somewhat poor or poor.

Main consolidated financial ratios

Key Indicator	2019	2020	2021	2022	2023	2024
Growth in turnover[1]	9.4%	8.1%	10.6%	6.8%	16.7%	11.7%
Growth in income[2]	54.9%	-35.6%	-36.6%	45.6%	87.9%	-29%
Net profit margin[3]	5.04	3.00	1.72	2.34	3.77	2.40
Current ratio[4]	2.33	1.92	1.63	1.28	1.52	1.57
ROA[5]	5.6%	3.3%	2.1%	2.9%	4.6%	3.2%
ROE[6]	7.7%	4.4%	3.0%	4.3%	7.4%	5.0%

Formulas for calculating key indicators:

[1] (business income in the financial year - business income in the previous financial year) /income from entrepreneurial activity in the previous financial year *100

[2] (result for the financial year - result for the previous financial year) / result for the previous financial year *100

[3] result for the financial year / entrepreneurial income *100

[4] current assets / short-term liabilities

[5] profit for the financial year / total assets *100

[6] profit for the financial year/ net assets *100


J.L KORPUSED
JL

Consolidated annual accounts

Consolidated balance sheet

in thousands of euros

	31.12.2024	31.12.2023	Annex
ASSETS			
Current assets			
Cash	32,871	26,368	2
Receivables and advance payments	56,503	59,941	3
Inventories	11,514	9,419	5
Total current assets	**100,888**	**95,728**	
Non-current assets			
Financial investments	2	2	8
Receivables and advance payments	133	104	3
Investment property	1,971	2,040	10
Tangible fixed assets	207,595	206,219	11
Intangible fixed assets	10,929	10,313	12
Total fixed assets	**220,630**	**218,678**	
TOTAL ASSETS	**321,518**	**314,406**	
LIABILITIES AND NET ASSETS			
Short-term liabilities			
Loan liabilities	5,390	5,472	15
Debts and advance payments	58,078	56,596	16
Dedicated fees, donations, and grants	838	1,096	20
Total current liabilities	**64,306**	**63,164**	
Non-current liabilities			
Loan liabilities	45,080	49,950	15
Payables and advance payments	6,933	6,299	16
Total non-current liabilities	**52,013**	**56,249**	
TOTAL LIABILITIES	**116,319**	**119,413**	
Net assets			
Net assets belonging to the founders of the parent			
Foundation capital	33,773	33,773	
Accumulated result of previous periods	149,497	137,651	
Net income of the reporting period	9,788	11,846	
Total net assets belonging to the founders of the parent	193,058	183,270	
Minority shareholding	12,141	11,723	
TOTAL NET ASSETS	**205,199**	**194,993**	
TOTAL LIABILITIES AND NET ASSETS	**321,518**	**314,406**	

Consolidated statement of financial performance

in thousands euros

	2024	2023	Annex
Donations and grants	1,868	14,449	20
Business revenue	425,407	381,026	21
Other revenue	6,179	5,799	22
Total revenue	**433,454**	**401,274**	
Miscellaneous operating costs	-118,564	-112,687	23
Labour costs	-265,431	-232,919	24
Depreciation and impairment of fixed assets	-16,640	-15,322	10,11,12
Other expenses	-22,230	-25,339	25
Total expenses	**-422,865**	**-386,267**	
Net result from the principal activity	**10,589**	**15,007**	
Interest expenses	-2,298	-1,916	26
Other financial revenue and expenses	1,915	1,277	26
Net result of the financial year	**10,206**	**14,368**	
Parent company's share of income	9,788	11,846	
Minority shareholder's share of income	418	2,522	

Consolidated cash flow statement

in thousands of euros

	2024	2023	Annex
Cash flows from operating activites			
Net result from the principal activity	10,589	15,007	
Adjustments			
Depreciation and impairment of fixed assets	16,640	15,322	10,11,12
Profit on sale of fixed assets	-27	-81	22
Targeted financing charged to revenue	-1,868	-14,449	20
Other non-monetary transactions in fixed assets	-221	-1,044	20
Formation of provisions	2,001	2,049	19
Other non-monetary transactions	-77	-15	
Change in receivables and advance payments	-2,649	-24,592	
Change in inventories	-2,095	-804	
Change in liabilities and advance payments	1,230	2,845	
Interest paid	-2,480	-1,333	
Targeted accruals	1,331	1,765	20
Total cash flows from operating activities	**22,374**	**-5,330**	
Cash flows from investment activities			
Revenue from targeted financing of fixed assets	6,158	9,680	20
Paid upon acquisition of tangible and intangible assets	-18,692	-46,391	
Revenue from the sale of tangible and intangible assets	49	87	
Interest received	1,709	1,153	
Total cash flows from investment activities	**-10,776**	**-35,471**	
Cash flows from investment activities			
Loans received	400	36,200	
Repayments of loans received	-5,260	-3,907	
Capital lease repayments	-235	-245	
Total cash flows from financing activities	**-5,095**	**32,048**	
Total cash flows	**6,503**	**-8,753**	
Cash and cash equivalents at the beginning of the period	26,368	35,121	
Change in cash and cash equivalents	**6,503**	**-8,753**	
Cash and cash equivalents at the end of period	32,871	26,368	2

Consolidated net asset statement

in thousands of euros

	Endowment	Accumulated net gain	Minority shareholding	Total net assets
Balance as at 31.12.2022	**33,773**	**137,651**	**9,201**	**180,625**
Net result of the financial year	0	11,846	2,522	14,368
Balance as at 31.12.2023	**33,773**	**149,497**	**11,723**	**194,993**
Net result of the financial year	0	9,788	418	10,206
Balance as at 31.12.2024	**33,773**	**159,285**	**12,141**	**205,199**

Annexes on pages 90 to 121 form an integral part of the consolidated annual accounts.

Annexes to the consolidated annual accounts

Annex 1. Accounting policies used in the preparation of the consolidated annual accounts

General information

The annual report of Tartu University Hospital for the financial year 2024 was prepared pursuant to the main requirements of the Estonian financial reporting standard. The basic requirements of the Estonian financial reporting standard are established in the Accounting Act of the Republic of Estonia and supplemented by the Public Sector Financial Accounting and Reporting Guidelines. The accounting policies described in this guide are derived from the Accounting Act and the guidelines issued by the Accounting Standards Board, as well as from international Public Sector Accounting Standards.

The consolidated annual accounts were prepared based on the acquisition cost principle, except in the cases which are described under the following accounting principles.

The consolidated profit and loss account has been prepared based on the Income Statement Format 1 set out in Annex 2 to the Accounting Act of the Republic of Estonia.

The financial year began on 1 January 2024 and ended on 31 December 2024. The consolidated annual accounts are presented in thousands of euros.

The consolidated annual accounts reflect any significant circumstances which have an impact on the assessment of assets and liabilities and which arose within the period between the reporting date, 31.12.2024, and the date on which the report was prepared, but involve transactions which occurred during the reporting period or in previous periods. Events after the reporting date, which have not been previously accounted for in the measurement of assets and liabilities but which have a significant impact on the result of the next financial year, have been disclosed in the annexes to the annual report.

The consolidated annual accounts for 2024 include the financial performance of the University of Tartu Hospital Foundation (the parent company) and its subsidiaries AS Põlva Hospital, Tartu Ambulance, AS South-Estonian Hospital, including the subsidiaries of AS South-Estonian Hospital – OÜ Metsakohvik, OÜ Pesuring – and AS Valga Hospital (hereinafter together referred to as the Hospital Group). Information about the subsidiaries is available in Annex 8.

Preparation of the consolidated report

The consolidated annual accounts for 2024 include the financial indicators of the University of Tartu Hospital SA (the parent company) and its subsidiaries AS South-Estonian Hospital, Tartu Ambulance SA, AS Valga Hospital and AS Põlva Hospital.

In the consolidated report, the financial indicators of all of the subsidiaries controlled by the parent company are consolidated line-by-line. Receivables, liabilities, income, expenses, and unrealised gains and losses arising from transactions between parent companies and subsidiaries have been eliminated from the consolidated report. Where necessary, the accounting principles of subsidiaries have been changed to match those of the Hospital Group.

Minority interests in the profit or loss and equity of subsidiaries are shown as a separate line item in the consolidated income statement and are presented separately from equity attributable to owners of the parent in the consolidated balance sheet.

Subsidiaries

A subsidiary is a company over which the Hospital Group has control. A subsidiary is considered to be controlled by the parent company if the Hospital Group owns, directly or indirectly, more than 50% of the subsidiary's voting shares or equities, or is otherwise able to control the operating and financial policies of the subsidiary.

Non-business companies (foundations) also meet the definition of a subsidiary. If the Hospital Group has a controlling influence in the foundation (generally more than 50% of the voting rights), the holding is recorded as 100%.

Associates

An affiliated undertaking is a company over which the Hospital Group has significant influence but not control. Significant influence is generally presumed to exist when the group owns between 20% and 50% of voting shares in the company.

If the Hospital Group has a significant influence (generally 20–50% of voting rights) in the foundation, the holding or financial investment is not recognised in the balance sheet. Contributions to the endowment of the participating holding are reported as an expense of the grant.

Business combinations between companies under common control

Business combinations between entities under common control are accounted for using the purchase method of accounting, whereby the interest acquired in another entity is recorded at the carrying amount of the net assets acquired (i.e., as the assets and liabilities acquired were recorded in the balance sheet of the acquired business) and the difference between the cost of the interest acquired and the carrying amount of the net assets acquired is recognised as a reduction or an increase in the equity of the acquiring business.

Ownership interest in foundations

Interests in entities under control and significant influence (foundations) are accounted for as follows:

- if the Hospital Group has a controlling influence in the foundation (generally more than 50% of the voting rights), the holding is recorded as 100%;
- if the Hospital Group has a significant influence (generally 20–50% of the voting rights) in the foundation, neither the ownership nor the financial investment is recognised in the balance sheet (contributions to the endowment capital of the ownership are recognised as an expense of the grant).

In determining control and significant influence in foundations, consideration is also given to whether the assets of the foundation will be transferred to the Hospital Group in the event of liquidation.

The Hospital Group has a controlling influence (more than 50% of voting rights) in Tartu Ambulance Foundation (see Annex 8). The Hospital Group participates in the activities of the four foundations established through their Councils by appointing its representative(s).

The Hospital is a founding member of the following foundations:

- Ida-Viru Keskhaigla Foundation
- Bengt Björksten Fund
- Eesti Agrenska Fund
- Foundation Eesti Tervishoiu Pildipank

Annexes to the consolidated annual accounts include the separate non-consolidated basic financial statements of the consolidated entity (parent company): balance sheet, economic outturn statement, cash flow statement, and statement of changes in net assets. When preparing the parent company's non-consolidated main financial

statements, the same accounting principles have been followed as in the case of the consolidated annual accounts. The unconsolidated statements of the parent company, presented as annexes to the consolidated annual accounts, recognise investments in subsidiaries at amortised cost.

Financial assets

The Hospital Group has the following financial assets: cash and cash equivalents, trade and other receivables, and long-term financial investments.

Cash and cash equivalents, trade and other receivables, and other receivables (accrued income, loans granted, and other short- and long-term receivables), other than receivables acquired for the purpose of resale, are recorded at amortised cost. The adjusted net recoverable amount of short-term receivables is usually equal to their net present value (less repayments and any write-downs), and therefore short-term receivables are recognised in the balance sheet at the amount expected to be recovered. For determining the amortised cost of long-term receivables, they are initially recognised at the fair value of the consideration receivable and interest income is calculated on the receivable in subsequent periods, using the effective interest rate method.

Securities (shares, bonds, obligations, fund shares, etc.) which are unlikely to be sold within the next 12 months (excluding investments in subsidiaries and associates) are recorded as long-term financial investments (other long-term investments in shares and securities and long-term claims).

On each reporting date, the presence of any circumstances that indicate a potential decrease in the value of the assets is assessed. If such circumstances are present, financial assets carried at adjusted cost (for example, receivables and held-to-maturity bonds) are written down to the present value of the payments expected to be received from the financial asset in the future (discounted at the financial asset's initial recognition at a fixed internal rate of interest).

If the value of financial assets previously written down at adjusted cost increases again in subsequent periods, the previous write-down shall be reversed up to the amount lower than

1. the present value of expected future cash flows from the financial asset; and
2. of the carrying amount using the adjusted cost method, had no impairment loss previously been recognised. Reversals of discounts are recognised in the economic outturn statement.

Cash

Cash and cash equivalents include cash on hand, balances on current accounts and deposits up to 3 months in the balance sheet under the cash item and in the cash flow statement.

Foreign currency transactions, financial assets and liabilities denominated in a foreign currency.

All currencies other than the euro (i.e., the functional currency of the Hospital Group) are considered foreign currencies.

Transactions in foreign currencies are reported based on the official exchange rates of the European Central Bank on the transaction date. Monetary assets and liabilities which have been registered in foreign currencies (liabilities and loans repaid in cash) are converted into euros on the reporting date based on the exchange rates of the European Central Bank.

Exchange rate gains and losses resulting from revaluation are recognised in the economic outturn statement as the period's income and expenses. Non-monetary assets and liabilities denominated in foreign currencies that are not carried at fair value (e.g., advance payments, cost assets, tangible and intangible fixed assets) are not revalued at the reporting date but continue to be reported at the exchange rate of the European Central Bank at the date of the transaction.

Receivables and advance payments

Trade receivables are the short-term receivables that have arisen in the course of the Hospital's regular business

operations. Trade receivables are recorded at amortised cost (i.e., nominal value minus repayments and any write-downs made, if necessary).

Write-downs of receivables are recorded in the case of objective evidence that the amounts of all receivables are not received in accordance with the initial contractual terms and conditions of the receivables. Circumstances that imply a possible decrease in the value of receivables include the bankruptcy or significant financial difficulties of the debtor and non-compliance with payment deadlines. The impairment of individually important receivables (i.e., the necessity of write-downs) is assessed separately for each buyer based on the present value of estimated future cash flows. In the case of receivables which are not individually significant and for which it is not directly known that their value has decreased, the impairment is assessed as a group, taking into account the experience of previous years with regard to unpaid receivables.

The amount by which the doubtful discounts are discounted is the difference between the balance sheet value of those receivables and the current value of future cash flows found by using the effective interest method.

The carrying amount of receivables is reduced by the amount of the allowance for doubtful receivables, and the write-down loss is recognised in the economic outturn account as miscellaneous operating expenses.

If a receivable is deemed irrecoverable, the receivable and the respective write-down are written off the balance sheet. The receipt of any previously written-down doubtful receivables is reported by reducing the cost of doubtful receivables.

All other receivables (accrued income, other short-term receivables) are stated at adjusted cost. The amortised cost of short-term receivables is usually equal to the nominal value thereof (minus repayments and possible write-downs); thus, short-term receivables are reported in the balance sheet in the amount which is likely to be received.

For determining the amortised cost of long-term receivables, they are initially recognised at the fair value of the consideration receivable and interest income is calculated on the receivable in subsequent periods, using the effective interest rate method.

The accrued receivable for the recognition of unfinished sickness benefits at the end of the year is shown as a separate line in the group “Receivables and advance payments”.

Inventories

Inventories are assets held for sale in the ordinary course of the Hospital Group’s business, assets being produced for sale in the ordinary course of business, and materials and supplies consumed in the production process or in the provision of services.

Inventories include raw materials and supplies, goods purchased for sale, and advances to suppliers for inventories.

Health emergency medicines, national orthopaedics stock, and tuberculosis medicines in inventory are accounted for off the balance sheet.

Cost accounting policies for inventories

Inventories have initially been reported at cost, which consists of acquisition and other costs that are required for bringing the inventories to the current location and condition.

Purchasing costs of the inventories include, in addition to the purchase price, any customs duty and transportation costs directly linked to purchasing the inventories, with any discounts or subsidies deducted.

As the Hospital Group is a public sector entity, the accounting and reporting specificities of the public sector have been applied to the calculation of inventories. Due to the entry into force of the Public Sector Accounting and Reporting Guidelines on 1 January 2004, VAT and other non-refundable taxes paid on the acquisition of inventories are recognised as an expense at the time of acquisition and are not included in the cost of inventories.

The FIFO principle is applied to enter the cost of inventories in the accounts. Inventories are reported in the balance sheet at cost or in the net realisable value, depending on which is lower.

Investment property

Investment property is only property (land, building, part of a building) which is rented out to a non-public sector entity for rental income or held for the purpose of increasing its market value and which is not used for its main business.

Some immovable property (land, building) is used mainly for own economic activities, but also to an insignificant extent for rental purposes. These immovable properties are not separately disposable, so the entire property is recognised as tangible fixed assets.

Investment property is initially recognised in the balance sheet at acquisition cost, which includes transaction costs directly attributable to the acquisition, without which the transaction would probably not have taken place. Investment property is subsequently reported in the balance sheet at cost, from which any accumulated depreciation and potential write-downs arising from the impairment of value have been deducted.

Expenditure on subsequent improvements is included in the cost of tangible fixed assets only if it meets the definition of tangible fixed assets and the criteria for inclusion in the balance sheet (including probable involvement in the future economic use of the asset). Current maintenance and repair costs are recognised as periodic costs. When a component of an investment property is replaced, the cost of the new component is added to the cost of the property and the residual value of the component being replaced is deducted from the balance sheet.

Depreciation and impairment losses on investment property are recognised in the economic outturn statement in the same way as depreciation on tangible fixed assets, and depreciation is calculated using the straight-line method, applying a depreciation rate of 2–5% per annum.

Investment property is derecognised when the property is disposed of or decommissioned, if no future economic benefits are expected from the property.

The result of derecognition of an investment property shall be recognised in the economic outturn statement in the period of derecognition under other income or other expense.

If the purpose for which the property is used changes, the property is reclassified in the balance sheet.

From the date of the change, the accounting policies of the asset group to which the asset is transferred shall be applied to the property.

Tangible and intangible fixed assets

Tangible fixed assets

Tangible fixed assets include assets used by the Hospital Group in its own economic activity, which have an estimated useful life of more than one year and an acquisition cost exceeding €10,000 per unit.

Any assets of the useful life of over one year, but whose acquisition cost is under €10,000, are written off and the accounting of such assets is kept off balance sheet.

Tangible fixed assets are initially registered in the acquisition cost, which consists of the purchase price and the direct expenses accompanying the acquisition, required to take the asset to its operating condition and place. Tangible fixed assets are reported in the balance sheet at cost, from which any accumulated depreciation and potential write-downs arising from the impairment of value have been deducted. The records of the tangible fixed assets acquired by capital lease are kept similarly to purchased fixed assets. Expenditure on subsequent improvements is included in the cost of tangible fixed assets only if it meets the definition of tangible fixed assets and the criteria for inclusion in the balance sheet (including probable involvement in generating future economic benefits). Any current expenses on maintenance and repair works are reported under the expenses of the reporting period.

A component replaced in the course of improvements is derecognised. The lifespan of the new component is determined based on its useful life; however, it cannot exceed the lifespan of the main object.

As the Hospital Group is a public sector entity, the accounting and reporting specificities of the public sector have been applied to the calculation of tangible fixed assets. The Public Sector Accounting and Reporting Guidelines do not permit a public sector entity to capitalise VAT and other non-refundable taxes and duties (other than on labour costs) on the cost of tangible and intangible fixed assets, so non-refundable taxes and duties paid on the acquisition of tangible fixed assets are recognised as an expense at the time of acquisition and are not included in the acquisition cost of the assets.

Depreciation is calculated based on the linear method. Depreciation rates are determined separately for each object of fixed assets, depending on the useful life thereof. In the case of items of assets with a significant residual value, only the depreciable difference between the acquisition cost and the residual value is depreciated during the useful life. When the residual value of assets is higher than its carrying amount, depreciation of the asset is ceased. If an item of fixed assets consists of distinguishable components with different useful lives, those components are registered separately as items of assets in the accounting documents and are also subjected to different depreciation standards depending on the respective useful lives.

Assets with an indefinite useful life (land and works of art of permanent value) are not depreciated.

Useful lives by groups of fixed assets	
Buildings and facilities	5–60 years
Machinery and equipment	2–25 years
Business and office equipment	5–25 years

Useful lives by groups of fixed assets	
Means of transport	5–25 years
Computing devices	2–7 years

Depreciation is calculated from the moment when the asset is usable for the purpose planned by the Board and ends when the residual value exceeds the carrying amount and the asset is conclusively removed from use. Every reporting date, the justification of the used depreciation rates and residual value is assessed.

Borrowing costs (interest) relating to the construction of tangible fixed assets are not included in the acquisition cost of fixed assets.

Reporting of tangible fixed assets ends in the case of transfer of the assets or if no economic benefits are no longer expected from the use or sale of the asset. The result of the derecognition of tangible fixed assets is reported in the economic outturn statement under other income or other expenses.

Intangible fixed assets

Assets of no physical substance with an expected useful life longer than one year and a cost starting from €10,000 are reported as intangible assets. Intangible fixed assets are initially registered at acquisition cost, which consists of the purchase price and any expenses directly related to purchasing the assets. Intangible assets are recorded in the balance sheet at acquisition cost less any accumulated depreciation and potential write-downs arising from impairment.

Non-refundable taxes and fees paid on the acquisition of intangible fixed assets are recognised as an expense at the time of acquisition.

Depreciation is calculated on a straight-line basis over the useful life of the asset. On every balance sheet date, the justifiability of the depreciation periods and method of the assets is evaluated.

Licences and software

Purchased computer software that is not an integral part of the associated hardware is shown as an intangible asset. The development costs of computer software are shown as intangible assets if they are directly related to the development of such software items that can be distinguished and controlled by the company and the use of which

generates future economic benefit for a period longer than one year. Expenses related to the ongoing maintenance of computer software are reported as expenses on the economic outturn statement. Software and license expenses are depreciated within their estimated useful life of 5–20 years.

Impairment of the value of assets

The Hospital Group, as a public sector entity, does not perform recoverable amount tests on its non-current assets that are necessary for the provision of a public service, nor does it report an impairment loss in the recoverable amount of an asset, unless the asset has been partially or fully impaired through destruction or for any other reason.

Otherwise, in the case of tangible fixed assets with indefinite useful lives and depreciable assets, an assessment is made at each reporting date to determine whether there is any indication that the asset may be impaired.

If such circumstances are present, the recoverable value of the assets is assessed and compared with their carrying amount. An impairment loss is recognised for the amount by which the carrying amount of an asset exceeds its recoverable amount. The recoverable value of an asset is its fair value less costs to sell or its value in use, depending on which is higher. To assess the impairment of the value of assets, the recoverable value of a single asset or the smallest possible group of assets for which cash flows can be identified.

Discounts of assets are reported as expenses of the reporting period. In the case of assets that have been written down once, an assessment is made at each subsequent reporting date as to whether it is probable that the recoverable amount of the asset has increased in the meantime. If, as a result of the impairment test, it is determined that the recoverable amount of the asset or group of assets (cash-generating unit) has increased above its carrying amount, the previous write-down is reversed and the carrying amount of the asset is increased to the amount that would have been determined, taking into account normal depreciation in the intervening years. Cancelling a write-down is reported in the economic outturn statement of the financial year as a reduction of write-downs of fixed assets.

Leases

A financial lease is a commercial lease contract that transfers all significant risks and rewards incidental to ownership of an asset to the lessee. Other lease contracts are reported as operating leases.

Hospital Group as a tenant

Capital lease is reported in the balance sheet as the fair value of the leased assets and liabilities or the present value of the minimum lease payments, if the latter is lower. Lease payments are divided into financial costs (interest costs) and reduction of the residual value of the liability (repayment of the principal). Financial costs are divided over the entire lease term based on the assumption that the interest rate remains the same with respect to the residual value at all times.

Assets leased under financial lease are amortised in the same way as acquired fixed assets, whereas the amortisation period is the presumed useful life of the asset or the period of the lease contract, whichever is shorter. The direct primary expenses covered by the lessee which arise from concluding financial lease contracts are reported under the acquisition cost of the asset leased.

Operational lease payments are reported in a linear manner as expenses in the statement of financial performance during the lease term.

Hospital Group as a landlord

Assets leased out under operating leases are accounted for in the balance sheet in the same way as fixed assets. Leased assets are depreciated based on the principles of depreciation that apply to this asset type. Operational lease payments are reported as income in a linear manner during the lease term.

Financial liabilities

All financial liabilities (trade payables, borrowings, accrued expenses, other short-term and long-term debts) are

initially reflected at acquisition cost, which includes all costs directly attributable to the acquisition. Subsequent reporting is based on the amortised cost method.

The amortised cost of short-term financial liabilities is generally equal to their nominal value, which is why short-term financial liabilities are reported in the balance sheet in the amount payable.

For the calculation of the amortised cost of long-term financial liabilities, such liabilities are initially registered in the fair value of the payment received (less any expenses on the transaction), considering the interest costs of upcoming periods by using the effective interest rate method.

A financial liability is classified as short-term when it is due to be settled within 12 months after the balance sheet date or if the group does not have an unconditional right to defer settling the liability for at least 12 months after the reporting date. Loan liabilities that fall due within 12 months of the reporting date but are refinanced as long-term after the reporting date but before the annual accounts are approved are classified as short-term. Loan liabilities that the lender has the right to recall at the reporting date as a consequence of a breach of contractual terms are also recognised as short-term liabilities.

Provisions and contingent liabilities

The provisions reported in the balance sheet are likely liabilities that have arisen as a result of events that occurred before the reporting date, and whose date or amount remains unclear.

Provisions are reported in the balance sheet based on the amount required to cover the provision and the date of materialisation of the provision based on an assessment of the Management Board. A provision is recognised in the balance sheet at the amount that Management Board estimates is necessary at the reporting date to settle the liability or transfer the liability to a third party.

If a provision is likely to be realised more than 12 months after the reporting date, it is recognised at discounted value (the present value of the outflows relating to the provision), unless the effect of discounting is insignificant.

Other potential or actual liabilities that are less likely or whose amount cannot be measured with sufficient reliability, but may, under certain conditions, become a liability in the future, are reported as conditional liabilities in the annexes to the annual accounts.

Donations and grants

Grants comprise funds received (grants received) for which no goods or services are directly provided in exchange for funds and funds given (grants given, intermediated grants) for which no goods or services are directly provided in exchange for funds. Grants are accounted for in accordance with the principles set out in the Public Sector Accounting and Reporting Guidelines.

Grants are divided into the following types:

- targeted financing – project-based grants received and given for specific purposes, where the objectives are determined along with the indicators, schedule, and budge or monitoring the fulfilment of objectives, while the grantor requires a detailed report from the beneficiary on the use of the funds, and the surplus of funds must be paid back to the grantor;
- operating grants – grants received and given to beneficiaries based on their statutory tasks and objectives set out in their development documents.

The types of targeted financing are:

- domestic targeted financing;
- foreign targeted financing.

Domestic targeted financing is targeted financing from residents, i.e., other public sector entities (except foreign targeted financing mediated through them).

Foreign targeted financing is targeted financing from non-residents, including international organisations.

Targeted financing is initially reported in the balance sheet when the cash is being transferred or received, or on the date when the receivables, liabilities, income, and expenses related to targeted financing are reported. Targeted financing is reported as income in the period in which the operating or capital expenditure is incurred or the capital assets are acquired, unless the terms of the grant give rise to a material risk of recovery or of non-recovery. Targeted financing is reported as income when the cash is received.

Where a grantor or intermediary provides a grant based on simplified cost reimbursement methods (standardised unit costs), without requiring cost documentation, the grant income is recognised in the reporting period.

When reporting targeted financing, a distinction is made between operating grants and grants for fixed assets.

Reporting of government grants to cover operating expenses is based on the matching principle. The main condition for the targeted financing for fixed assets is that the recipient must buy, build, or otherwise acquire certain fixed assets.

Targeted financing for the acquisition of fixed assets is recognised as income on an accrual basis when the grant is received, i.e., in the period when the fixed assets are acquired. The cost of fixed assets acquired with targeted financing is recorded as tangible or intangible fixed assets, depending on the classification of the fixed asset.

When expenses related to targeted financing have been incurred or fixed assets acquired and there is no material risk of non-receipt of the financing, but it has not yet been received, the financing is reported as income and receivable. When the targeted financing has been received but no expenses have yet been incurred or fixed assets acquired, the funds received are recorded as advance payments under the balance sheet item "Payables and advance payments" as advances received.

In the case of in-kind contributions, a distinction is made between:

- a targeted financing in a tripartite transaction where the grantor or intermediary transfers the funds directly to the supplier of goods or services from whom the Hospital Group, as the beneficiary, receives the goods or services;
- targeted financing, where the donor provides goods or services to the Hospital Group as the beneficiary of the grant, and where the grant does not directly involve the sale of goods or services by the supplier.

Where the grant in kind consists of a direct transfer of funds from the donor or intermediary to the beneficiary's supplier, the grant shall be accounted for based on a declaration by the donor or intermediary as if the funds were to pass through the beneficiary to the supplier (except the recording of bank account movements; instead, the beneficiary shall close the debt to the supplier and the receivable from the donor or intermediary or the advance received from the donor or intermediary on the payment date).

In-kind contributions are recorded at the fair value of the goods and services received. Fixed assets received as an in-kind contribution from another public sector entity are recorded at fair value or, if this is not known, at the residual value indicated by the donor. If it becomes apparent that all the conditions for receiving the grant have not been met and the Group, as the intermediary or the recipient of the grant, is liable to the grantor for the fulfilment of the contractual terms and conditions by the recipient and for the proper use of the funds, a recovery claim against the recipient and/or a repayment obligation to the grantor will be recognised in the event of a breach of contract. It also reduces the income from grants received and/or the cost of grants awarded.

Revenue

Revenue from the sale of goods is recognised at the fair value of the consideration received or receivable, taking into account all write-downs and discounts. Income from the sale of goods is reported when all significant risks of ownership have been transferred from the seller to the buyer, the revenue and transaction costs can be measured reliably, and the receipt of the payment for the transaction is likely.

Revenue from the sales of services is reported following service provision or, in case the service is provided within

a longer period, based on the rate of maturity. The accounting policies for the Hospital Group's operating income are as follows.

- **Healthcare services**

  Revenue from the sale of healthcare services is recognised based on the stage of completion of the service at the balance sheet date, provided that the outcome of the transaction (i.e., the costs and revenues associated with the transaction) involving the provision of the service can be estimated reliably, and it is probable that the consideration will be received. Revenue arising from the provision of the service is reported in the same proportion as the costs incurred in providing the service.

  If the final outcome of a transaction or project involving the rendering of a service cannot be reliably estimated, but the Hospital Group will likely be able to at least cover the expenses which are related to the service, income is only reported in the extent of the actual costs which are related to fulfilling the contract. If it is not likely that the Hospital Group is able to at least recover the cost related to the service, income from its provision is not reported. If it is likely that the total costs arising from providing a service are higher than the income receivable from service provision, the expected loss is immediately reported in full.

  The sales revenue for the reporting year is adjusted for the change in the balance of outstanding cases at the reporting date compared to the balance of outstanding cases at the previous reporting date.

  The Management Board's assessment is based on the extract of cases from the treatment accounting programme. Due to limitations of the treatment accounting programme, only the treatment cases that have been completed at the time of the extraction can be recovered from the in-progress service, so the date of the extraction is as late as possible. The accrued receivable for outstanding health cases is included under the item "Accounts receivable from buyers" in Annex 4.

- **Training services**

  In the case of one-off training, revenue is reported when the activity is completed. In the case of training provided over a longer period of time, the training service is recognised as revenue on a straight-line basis over the training period stipulated in the contract.

- **Drug trial service**

  Revenue from drug trials is reported based on the stage of service completion.

- Interest income is reported when receipt of the income is likely and the amount of the income can be assessed reliably. Interest income is recognised using the asset's internal rate of return, except in cases where the collection of interest is uncertain. In such cases, interest income is calculated on a cash basis.

Related parties

Related parties for the purposes of this report are:

- affiliated companies of the Hospital Group;
- non-profit organisations that are not part of the Hospital Group but in which the Hospital Group has significant interest;
- foundations where the Hospital Group is one of the founders;
- members of the executive and senior management of the Tartu University Hospital Foundation, persons with signing authority, and foundations, non-profit organisations, and companies under their control or significant influence;
- members of the Board of Tartu University Hospital Foundation's subsidiaries, and the foundations, non-profit organisations, and companies under their control or significant influence;
- family members of Tartu University Hospital Foundation's executive and senior management and of the management board of subsidiaries, which are deemed to be spouses, civil partners, and children, and foundations, non-profit organisations, and companies under their control or significant influence.

Annual accounts for reporting periods beginning on or after 1 January 2015 will only disclose information about transactions that do not comply with legislation or the general requirements of the reporting entity's internal documents or market conditions. There were no non-market, non-conforming, or non-compliant transactions in 2023 and 2024.

Annex 2. Cash

in thousands of euros

	31.12.2024	31.12.2023
Cash at the cash desk	80	78
Current accounts	32,791	26,290
Total cash and cash equivalents	**32,871**	**26,368**

In 2024, the total bank interest income was €1,826 thousand, with an overnight deposit rate between 0.01% and 3.9%.

In 2023, the total bank interest income was €1,221 thousand, the overnight deposit interest rate ranged from 0.01% to 4.95%. Free cash assets are deposited for 1–7 months and daily in overnight deposits.

For more information on interest income, see Annex 26.

Annex 3. Receivables and advance payments

in thousands of euros

		Distribution by remaining term		
	31.12.2024	within 12 months	within 1-5 years	Annex
Claims on buyers	29,445	29,445	0	4
Accounts receivable from buyers	29,683	29,683	0	
Doubtful debts	-238	-238	0	
Tax advances and recoveries	82	82	0	6
Other receivables	25,800	25,800	0	9
Advance payments	1,309	1,176	133	
Expenses of future periods	1,309	1,176	133	
Total receivables and advance payments	**56,636**	**56,503**	**133**	

		Distribution by remaining term		
	31.12.2023	within 12 months	within 1-5 years	Annex
Claims on buyers	26,983	26,983	0	4
Accounts receivable from buyers	27,176	27,176	0	
Doubtful debts	-193	-193	0	4
Tax advances and recoveries	170	170	0	6
Other receivables	32,026	32,026	0	9
Advance payments	866	762	104	
Expenses of future periods	866	762	104	
Total receivables and advance payments	**60,045**	**59,941**	**104**	

Annex 4. Claims on buyers

in thousands of euros

	31.12.2024	31.12.2023	Annex
Accounts receivable from buyers	**29,683**	**2,176**	**3**
Accounts receivable from buyers	23,694	21,717	
Accrued receivable for outstanding health cases	5,989	5,459	
Unlikely receivable accounts	-238	-193	3
Total claims on buyers	**29,445**	**26,983**	

Unlikely receivable accounts	2024	2023
Receivables identified as unlikely at the beginning of the period	-193	-711
Settled receivables identified as unlikely at the beginning of the period	9	570
Receivables identified as irrecoverable	-75	-74
Claims declared to be unfounded	21	22
Doubtful accounts at the end of the period	**-238**	**-193**

Annex 5. Inventories

in thousands of euros

	31.12.2024	31.12.2023
Raw material and materials	11,350	9,309
Raw material and materials	11,178	8,669
Inventories of medical supplies for healthcare emergencies	172	640
Goods purchased for sale	88	54
Advance payments for inventories	76	56
Total inventories	**11,514**	**9,419**

As at 31.12.2024, the inventories of raw materials and supplies include medicines, dressings, and other medical materials in the amount of €10,675,000 (as of 31.12.2023 in the amount of €8,162,000), a stock of emergency medical materials for healthcare of €172,000 (€640,000 as at 31.12.2023).

As at 31.12.2024, the remaining inventories of raw materials and supplies amounting to €503,000 comprise inventories of food and other economic materials (as at 31.12.2023 for €506,000).

The Tartu University Hospital Foundation has a stock of health emergency medicines for €734,000 (€820,000 as at 31.12.2023), a national inventory of orthopaedic medicines for €870,000 (€870,000 as at 31.12.2023), and a stock of tuberculosis medicines for €401,000 (€186,000 as at 31.12.2023).

Annex 6. Advance tax payments and tax debts

in thousands of euros

	31.12.2024		31.12.2023		Annex
	Advance payment	Tax debt	Advance payment	Tax debt	
VAT	0	278	0	327	
Individual income tax	0	3,506	0	3,200	
Special income tax	0	44	0	39	
Social tax	0	6,054	0	5,535	
Compulsory funded pension	0	228	0	210	
Unemployment insurance premiums	0	415	0	378	
Other advance tax payments and tax arrears	0	1	0	4	
Advance payment account balance	82	0	170	0	
Total advance tax payments and tax arrears	**82**	**10,526**	**170**	**9,693**	3;16

Annex 7. Investments in associates

Foundations set up by the Hospital:

1. Ida-Viru Keskhaigla Foundation
2. Eesti Agrenska Fund
3. Foundation Eesti Tervishoiu Pildipank
4. Bengt Björksten Fond

All the foundations established by the Hospital are located in Estonia.

The Hospital has a significant impact (as a rule, 20–50% of voting rights):

1. Bengt Björksten Fund (100% of voting rights); main activity: to promote and support scientific research and award grants related to research on children's allergies or microbiological ecology. The Hospital has no controlling influence over the fund.
2. Ida-Viru Central Hospital Foudnation (50% of voting rights), main activity: provision of high-quality medical care and medical and healthcare development in the Ida-Viru healthcare region;
3. Eesti Agrenska Fund (40% of voting rights); main activity: ensuring the necessary quality of life for children and their parents and close relatives who have become disabled due to illness or trauma;
4. Foundation Eesti Tervishoiu Pildipank (50% holding), main activity: archiving and displaying diagnostic images needed for healthcare services.

As the Hospital has a significant influence in the above foundations, the participation is not reported in the balance sheet (contributions to the endowment are recognised as an expense of the grant).

Annex 8. Financial investments

In thousands of euros

Shares of subsidiaries, general information				Participation	
Registry code	Name	Country of location	Main area of acitivity	31.12.2024	31.12.2023
90007141	SA Tartu Kiirabi	Estonia	provision of ambulance services	100	100
10833853	AS Lõuna-Eesti Haigla	Estonia	provision of healthcare services	51	51
11285842	OÜ Pesuring*	Estonia	laundry services	51	51
11005420	OÜ Metsakohvik*	Estonia	catering	51	51
10351752	AS Valga Haigla	Estonia	provision of healthcare services	51	51
10050157	AS Põlva Haigla	Estonia	provision of healthcare services	51	51

**influence of holding through a subsidiary*

Holdings acquired Name of the subsidiary	Acquired holding rate %	Acquisition date	Acquisition cost of an acquired holding
AS Lõuna-Eesti Haigla	51	28.02.2014	2,025
SA Tartu Kiirabi	100	28.05.2001	810
AS Valga Haigla	51	20.12.2016	1,028
AS Põlva Haigla	51	10.01.2018	809
Total			**4,672**

Long-term financial investments	31.12.2024	31.12.2023
Shares and units	2	2
Total long-term financial investments	**2**	**2**

The hospital owns 3,100 shares in Celvia CC AS (the former AS Health Technologies Development Centre).

Long-term financial investments are carried at cost.

Annex 9. Other receivables

in thousands of euros

	31.12.2024	31.12.2023	Annex
Accrued income	210	179	
Outstanding targeted financing	590	6,847	20
Short-term deposits	25,000	25,000	
Total	**25,800**	**32,026**	

Short-term deposits bear annual interest rates of 3.45–3.7% and they mature in April 2025.

Annex 10. Investment property

in thousands of euros

	Land	Facilities	Total
Acquisition cost 31.12.2022	**9**	**2,523**	**2,532**
Accumulated depreciation	0	-423	-423
Carrying amount as at 31.12.2022	**9**	**2,100**	**2,109**
Depreciation costs	0	-69	-69
Acquisition cost 31.12.2023	**9**	**2,523**	**2,532**
Accumulated depreciation	0	-492	-492
Residual value as at 31.12.2023	**9**	**2,031**	**2,040**
Depreciation costs	0	-69	-69
Acquisition cost 31.12.2024	**9**	**2,523**	**2,532**
Accumulated depreciation	**0**	**-561**	**-561**
Residual value as at 31.12.2024	**9**	**1,962**	**1,971**

	2024	2023
Rental income from investment property	123	121
Direct management costs of investment property	76	79

Annex 11. Tangible fixed assets

in thousands of euros

Fixed assets group	Land	Buildings and facilities	Machinery and equipment				Other tangible fixed	Unfinished projects and advance payments			**Total**
			Means of transport	Computers and computer systems	Other machinery and equipment	Total machinery and equipment		Unfinished projects	Advance payments	Unfinished projects and advance payments	
Balance as at 31.12.2023											
Acquisition cost	1,562	244,300	5,978	3,030	101,344	110,352	2,491	9,635	27	9,662	**368,367**
Calculated depreciation	0	-95,513	-3,416	-2,624	-59,268	-65,308	-1,328	0	0	0	**-162,149**
Carrying amount	**1,562**	**148,787**	**2,562**	**406**	**42,076**	**45,044**	**1,163**	**9,635**	**27**	**9,662**	**206,218**
Changes in 2024											
Purchases and improvements	0	366	849	372	7,160	8,381	350	7,194	392	7,586	**16,683**
Received free of charge	0	0	0	0	131	131	0	0	0	0	**131**
Depreciation cost	0	-6,483	-635	-125	-7,449	-8,209	-246	0	0	0	**-14,938**
Write-offs (in residual value)	0	-85	0	0	-154	-154	-5	0	0	0	**-244**
Sales (in carrying amount)	0	0	-27	0	0	-27	0	0	0	0	**-27**
Reclassifications	0	10,342	0	0	2,877	2,877	106	-12,921	-405	-13,326	**-1**
Other changes	0	0	0	0	-25	-25	121	-159	0	-159	**-63**
Balance as at 31.12.2024											
Acquisition cost	**1,562**	**254,925**	**6,498**	**2,767**	**108,675**	**117,940**	**2,913**	**3,749**	**14**	**3,763**	**381,103**
Calculated depreciation	**0**	**-101,996**	**-3,749**	**-2,114**	**-64,104**	**-69,967**	**-1,545**	**0**	**0**	**0**	**-173,508**
Carrying amount	**1,562**	**152,929**	**2,749**	**653**	**44,571**	**47,973**	**1,368**	**3,749**	**14**	**3,763**	**207,595**

Tangible fixed assets sold at the sales price	2024	2023
Buildings and facilities	0	40
Machinery and equipment	49	47
Means of transport	49	26
Other machinery and equipment	0	21
Total	**49**	**87**

Annex 12. Intangible assets

in thousands of euros

	Software	Server licences	Unfinished projects and advance payments	**Total**
Balance as at 31 December 2022				
Acquisition cost	17,472	221	126	**17,819**
Accumulated depreciation	-9,187	-196	0	**-9,383**
Carrying amount	8,285	25	126	**8,436**
Changes in 2023				
Purchases and improvements	2,495	0	376	**2,871**
Received free of charge	202	0	0	**202**
Depreciation costs	-1,187	-7	0	**-1,194**
Reclassification from advance payments	502	0	-502	**0**
Balance as at 31 December 2023				
Acquisition cost	**20,640**	**221**	**0**	**20,861**
Accumulated depreciation	**-10,345**	**-203**	**0**	**-10,548**
Carrying amount	**10,295**	**18**	**0**	**10,313**
Changes in 2024				
Purchases and improvements	1,887	0	90	**1,977**
Depreciation costs	-1,382	-7	0	**-1,389**
Reclassification from advance payments	28	0	0	**28**
Balance as at 31 December 2024				
Acquisition cost	**22,555**	**221**	**90**	**22,866**
Accumulated depreciation	**-11,727**	**-210**	**0**	**-11,937**
Carrying amount	**10,828**	**11**	**90**	**10,929**

Annex 13. Finance lease liabilities

in thousands of euros

	Distribution by residual maturity						
	31.12.2024	within 12 months	within 1-5 years	over 5 years	Interest rate	Base currency	Final deadline
Machinery and equipment	103	51	52	0	0,86%+6 month Euribor	EUR	2026
Machinery and equipment	122	24	98	0	1,6%	EUR	2026
Machinery and equipment	112	65	47	0	3,5%	EUR	2026
Machinery and equipment	91	36	55	0	1,7%+6 month Euribor	EUR	2027
Machinery and equipment	12	2	10	0	3,5%	EUR	2030
Means of transport	26	26	0	0	2,19%+6 month Euribor	EUR	2025
Means of transport	20	7	13	0	1,72%+6 month Euribor	EUR	2027
Total	**486**	**211**	**275**	**0**			

	Distribution by residual maturity						
	31.12.2023	within 12 months	within 1-5 years	over 5 years	Interest rate	Base currency	Final deadline
Machinery and equipment	142	50	92	0	0,86%+6 month Euribor	EUR	2026
Machinery and equipment	45	45	0	0	1,3%+6 month Euribor	EUR	2024
Machinery and equipment	146	24	122	0	1,6%	EUR	2026
Machinery and equipment	14	2	9	3	3,5%	EUR	2030
Machinery and equipment	166	64	102	0	3,5%	EUR	2026
Means of transport	64	40	24	0	2,19%+6 month Euribor	EUR	2025
Total	**577**	**225**	**349**	3			

Carrying amount of leased assets	31.12.2024	31.12.2023
Machinery and equipment	852	890
Other assets	43	58
Total	**895**	**948**

Annex 14. Operational leasing

in thousands of euros

Reporting entity as the lessor

	2024	2023	Annex
Operating lease income	1,274	1,177	22
Rental income from automatically extended contracts in future periods	31.12.2024	31.12.2023	
Within 12 months	1,313	1,177	

Carrying amount of assets leased as the lessor		
Investment property	1,947	2,015
Other assets	7,382	7,372
Total	**9,329**	**9,387**

The figures above include rental income from investment property, as well as rental income from tangible fixed assets. Other assets leased out include the residual values of buildings partly used by the Hospital and partly leased out under operating leases. The residual value has been provided taking into account the proportion of the developed area in the total area.

Reporting entity as the lessee

	2024	2023
Operational lease expenses	1,847	1,454
Operational lease expense of automatically extended contracts in future periods	31.12.2024	31.12.2023
Within 12 months	1,314	854
1–5 years	0	468

The Hospital has leased premises, tools, equipment, and passenger cars.

There are no significant conditions attached to the lease contracts.

Annex 15. Loan liabilities

thousands of euros

Long-term loans	Balance 31.12.2024	Distribution by residual maturity: within 12 months	within 1-5 years	over 5 years	Interest rate	Base currency	Refund deadline	Annex
Loan 1 from SEB	2,282	1,141	1,141	0	0,299% +6 month Euribor	EUR	2026	
Loan 2 from Nordic Investment Bank	36,340	2,344	9,378	24,618	0,37% +6 month Euribor	EUR	2040	
Loan 3 from Nordic Investment Bank	9,459	1,456	5,821	2,182	1,3%+ 6 month Euribor	EUR	2031	
Loan 4 from SEB	437	90	347	0	1,22%+ 6 month Euribor	EUR	2029	
Loan 5 from SEB	1,080	120	960	0	1,27%+ 6 month Euribor	EUR	2028	
Loan 6 from SEB	386	28	358	0	1,3%+ 6 month Euribor	EUR	2028	
Total bank loans	**49,984**	**5,179**	**18,005**	**26,800**				
Finance lease liabilities	486	211	275	0	0,86% + 6 month Euribor - 3,5%	EUR		13
Total loan liabilities	**50,470**	**5,390**	**18,280**	**26,800**				

Long-term loans	Balance 31.12.2023	Distribution by residual maturity: within 12 months	within 1-5 years	over 5 years	Interest rate	Base currency	Refund deadline	Annex
Loan 1 from SEB	3,518	1,236	2,282	0	0,299% +6 month Euribor	EUR	2026	
Loan 2 from Nordic Investment Bank	38,685	2,345	9,376	26,964	0,37% +6 month Euribor	EUR	2040	
Loan 3 from Nordic Investment Bank	10,914	1,455	5,821	3,638	1,3%+ 6 month Euribor	EUR	2031	
Loan 4 from SEB	528	91	437	0	1,22%+ 6 month Euribor	EUR	2029	
Loan 5 from SEB	1,200	120	1,080	0	1,27%+ 6 month Euribor	EUR	2028	
Total bank loans	**54,845**	**5,247**	**18,996**	**30,602**				
Finance lease liabilities	**577**	**225**	**349**	**3**	0,86% + 6 month Euribor - 3,5%	EUR		13
Total loan liabilities	**55,422**	**5,472**	**19,345**	**30,605**				

Bank loan agreements contain, among other things, certain conditions to which the financial ratios of the Hospital Group must comply, including loan covenants. As at 31 December 2024, the financial indicators of the Hospital Group met all the terms and conditions of the loan agreements.

Annex 16. Debts and advance payments

in thousands of euros

		Distribution by residual maturity			
	31.12.2024	within 12 months	1–5 years	over 5 years	Annex
Trade payables	12,025	12,021	4	0	17
Employee-related liabilities	23,076	23,076	0	0	18
Tax debts	10,526	10,526	0	0	6
Other payables	19,225	12,296	6,797	132	
Other accrued expenses	6,152	6,152	0	0	
Provisions	12,584	5,661	6,791	132	19
Interest payable	489	483	6	0	
Advance payments received	159	159	0	0	
Revenue of future periods	110	110	0	0	
Other advance payments received	49	49	0	0	
Total payables and advance payments	**65,011**	**58,078**	**6,801**	**132**	

		Distribution by residual maturity			
	31.12.2023	within 12 months	1–5 years	over 5 years	Annex
Trade payables	13,597	13,597	0	0	17
Employee-related liabilities	21,877	21,877	0	0	18
Tax debts	9,693	9,693	0	0	6
Other payables	17,588	11,289	6,170	129	
Other accrued expenses	5,739	5,739	0	0	
Provisions	10,683	4,384	6,170	129	19
Interest payable	1,166	1,166	0	0	
Advance payments received	140	140	0	0	
Revenue of future periods	95	95	0	0	
Other advance payments received	45	45	0	0	
Total payables and advance payments	**62,895**	**56,596**	**6,170**	**129**	

Other accrued charges include accrued liability for social tax and the employer's unemployment insurance contributions.

Annex 17. Trade payables

in thousands of euros

	31.12.2024	Within 12 months	Within 1–5 years
Trade payables	12,025	12,021	4
Trade creditors for goods and services	11,615	11,611	4
Trade creditors for fixed assets	410	410	0
Total trade creditors	**12,025**	**12,021**	**4**
	31.12.2023	Within 12 months	Within 1–5 years
Trade payables	13,597	13,597	0
Trade creditors for goods and services	12,246	12,246	0
Trade creditors for fixed assets	1,351	1,351	0
Total trade creditors	**13,597**	**13,597**	**0**

Annex 18. Employee-related liabilities

in thousands of euros

	31.12.2024	31.12.2023
Remuneration liability	13,869	13,451
Holiday pay liability	4,777	4,677
Withheld personal income tax	3,769	3,233
Withheld pension fund premium	341	210
Withheld unemployment insurance	262	250
Other deductions from remuneration	58	56
Total employee-related liabilities	**23,076**	**21,877**

Annex 19. Provisions

in thousands of euros

	31.12.2023	Formation	Reclassification	Use	Discounting	31.12.2024
Eraldised kokku	**10,683**	**2,719**	**0**	**-728**	**-90**	**12,584**
Short-term provisions	4,384	2,087	-81	-728	-1	5,661
Long-term provisions	6,299	632	81	0	-89	6,923
	31.12.2022	Formation	Reclassification	Use	Discounting	31.12.2022
Total provisions	**9,683**	**2,049**	**0**	**-994**	**-55**	**10,683**
Short-term provisions	5,042	869	-533	-994	0	4,384
Long-term provisions	4,641	1,180	533	0	-55	6,299

The provisions reported in the balance sheet are likely liabilities that have arisen due to events that occurred before the report date, with the date of materialisation or amount of such liabilities remaining unclear. Provisions for performance fees, occupational sickness benefits for former employees, and provisions for litigation are included as a provision.

The provision for occupational disease benefits is calculated based on the average life expectancy figures published by Statistics Estonia and the determined payments for occupational disease benefits. The long-term provision has been discounted using an internal interest rate of 4%.

Annex 20. Charges for specific purposes

in thousands of euros

	31.12.2023					31.12.2024	
	Receivables	Liabilities	Received	Non-monetary targeted financing received	Reported in the outturn report	Receivables	Liabilities
Targeted financing for the acquisition of fixed assets							
Ministry of Social Affairs of the Republic of Estonia	6,170	0	6,158	0	22	34	0
North Estonia Medical Centre	0	0	0	90	90	0	0
Maternity Hospital Foundation	0	0	0	24	24	0	0
Karolinska University	0	0	0	16	16	0	0
Children's Fund of Tartu University Hospital	0	0	0	91	91	0	0
Total	**6,170**	**0**	**6,158**	**221**	**243**	**34**	**0**
Targeted financing for operational expenditure							
University of Tartu	5	917	15	0	269	66	724
Ministry of Social Affairs of the Republic of Estonia	540	0	671	0	351	220	0
Ministry of Climate of the Republic of Estonia	10	0	10	0	0	0	0
Ministry of Education and Research of the Republic of Estonia	5	0	5	0	0	0	0
Estonian Unemployment Insurance Fund	0	0	40	0	45	5	0
Health Insurance Fund	0	0	131	26	234	77	0
Maternity Fund AS	0	0	0	5	5	0	0
Viljandi Haigla SA	3	0	31	0	32	4	0
TÜ Kliinikumi Lastefond	0	0	0	122	122	0	0
Children's Fund of Tartu University Hospital	0	0	0	4	4	0	0
Celvia CC AS	0	0	33	0	46	13	0
Estonian Business and Innovation Agency	0	0	13	0	24	11	0
Dermtest OÜ	0	0	20	0	27	7	0
EIT Health e.V.	103	0	117	0	59	45	0
Medizinische Universität Wien	0	0	149	0	52	0	97
European Cancer Oranisation	8	0	12	0	-2	0	6
ABBVIE Biopharmaceuticals BMBH Eesti	0	4	0	0	0	0	4
Organisation of European Cancer Institutes	2	30	6	0	45	11	0
European Innovation Council and SMEs Executive Agency	1	0	28	0	20	0	7
AI C Inovacao Biomedica	0	20	0	0	20	0	0
University of Twente	0	32	0	0	69	37	0
University of Tampere	0	89	50	0	146	7	0
Leiden University Medical Center	0	4	0	0	57	53	0
Total	**677**	**1,096**	**1,331**	**157**	**1,625**	**556**	**838**
Total	**6,847**	**1,096**	**7,489**	**378**	**1,868**	**590**	**838**

	31.12.2022					31.12.2023	
	Receivables	Liabilities	Received	Non-monetary targeted financing received	Included in the economic outturn	Receivables	Liabilities
Targeted financing for the acquisition of fixed assets							
Ministry of Social Affairs of the Republic of Estonia	3,738	0	9,255	0	11,687	6,170	0
Põhja-Eesti Regionaalhaigla AS	0	0	0	202	202	0	0
Children's Fund of Tartu University Hospital	0	0	425	842	1,267	0	0
Total	**3,738**	**0**	**9,680**	**1,044**	**13,156**	**6,170**	**0**
Targeted financing for operating expenses							
University of Tartu	0	0	945	0	33	5	917
Ministry of Social Affairs of the Republic of Estonia	6	0	208	0	742	540	0
Ministry of Climate of the Republic of Estonia	0	0	0	0	10	10	0
Ministry of Education and Research of the Republic of Estonia	1	0	6	0	10	5	0
Estonian Unemployment Insurance Fund	1	0	50	0	49	0	0
ARIB	0	0	5	0	5	0	0
Health Insurance Fund	54	0	114	0	60	0	0
Viljandi Haigla SA	0	0	28	0	31	3	0
Children's Fund of Tartu University Hospital	0	0	0	24	24	0	0
Archimedes SA	0	14	-14	0	0	0	0
Tõrva Rural Municipality Government	0	0	10	0	10	0	0
Child Well-being Development Centre	3	0	0	0	-3	0	0
EIT Heath e.V.	100	0	96	0	99	103	0
European Cancer Organisation	0	3	0	0	11	8	0
University Medical Centre Utrecht	0	25	-25	0	0	0	0
ABBVIE Bioharmaceuticals BMBH Eesti	0	4	0	0	0	0	4
Organisation of European Canser Institutes	0	0	43	0	15	2	30
European Innovatsion Council and SMEs Executive Agency	0	0	0	0	1	1	0
AI C Inovacao Biomedica	0	0	23	0	3	0	20
University of Twente	3	0	120	0	85	0	32
Unoversity of Tampere	0	45	118	0	74	0	89
Leiden University Medical Center	0	0	38	0	34	0	4
Total	**168**	**91**	**1,765**	**24**	**1,293**	**677**	**1,096**
Total	**3,906**	**91**	**11,445**	**1,068**	**14,449**	**6,847**	**1,096**

Funds received for the targeted financing of fixed assets have been used to purchase disaster relief vehicles and medical equipment.

Funds from operating grants have been used to support grand projects and to participate in international studies.

Annex 21. Revenue from economic activity

in thousands of euros

	2024	2023
Sale of health services to the Health Insurance Fund	348,853	314,829
Provision of ambulance services	28,190	24,493
Healthcare services to other institutions	21,651	17,626
Sale of medical goods and medical support services	15,405	13,639
Sale of healthcare services to the general public	10,777	9,734
Impact of outstanding cases at balance sheet date	531	705
Total	**425,407**	**381,026**

Annex 22. Other revenue

in thousands of euros

	2024	2023	Annex
Revenue from catering services	1,818	1,643	
Rental and leasing income	1,274	1,177	14
Operating subsidies from the national budget	955	959	
Revenue from the sale of other services	706	553	
Revenue from the sale of municipal services	465	564	
Operating grants from other bodies	428	244	
Revenue from the renewal and maintenance of security inventories	364	398	
Cash received as a donation	67	96	
Profit on sale of tangible fixed assets	27	81	
Operating grants from municipalities	9	6	
Transport service revenue	8	8	
Fines Late payments	5	58	
Other revenue	53	12	
Total other operating revenue	**6,179**	**5,799**	

Annex 23. Miscellaneous operating expenses

in thousands of euros

	2024	2023
Medical supplies	46,042	45,899
Medicines	36,844	31,731
Energy	6,548	6,750
Electricity	3,978	3,915
Heating	2,570	2,835
Maintenance costs of properties, buildings, and premises	4,063	6,591
IT expenses	3,956	2,931
Purchases of healthcare services	3,944	3,750
Repair and maintenance of fixed assets and consumables	2,954	2,993
Catering and food	2,732	2,644
Purchases of other services	2,726	2,089
Costs of training and business trips	2,072	1,723
Transport and vehicle maintenance costs	1,718	1,755
Goods for sale	1,710	1,462
Miscellaneous office expenses	987	875
Rent and lease	879	618
Repairs of properties, buildings, and premises	854	444
Inventory, uniforms	535	432
Total miscellaneous operating expenses	**118,564**	**112,687**

Annex 24. Labour costs

in thousands of euros

	2024	2023
Wages and salaries	199,526	175,156
Social taxes	65,905	57,763
Total labour costs	**265,431**	**232,919**
Average number of employees, converted to full-time equivalent	5,662	5,516

Annex 25. Other expenses

in thousands of euros

	2024	2023
Cost of input VAT	21,602	24,172
Damages	379	1 544
Targeted financing provided	80	35
Membership fees of associations and federations	75	66
Cost of unlikely receivables	62	-496
Other expenses	32	18
Total	**22,230**	**25,339**

Annex 26. Other financial revenue and expenses

in thousands of euros

	2024	2023
Financial revenue		
Interest revenue	1,915	1,277
Interest revenue on deposits	1,826	1,221
Other interest revenue	89	56
Total financial revenue	**1,915**	**1,277**
Financial expenses		
Interest expenses	-2,298	-1,916
Interest expense on loans	-2,272	-1,898
Interest expenses on financial lease	-26	-18
Total financial expenses	**-2,298**	**-1,916**

Annex 27. Related parties

in thousands of euros

Name of the parent company of the reporting entity: **Tartu University Hospital Foundation**
Country of registration of the parent company of the reporting entity: **Republic of Estonia**

Number of members at the end of the financial year	31.12.2024	31.12.2023
Number of self-employed members	3	3
Remuneration and other significant benefits calculated for the executive and senior management	**2024**	**2023**
Remuneration provided	1,310	1,257
Car rental and reimbursement for the use of personal means of transport	19	18

The consolidated annual accounts disclose the remuneration and significant benefits paid to the executive management. For other related party transactions, information on transactions that do not comply with legislation or general requirements of the internal documents of the Hospital Group or market conditions is disclosed in accordance with the Public Sector Accounting and Reporting Guidelines. Transactions with related parties have not, to the best of the Board's knowledge, been carried out at prices different from market prices.

In the event of early termination of the service contracts with the members of the Management Board, depending on the contracts in force at the date of the report, a termination indemnity of €102,000 would be paid to the Tartu University Hospital Foundation (up to 3 months' salary) and to AS South Estonian Hospital in the amount of €39,000 (up to 6 months' average salary), and €27,000 to Tartu Ambulance Foundation (up to 2 months' salary). No severance pay is paid to the members of the management boards of AS Valga Haigla and AS Põlva Haigla.

Annex 28. Off-balance sheet assets

in thousands of euros

At acquisition cost included in expenses:	31.12.2024	31.12.2023
Total minor-value small assets:	**2,666**	**2,719**
including small medical equipment	1,861	2,142
including small IT equipment	478	359
including other non-medical small equipment	327	218

The Hospital has at its disposal medical equipment free of charge under contracts and storage agreements for a total amount of	31.12.2024	31.12.2023
	187	253

Annex 29. Balance sheet of Tartu University Hospital Foundation

in thousands of euros

	31.12.2024	31.12.2023
ASSETS		
Current assets		
Cash	21,378	19,128
Receivables and advance payments	51,287	52,258
Inventories	11,013	8,886
Total current assets	**83,678**	**80,272**
Non-current assets		
Financial investments	4,674	4,674
Receivables and advance payments	107	79
Investment property	24	25
Tangible fixed assets	183,295	182,640
Intangible fixed assets	10,760	10,125
Total fixed assets	**198,860**	**197,543**
TOTAL ASSETS	**282,538**	**277,815**
LIABILITIES AND NET ASSETS		
Short-term liabilities		
Loan liabilities	4,941	5,036
Debts and advance payments	49,273	47,744
Dedicated fees, donations, and grants	838	1,097
Total current liabilities	**55,052**	**53,877**
Non-current liabilities		
Loan liabilities	43,140	48,081
Debts and advance payments	4	0
Provisions	6,885	6,249
Total non-current liabilities	**50,029**	**54,330**
TOTAL LIABILITIES	**105,081**	**108,207**
Net assets		
Foundation capital	33,773	33,773
Accumulated result of previous periods	135,835	127,102
Net income of the reporting period	7,849	8,733
TOTAL NET ASSETS	**177,457**	**169,608**
TOTAL LIABILITIES AND NET ASSETS	**282,538**	**277,815**

Annex 30. Statement of financial performance of Tartu University Hospital Foundation

in thousands of euros

	2024	2023
Donations and grants	1,488	8,156
Revenue from economic activity	353,873	319,184
Other revenue	4,927	4,573
Total revenue	**360,288**	**331,913**
Miscellaneous operating costs	-109,408	-104,237
Labour costs	-208,809	-183,169
Depreciation and impairment of fixed assets	-14,235	-13,496
Other expenses	-19,561	-21,561
Total expenses	**-352,013**	**-322,463**
Net result from the principal activity	**8,275**	**9,450**
Interest expenses	-2,179	-1,870
Other financial income and expenses	1,753	1,153
Net result of the financial year	**7,849**	**8,733**

Annex 31. Net assets statement of Tartu University Hospital Foundation

in thousands of euros

	2024	2023	Annex
Cash flows from operating activities			
Net result from the principal activity	8,275	9,450	
Adjustments			
Depreciation and impairment of fixed assets	14,235	13,496	
Profit on sale of fixed assets	22	-21	
Targeted financing charged to revenue	-1,488	-8,156	
Other non-monetary transactions in fixed assets	-221	-1,044	20
Formation of provisions	2,000	2,049	
Other non-monetary transactions	-77	-15	
Change in receivables and advance payments	-2,144	-2,312	
Change in inventories	-2,127	-980	
Change in liabilities and advance payments	1,483	1,447	
Interest paid	-2,360	-1,287	
Targeted accruals	851	1,621	
Total cash flows from operating activities	**18,449**	**-9,752**	
Cash flows from investment activities			
Proceeds from targeted financing	3,087	6,145	
Paid upon acquisition of tangible and intangible assets	-15,816	-35,465	
Revenue from the sale of tangible and intangible assets	5	21	
Interest received	1,561	1,046	
Total cash flows from investment activities	**-11,163**	**-28,253**	
Cash flows from financing activities			
Loans received	0	35,000	
Repayments of loans received	-5,036	-3,816	
Total cash flows from financing activities	**-5,036**	**31,184**	
Total cash flows	**2,250**	**-6,821**	
Cash and cash equivalents at the beginning of the period	19,128	25,949	
Change in cash and cash equivalents	**2,250**	**-6,821**	
Cash and cash equivalents at the end of the period	21,378	19,128	

Lisa 32. Tartu University Hospital's net assets statement

in thousands of euros

	Foundation capital	Accumulated net gain	Total net assets
Balance as at 31.12.2022	**33,773**	**127,102**	**160,875**
Net result of the financial year	0	8,733	8,733
Balance as at 31.12.2023	**33,773**	**135,835**	**169,608**
Net result of the financial year	0	7,849	7,849
Balance as at 31.12.2024	**33,773**	**143,684**	**177,457**

Tartu Ülikooli Kliinikum

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