Turnkey Hospitals

Hospital architecture, clinical planning, MEP, medical gases, equipment, commissioning and readiness for patient admission.

Preliminary engineering range; excludes land, finance cost, taxes and import duty. Final scope and price are confirmed at the feasibility gate.

- Indicative CAPEX: USD 35–180M for a 50–300 bed general hospital
- Delivery: 24–42 months from approved design basis to operational handover, permit and construction dependent.
- Capacity: 50, 100, 200 and 300-bed planning tiers; operating theatres, ICU beds, diagnostics and outpatient capacity are modelled separately.

Process flow

Preliminary basis for zoning, equipment and validation.

- Clinical service planning and adjacency definition
- Architectural, structural and MEP coordination
- Medical gas, CSSD and infection-control integration
- Biomedical equipment planning and procurement
- Testing, commissioning and department readiness
- Staff orientation, trial operation and patient-admission handover

Facility & clean environment

12,000–65,000 m² gross; operating theatres and selected critical environments receive ISO 7/8 or equivalent risk-based control as required.

Operating theatres use risk-based clean ventilation and pressure control; pharmacies, CSSD and isolation rooms have department-specific regimes. A hospital is not classified as one cleanroom envelope.

- Dual power strategy, generators/UPS, water storage/treatment, medical gases, HVAC, fire systems, wastewater, ICT, access/logistics and resilience planning.

Equipment architecture

Vendor-neutral equipment classes; final URS is issued at feasibility.

- Imaging and diagnostic departments
- Operating theatres, ICU and patient monitoring
- CSSD, medical gases and hospital utilities
- Laboratory, pharmacy and blood-bank systems
- Hospital furniture, IT and nurse-call systems

Capacity & programme

50, 100, 200 and 300-bed planning tiers; operating theatres, ICU beds, diagnostics and outpatient capacity are modelled separately.

24–42 months from approved design basis to operational handover, permit and construction dependent.

- Capacity assumes stated shifts, qualified inputs, maintenance and validated yield.

Quality & regulatory route

National hospital construction and operating licence, fire/life safety, medical-gas verification and department-specific requirements. Licensing duration is country-dependent.

- Approval decisions remain with the competent independent authority.

Critical risks & staffing

Clinical staffing is defined from service plan and local norms; project team typically includes hospital planners, biomedical engineers, MEP, commissioning and training leads. Recruitment remains owner-led unless separately contracted.

- Clinical-flow and adjacency failure
- MEP/medical-equipment interface gaps
- Medical-gas verification failure
- Late licensing or utility capacity shortfall
- Uncoordinated commissioning across departments

Feasibility gate

Operating economics are issued as a sensitivity model using local labour, utilities, materials, yield, utilisation and financing assumptions; they are not a guaranteed return.

Provide country, site, portfolio, capacity, budget, financing and target date.

- Türkiye — turnkey hospital project portfolio
- International hospital opportunities disclosed by client permission