
Leitkrankenhaus Liezen Cancelled – Regional Hospital Network Takes Priority



The Styrian state government has officially abandoned the plan to build a centrally located flagship hospital (Leitkrankenhaus) for the district of Liezen and instead is pursuing a regional network model. This shift marks a major strategic change for hospital planning and infrastructure in the region, and raises significant implications for hospital management and leadership.

The original model envisaged a new, modern hospital – the “Leitkrankenhaus Liezen” – which would replace the three existing hospitals in Rottenmann, Schladming and Bad Aussee. The ambitions included high-speciality services, 24/7 acute care, intensive care units (ICU), obstetrics and integrated emergency services. However, following local resistance and changes in the Styrian coalition after the 2024 state election, the plan has been officially halted. According to BUKO’s news item dated 18 December 2024, the planning and work for the Leitkrankenhaus in Stainach/Pragg (Bezirk Liezen) were stopped and an alternative “Plan B” was tabled, focusing on the preservation and recalibration of the existing sites rather than building a central new institution.

In “Plan B”, the existing hospital sites in Rottenmann, Schladming and Bad Aussee will remain operational; the Rottenmann site is designated for expansion, while the other two will receive focused service development. The government documents state the strategy is built on a “regional hospital network” within the district, retaining local access while aligning with the broader Styrian “Strukturplan Gesundheit” (Health Structure Plan) 2030.

However, key figures from academia and hospital management have voiced strong criticism of the network model. For example, in a 4 July 2025 article in *Gesundheitswirtschaft.at*, former rector Prof. Dr Hellmut Samonigg and Nikolaus Koller (President of BUKO) argued that the “Plan B” approach is a step backwards for high-quality hospital care. They pointed out that minimal new investment, service fragmentation and disregard for the guidelines of the Austrian Structure Plan Health (“Österreichischer Strukturplan Gesundheit 2023”) may compromise patient safety and specialist care.

Implications for hospital leadership:

- The cancellation of the centralised flagship hospital forces executives to rethink hospital network design: what previously was a hub-and-spoke model now becomes a distributed network requiring strong coordination, unified governance and consistent standards across multiple sites.
- Infrastructure investment and digital health enablement become crucial: if multiple sites are operational rather than a single consolidated campus, technology must support shared services (eg telemetry, remote ICU monitoring, staff rotation).
- Workforce strategy becomes more complex: staffing multiple smaller hospitals with required specialist service lines is challenging; leadership must ensure that each site retains enough service scopes to maintain viability and attractiveness for clinicians.
- Stakeholder engagement and change management will be vital: the shift from Plan A to Plan B signals public and political sensitivity to local access and identity — hence community, clinicians and staff must be actively involved in planning.
- Financial modelling must adjust: the business case for a single large hospital differs significantly from a network of hospitals with service differentiation; cost efficiency, economies of scale and modernisation must be re-examined.

Call to action for our exec audience at [HealthManagement.org](https://www.healthmanagement.org)

- Conduct a “scenario audit” of your region: which model (centralised flagship hospital vs distributed network) is being pursued, and what are the key risks and opportunities?
- Initiate a cross-site governance framework if your institution covers multiple hospitals: define service lines, regional coordination, staffing sharing and digital connectivity.

- Benchmark against international examples of regional hospital networks and flagships: how have these worked in Scandinavia, Germany or the Netherlands?
- Consider digital health and tele-monitoring strategies that support a networked model of care rather than relying solely on centralisation.

Source & Image : [Gesundheitsfonds Steiermark](#)

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