University of Salahaddin College of Engineering Department of Architecture





## **General Comments about Hospital**

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#### **General comments**

Nowadays a shift can be seen towards hierarchic increasing humanization of the facilities.

# Modern hospitals tend to be rather like hotels in nature.

The length of patients stay is getting progressively shorter, and there is a growing preference for rooms with one or two beds (particularly for private patients).







#### **Hospital types**

Hospitals are divided by function into:-

- General, Specialist and university hospitals.
- Specialist hospitals are growing fast because of the increasing focus on individual types of treatment or medical fields.
- University hospitals with maximum provision are to be considered equal to the medical Academies (research and teaching) and some large general hospitals.



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Pyramid Hierarchic For Health Care Buildings according to Health Care Levels







- Hospitals may be subdivided into the following 1. categories:
  - smallest(up to 50 beds), a)
  - small (up to 150 beds), b)
  - standard (up to 600 bed) c)
  - and large hospitals (up to 1000 bed). d)

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- 2. According to the size of the medical specialists:
  - a) Specialist hospital; pediatric hospital, eye hospital.. etc.
  - **b**) General hospital; all medical specialists are provided.



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- **3.** According to the owners of the hospital:
  - a) Private hospitals.
  - **b)** Public hospitals; university hospitals,...







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## **Hospital Future Expansion**

It takes 8-10 years for a hospital construction Project to move from initial planning discussions to commissioning.

Hospitals are often build in several phases or are added in stages to existing hospitals.

Therefore, the design(circulation system, floor levels) and construction must be such as to allow a variety of expansion possibilities.





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#### **Planning Conception**

**Location:** The site should offer sufficient space for self-contained residential areas and hospital departments.

It should be a quiet location with no possibility of future intrusive development not excluded by regulations on adjacent sites.

No loss of amenity should result from fog, wind, dust, smoke, or insects. The land must not be

contaminated and adequate open areas for later expansion must also be planned.



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#### **Planning Conception**

**Orientation:** The most suitable orientation for treatment and operating rooms is between north-west and north-east.

For nursing ward facades, south to south-east is favorable:

The orientation of wards in hospitals with a short average stay is not so important.

Some specialist disciplines might require rooms on the north side so that patients are not

subjected to direct sunlight.





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#### **Planning Conception**

The form of a building is strongly influenced by the choice of access and circulation routes. It is therefore necessary to decide early on whether to choose a spine form with branching sections (individual departments), or whether circulation will be radial outwards from a central core.

Consideration must be given to future expansion. The vertical arrangement within a hospital should be designed so that the functional areas care, treatment, supply and disposal, access for bedridden patients, service yard, underground garage, stores, administration, medical services can be connected and accessed most efficiently.







#### **Structural grid**

The various operations centers can be planned most appropriately with a column grid spacing of 7.20m or 7.80m.

#### **Dimensional Coordination**

Modules: Modular dimensional coordination is the best starting point for meeting strategic design requirements.

For hospital construction the preferred module

dimensions 12M= 1.20m are recommended, or 6M or 3M if the increments are too numerous.

In this system all the building components are coordinated with each other.

- The supporting structure can be drawn in by producing a horizontal and vertical basic grid.
- The benefits of dimensional coordination are shorter construction periods and easier replacement of interior fittings, with less disruption of service.

### Corridors

#### Corridors

Corridors must be designed for the maximum expected circulation flow. Generally, access corridors must be at least 1.50m wide.

Corridors in which patients will be transported on trolleys should have a minimum effective width of 3.0 m. The suspended ceiling in corridors may be installed up to 2.40 m.



Los Arcos del Mar Menor University Hospital, Murcia, Spain, Casa Solo Arquitectos, 2011. Corridor in the operating department



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### **Corridors**





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Working corridor, surgical (5) area



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Daylit hall with staircase | View of the building across the hospital garden | Generous circulation spaces connect the floors | Waiting area



## **Corridors-Waiting Area**



Akademicki Szpital Eliniczny, Wrocław, Poland. Designer Jarek Kowalczyk, Studio Fueno, conceived a combination of consistent signage systems, nameplates, a colored floorplan and pictograms.











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### **Hospital Forms**



Tower on base





(Low block) with wings



(Low block) Cells





(Low block) Complex

Tower as T shape



(Low block) Repetition as H shape



### **Hospital Shape**



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Overview of functional zones within the hospital and possible design approaches

Public area 1 Entrance 2 Reception/admission 3 Waiting areas	Customer-oriented Shopping mail design	Logistical and medical supply areas 1 Medical: - Pharmacy - Off-site laboratories - Instrument sterilization 2 Non-medical: - Food, linen, disposables - Housekeeping, cleaning - Waste disposal - Equipment maintenance - Building maintenance	Process-oriented Factory design
Outpatient department 1 Outpatient consultation and treatment 2 Pre-operative screening 3 Dialysis	Customer-oriented Shopping mail design		Process-oriented Warehouse design
Hot floor with advanced diagnostic and treatment facilities 1 Diagnostics:	Process-oriented Factory/high-tech design		
2 Endoscopy 3 Emergency department 4 Operating rooms 5 Delivery rooms 6 Cardiac diagnosis and intervention 7 Radiological diagnosis and intervention 8 Radiotherapy	Outcome-oriented Factory/high-tech design	3 Office facilities: • Workspaces • Meeting rooms and conference facilities • Education facilities 4 Staff facilities: • Changing areas • Retaxation areas • Overnight stay	Customer-oriented Office design Customer-oriented Hotel design
Inpatient department 1 Admission, discharge, transfer 2 Day treatment 3 Standard nursing wards	Customer-oriented Hotel design		
4 Specific recovery wards: - ICU/MCU - CCU - Neonatology - Pediatrics - Psychiatry	Cuatomer-oriented Hotel design		







#### Typical hospital configurations

A The theme model divides an often largescale complex into subdivisions for specific medical conditions or patient groups.

**B** The center model is organized around multidisciplinary medical processes, with strict separation of patient and staff traffic flows.

C The three-flow model differentiates between acute patients, outpatients and inpatients; the focus is on patient traffic flows.

**D** The typological model distinguishes four types of spaces: the 'factory' housing technical functions, the office, the hot floor (treatment areas) and the 'hotel' (patient ward).