

Hospitals: What you *need to know* to **grow**

an Insight by Nic HUGHAN
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As architects, our aim is to design spaces that demonstrate our understanding of our clients, end-users and the surrounding environment in a visual, structural and functional manner. We aspire to create buildings that effortlessly facilitate functionality, efficiency and productivity within the given parameters of time, budget and space.

We, as architects, have the unique ability to structurally respond to the need for flexibility and adaptability in buildings, in particular those with a health focus. Hospitals and medical precincts demand a seamless integration of function and efficiency and the architectural and interior design of such facilities can greatly impact upon the achievement of such measures of productivity.

It has long been documented that the architectural profession can impact greatly upon the dynamics of each potential space. Physical environments undeniably affect the way people feel, with implications that influence a person's state of mind and general health. Therefore architecture, which often takes into account spiritual and psychological needs as much as medical, has the potential to make life-changing differences.

In Australia, we are often faced with the challenge of trying to re-work existing health-focused facilities, given the majority of hospital building programs are redevelopments of what now appear to be, dated medical buildings. The inherent difficulty in retrofitting these existing structures lies in aligning form to fit within a possibly very different function.

Changes in technology and work practices are transforming expectations of the healthcare workplace, with facility managers demanding highly flexible, robust and sustainable spaces that accommodate fluid work practices and organisational change. Healthcare buildings are becoming larger and more sophisticated in order to accommodate new equipment, new technologies and new healthcare delivery models. What may have sufficed some 20 years ago, may now be impeding the successful delivery and provision of contemporary healthcare within each respective building.

However, providing flexibility for future expansion or adaptation is not easily done. Architects have struggled with the holy grail of flexibility at a multitude of scales from the domestic house through to large institutional buildings like hospitals. Building is a resource intensive process. Bricks and mortar take a lot of time and money



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to erect and almost as much to demolish. Once a building is up and occupied, extending or altering it is inevitably a painful process for the occupants.

All buildings are complex things and rely on a myriad of people to create them – clients, architects, engineers and builders engage in an often lengthy period of detailed consultation to determine every aspect of the building. For hospital projects, the health services plan largely dictates the brief to the architect and it is vital that the functional needs of the facility are projected as far into the future as possible. Any architect charged with designing a new healthcare facility from scratch has the responsibility to consider not what is needed now, but what might be needed in 20 or 30 years time. Unfortunately, this is a long time in health care. Practices, expectations and needs evolve quickly; even well designed facilities can become dysfunctional under the pressure of growth and demand. Land availability and construction costs sometimes conspire to dictate a building solution that meets immediate needs at an affordable price but does not have the flexibility to accommodate future needs.

Particularly in regional centres where land is relatively cheap, the temptation is always to build single storey construction. Of course, multi-storey construction costs more and clients are reluctant to spend an extra 5% to build invisible structure to accommodate additional future floors. But 10 to 15 years down the track, they could be faced with carrying the operational costs of a facility that cannot be easily expanded. Just as our cities need to accommodate increased density, so to do our healthcare facilities. Once a facility gets to a certain critical mass, staff travel times alone will dictate a multi-storey model. If there is even the remotest chance that significant population

is likely to occur, any new facility even in regional areas should be designed to be, to become or to evolve into a complex multi-storey development.

Healthcare facilities in the modern day need their designers to embrace an outward-looking perspective and design with an evolutionary mind frame. Hospitals in particular need to anticipate and harmoniously adapt to change and we, as designers, must lay down the framework to enable this to happen. ThomsonAdsett has long-ranging experience in the design of healthcare facilities is committed to anticipating and responding to the ever changing needs of the healthcare industry.

Nic Hughan

As ThomsonAdsett's Head of Health, Nic possesses extensive local and international experience in the planning, design and delivery of large and complex buildings, with a predominant focus on hospitals as well as aged and health care facilities.

