Speed to Market for Health Infrastructure

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Canadian Centre for Healthcare Facilities

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PARKIN Designed with care.

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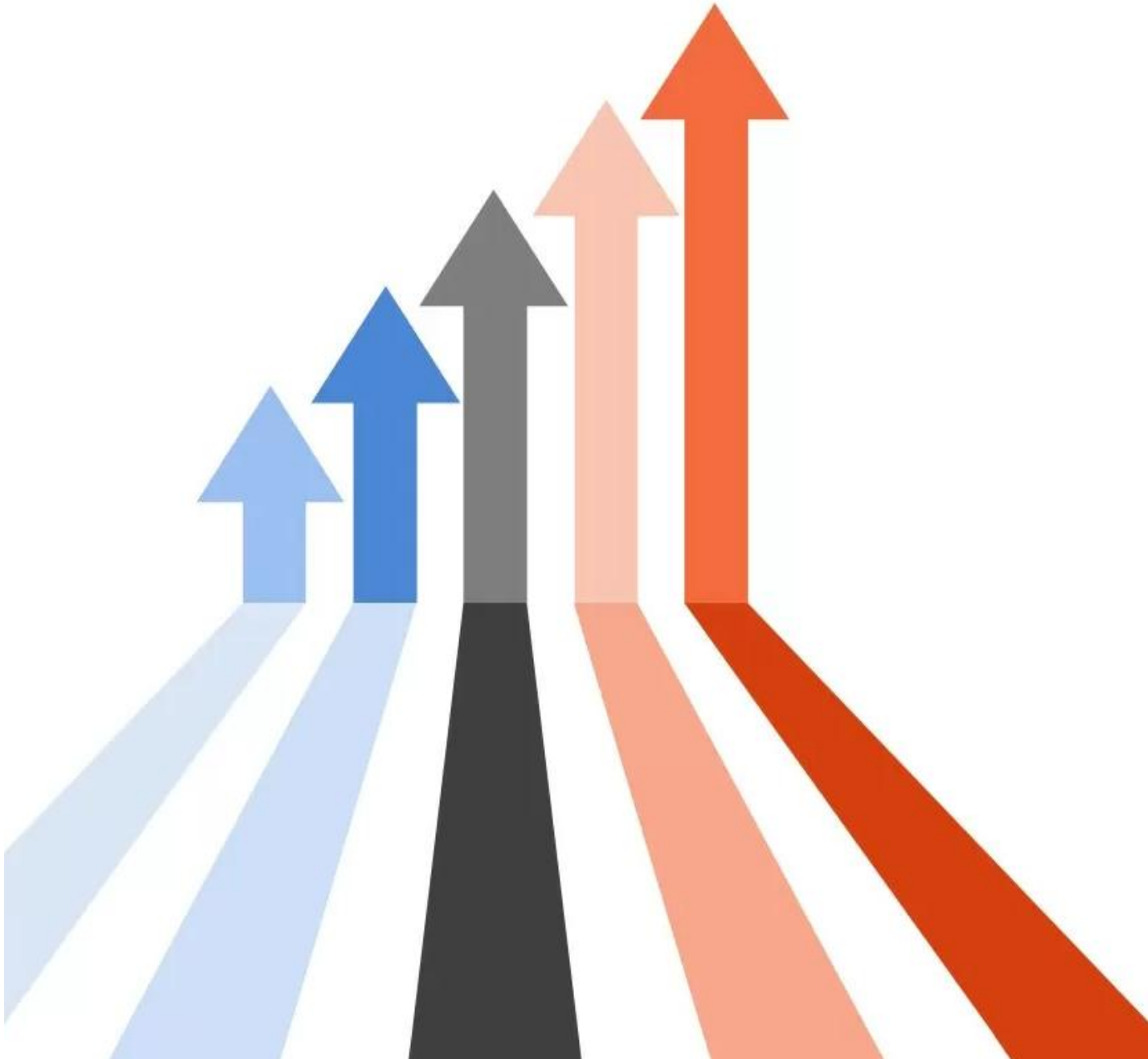
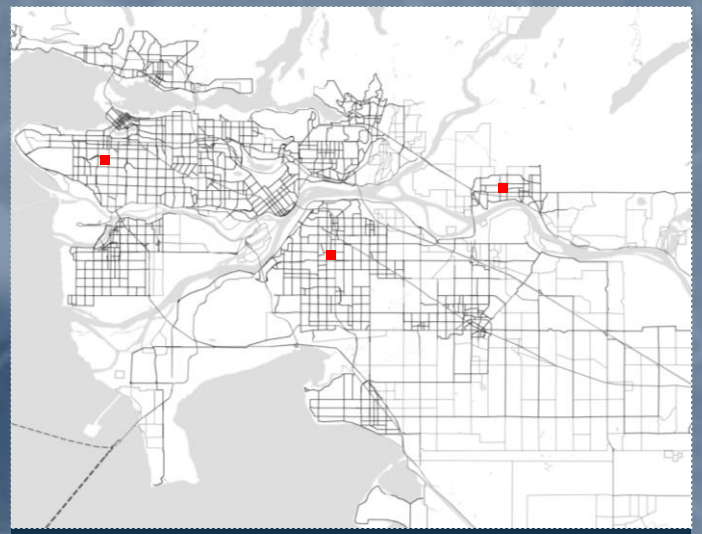
Focus of Discussion

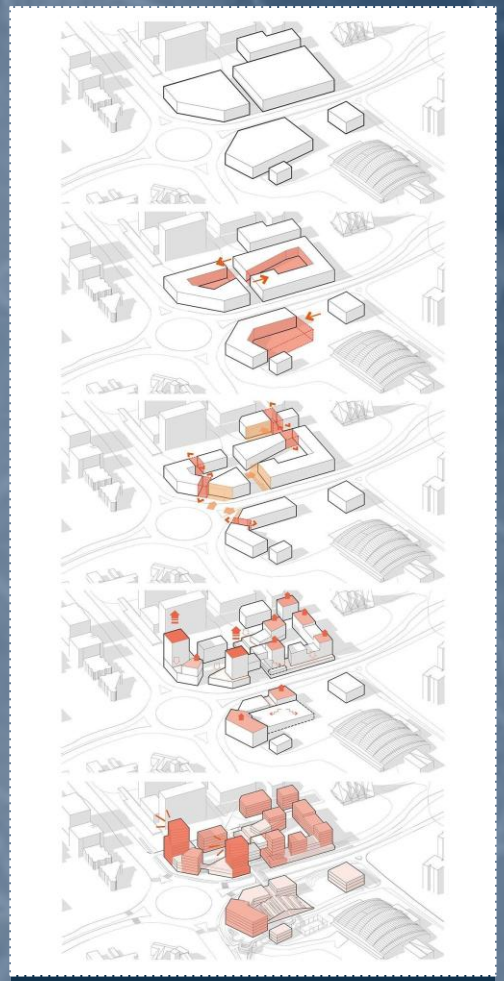
- Why traditional strategies exceed budgets
- Constraints of urban hospital sites
- Implications for speed to market



Why ‘Speed to Market’ is Breaking Down



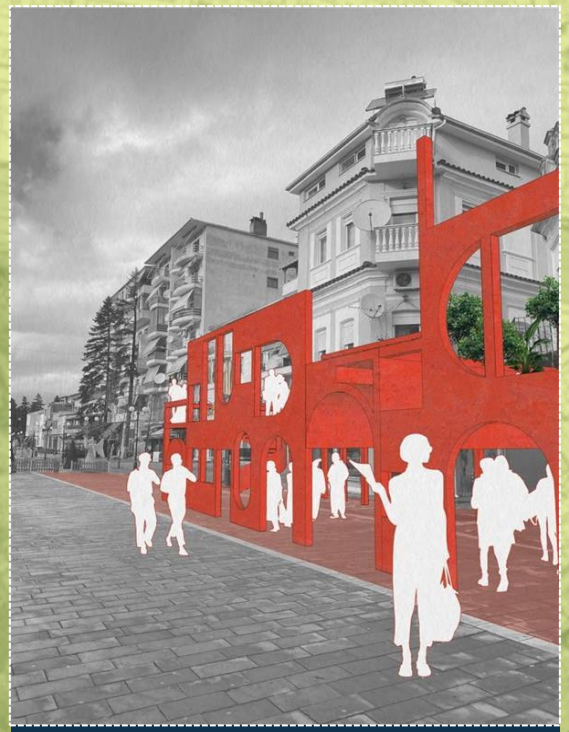
Constrained Hospital Sites



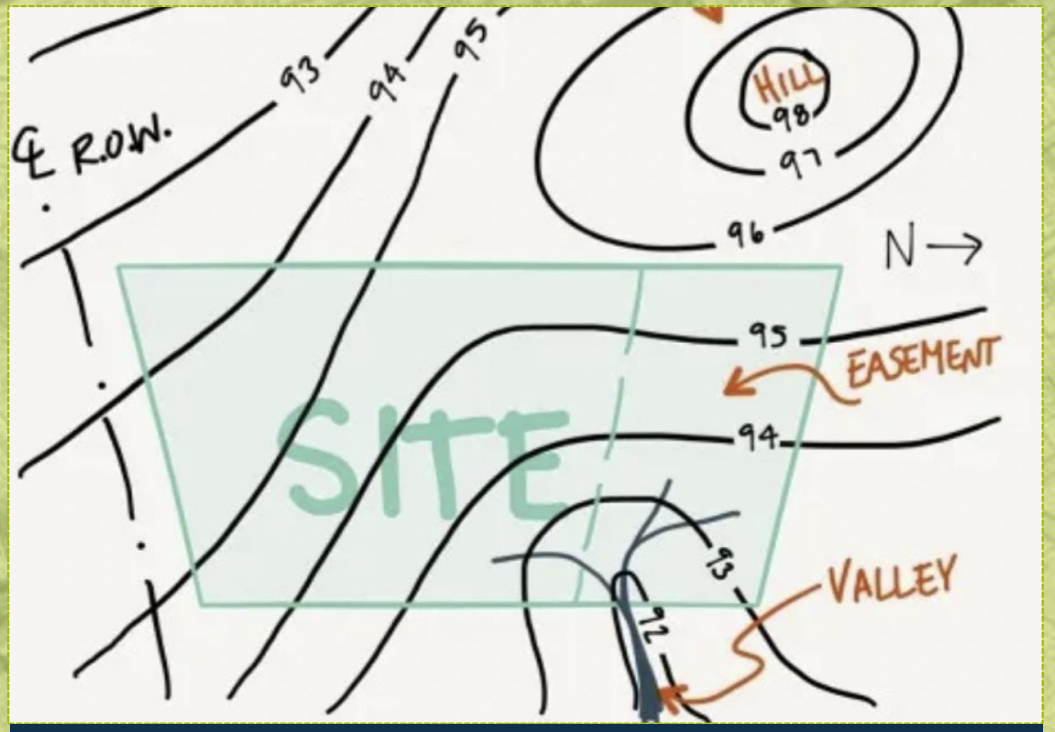
Phasing while staying Operational

Capital Escalation

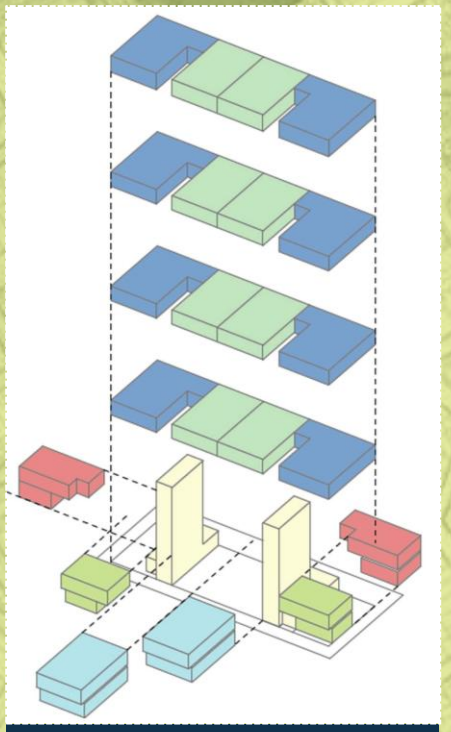
THE COMPOUNDING EFFECT



Build new + Renovate old



Delivered within existing site constraints



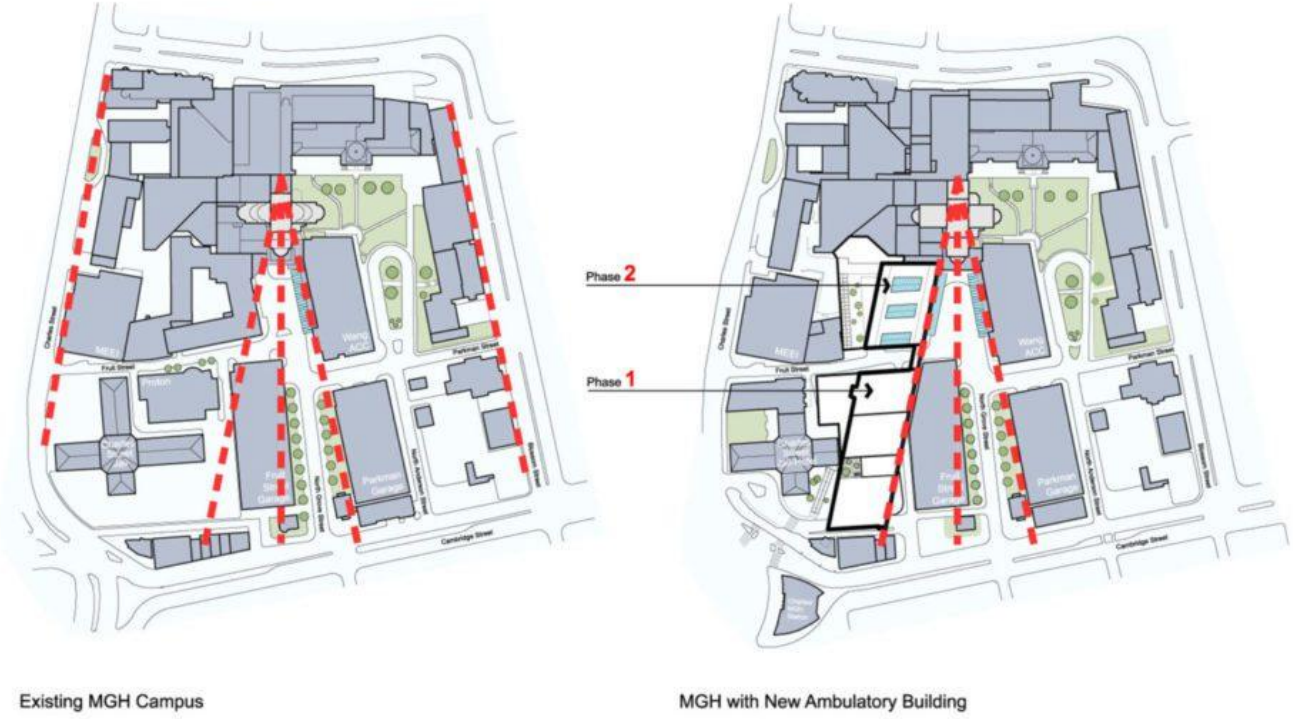
Multi-Phase
(20-30 years)

TRADITIONAL REDEVELOPMENT MODEL

Scenarios:

A Pattern Across Urban Hospitals

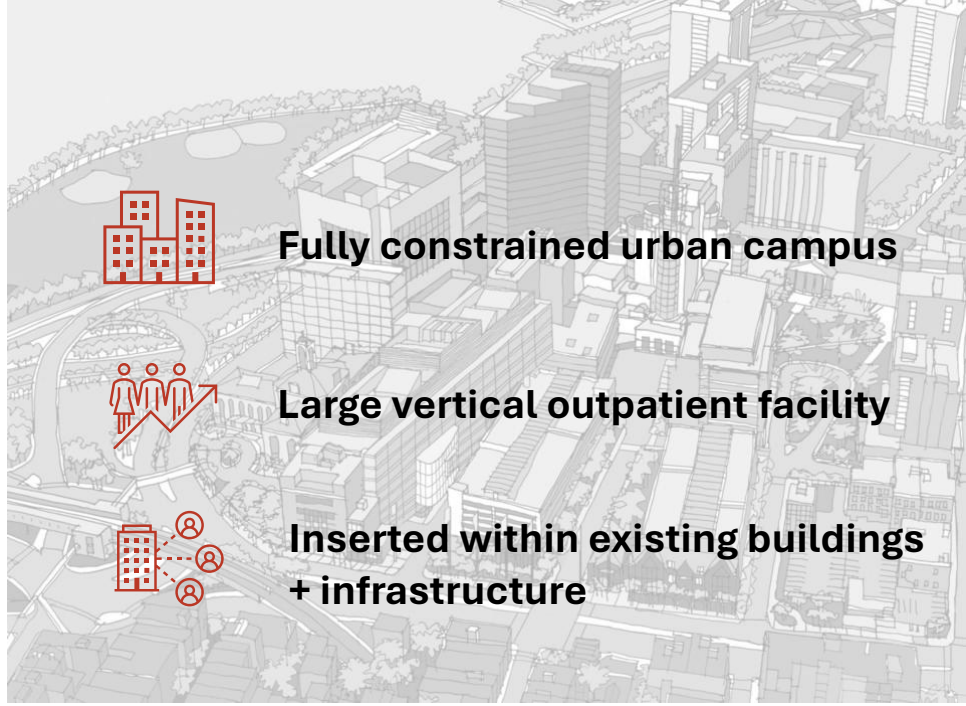
MASS GENERAL HOSPITAL'S YAWKEY CENTER, BOSTON



Existing MGH Campus

MGH with New Ambulatory Building

TOTAL AREA	UNDERGROUND PARKING	PATIENTS ANNUALLY
420,000sf	750car	600,000



Fully constrained urban campus

Large vertical outpatient facility

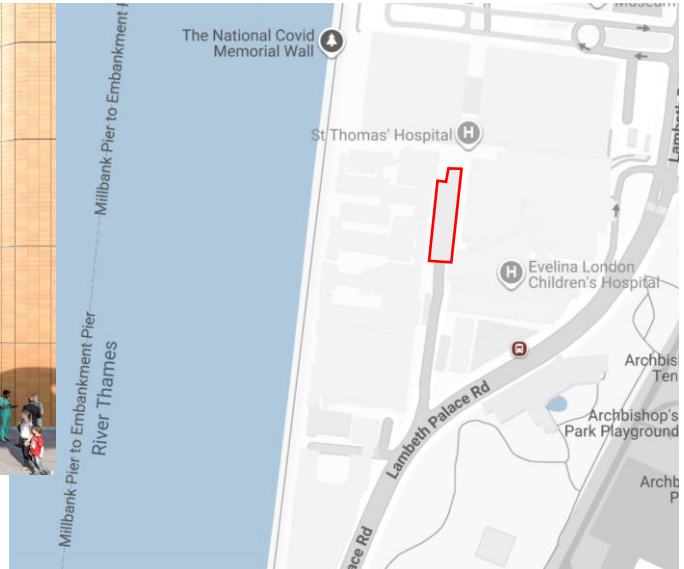
Inserted within existing buildings + infrastructure

EVELINA CHILDREN'S HOSPITAL, LONDON

Compact Verticality

Purpose Built Facility

Fitted into what space allows



ROYAL ADELAIDE HOSPITAL, AUSTRALIA

Completely new hospital to be built

Old hospital remained fully operational

Phased transition of services (2017 move)

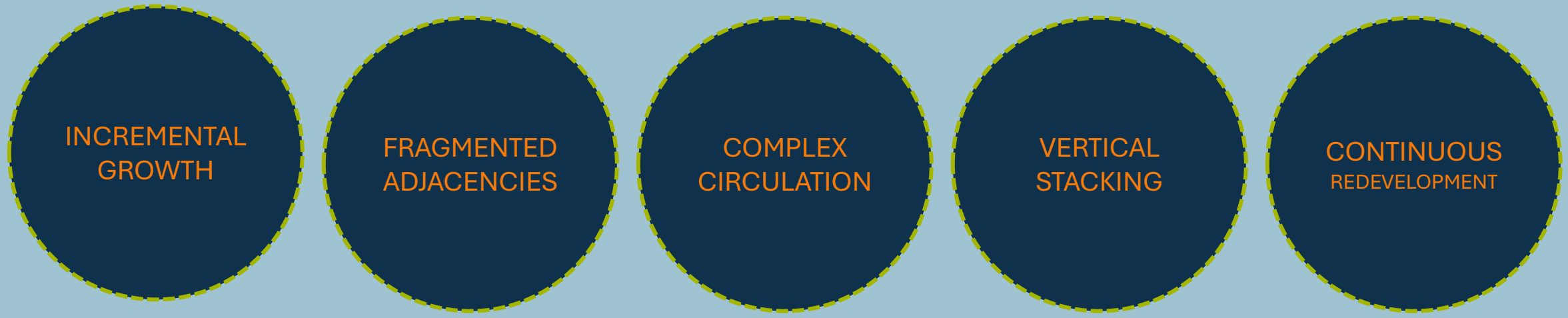
ST. BARTHOLOMEW HOSPITAL, LONDON

Historic hospital (900+ years old)

Redevelopment done in phases while hospital remained active

New buildings inserted into tight urban site

WHAT WE SEE



Different cities. Same outcomes.

PLANNING PRINCIPLES THAT HAMPER URBAN HOSPITALS

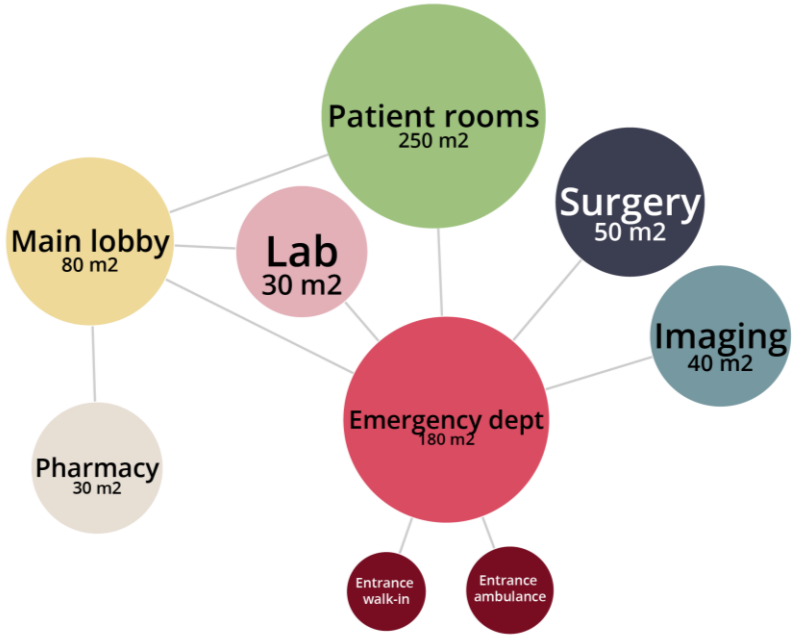
SCALE DRIVER

Co-location of All Services

Everything must be in one hospital

Adjacency-Driven Planning

Everything must be next to everything

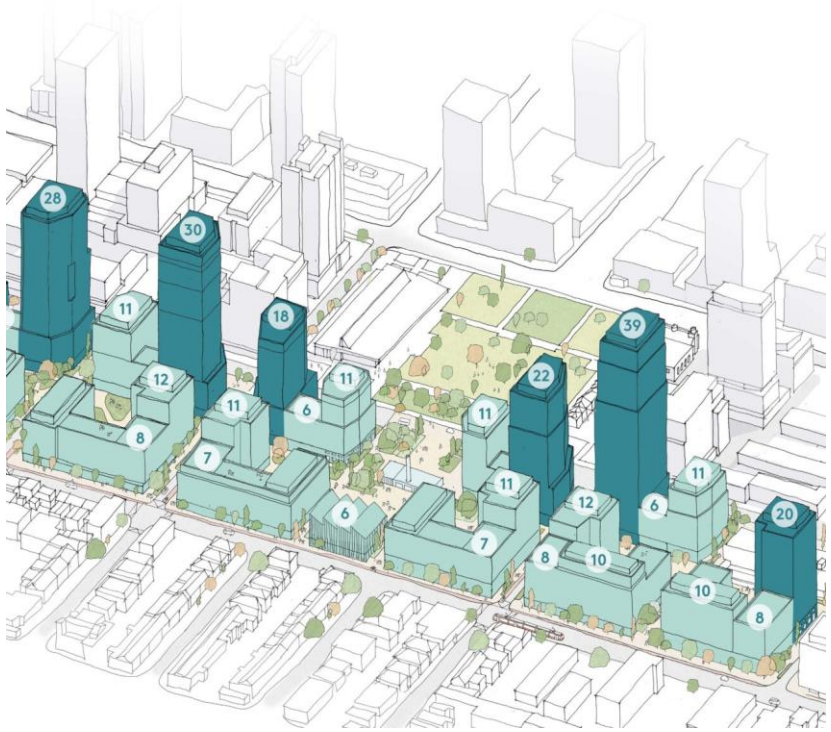


PLANNING PRINCIPLES THAT HAMPER URBAN HOSPITALS

DELIVERY CONSTRAINTS

Phased Redevelopment

Build new while operating



Centralized Infrastructure Systems

One big plant serves everything

PLANNING PRINCIPLES THAT HAMPER URBAN HOSPITALS

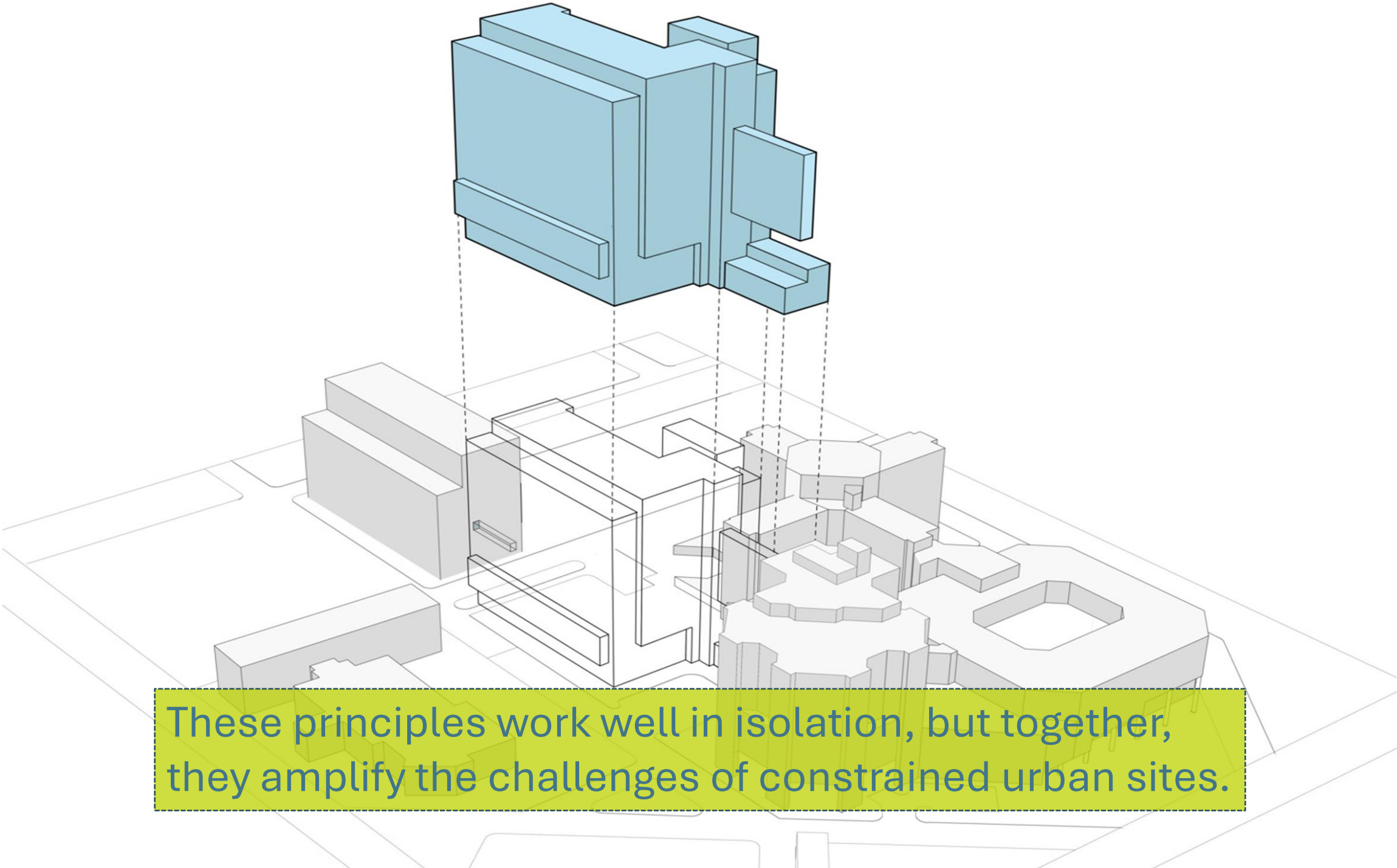
SITE PRESSURES

Standardization without Context

Same room, same everywhere

Parking + Access Requirements

Provide full on-site parking



These principles work well in isolation, but together, they amplify the challenges of constrained urban sites.

We are no longer designing ideal hospitals, we are responding to **site constraints**.

WHAT THIS MEANS FOR SPEED TO MARKET

- Phasing adds years, not months
- Complexity multiplies cost
- Clinical efficiency is compromised
- Decision-making becomes risk-averse

SOME OBSERVATIONS...

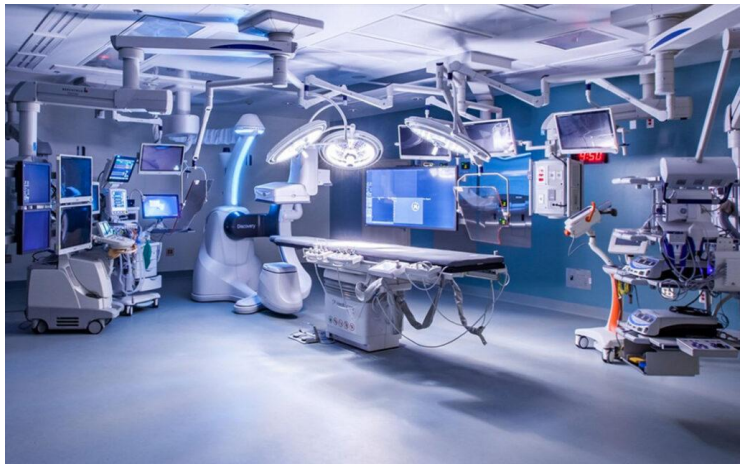
With few exceptions, we have been planning and building hospitals based on the same principles for decades

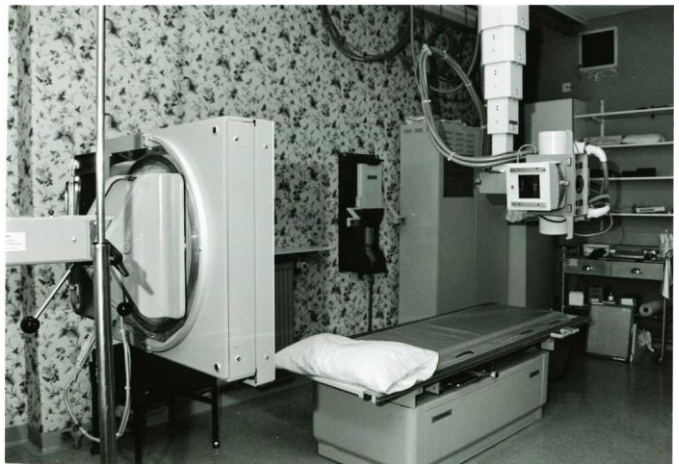
SOME OBSERVATIONS...

Governments, Clinicians, Designers and Builders each respectfully look to the others to "fix" current challenges of scope, schedule, and cost

Medicine continues to evolve from a generalist to a specialist approach with increasingly specialized clinicians and departments

SOME OBSERVATIONS...





Technology and Standards advance to support healthcare delivery, placing increasing demands on infrastructure

- larger spaces
- more support infrastructure
- higher quality spaces

SOME OBSERVATIONS...

- Our collective approach continues to be **inward** focused rather than outward
- We are intent on "**fixing**" the current model (fixing vertical unified) rather than re-inventing (horizontal segmented)

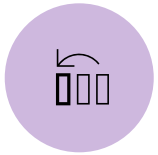
But what if the solution lays

elsewhere?

WHAT OTHERS ARE THINKING / DOING?

Hospitals are not "one size fits all"

Form and Function should complement, not conflict



Horizontal "stacking" relationships as opposed to traditional vertical

Traditional "must haves" are no longer sustainable

WHAT OTHERS ARE THINKING / DOING?

Traditional models of healthcare delivery and operations reinforce **traditional planning models**

Alignment of infrastructure with specific requirements

Strategic master planning, design, and construction of specialized rather than general hospital redevelopment projects

Smaller, specialized "pavilions" can be delivered faster and more **cost-efficiently**

SOME EXAMPLES

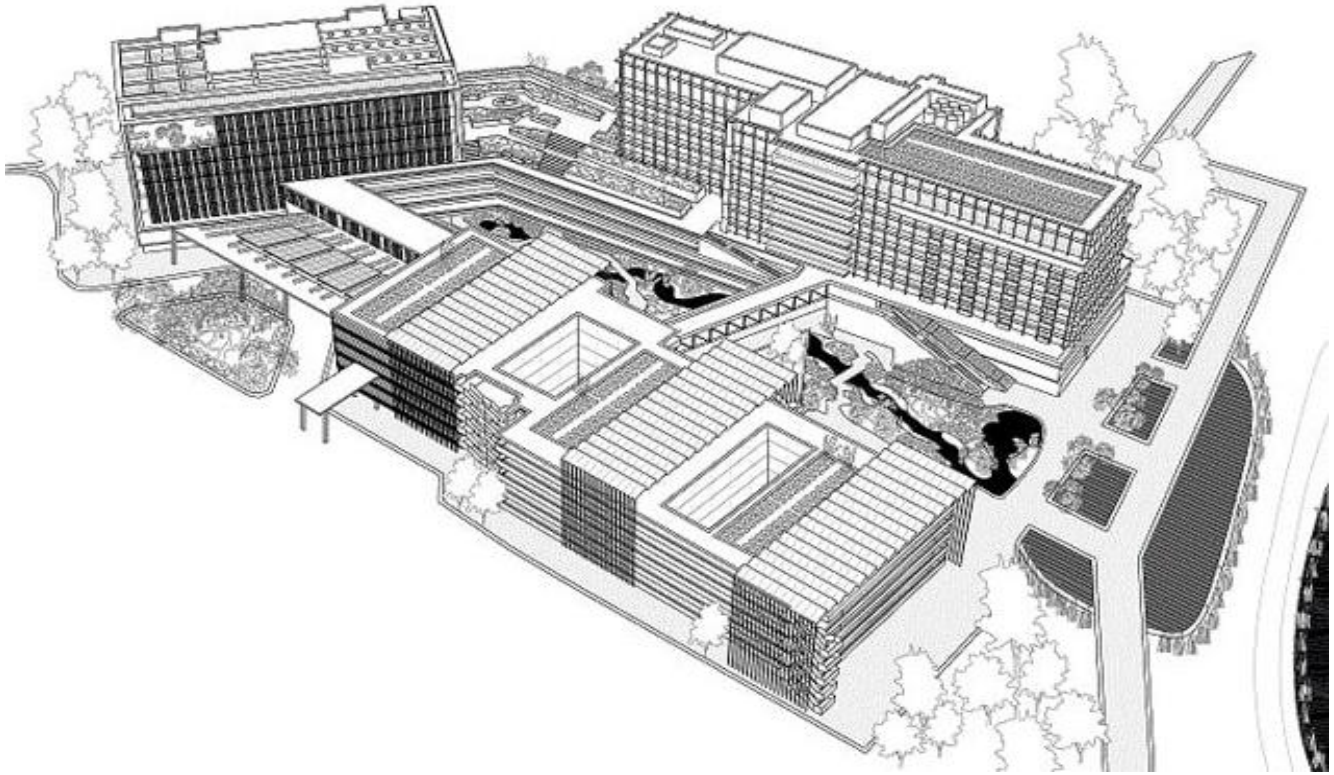
- Germany
- University Hospital Heidelberg

SOME EXAMPLES

- Germany
- Charite Berlin Masterplan

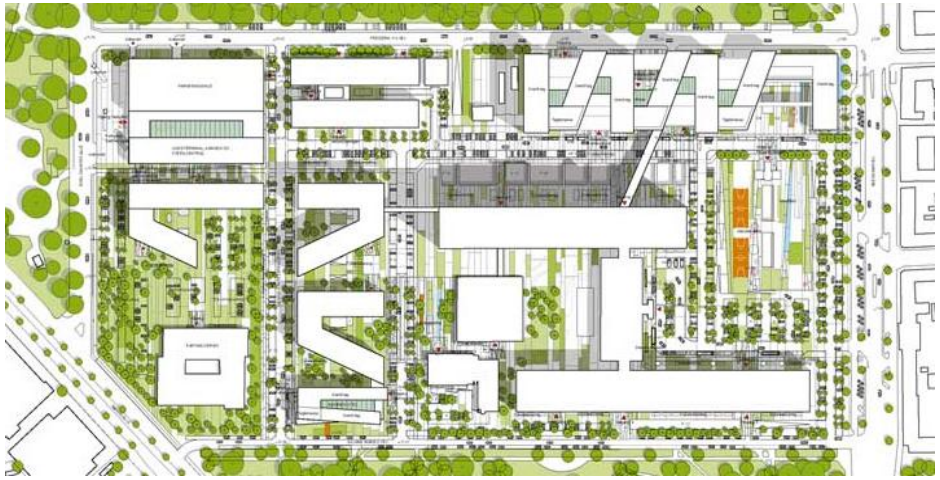
SOME EXAMPLES

- Singapore
- Khoo Teck Puat Hospital



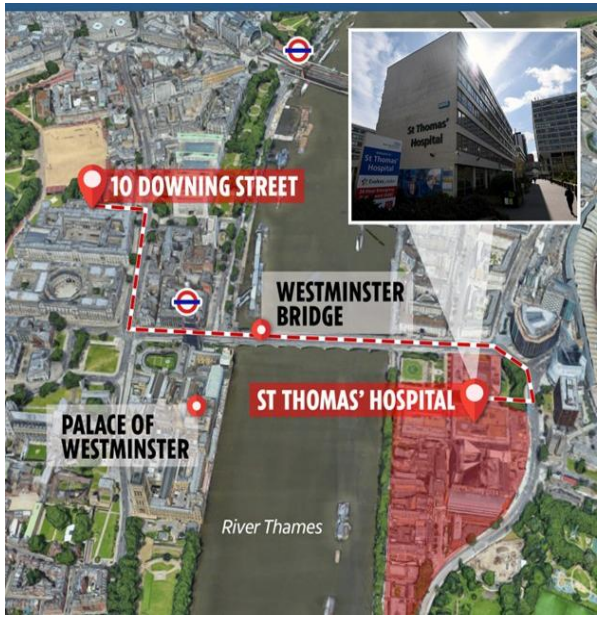
SOME EXAMPLES

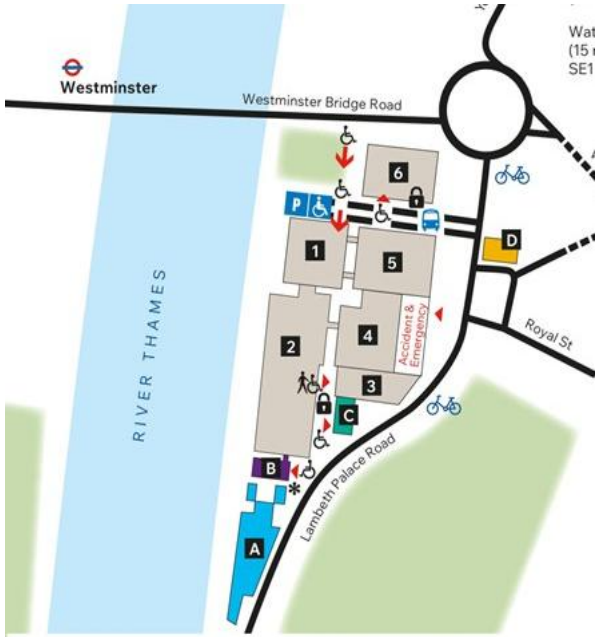
- Denmark
- Rigshospitalet



SOME EXAMPLES

- United Kingdom
- Guys & St. Thomas' London





HOW MIGHT WE MOVE FORWARD?

Re-imagining the traditional model with purpose-built pavilions is just one option...

PROS

- Bring critical services to market faster
- Closer alignment of infrastructure with health services
- Improved scalability and flexibility
- Future growth has minimal impact on existing
- Cost is reflective of complexity
- Broader market base for supply

CONS

- Requires larger campus
- Strategic visioning needed from master plan level
- Challenging to integrate with existing monolithic facilities
- Essential buy-in from all participants

THANK YOU