

Hospital OUTLINE

INTRODUCTION

RESEARCH

PROJECT

PROGRAM

SITE

CONCEPT DIRECTION

CONCLUSION

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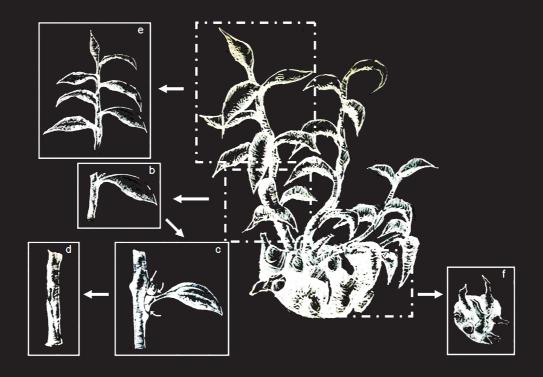
PROGRAM

SITE

CONCEPT DIRECTION

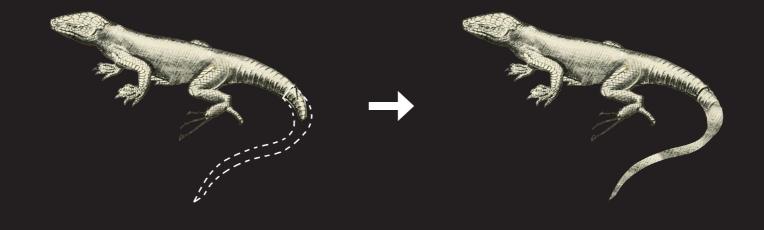
CONCLUSION

TODAY



Plants regenerate

TODAY



Animals regenerate

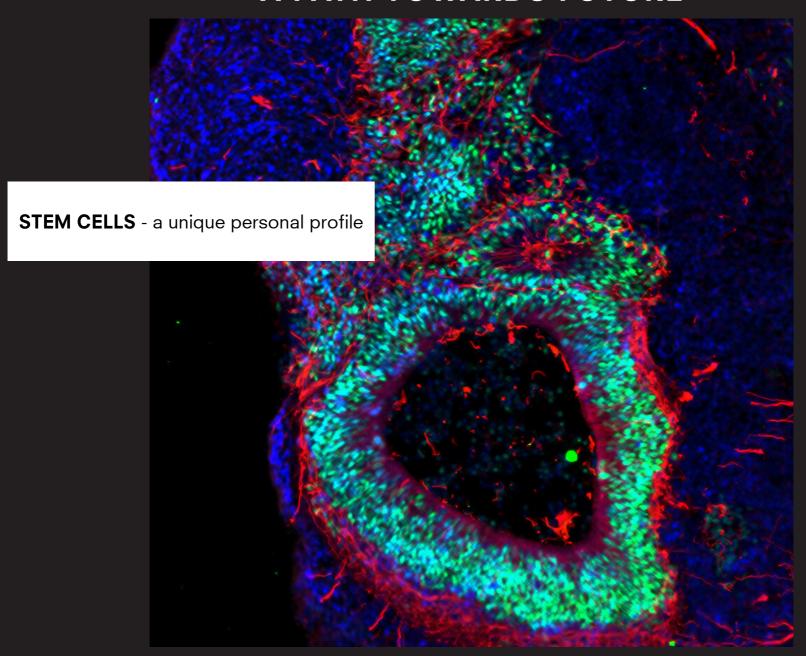
BUT WHAT ABOUT HUMANS??

TOMORROW

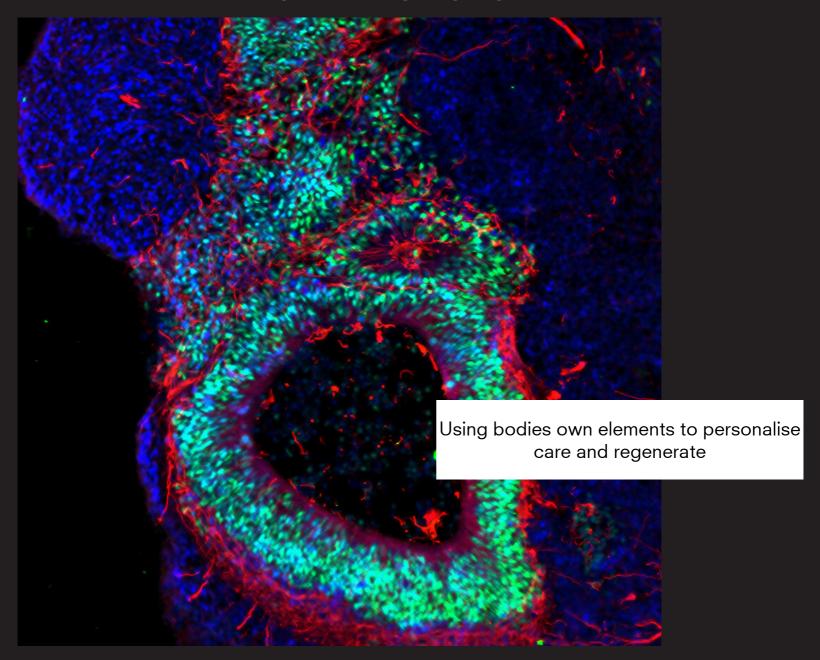


Humans regenerate

A PATH TOWARDS FUTURE

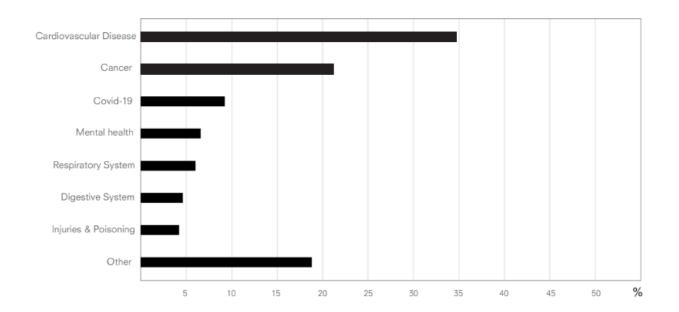


A PATH TOWARDS FUTURE

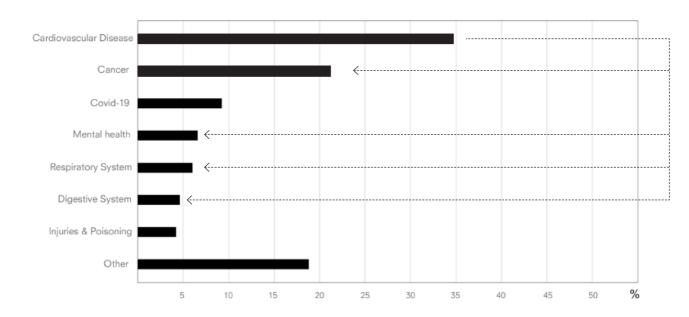


But why is it needed?

CAUSES OF DEATHS



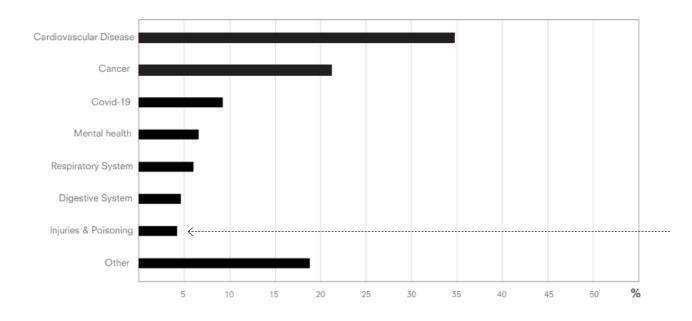
CAUSES OF DEATHS



Chronic diseases somestimes passes from generation to generation and have no cure. making more than 70% of all hospital fatalities

Source - IPSOS global health monitor, surveyec - July-Aug 2022

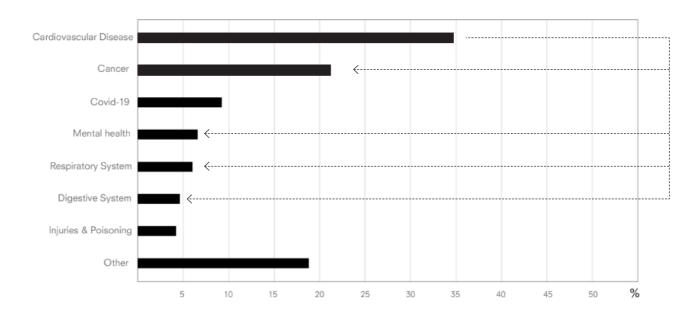
CAUSES OF DEATHS



Injuries

A sudden rise in te number of people getting injured due to random and unpredicted activities.

CAUSES OF DEATHS



Degenerative diseases

with rise in the old age population there is a major rise in degenerative diseases and they tend to occuply thre hospital more than others.

Source - IPSOS global health monitor, surveyec - July-Aug 2022

CURRENT SCENARIO

Today, $oldsymbol{80\%}$ of people over age of 65 have at least one **chronic disease**

Chronic disease accounts for 77% of total disease in Europe

One in six people in the EU have a mild to severe disability.

Rising old age populations and related degenerative health issues

INTENSIVE TREATMENT PROCEDURES

Rising deaths and **body deformation** due to ineffective care for major **bodiely injuries**

Deaths due to long waiting lists for **organ transplant** and rejection **of foreign organ**

CURRENT SCENARIO

Today, 80% of people over age of 65 have at least one chronic disease

Chronic disease accounts for 77% of total disease in Europe

One in six people in the EU have a mild to severe disability.

Rising old age populations and related degenerative health issues

INTENSIVE TREATMENT PROCEDURES

STANDARDIZED FOR ALL

Deaths due to long waiting lists for **organ transplant** and rejection **of foreign organ**

CURRENT APPROACH



Traditional 'One size fits all'

approach.
All patients with the same diagnosis recive same treatment

A PATH TOWARDS FUTURE







Traditional 'One size fits all'

approach.
All patients with the same diagnosis recive same treatment

'Personalized medicine'

approach
Treatment strategy based on patients
unique profile

introduction A PATH TOWARDS FUTURE

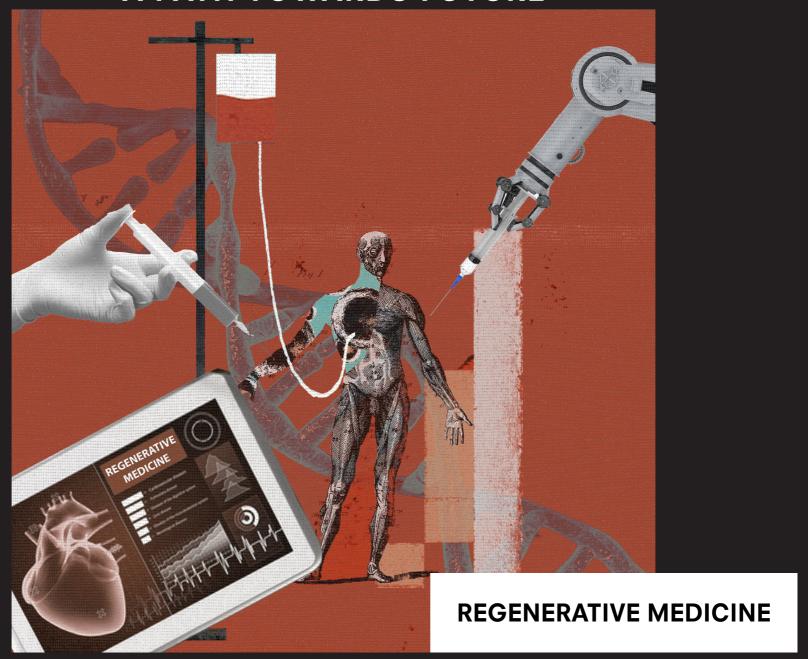
From

bodies as entities of REPAIR

to

bodies as entities of **HEALING AND REGENERATION**

A PATH TOWARDS FUTURE



REGENERATIVE MEDICINE

Regenerative medicine deals with the "process of replacing, engineering or regenerating human cells, tissues or organs to restore or establish normal function".



precision medicine



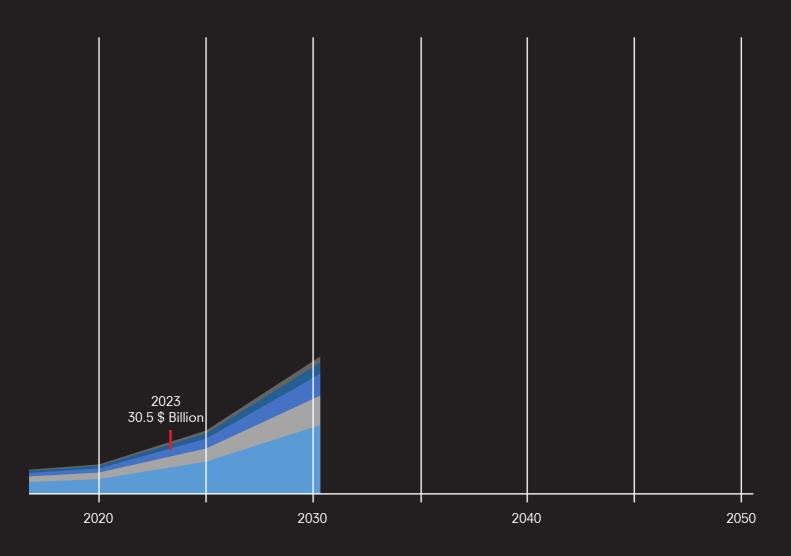
gene based therapies



tissues and organ production

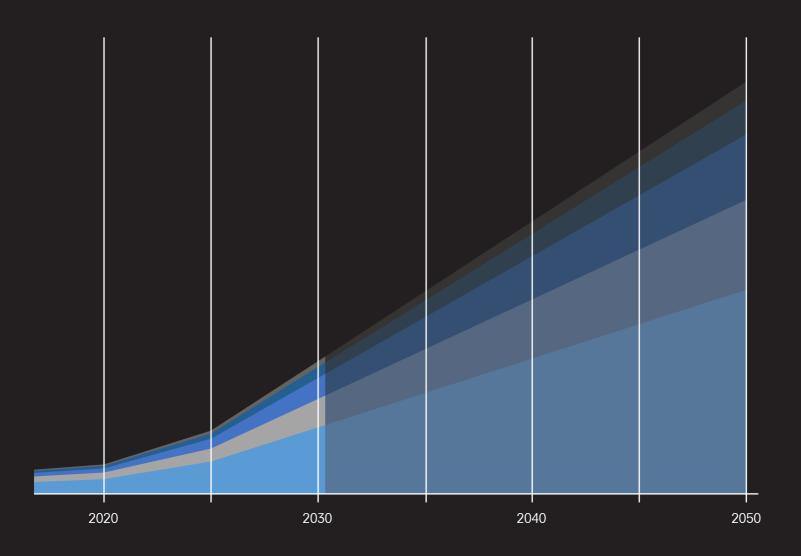
CURRENT DEVELOPMENT

Compound annual growth rate of more than 18%



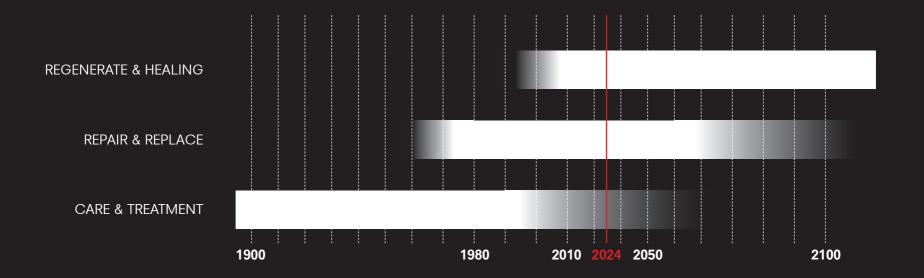
Source - Polaris market research analysis

FUTURE DEVELOPMENT



Source - Polaris market research analysis

CHANGING ROLE OF FUTURE HOSPITAL



CHANGING ROLE OF FUTURE HOSPITAL

FROM **REACTIVE**TO **PREVENTIVE AND REGENERATIVE** HEALTHCARE

How will the hospitals support this change?

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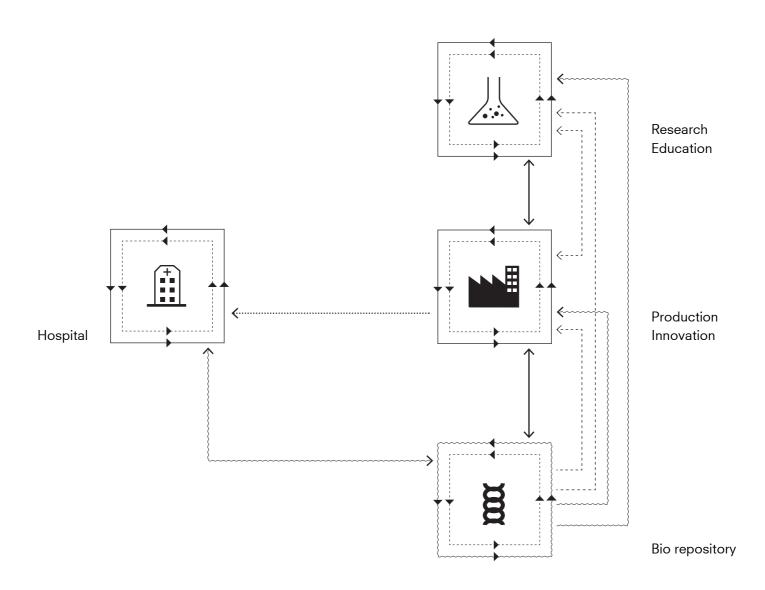
PROGRAM

SITE

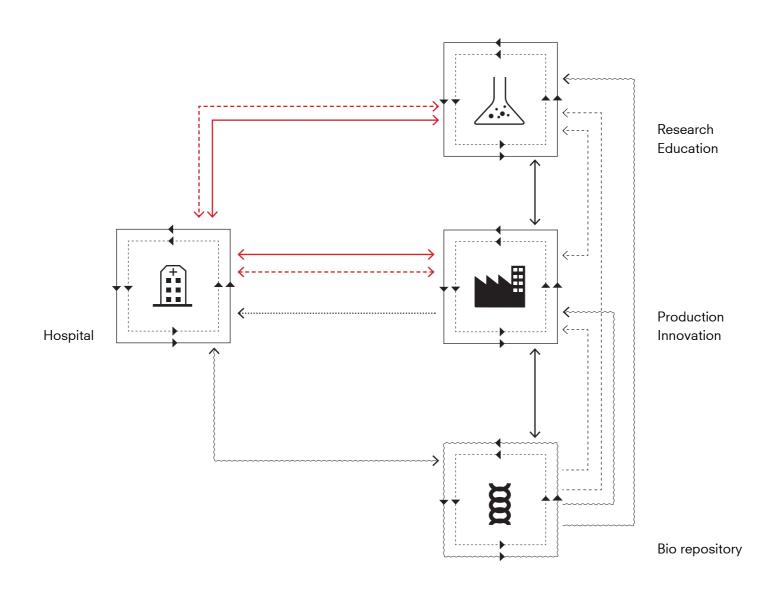
CONCEPT DIRECTION

CONCLUSION

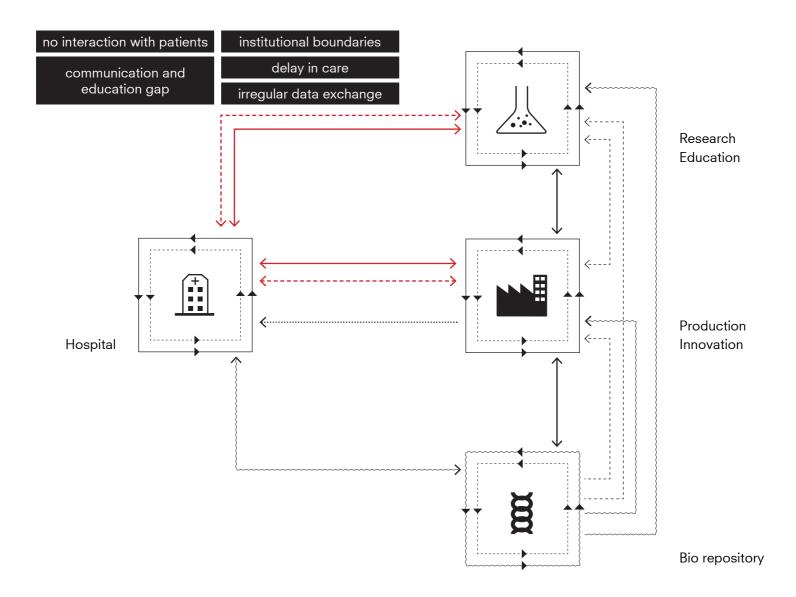
CARE INFRASTRCUTURE



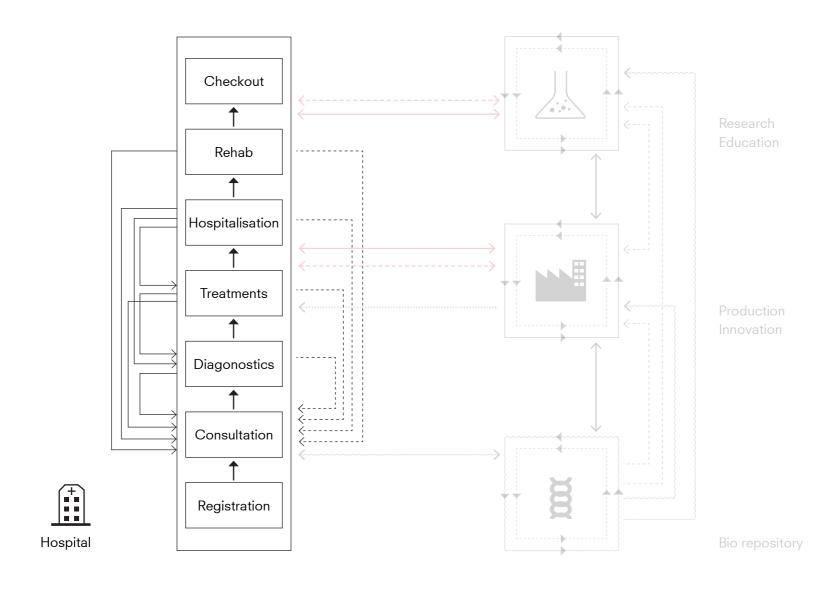
INSTITUTIONAL BOUNDARIES



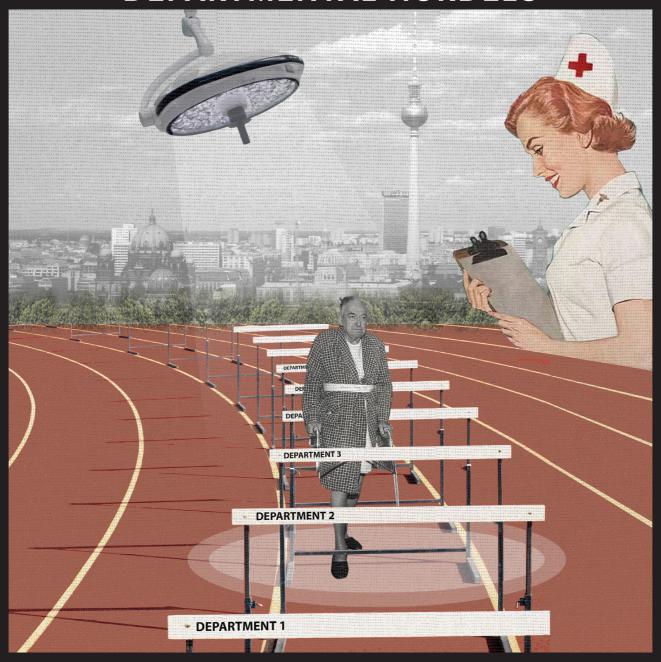
FRAGMENTED



DEPARTMENTAL



DEPARTMENTAL HURDELS



STERILE AND INHUMANE

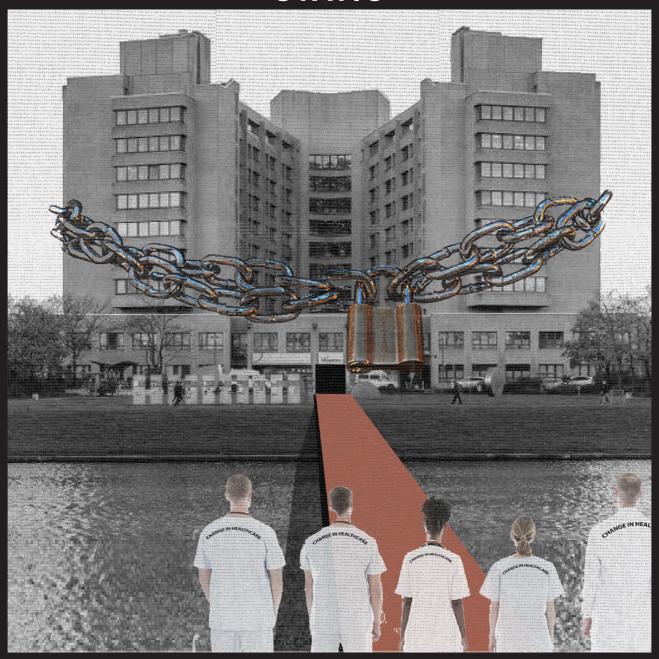


Berlin Studio

STERILE AND INHUMANE



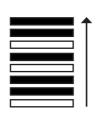
STATIC



OBSERVATIONS OF EXISTING MODEL







DEPARTMENTAL



GENERALISED and STERILE



STATIC

research

BUILDING NEEDS

Not to forget in the spirit of ingenuity, regenerative medicine is a **collaborative effort**.

- Yannas IV. Tissue and Organ Regeneration in Adults. Springer, NY, USA (2001).

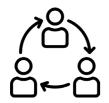
A successful regenerative medicine initiative requires the expert knowledge of <u>scientists</u>, <u>engineers</u>, <u>physicians</u>, <u>researchers</u> and <u>many others</u> in a

- Hutmacher, D. W. (2006) 'Regenerative medicine will impact, but not replace, the medical device industry', Expert Review of Medical Devices

The new ecosystem need to **co-locate** outpatient, inpatient, rehabilitation, wellness and prevention, ancillary support spaces, and industry (research and development) **all under one roof**.

research

BUILDING IMPLICATIONS



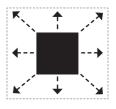




FAST AND OPTIMISED MOVEMENT



PERSONALISED AND SPECIALISED



ACTIVE AND FLEXIBLE

BUILDING IMPLICATIONS



COLLABORATIVE



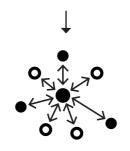
FAST AND OPTIMISED MOVEMENT



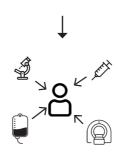
PERSONALISED AND SPECIALISED



ACTIVE AND FLEXIBLE



DECENTRALISED



PATIENT CENTRIC



CENTER RE-GEN

Hospital for regenerative medicine and Bio repository

MAIN RESEARCH QUESTION

"HOW DOES THE ARCHITECTURAL DESIGN OF A HOSPITAL FACILITATE THE PRODUCTION AND DELIVERY OF PERSONALISED REGENERATIVE MEDICINE WHILE ENHANCING PATIENT CARE AND EXPERIENCE?"

SUB-RESEARCH QUESTION

"HOW DOES THE ARCHITECTURAL DESIGN OF A HOSPITAL FACILITATE THE PRODUCTION AND DELIVERY OF PERSONALISED REGENERATIVE MEDICINE WHILE ENHANCING PATIENT CARE AND EXPERIENCE?"

- 1. How will this collaboration change the hospital process and thus the building?
- 2. How can we create an patient centric hospital design enhancing care and experience?

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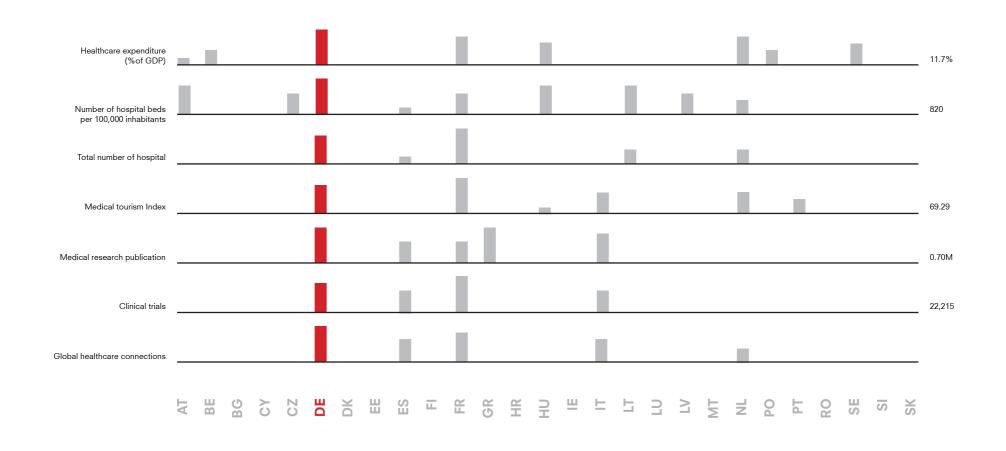
CONCEPT DIRECTION

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GLOBAL LEADERS



LEVEL OF GERMAN HEALTHCARE



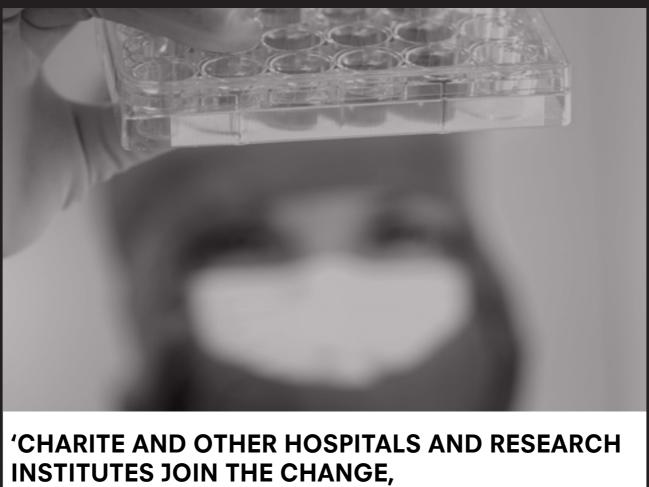
BERLIN & REGENERATIVE MEDICINE



'THE STATE OF BERLIN SETS A FOUNDING STONE FOR BERLIN AND BRANDENBURG CENTER FOR REGENERATIVE MEIDICNE'

PAST 2006 2009 2019 2022 2023 FUTURE

client **BERLIN & REGENERATIVE MEDICINE**



Einstein center for regenerative therapies, by charite



BERLIN & REGENERATIVE MEDICINE



'THE STATE OF BERLIN HOSTS CONSORTIUM AND CONFERENCES FOR REGENERATIVE MEDICINE'



FUTURE OF BERLIN



'THE STATE OF BERLIN, BAYER AND CHARITE ARE PLANNING A HEALTHCARE LIGHTHOUSE PROJECT IN THE MITTE BOROUGH'

focusing on cell based treatments and regeneration.

PAST 2006 2009 2019 2022 2023 FUTURE

FUTURE OF BERLIN

'BERLIN TO BECOME FIRST CITY TO HAVE A SPECIALISED HOSPITAL FOR CELL /GENE THERAPIES AND REGENERATIVE THERAPIES'

By Charite, BIH, BIFOLD, and Max Delbruck center for molecular medicine



FLITLIRE

2006

2009

2019

2022

2023

client FOCUS

One time solution to Chronic diseases and old age problems

Understanding the healing power of Human body

Human and technology symbiosis
Al driven systems

Realising the potential of Collaborations

A holistic approach to health and well being - more patient centric

CLIENT QUALITIES



Progressive

experimental and progressive stance towards innovation and in the field of regenrative medicine and future



Frontrunners

industry leaders and fast growing in the sector of regenerative medicine and care



Support and Inspire

support and educate the rising talents in the field of regenrative medicine



Global connections

Global connections with rising actors in other countires



Diverse expertise

knowledge in various supporting fields to regenerative medicine and bio banking

client **MAIN STAKEHOLDERS**

Medical Partners













MAIN STAKEHOLDERS

Medical Partners



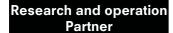




























SECONDARY STAKEHOLDERS

Medical Partners



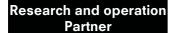
















MAX DELBRŪCK

CENTER











International Supply chain











projects

SECONDARY STAKEHOLDERS

Medical Partners











Research and operation Partner





MAX DELBRŪCK

CENTER











International Supply chain











Administration



Federal minitry of health

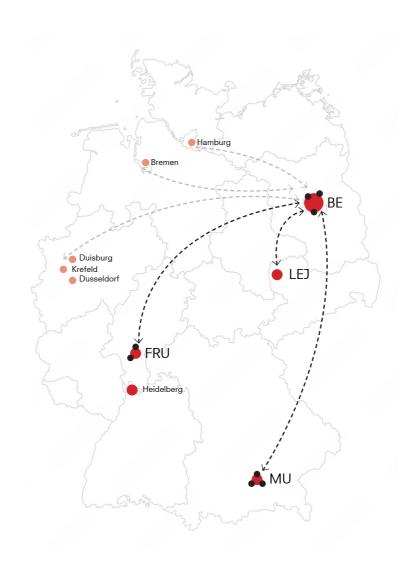


Berlin State government





BERLIN AND EUROPEAN CONNECTION



BERLIN AND GLOBAL CONNECTION



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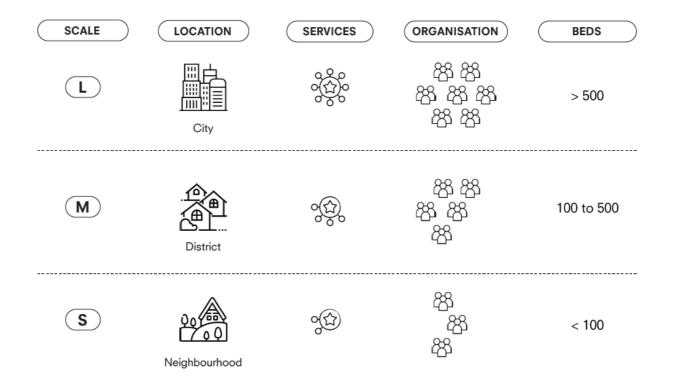
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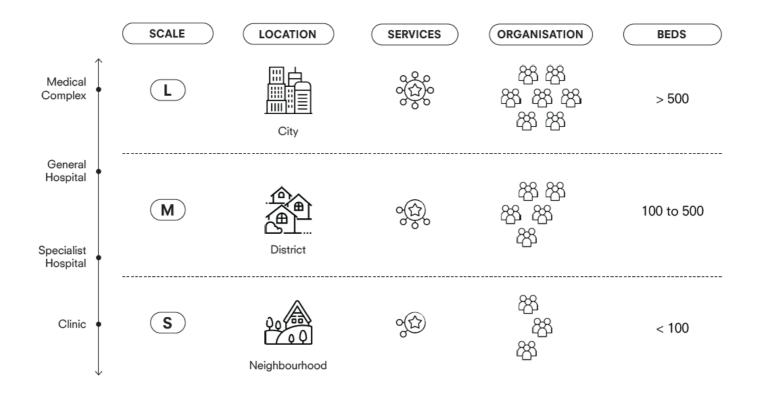
CONCEPT DIRECTION

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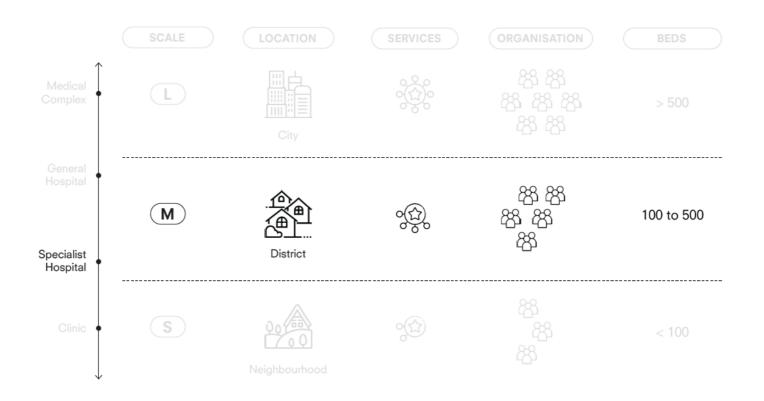
CAPACITY



CAPACITY



CAPACITY



MEDIUM - SPECIALISED



Center for surgical medicine

Architect - Heinle, Wischer und Partner **Location** - Dusseldorf, Germany

Completion - 2011

Client - University hospital Dusseldorf

Area - 20,632 sqm Capacity - 316 beds



Cancer center at Guy's

Architect - Rogers Stirk Harbour + Partners with Stantec

Location - London, UK Completion - 2016

Client - Guy's & St. Thomas' NHS

foundation trust

Area - 20,000 sqm



Zaans medical center

Architect - Heinle, Wischer und Partner **Location** - Dusseldorf, Germany

Completion - 2011

Client - University hospital Dusseldorf

Area - 20,632 sqm Capacity - 316 beds



Ulm Surgical Center

Architect - KSP Jürgen Engel Architekten

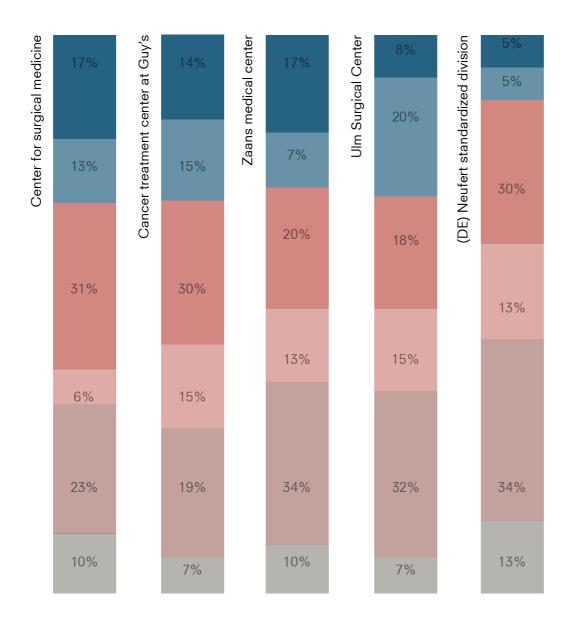
Location - Ulm, Germany

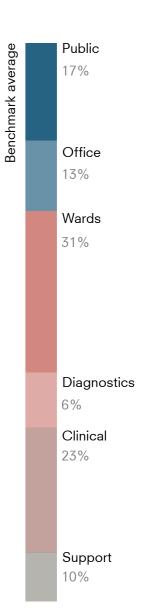
Completion - 2012

Client - Universitätsklinikum Ulm

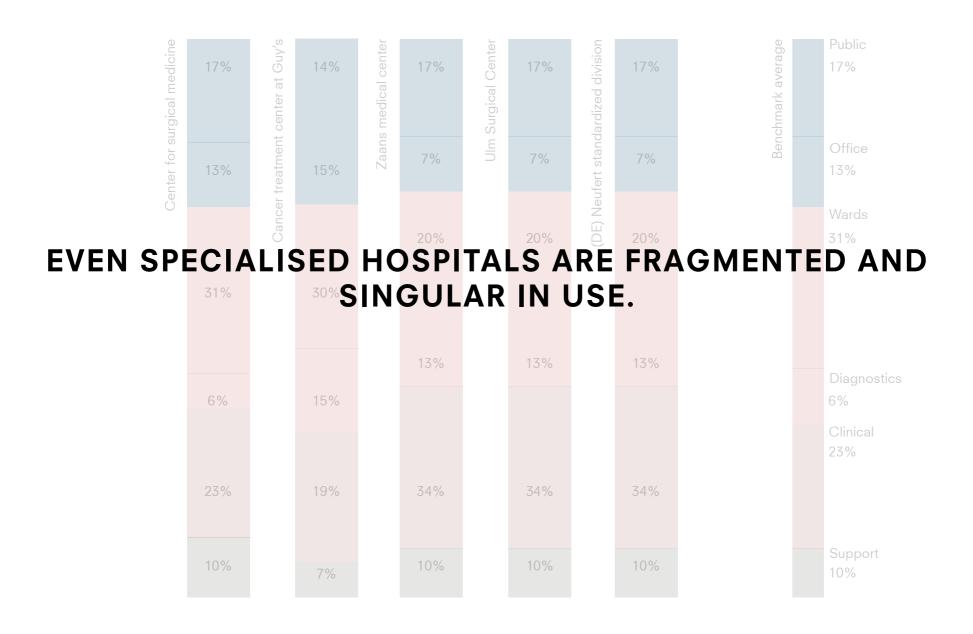
Area - 68,500 sqm **Capacity** - 235 beds

SPECIALISED HOSPITAL





OBSERVATION



COLLABORATIVE CARE

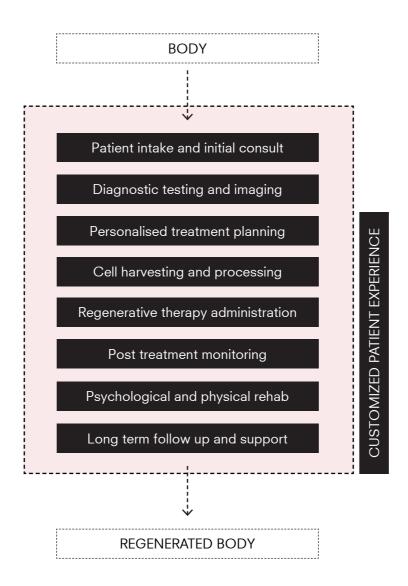


FROM **FRAGMENTED** SETUP TO **COLLABORATIVE** SETUP

HUMAN BODY REGENRATION



HUMAN BODY REGENRATION



HUMAN BODY REGENRATION

Bio banking

(storage)

Sample collection

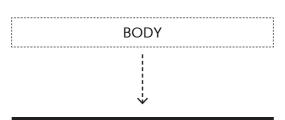
Sample processing

Cryogenic storage

Quality assurance

Long term storage and registry maintainacne

Long distance Transport



Patient intake and initial consult

Diagnostic testing and imaging

Personalised treatment planning

Cell harvesting and processing

Regenerative therapy administration

Post treatment monitoring

Psychological and physical rehab

Long term follow up and support

--->

REGENERATED BODY

Bio production

(regenerate)

Bio medical - research

Bio tech - innovation and development

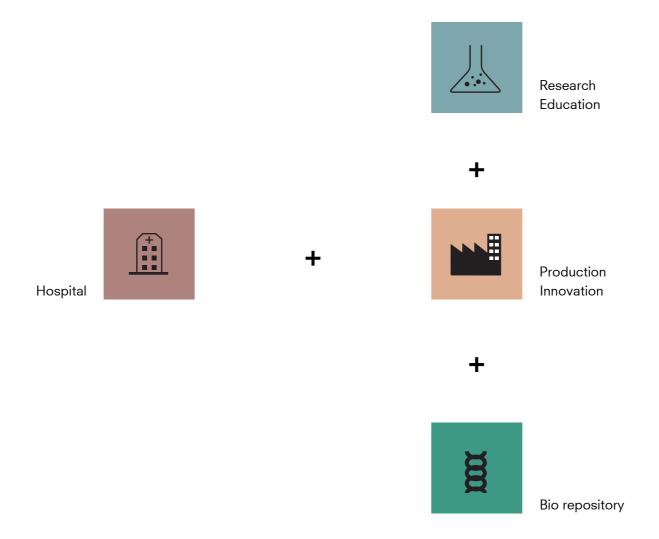
Clinical trials

Production and culturing

Al and data storage

Bio printing and development

COLLABORATION



BENCHMARKING

Sanford Consortium for Regenerative Medicine

Ray and Dagmar Dolby Regeneration Medicine Building





+



Organ factory, (CP student project)







75

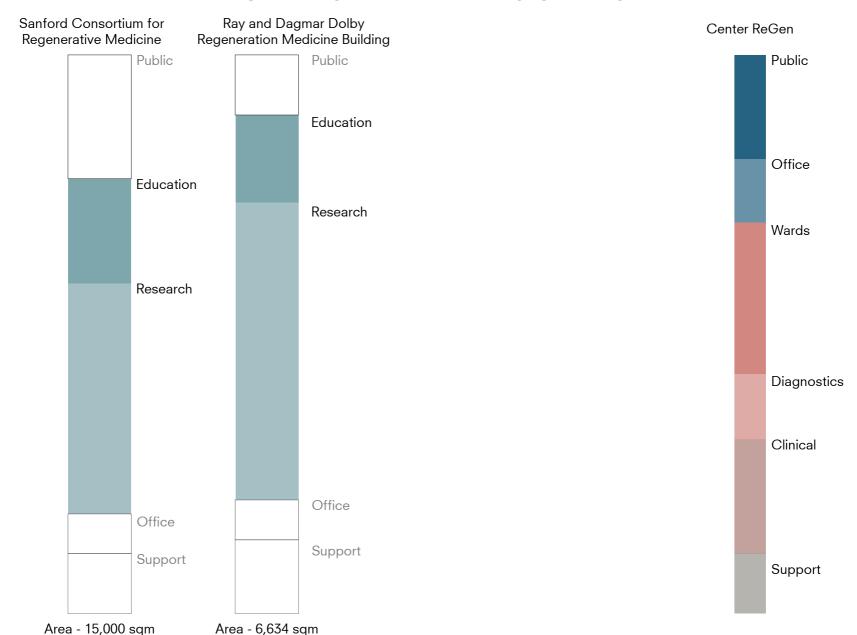
Production

Production





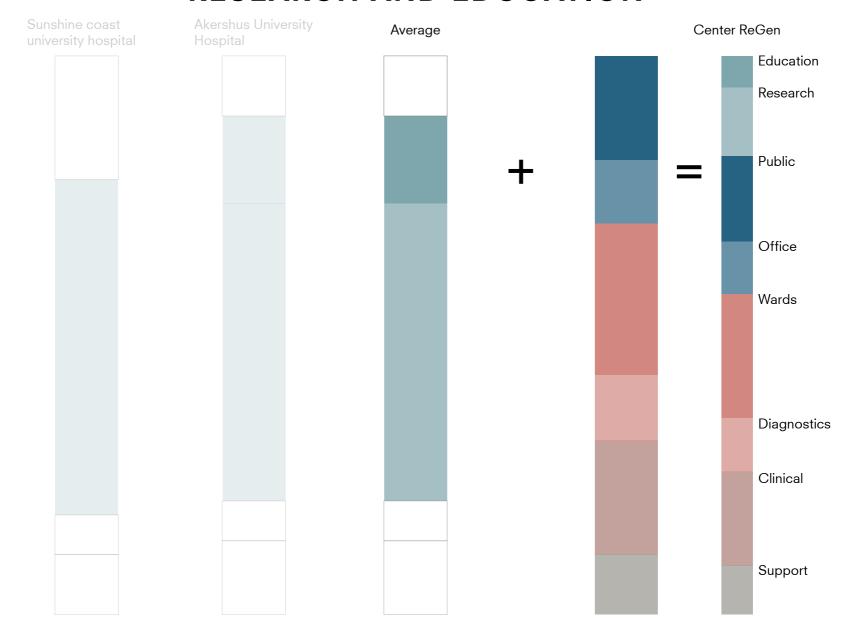
RESEARCH AND EDUCATION



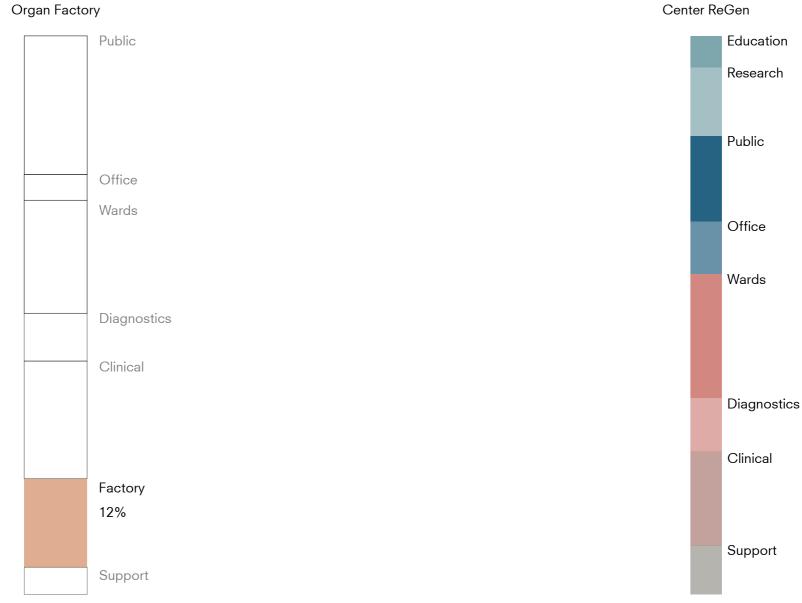


projects

RESEARCH AND EDUCATION



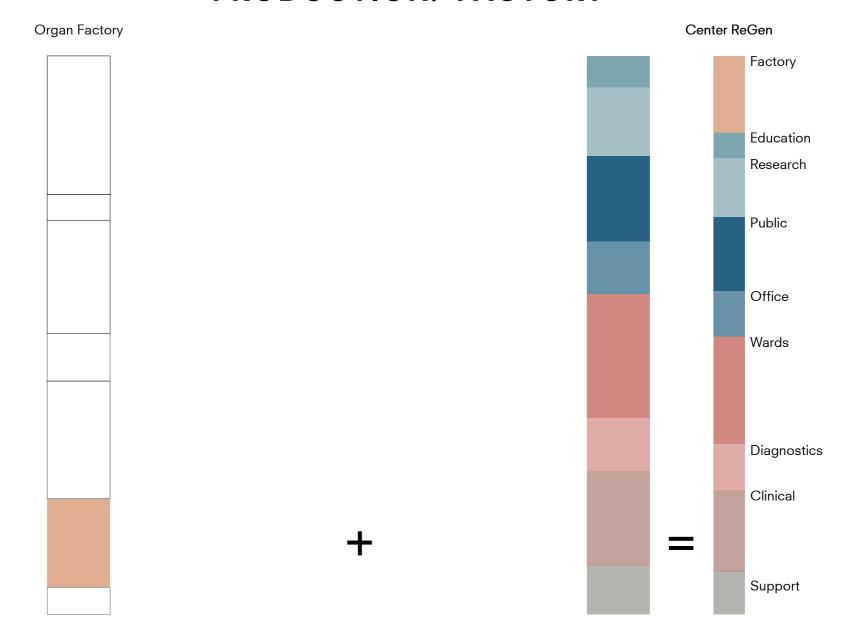
PRODUCTION/ FACTORY



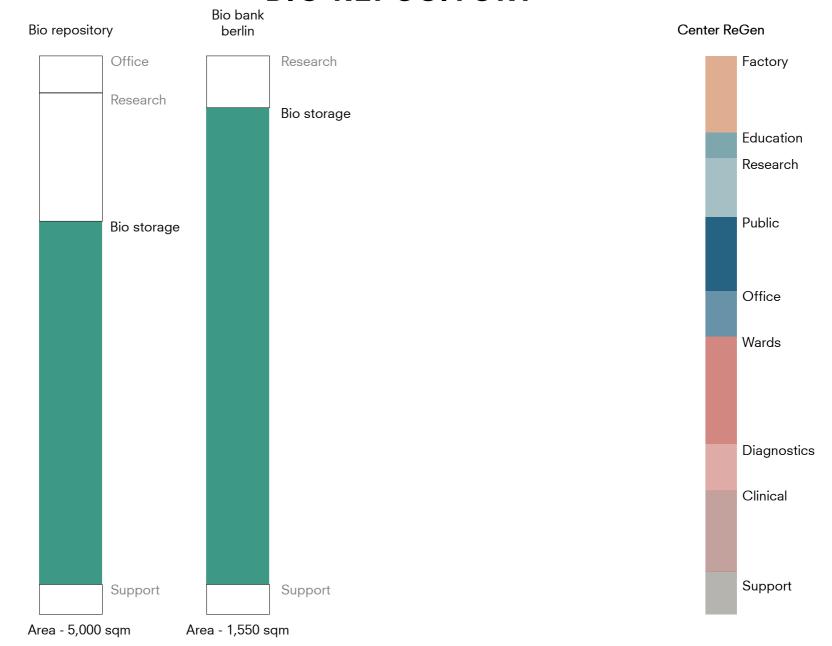


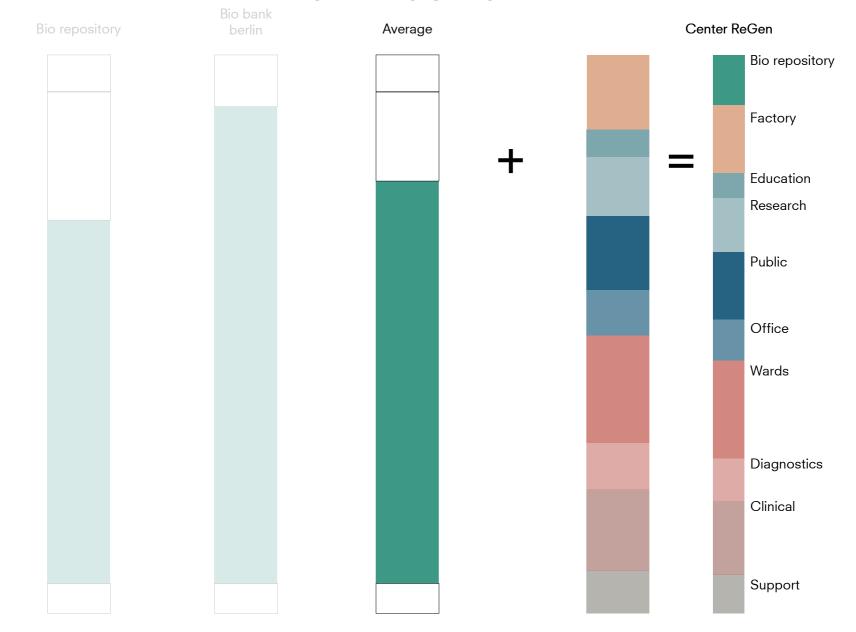
Area - 80,000 sqm Factory - 8,000 sqm

PRODUCTION/ FACTORY

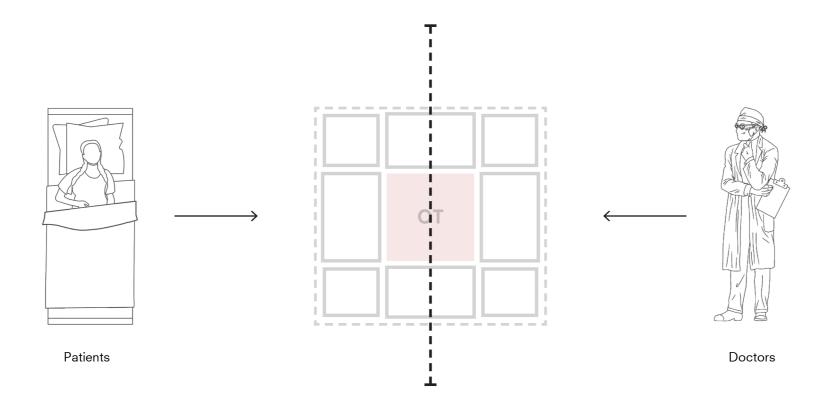








SURGICAL SETTING - KEY SPOT OF COLLABORATION



HISTORIC EVOLUTION



General open setting pre-mordern



Theatre setting

1937



Centralised setting 1955

Al and robotic based setting

current - future



Hybrid setting

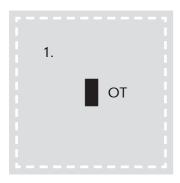
2010 - current



Cleanroom setting

1966

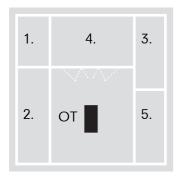
HISTORIC EVOLUTION



1. Common space for other procedures

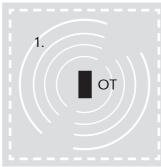
and waiting

Area -



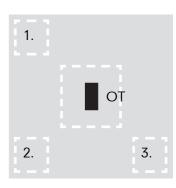
Area - 200

- 1. Anesthesia and equipment
- 2. Pre-Op space
- 3. Cleaning space and storage
- 4. Diagnostic space (flexible)
- 5. Control room and data center



Area -



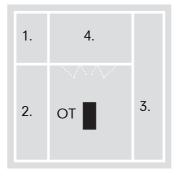


Area - 50

1. Seating for viewers

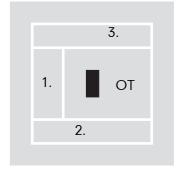






Area - 150

- 1. Diagnostic space
- 2. Pre-op preparation
- 3. Storage

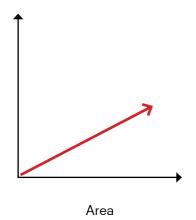


Area - 100

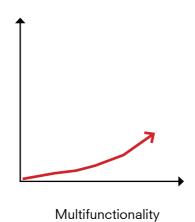
- 1. Anesthesia and equipment
- 2. Pre-Op space
- 3. Cleaning space and storage
- 4. Diagnostic space (flexible)

- 1. Anesthesia and equipment
- 2. Pre-Op space
- 3. Cleaning space and storage

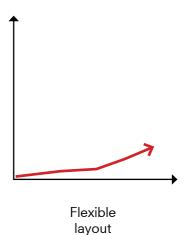
OUTCOMES



Area of surgical setting is increasing with time



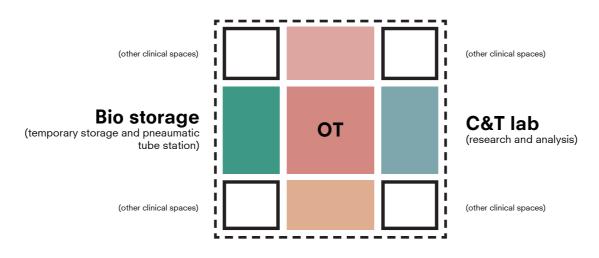
Surgical setting is becoming more multifunctional accomodating multiple functions working in collaboration



With time the layout which used to be very strict is becoming more flexible, being used for differenet programs

SURGICAL MODULE

Diagnostics(real time diagnostics, control room and imaging station)



Bio production (bio printing station and therapy

production)

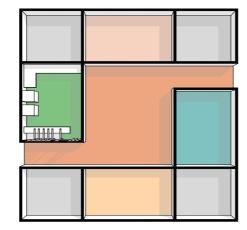
SURGICAL MODULE

Diagnostics(real time diagnostics, control room and imaging station)

(other clinical spaces)

Bio storage (temporary storage and pneaumatic tube station)

(other clinical spaces)



(other clinical spaces)

C&T lab

(research and analysis)

(other clinical spaces)

Bio production (bio printing station and therapy production)

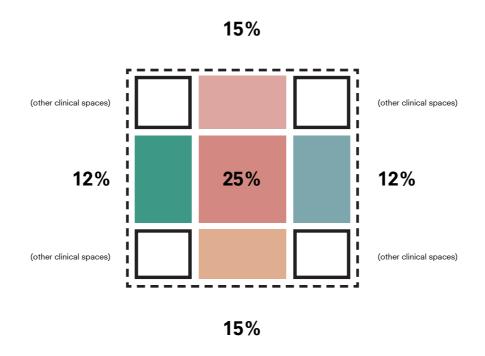
SURGICAL MODULE



BENCHMARKING PARTS OF SURGICAL SETTING

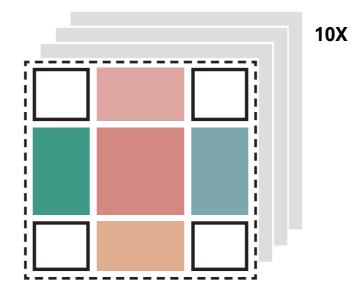


SURGICAL MODULE



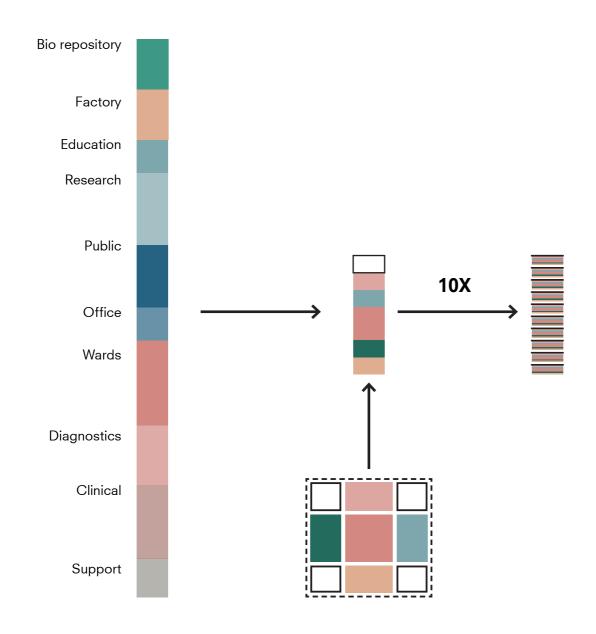
Total area - 350 sqm

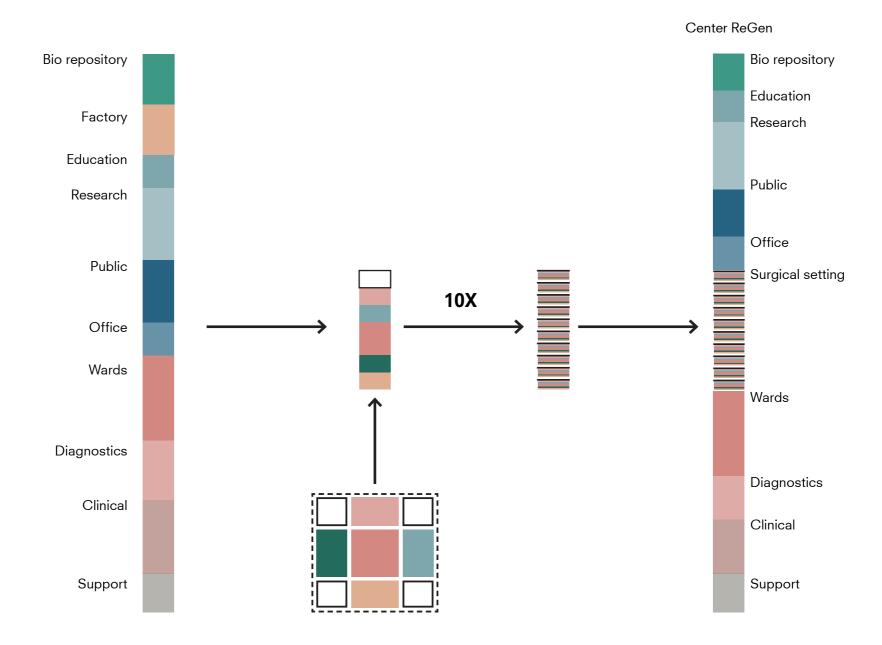
program **REPETITION**

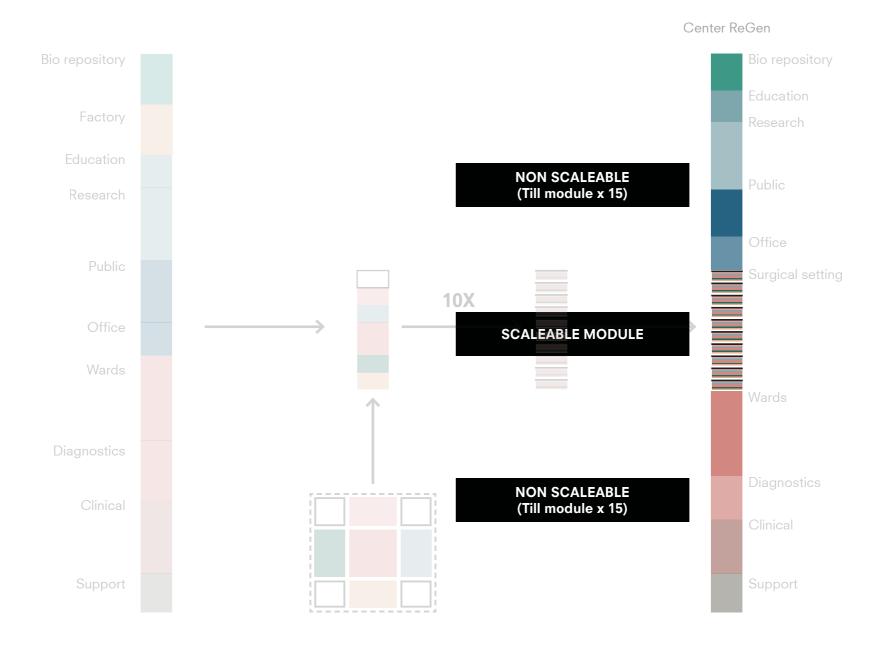


Total area - 3,500 sqm

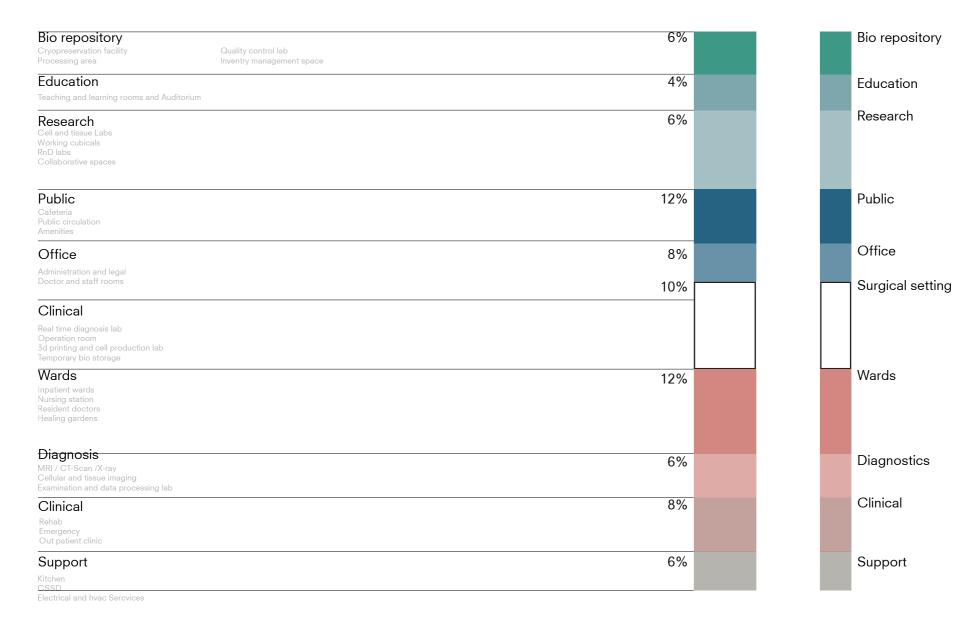
10X







BIO REPOSITORY



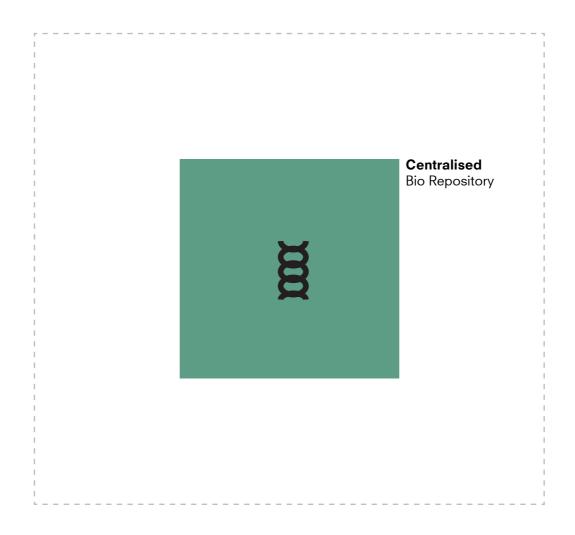
Gross floor area 36,000 sqm

95

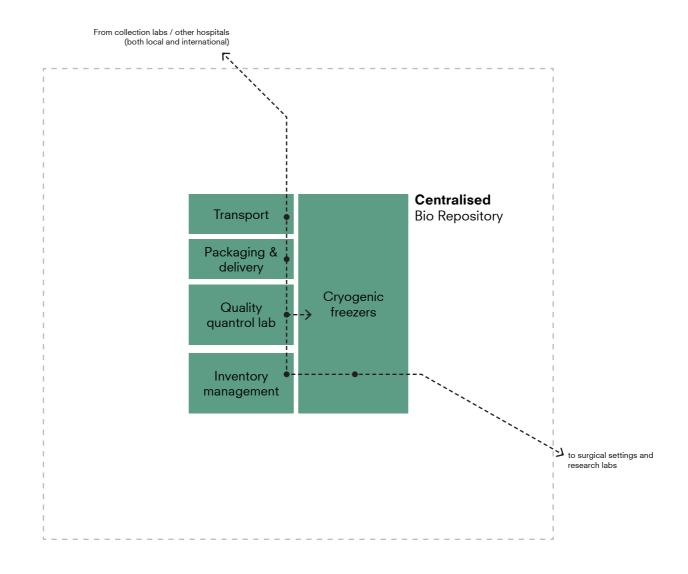


FROM **DEPARTMENTAL** SETUP TO **OPEN & DECENTRALISED** SETUP

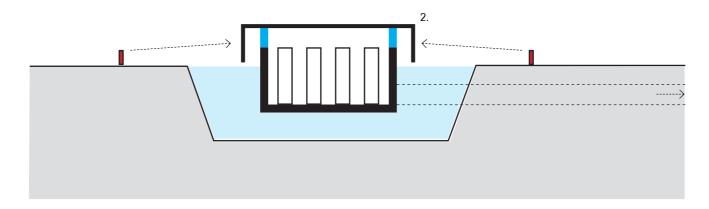
ANCHOR POINT

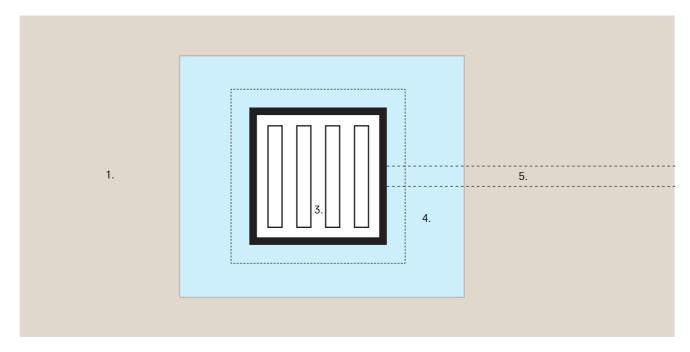


COMPONENTS



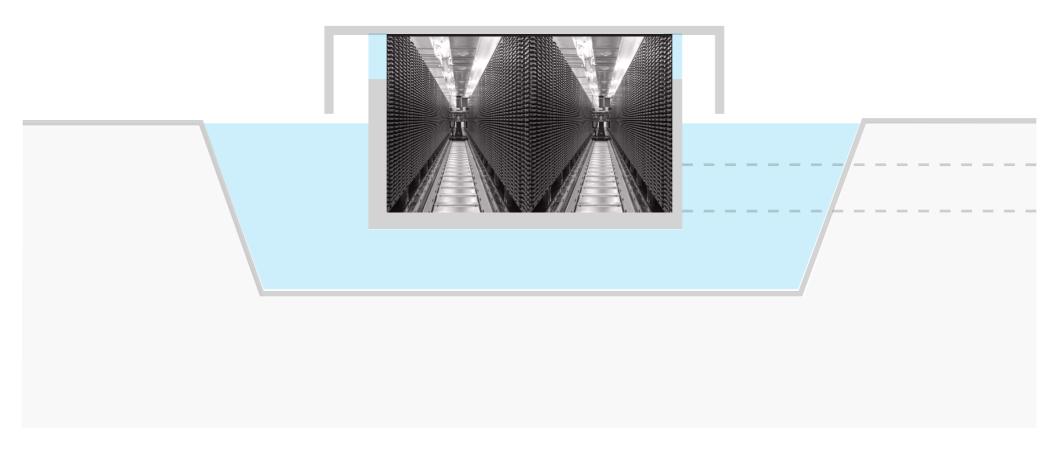
BIO BANK - SECURE YET OPEN





- 1. Public square
- 2. Digital display
- 3. Cryogenic freezers
- 4. Water as thermal buffer and safety
- 5. Connection to hospital

CRYOGENIC PRESERVATION



Samples stored in individual boxes for each person.

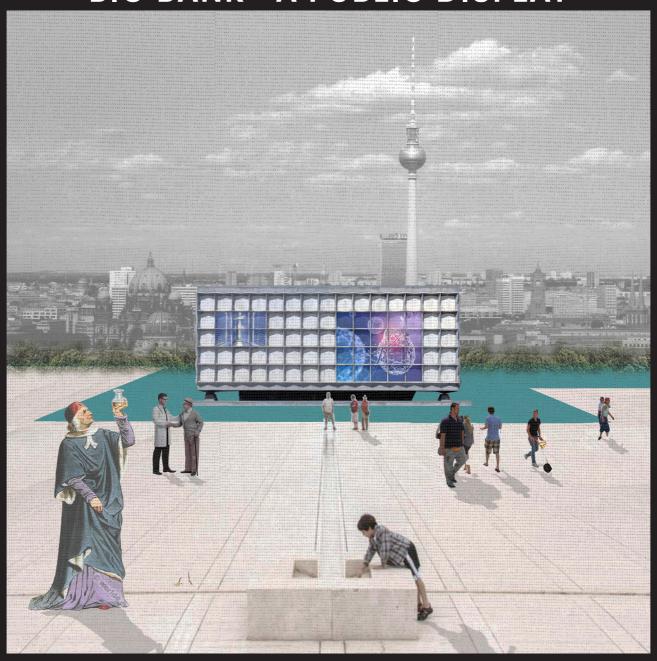
Fully automated transport and delivery

limited human access - for maintainance and emergency

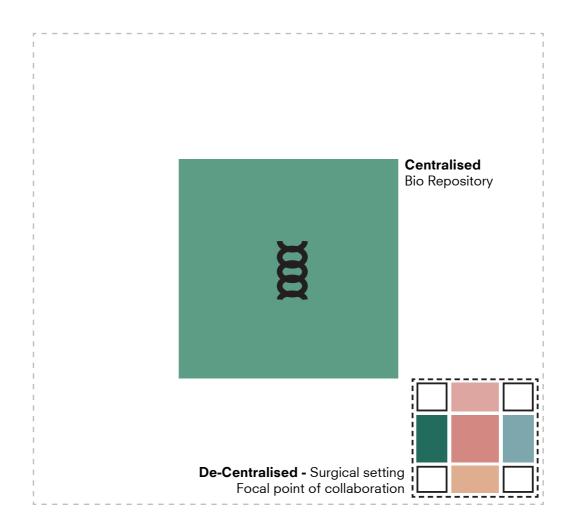
Minimum temperature -100 to -150C

Hybrid system - uses liquid nitrogen and other energy source to maintain the temperature

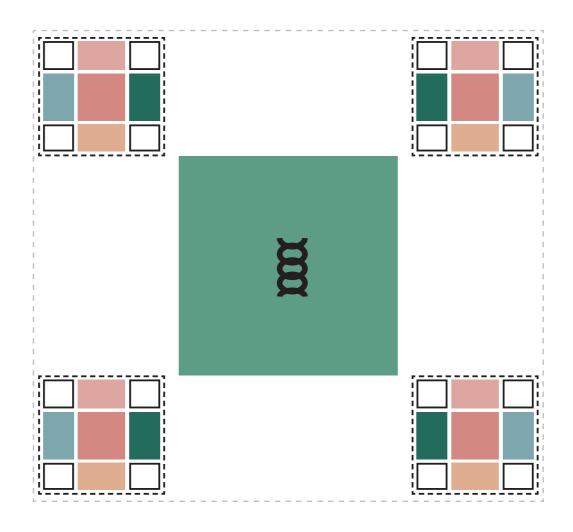
program BIO BANK - A PUBLIC DISPLAY



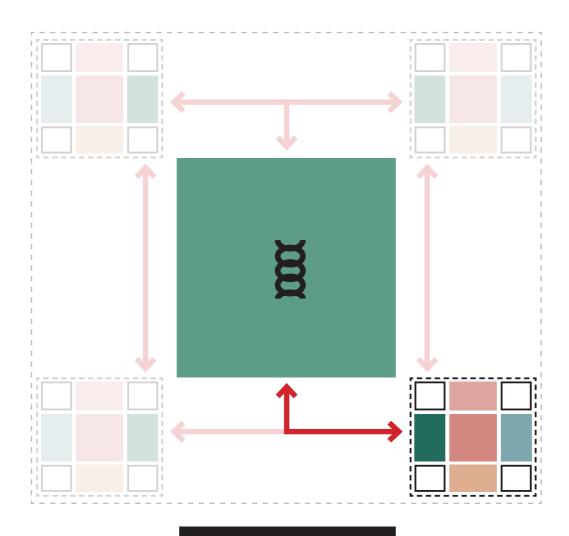
PROPOSED ARRANGEMENT



DECENTRALISED ARRANGEMENT



CONNECTION



Pneumatic tubes

ARCHITECTURAL EXPRESSION



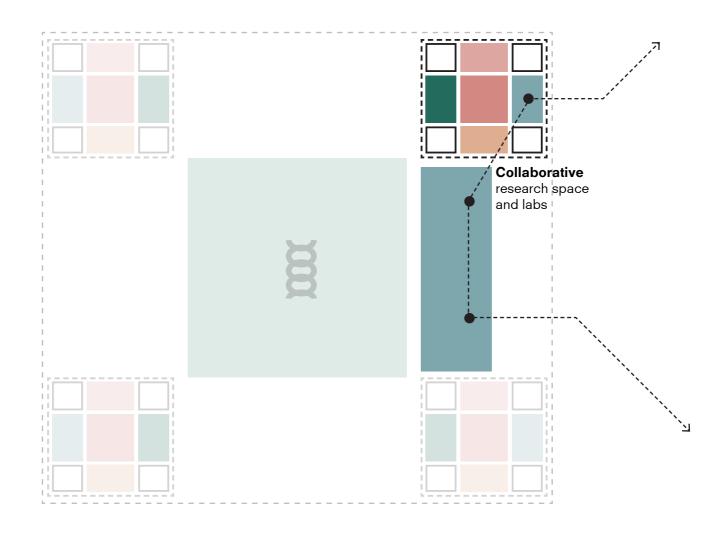
Hospital corridors

PNEUMATIC TUBE TRANSPORT



Hospital lobby

RESEARCH LABS



FACT





Vibration isolation tables

FLOATING RESEARCH SPACES

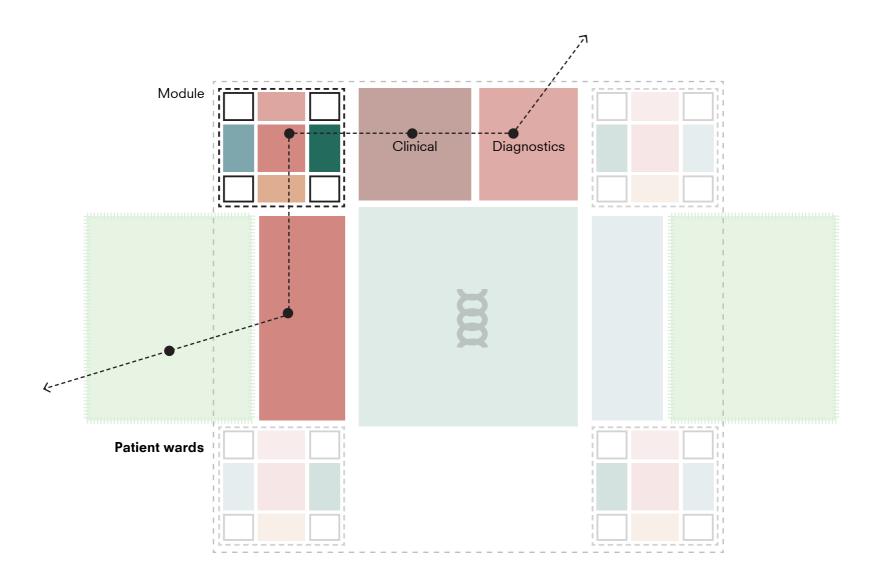




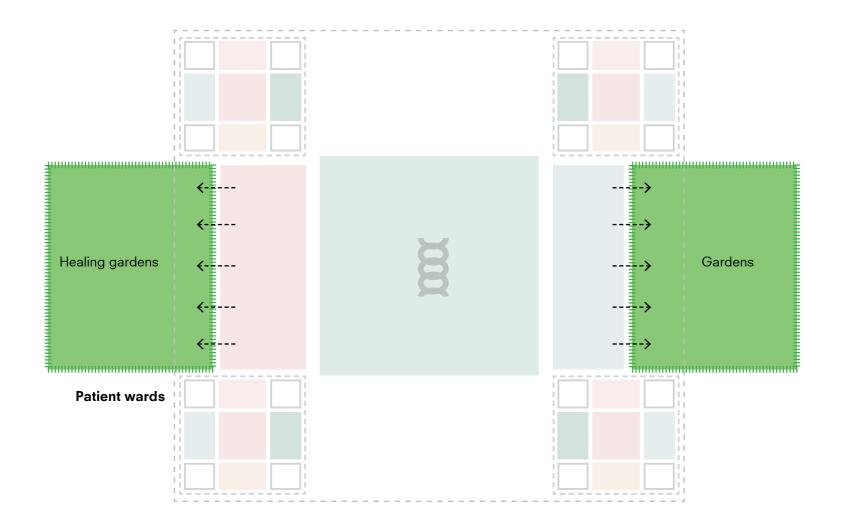
FROM **STERILE** HOSPITAL TO **HUMAN/ PATIENT CENTRIC** HOSPITAL

research

CONNECTION



CONNECTION



PATIENT ROOM



Pre - OP

PATIENT ROOM

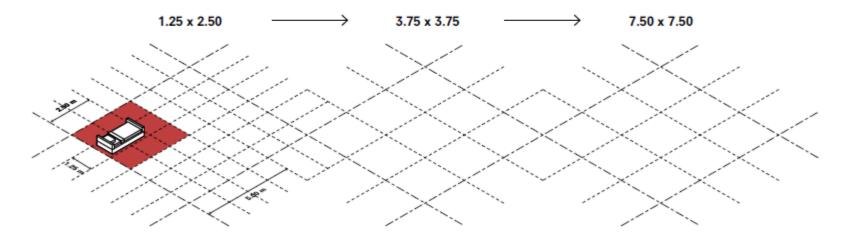


Post - OP



FROM **STATIC** BUILDING TO **FLEXIBLE** BUILDING

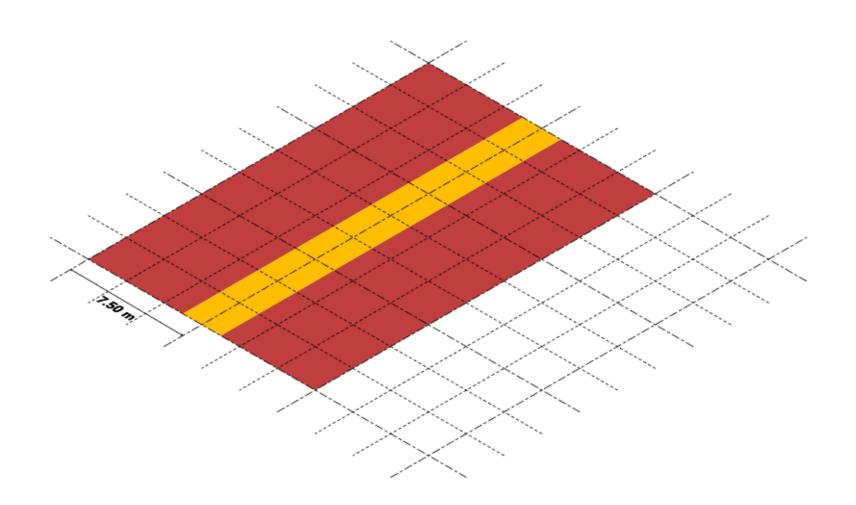
SIZING



PATIENT ROOM AS STARTING POINT

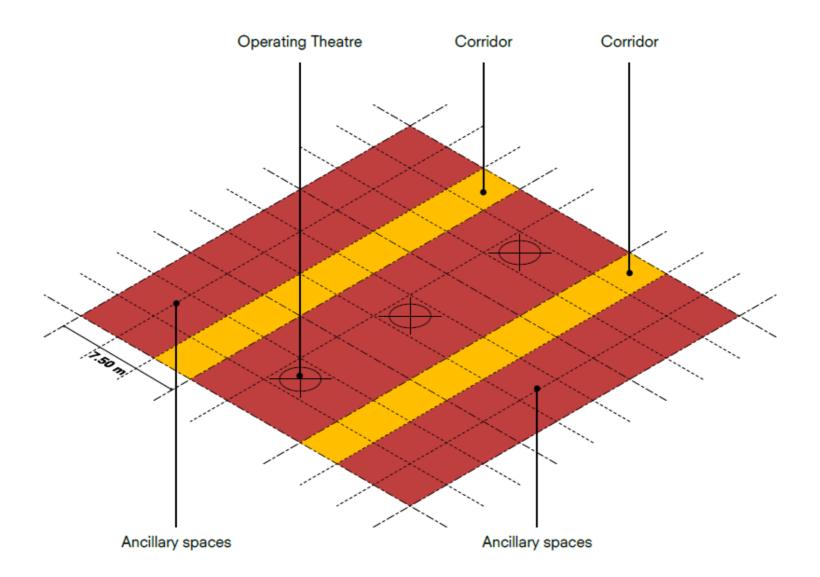
7.5 X 7.5 MODULE

SIZING



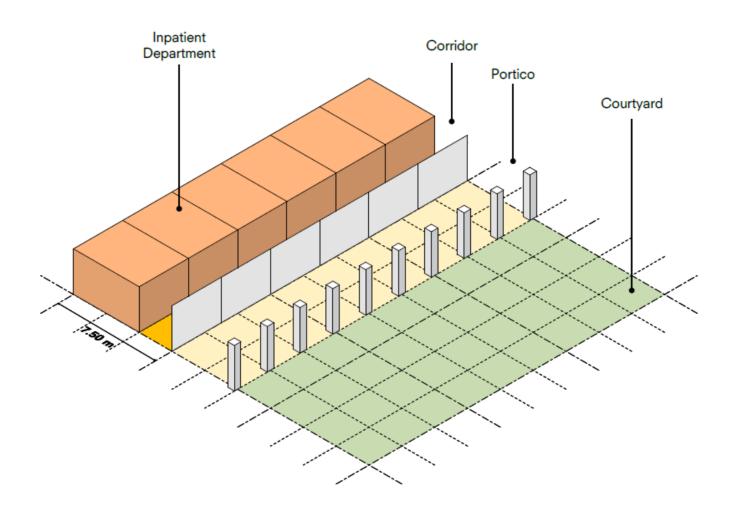
INPATIENT DEPARTMENT - 15M WIDE

SIZING



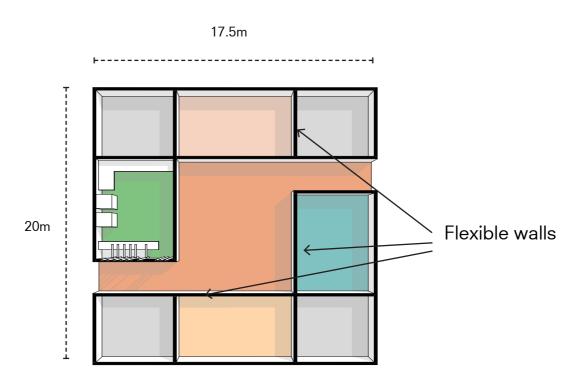
HOT FLOOR - 22,5M WIDE

SIZING



INPATIENT DEPARTMENT - COURTYARD

FLEXIBLE MODULE



Ability to change the configuration as per needs and requirements when used in different environments, of small or large scale hospitals



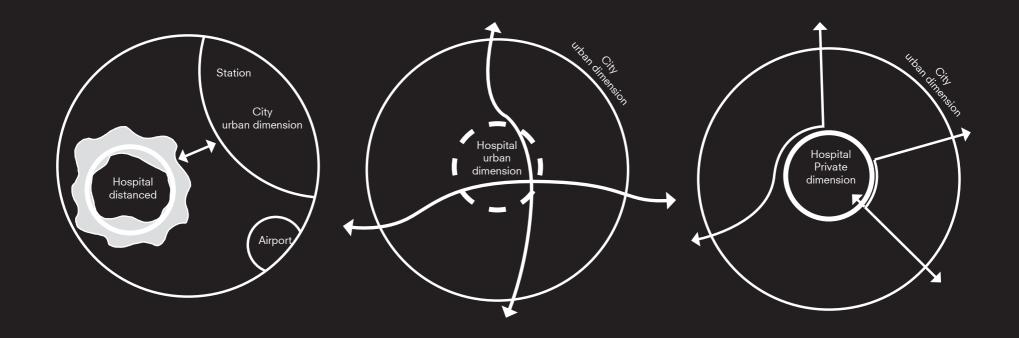
FROM **ISOLATED** HOSPTIAL TO **PART OF THE CITY**



RE-DEFINE PUBLIC CONNECTION

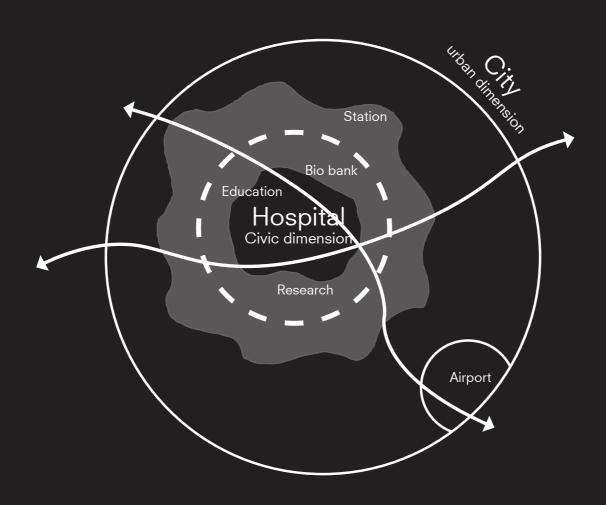
Hospital

CONNECTIONS IN THE PAST

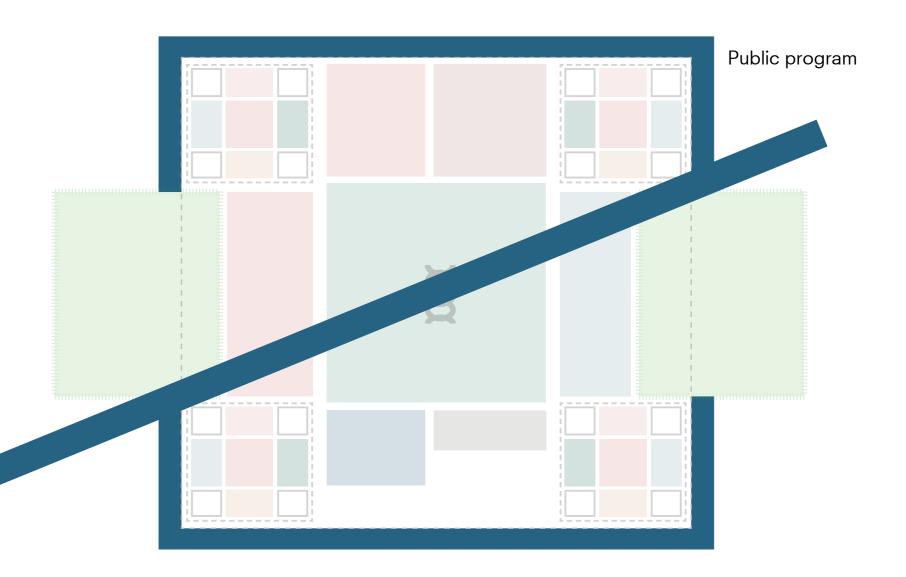


Hospital

CONNECTION - FUTURE



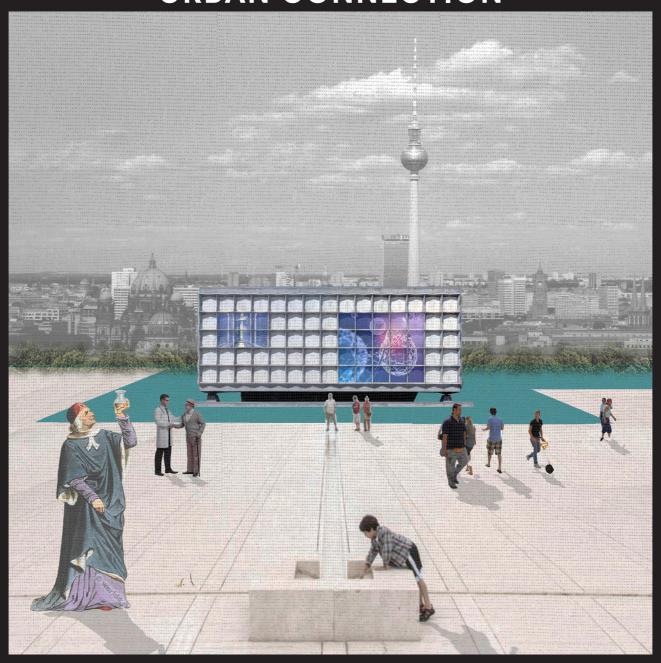
PORUS URBAN CONNECTION



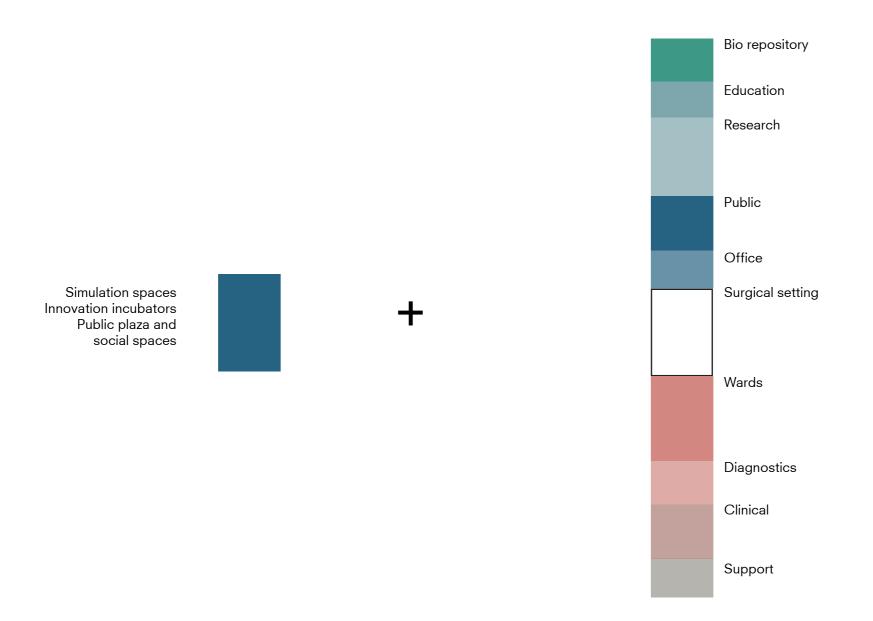
program PUBLIC DISPLAY - ENGAGEMENT



program URBAN CONNECTION



ENHANCING PUBLIC SPACES



FINAL PROGRAM



Bio repository Education Research **Public** Office Surgical setting Wards Diagnostics Clinical Support

Gross floor area 40,000 sqm

Hospital OUTLINE

INTRODUCTION

RESEARCH

CLIENT

PROGRAM

SITE

CONCEPT DIRECTION

CONCLUSION

BERLIN









WORLD global scale

EUROPE continent scale

GERMANY national scale

BERLIN city scale

REQUIREMENT MATRIX



Travel time 2.0



Reachability 2.0



Travel experience



Collaborative nexus



Expandability



Healing landscapes



Prominent location



Safety



Proximity to water

REQUIREMENT MATRIX

Mobility requirement



Travel time 2.0



Reachability 2.0



Travel experience

Hospital requirement



Collaborative nexus



Expandability



Healing landscapes

Project requirement



Prominent location



Safety



Proximity to water

site LARGE SCALE

Mobility requirement



Travel time 2.0



Reachability 2.0



Travel experience

Hospital requirement



Collaborative nexus



Expandability



Healing landscapes

Project requirement



Prominent location



Safety

projects



Proximity to water

site

MEDIUM SCALE

Mobility requirement



Travel time 2.0



Reachability 2.0



Travel experience

Hospital requirement



Collaborative nexus



Expandability



Healing landscapes

Project requirement



Prominent location



Safety



Proximity to water

site

SMALL SCALE

Mobility requirement



Travel time 2.0



Reachability 2.0



Travel experience

Hospital requirement



Collaborative nexus



Expandability



Healing landscapes

Project requirement



Prominent location

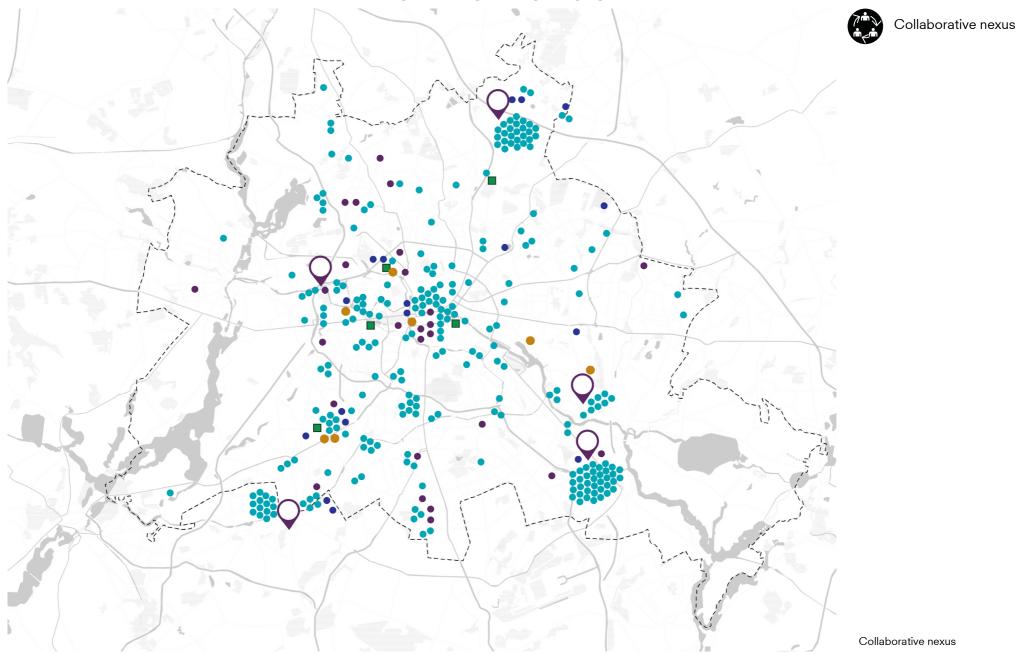


Safety

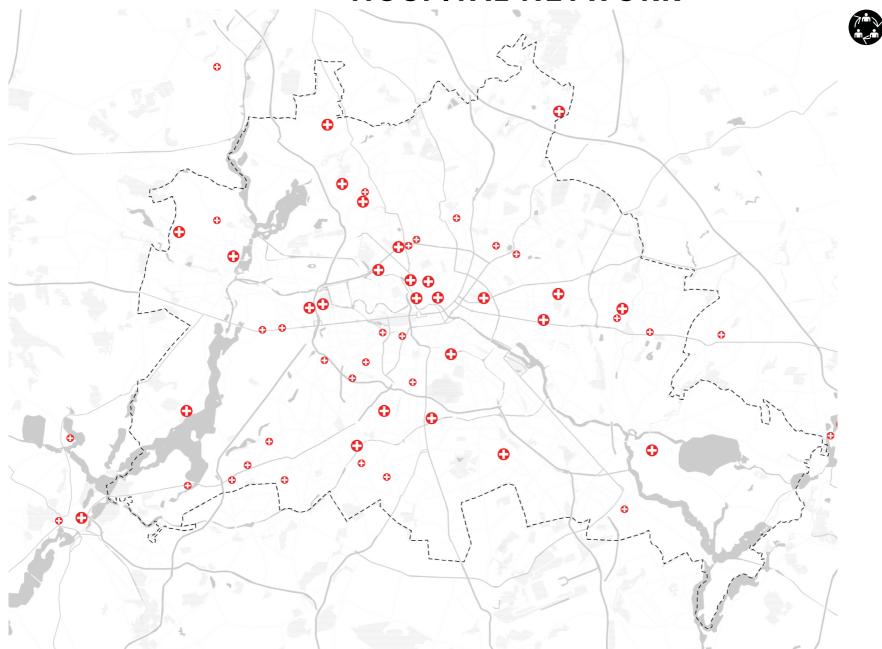


Proximity to water

BIO TECH CLUSTER

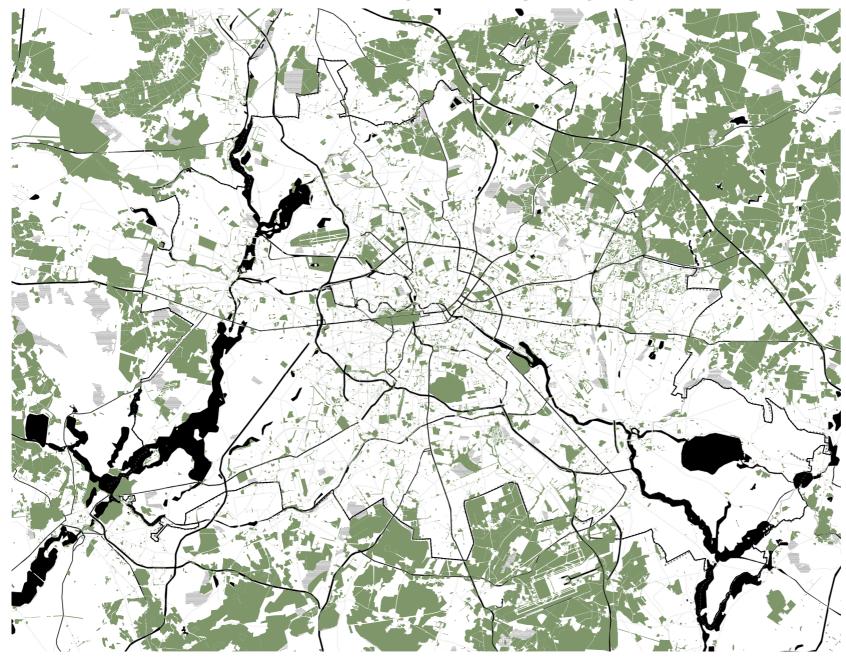


HOSPITAL NETWORK



Collaborative nexus

GREEN SPACES



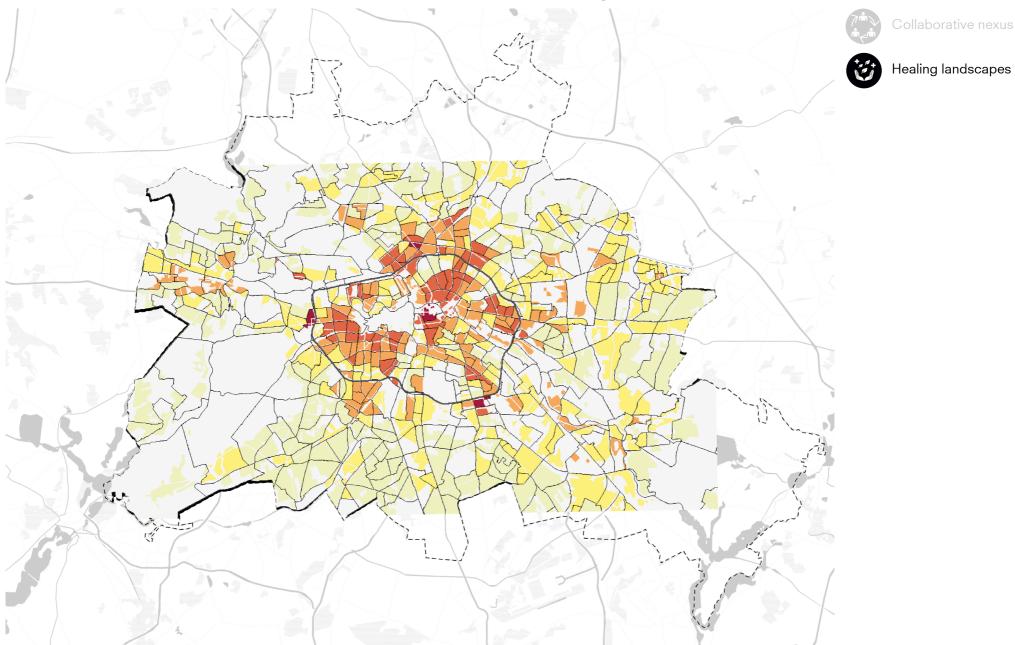


Collaborative nexus

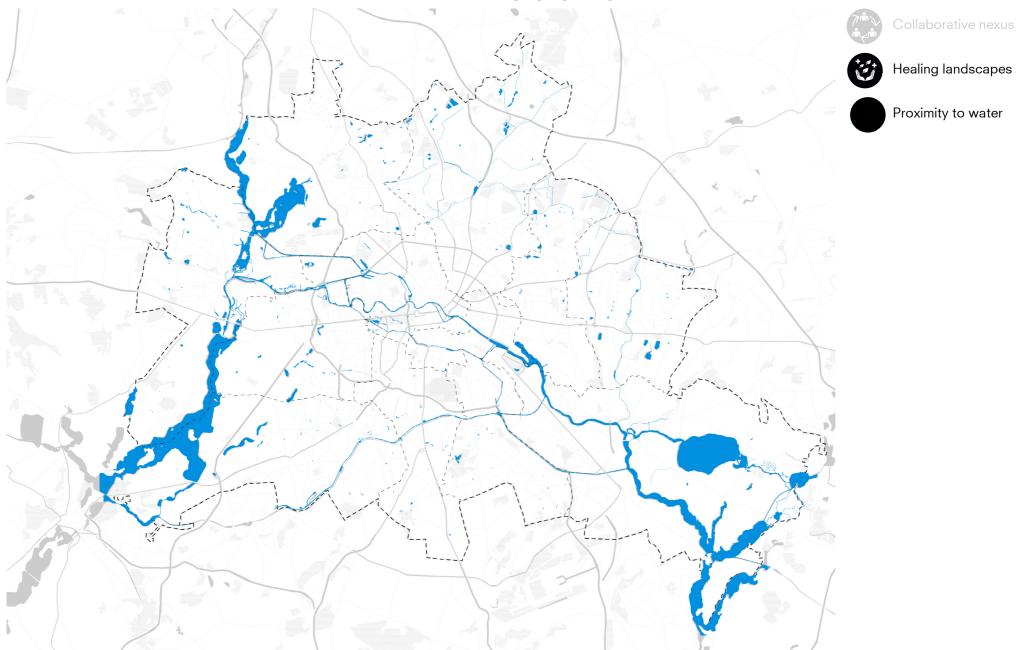


Healing landscapes

LIVABILITY - ENVIRONMENT

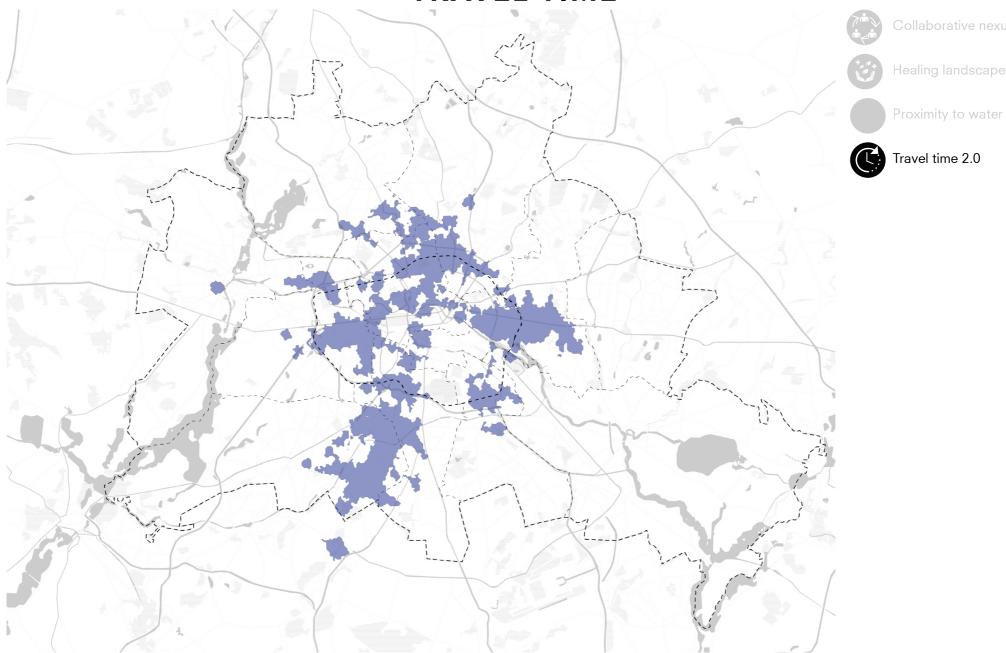


WATER SOURCE



site

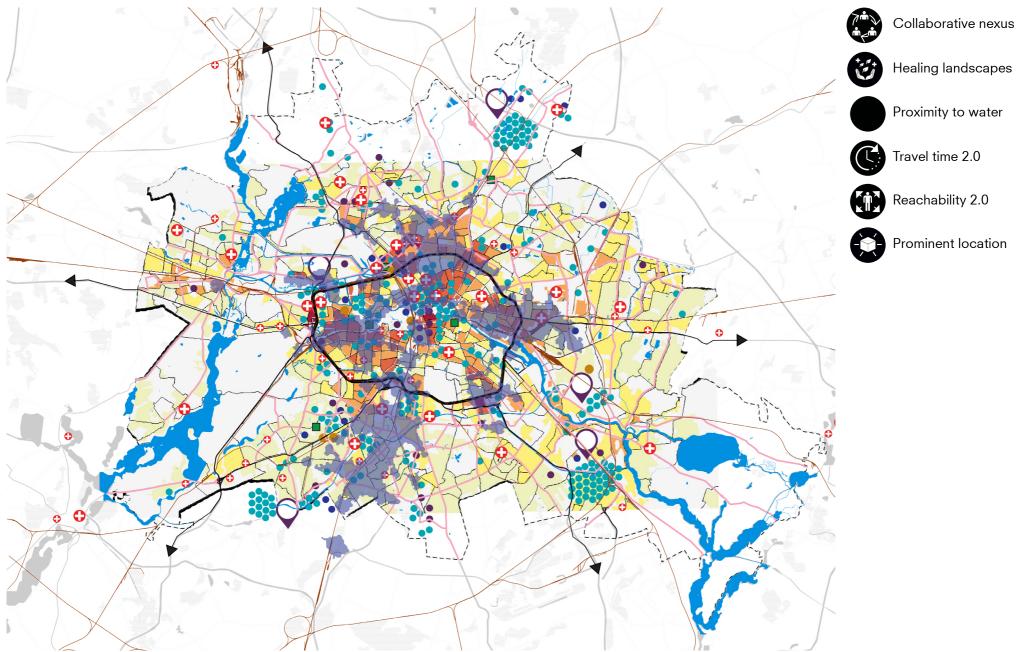
TRAVEL TIME



REACHABILITY



CONSOLIDATED



site

FOCUS ZONE





Collaborative nexus



Healing landscapes



Proximity to water



Travel time 2.0



Reachability 2.0



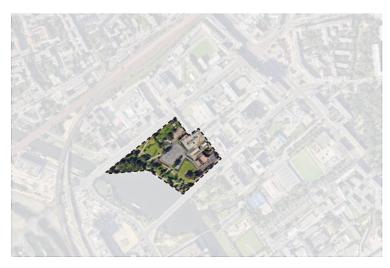
Prominent location

POTENTIAL LOCATIONS



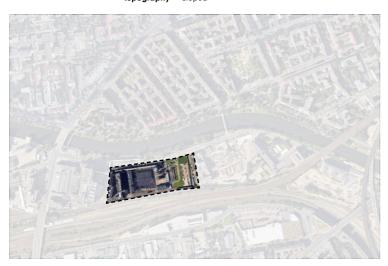
- 1 Nordhafen
- 2 Blochplatz
- 3 Moabit power station
- Döberitzer Grünzug park

POTENTIAL LOCATIONS



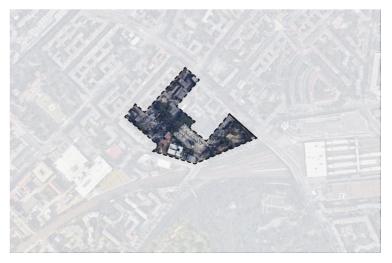
SITE - 1

area - 40,000 sqm shape - irregular topography - sloped



SITE - 3

area - 30,700 sqm shape - trapezoid topography - sloped



SITE - 2

area - 55,000 sqm shape - irregular topography - flat



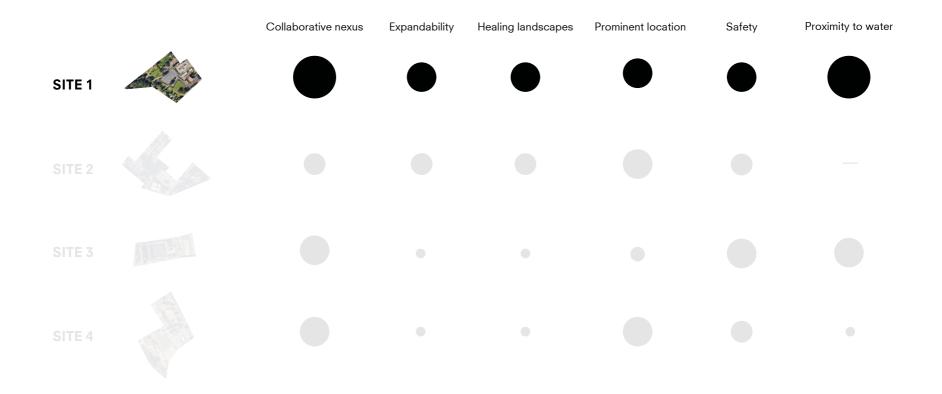
SITE - 4

area - 52,000 sqm shape - irregular topography - flat

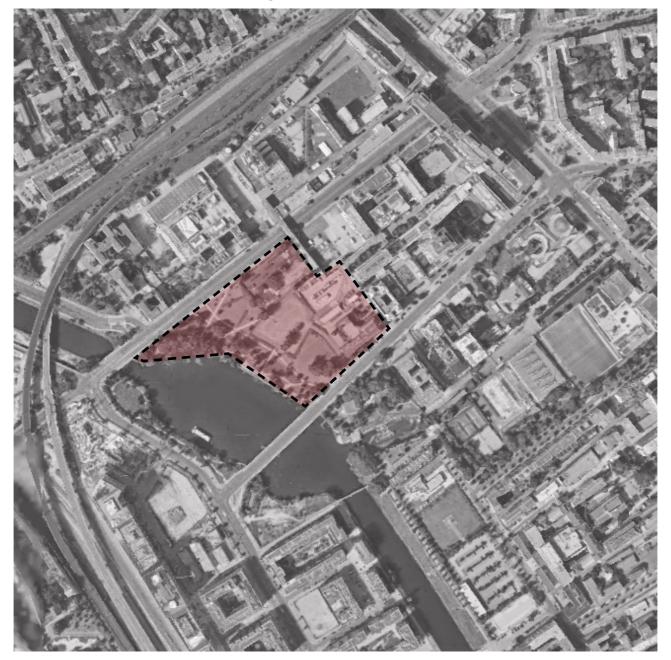
site COMPARISIONS

	Collaborative nexus	Expandability	Healing landscapes	Prominent location	Safety	Proximity to water
SITE 1		•				
SITE 2		•			•	_
SITE 3		•	•	•		
SITE 4		•	•		•	•

site COMPARISIONS



NORDHAFEN



NORDHAFEN



SITE OVERVIEW

THE BERLIN STATE



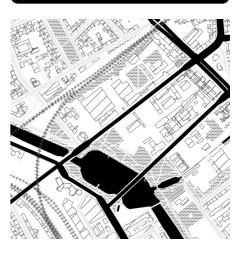
THE S-BAHN RING



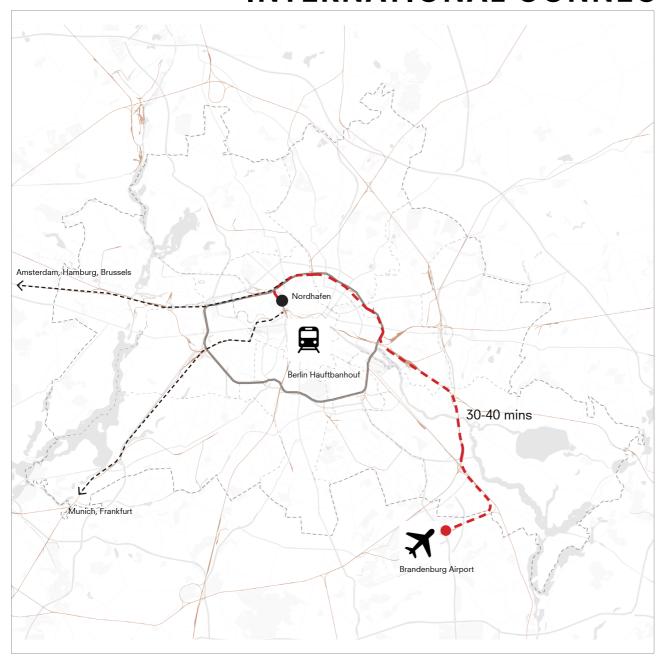
THE CELL CLUSTER



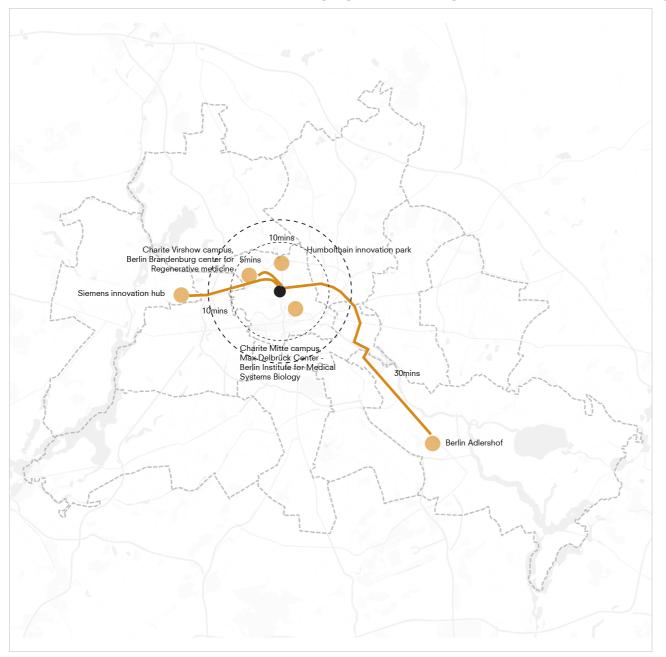
NORDHAFEN

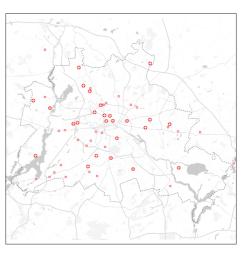


INTERNATIONAL CONNECTIVITY

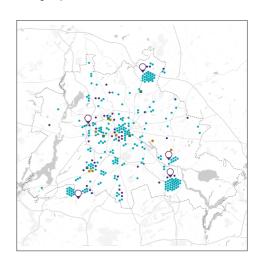


COLLABORATIVE NEXUS





Existing hospitals



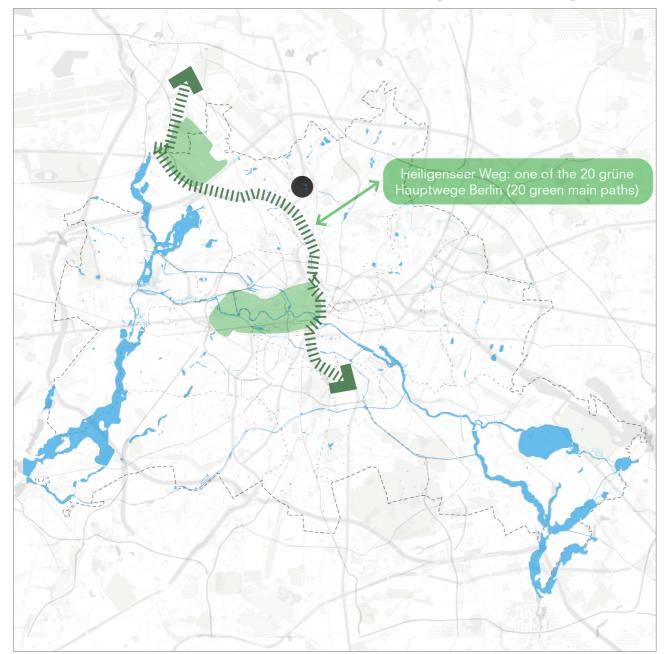
Exitting Bio- tech induatries and research

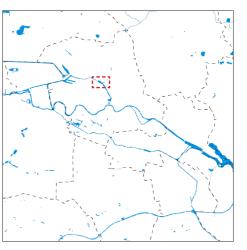
Site demarcation

Health cluster

Innovation cluster

HEALING ENVIRONMENT



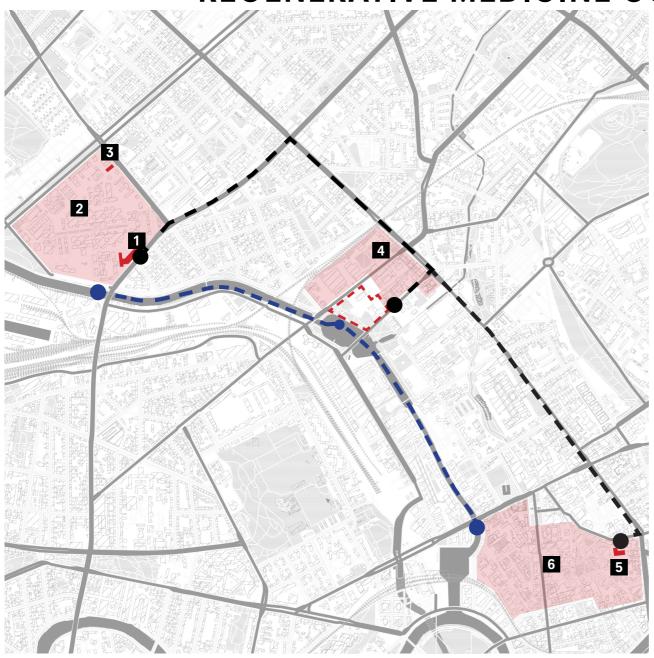


Water - Spree



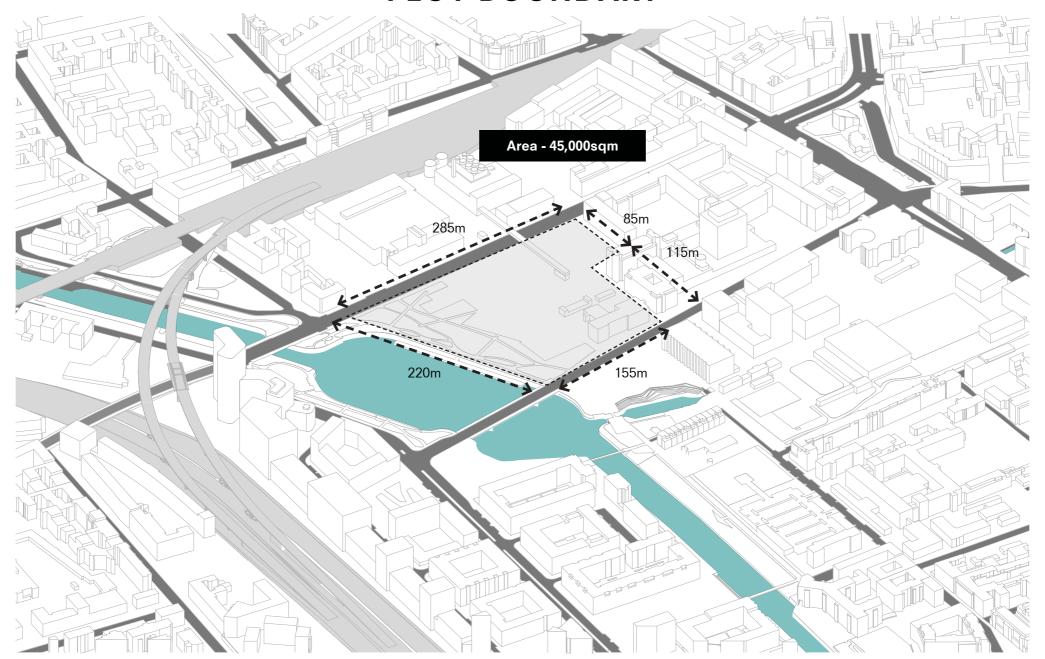
Liveability (noise, air pollution)

REGENERATIVE MEDICINE CORRIDOR

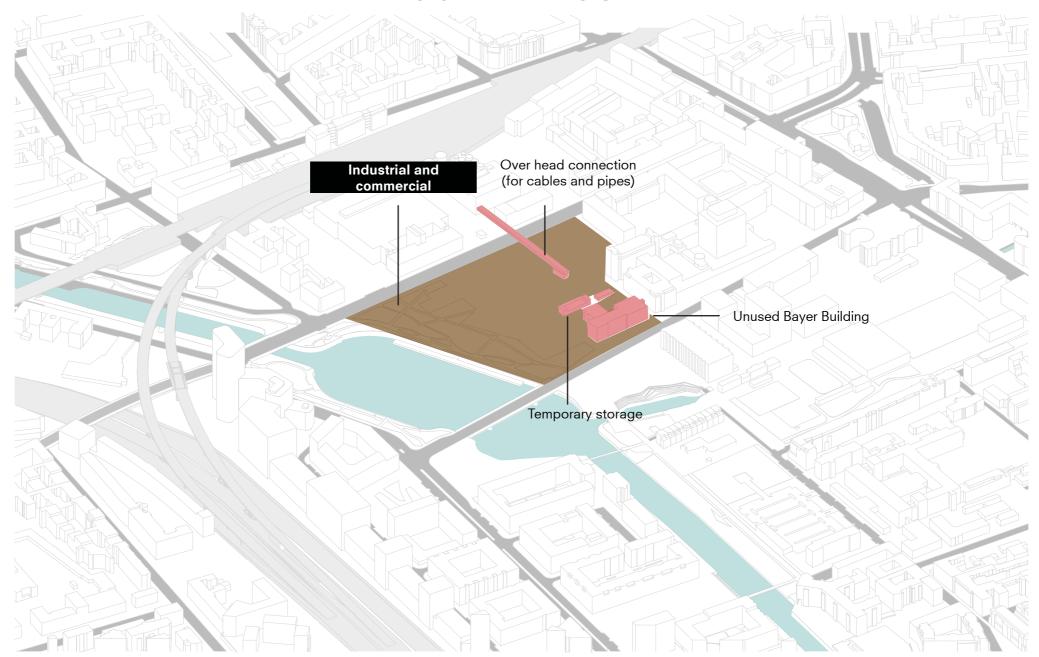


- 1 BIH center for regenerative medicine
- 2 Charite virchiow campus
- 3 Center for advanced therapies
- 4 Bayer Pharma
- 5 Max delbruck center
- 6 Charite campus Mitte

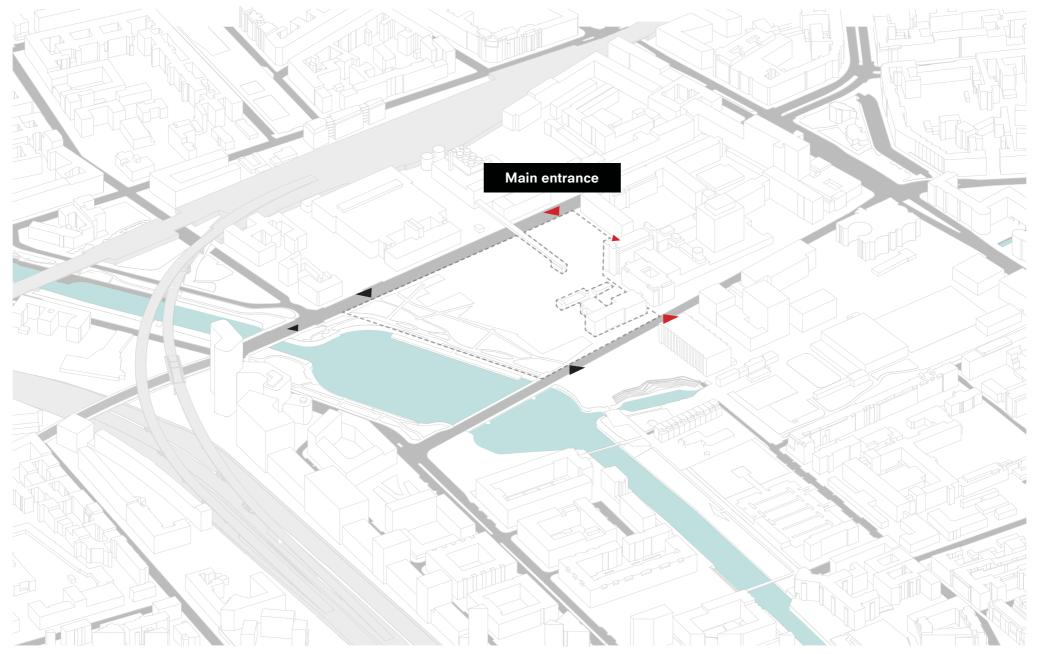
PLOT BOUNDARY



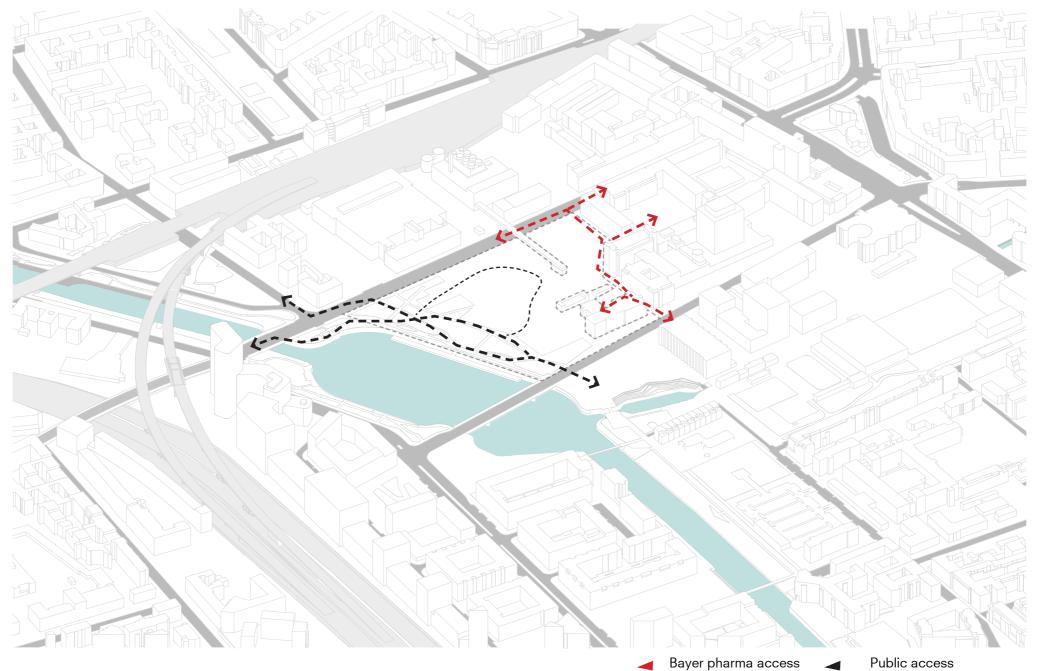
CURRENT USE



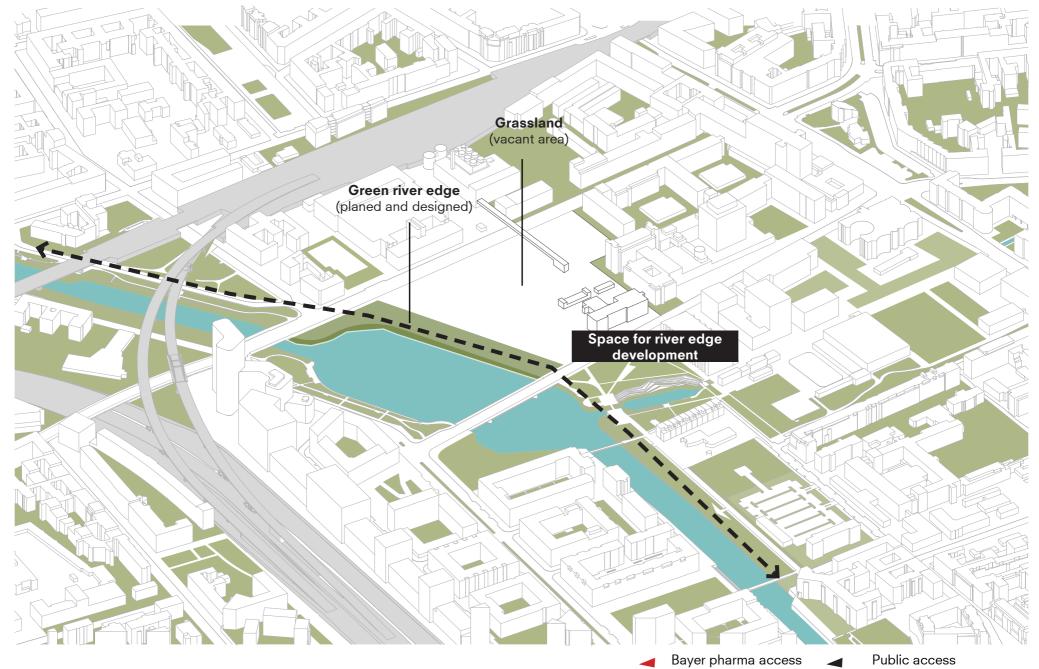
ACCESS



FLOWS

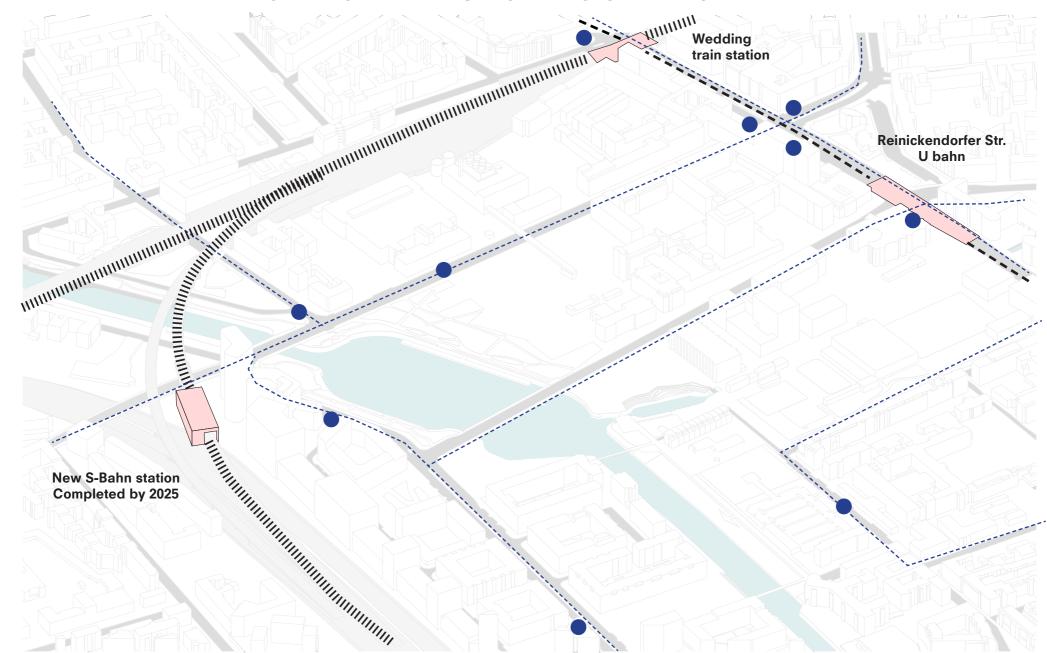


FLOWS



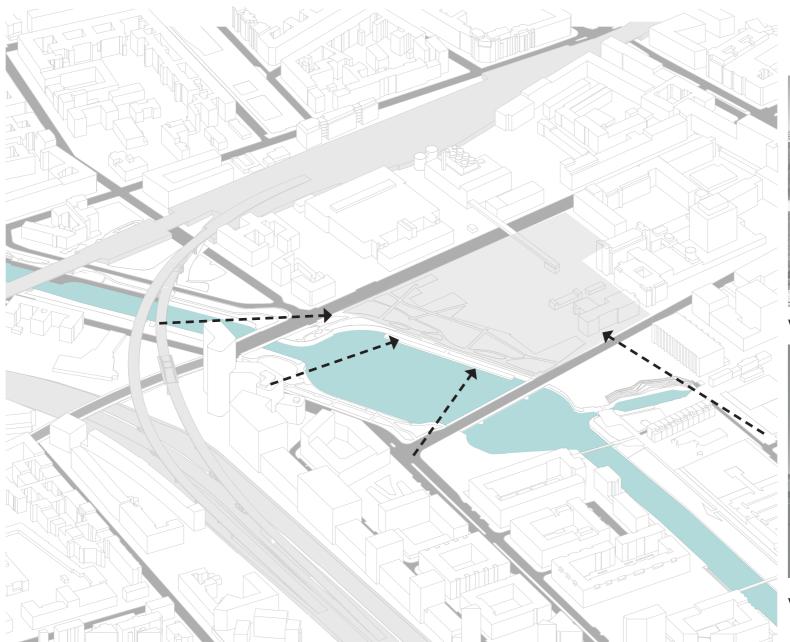
projects

PUBLIC TRANSPORT CONNECTIVITY



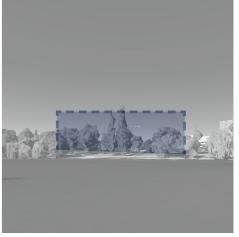
Bus station

VISIBILITY



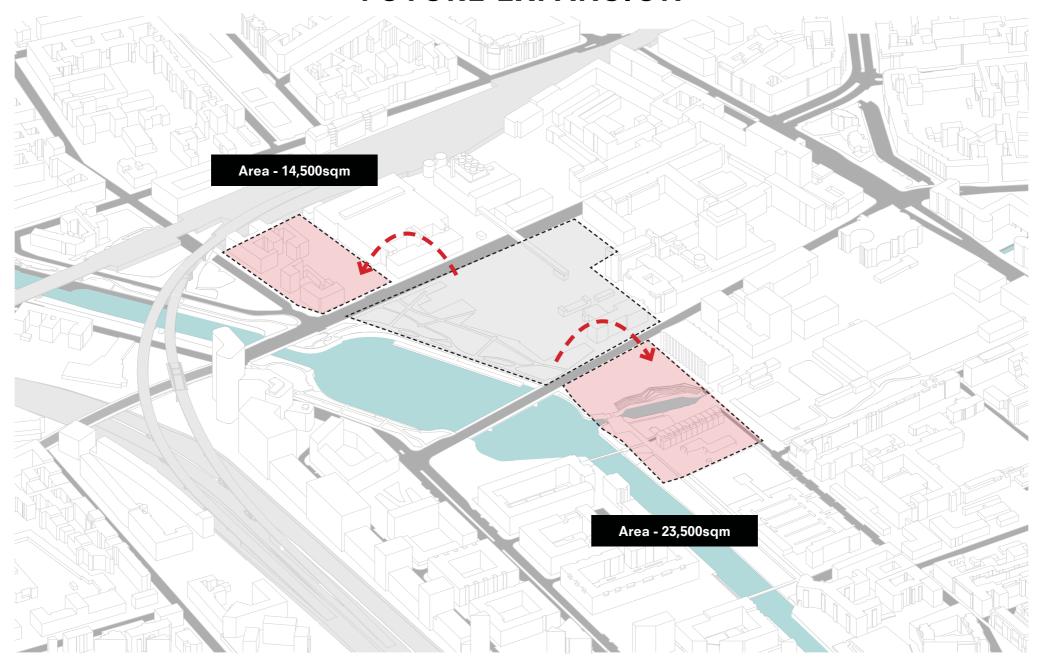


View from train line

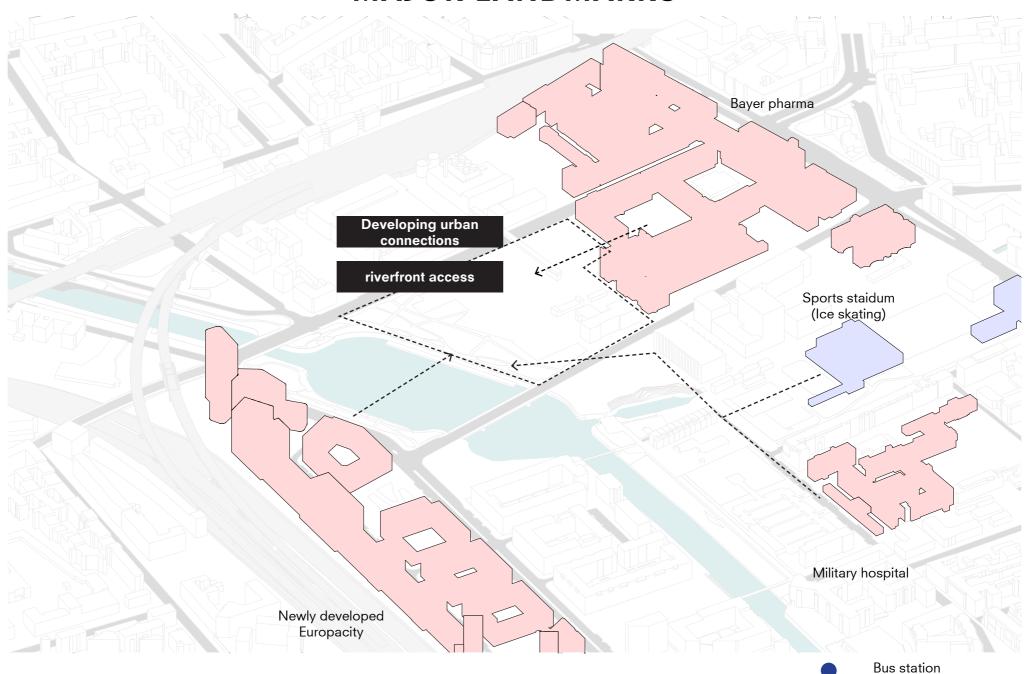


View from water

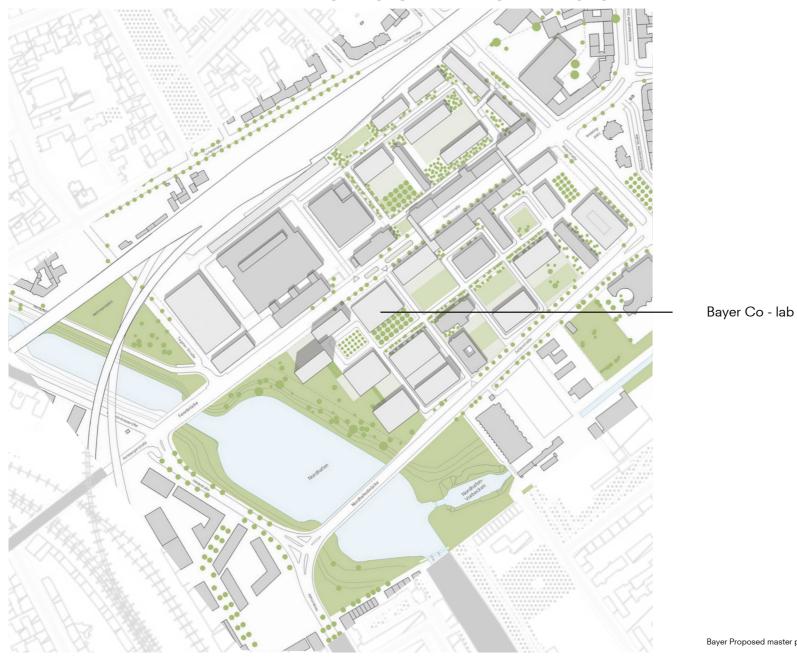
FUTURE EXPANSION



MAJOR LANDMARKS

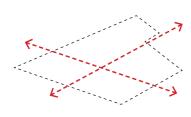


PROPOSED BUILT CONTEXT

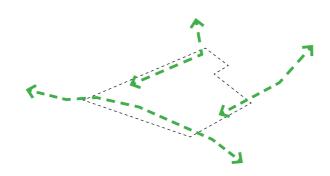


Bayer Proposed master plan for 2050

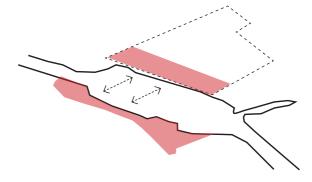
DESIGN STRATEGIES



Respond to the public movement



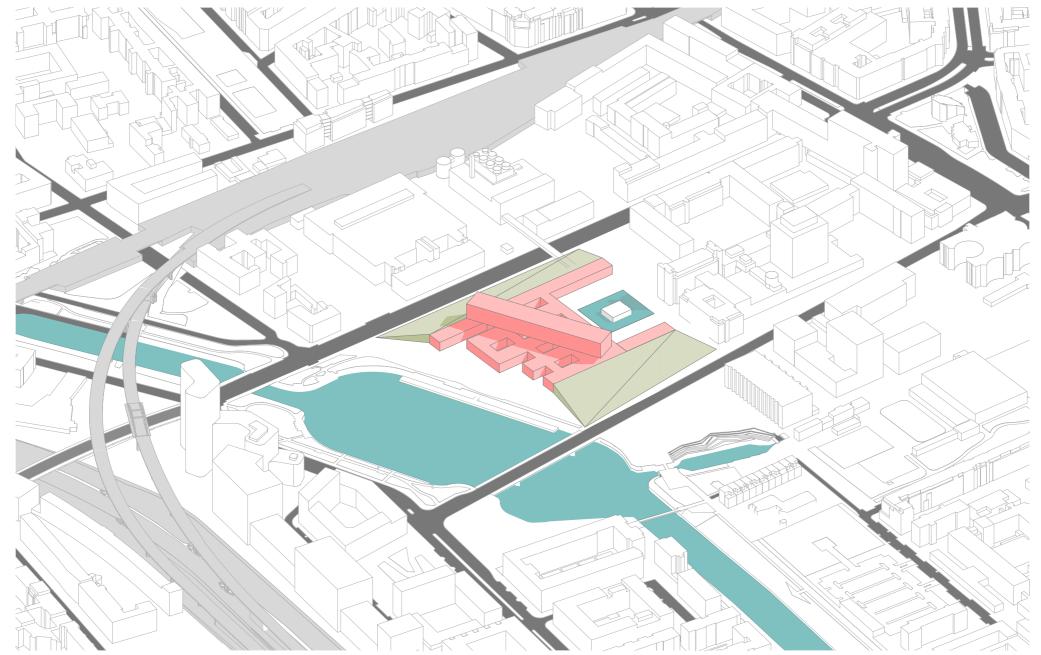
Connection to the bigger greens



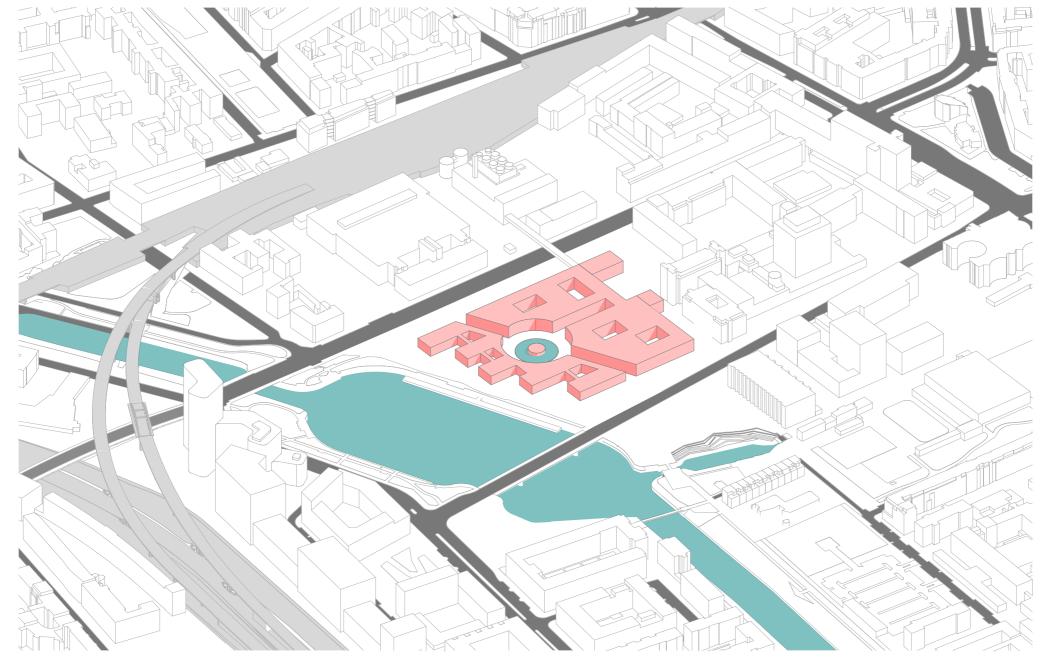
Create connections to the opposite front

MASSING

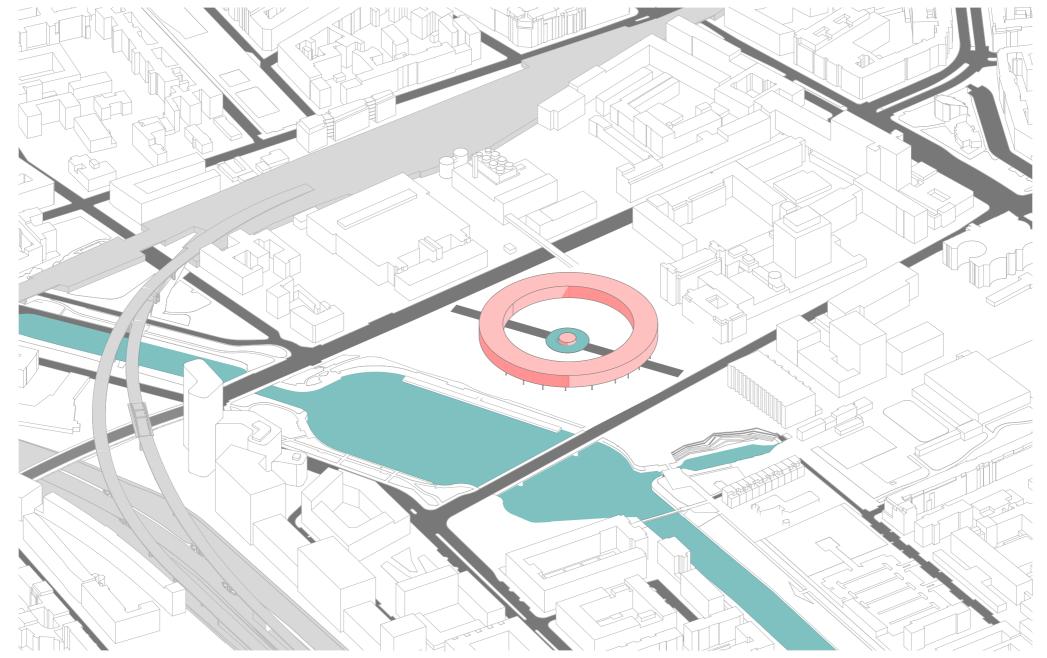
MASSING OPT 1



MASSING OPT 2



MASSING OPT 3



ARCHITECTURAL EXPRESSION

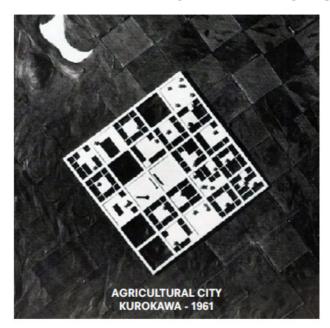


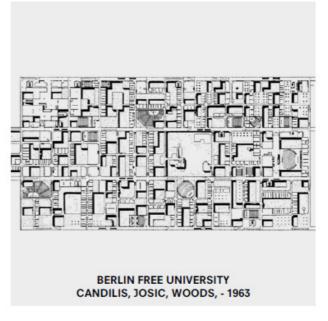


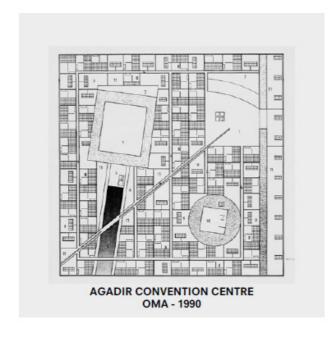




BUILDING STRUCTURE









CONCLUSION

FROM:

REACTIVE TO PREVENTIVE AND REGENERATIVE HEALTHCARE

FRAGMENTED TO COLLABORATIVE
DEPARTMENTAL TO OPEN AND DECENTRALISED
STERILE TO HUMAN/PATIENT CENTRIC
STATIC TO FLEXIBLE
ISOLATED TO PART OF THE CITY
PASSIVE TO REGENERATIVE

NEXT STEPS

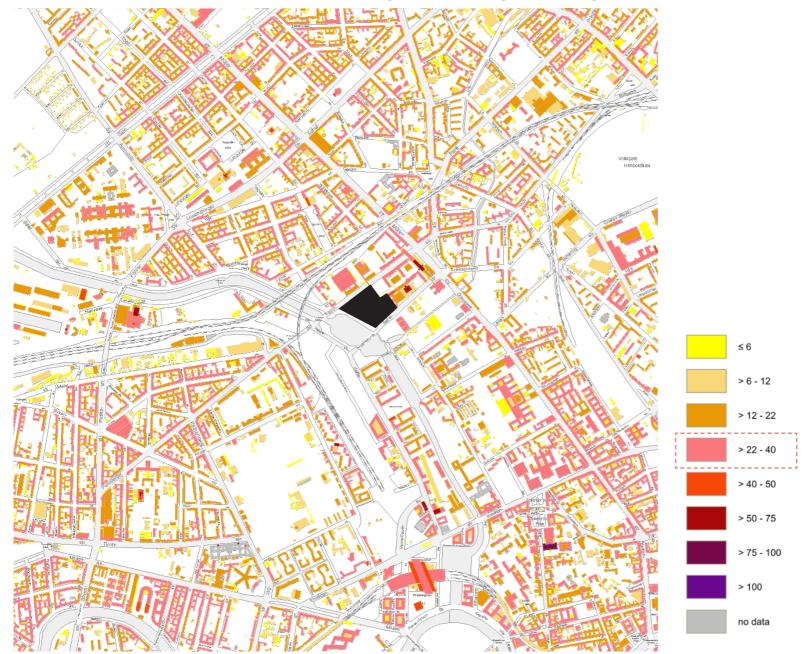
PASSIVE TO REGENERATIVE

Sustainable strategies to make the building regenerative it self..

BUILDING DESIGN AND IMPLICATIONS

STUDY OF TECHNICAL CONSIDERATIONS OF HOSPITAL DESIGN

BUILDING HEIGHT



HEALING ENVIRONMENT

