

Consideration for a building design

Understanding the landscape

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Emerging Paradigms in Healthcare

India's transformation span

Economic Transformation

- Per capita income had risen from \$281-1991 to \$1,942 - 2016
- India's share in global GDP doubled from 2.5% in 1980 to 7.0% in 2014-15

Demographic Transformation

- Urbanization
- Fragmented family system
- Ageing

Social Transformation

- Change in lifestyle
- Change in food habits
- Youth- renewed appetite for knowledge and information

Improvement in healthcare over the years.....

- More health awareness
- Better educated citizens
- Higher proportion of babies born under medical supervision
- Decrease in life threatening and crippling Communicable diseases
- Higher child immunization rates

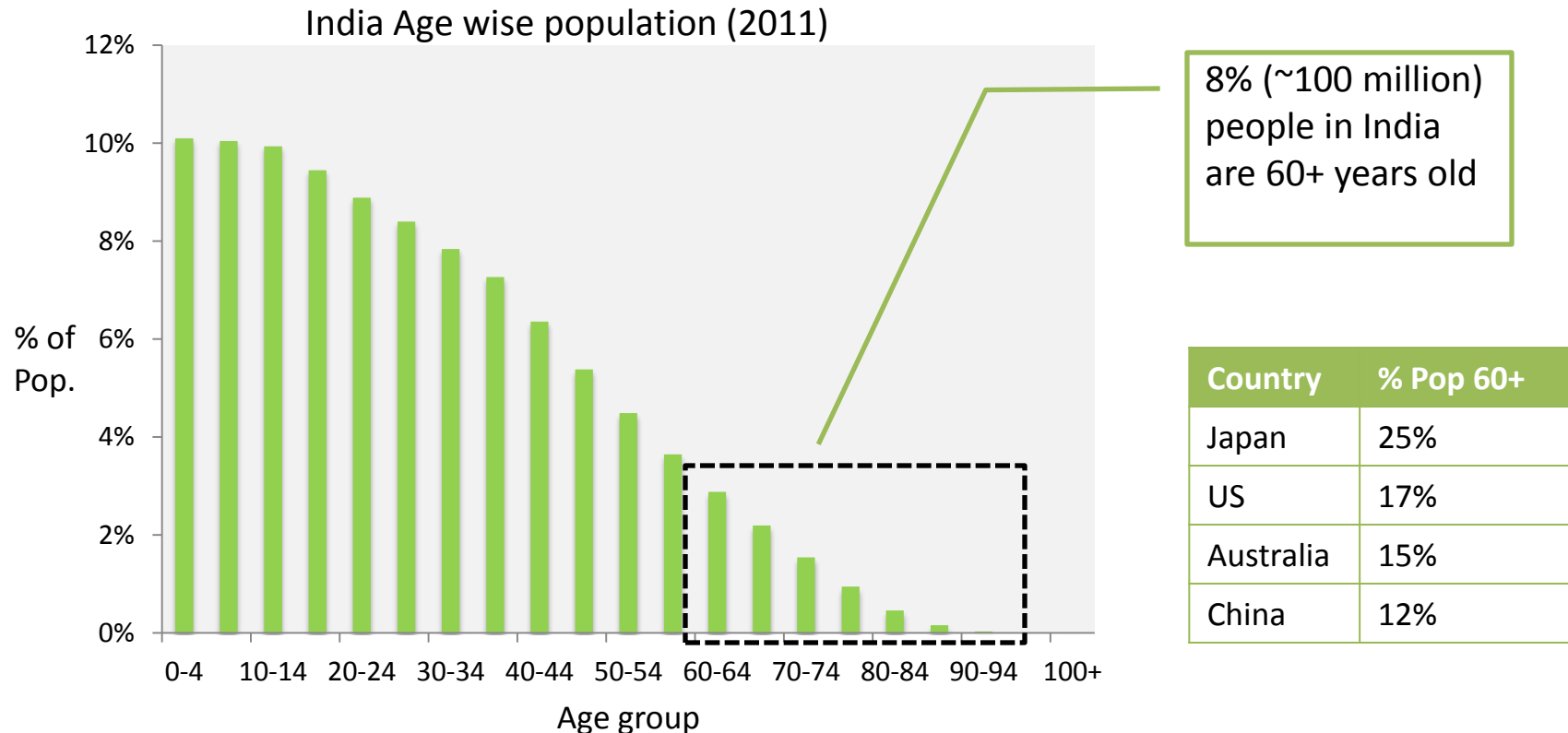
**Has this transformation touched
every one in our society?**

Number of people living on less than \$1.25/days (millions)

Region	1990	2005	2015
East Asia & the Pacific	873.3	316.2	137.6
China	683.2	207.7	84.3
Europe & Central Asia	9.1	17.3	9.8
Latin America & the Caribbean	49.6	45.1	30.6
Middle East & North Africa	9.7	11.0	8.8
South Asia	579.2	595.6	403.9
India	435.5	455.8	313.2
Sub Saharan Africa	297.5	388.4	356.4
Total	1,818.5	1,373.5	947.2

Source: Ravallion M and Chen S, 2008, Global Economic Prospects, The World Bank, Washington

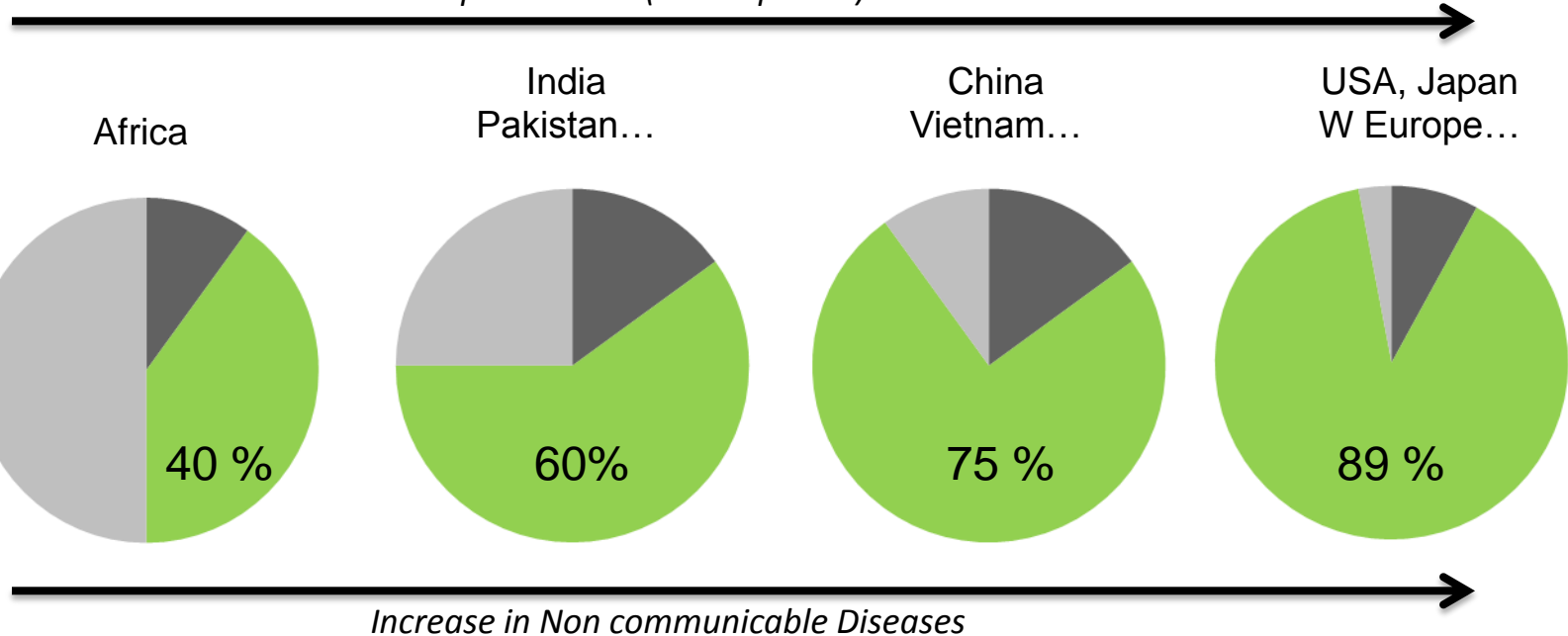
The Elderly need comprehensive care to address Chronic conditions



Acute care will only restore stability, but improving quality of life needs comprehensive care

Non-communicable diseases are growing in India

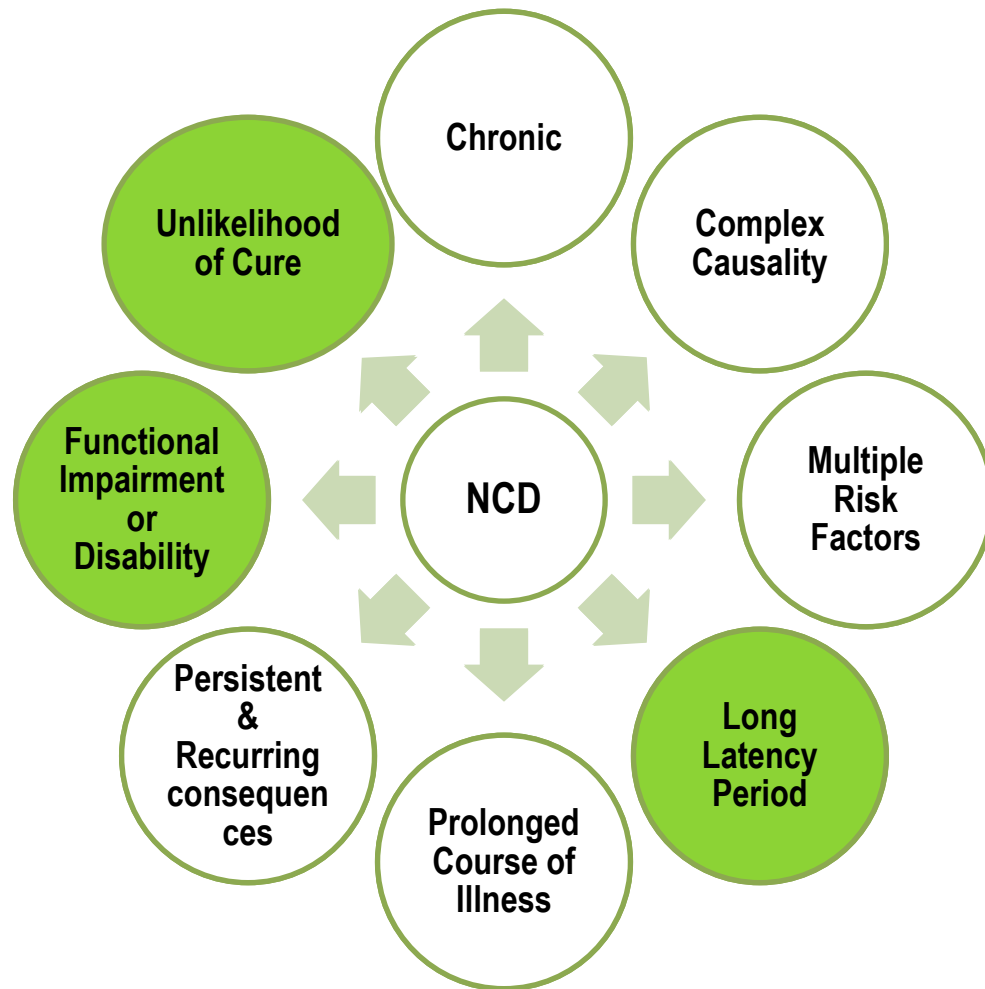
Per capita Income (Development)



Major non communicable diseases: Cardio Vascular Diseases, Diabetes, Cancer and Chronic Respiratory disease, injuries

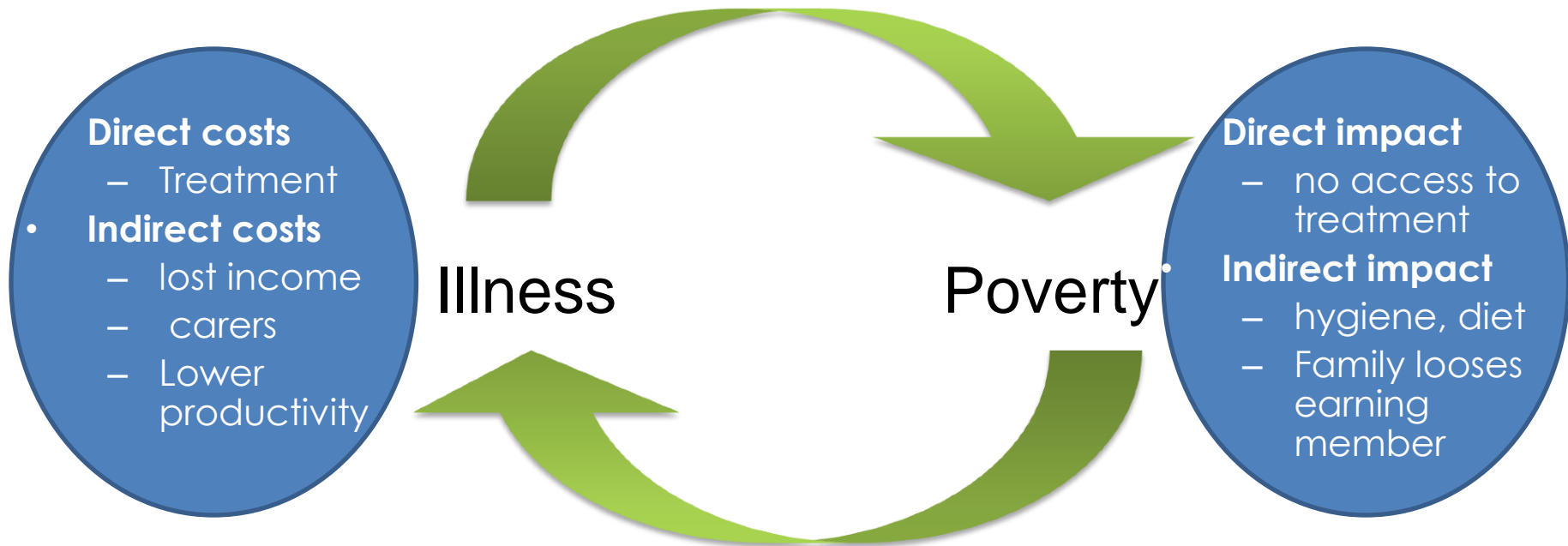
As India's economy grows, age and life-style related diseases will increase

Most NCD patients loose mobility/occupational skills



- Acute care for cannot restore mobility and occupational skills in majority

Loss of Mobility and Occupational skills leads to economic loss



Emerging trends

**Rapid
progress in
technology**

- Electronic Medical records
- Changing treatment modality

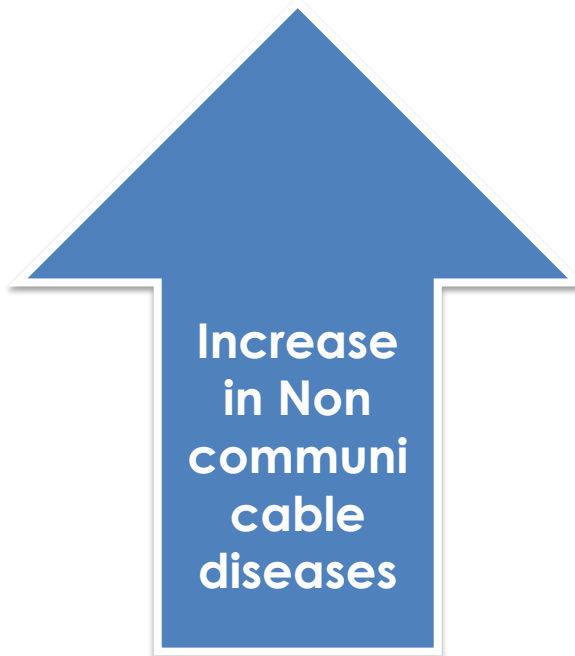
**Increasing
penetration
of insurance**

**Accreditation
– Mandatory**

**Changing
Patient
expectations**

**Changing
employee
expectations**

The Formidable Challenges...



**Access to healthcare
at some areas still
being unsatisfactory**

**Increase in trauma
and accidents**

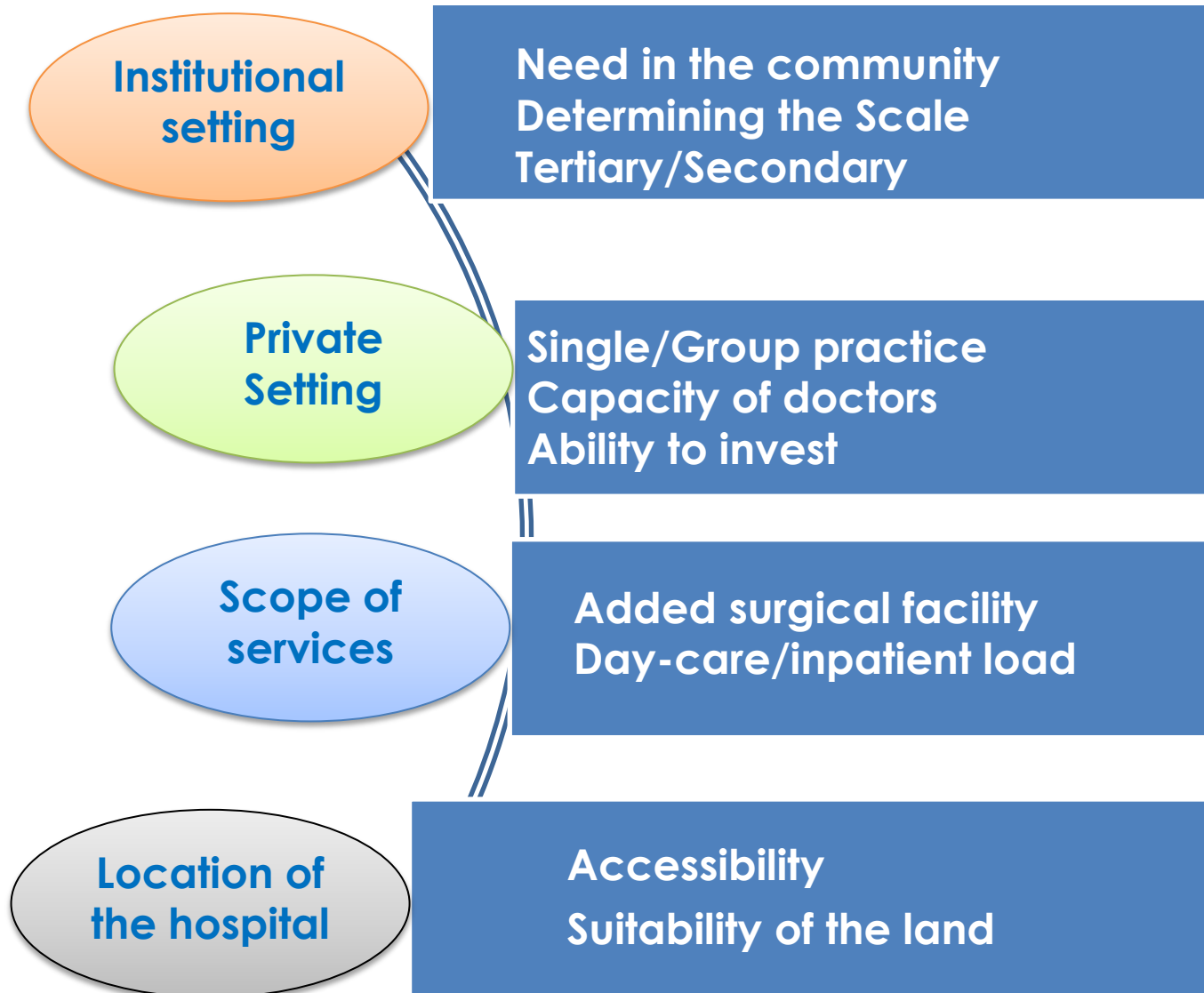
**Rise in the medical
cost**

Singapore , Kerala, Tamil Nadu & Odisha Comparison



	Singapore	Kerala	Tamil Nadu	Odisha
Area (sq km)	712	38,863	130,058	155,820
Population (m)	5.18	33.38	72.14	41.97
Literacy rate (%)	92.5	93.91	80.33	72.87
GDP per capita (US\$)	51,855	2,270	2,502	1,149
Life expectancy at birth (years)	82.14	75	66.2	59.6
Infant mortality rate (per 1000 live-births)	2.32	12	28	51
Maternal Mortality Rate (per 100,000 live births)	3	66	90	235

Factors that influence infrastructure



Hospital Physical Infrastructure

- **Vision**
- **Site selection**
- **Building layout**
- **Statutory requirements**
- **Equipment planning and procurement**

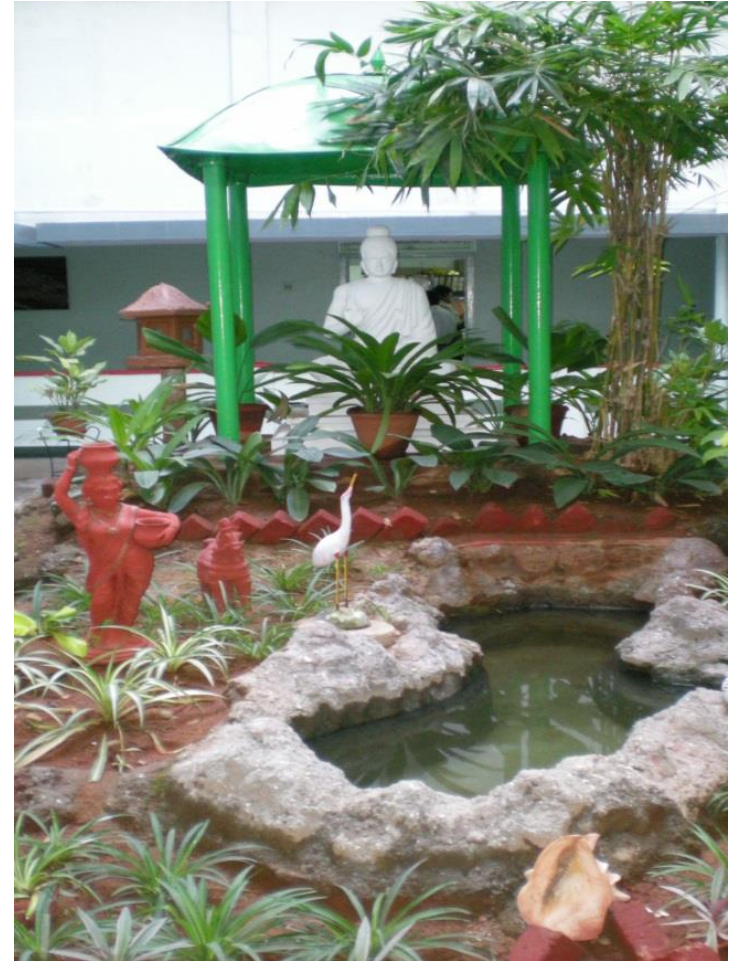
Hospitals for the Future

As science and medicine progress, so should
healthcare architecture and interior
environments

- **All Encompassing Infrastructure**
 - Life enhancing designs: blend of art and science
 - Green buildings
 - Technologically advanced facilities
 - JCI and NABH accreditation standards

Vision for Physical Infrastructure

- Appreciating culture is key to understanding functional flow
- Building should project image of efficiency and friendliness, not extravagance
- Provide ideal layouts to partner to serve as guide
- Patients should be able to move in a logical flow with minimal assistance
- Allow for innovation in design to accommodate new geographic areas, cultures, and expectations
- State-of-the-art, energy-efficient facilities



Courtyard, Madurai Hospital

Site Selection Considerations

Physical Conditions:

Soil
Elevation
Water Table
Expandability (vertical and horizontal)

Utilities:

Electricity
Sewage
Telephone
Water

Accessibility and Availability:

Roads; Easements
Public Transportation
Manpower
Catchment
Comfortability (qualitative)

Verification:

Price assessment
Lease or Buy decision
Ownership documents for verification
Mortgage Status

Building Planning Guidelines



Aravind Eye Hospital, Coimbatore

- **Model new layout against proven successes:**
- **Design examples that contribute towards high productivity:**
 - Separate entrances for paying and subsidized patients
 - Shared operating theaters
 - Separate OT for retina surgeries
 - Utilization of central investigation room

DESIGN

Specialized units

- All services under 1 roof
- Decreased waiting time
- Group related services

What we did

- General Units - Ground floor
- Below 40 in Unit 3
- Pre-OP clinic
- Cataract Clinic for post-op care

DESIGN

What we did

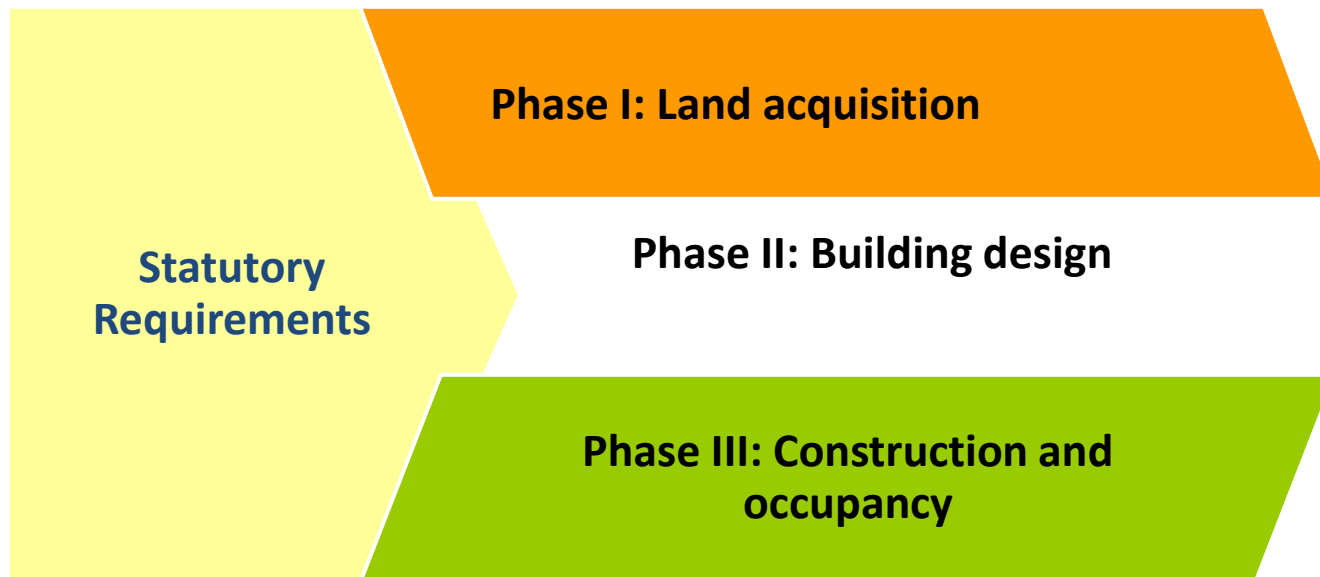
- Optical shops
- Medical shops
- Cash counters
- Counselling Units

Clinic Layout

- Separate flow
- Proximity to other clinics
- Minimize movement

Statutory Guidelines

- **West Bengal (Birla Eye Hosptial) serves as a stringent case example**
- **Three project phases each involve unique legal requirements:**



Physical Infrastructure: Key Takeaways

- **Understanding the functional flow**
- **Allow for future innovation when planning hospital**
- **Use local knowledge to plan for legal requirements**
- **Leverage the organization's relationships with vendors to secure competitive prices on equipment**

*“Intelligence & capabilities are not enough.
There must be the joy of doing something beautiful..”*

- Dr. V

Thank You!



ARAVIND EYE CARE SYSTEM