

Flexibility Key Feature of New Hospital Pavilion

BY DOUG BRUNK
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When Dr. David Lovinger was asked to join a team of physicians, administrators, and other staff of the University of Chicago Medical Center in providing input for the design of a new \$700 million, 10-story hospital pavilion, he was eager to play a role.

"I know nothing specifically about architecture, but as a hospitalist, having ready access to certain things is really important, so being able to say, 'You need more work space for physicians, you need call rooms for physicians, you need to be able to access this, that, and the other thing'—the ergonomics of the workflow—I was in a good position to contribute," said Dr. Lovinger, a hospitalist with the department of medicine at the University of Chicago. "We were working on things like what size the rooms should be, how they relate to the nursing station, and how they relate to call rooms and ancillary services."

He and about 35 colleagues attended several dozen meetings with architects and designers working on medical-related phases of the project. In May 2008, the University of Chicago Medical Center Board of Trustees approved the 1.2-million-square-foot facility, which will be built about two blocks from the current downtown hospital location. Construction is scheduled to begin in 2009, and the building will open in 2012.

The pavilion will house programs that provide complex specialty care, including cancer, gastrointestinal disease, neuroscience, advanced surgery, and high-technology medical imaging. It will contain 240 private inpatient and intensive care beds, 24 operating rooms, 12 rooms for gastrointestinal and pulmonary procedures, 7 interventional radiology suites, and advanced diagnostic tools including high-resolution MRI and CT scanners.

Dr. Lovinger called the design "forward thinking," unlike the design of many hospitals built in the previous century. "Facilities that are 20 or more years older were built

in a different era, and medicine has changed," he said. "There are infection control issues. There are a lot of patients in isolation, and patients are sicker. There is a lot more in the way of electronic medical records and computerized physician order entry and so much more information on the computer. There is so much more medical equipment and need to access more equipment."

Flexibility is a key feature of the new pavilion. Rafael Viñoly Architects of New York and London, working with health care facility specialists Cannon Design of Grand Island, N.Y., designed a grid system consisting of 102 modular cubes on each floor—each one 31.5 feet across and 18 feet high. Each module can be reconfigured into an ICU, a radiology suite, or an operating room as needed.

"They were explicitly planning for a multiuse facility," Dr. Lovinger said. "Twenty or 40 years ago that would have been a ridiculous idea. But now it makes complete sense."

Nationwide, construction of hospitals and other health care facilities boomed until recently. According to "Construction Outlook 2008: Midyear Update" (McGraw-Hill Construction), construction of health care facilities reached an all-time high in 2006 at 110 million square feet. "The hospital segment provided much of the upward impetus, with very strong activity in 2005 and 2006," wrote a team of analysts led by Robert A. Murray, the company's vice president of economic affairs. "However, an 18% retreat for hospital construction in 2007, after its middecade surge, was the reason why the overall health facilities category dropped 8% last year to 101 million square feet."

In 2008, "it's forecast that both sides of the health care facilities category will lose momentum, as contracting retreats another 5% to 96 million square feet. In part, this is due to the continued pullback from the exceptional amount of construction that was achieved in 2006, and in part it reflects the tougher financing climate," the an-



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alysts noted. Yearly construction averaged 92 million square feet during 2000-2004, compared with 79 million square feet in the 1990s.

The hospital pavilion marks the fourth major construction project at the University of Chicago in recent years. It will connect to Comer Children's Hospital, which opened in 2005. It will also be near the Gordon Center for Integrative Science, which opened in 2005, and adjacent to the Knapp Center for Biomedical Discovery, which is scheduled to open in 2009.

Dr. Lovinger praised the project management team for seeking input from physicians and other staff. "Getting your users involved is critically important," he said. "If you don't get the people who 'work in the factory,' so to speak, involved, you're going to make a lot of mistakes and wind up having to do retrofitting. ... I think the University of Chicago has done a great job in getting clinicians involved in this. They understand the importance of having that kind of input to having a good product. We're not a hindrance—we're critical to the process."

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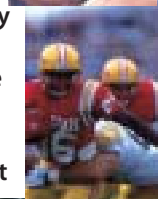
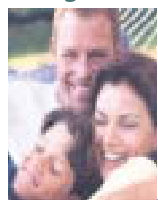
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