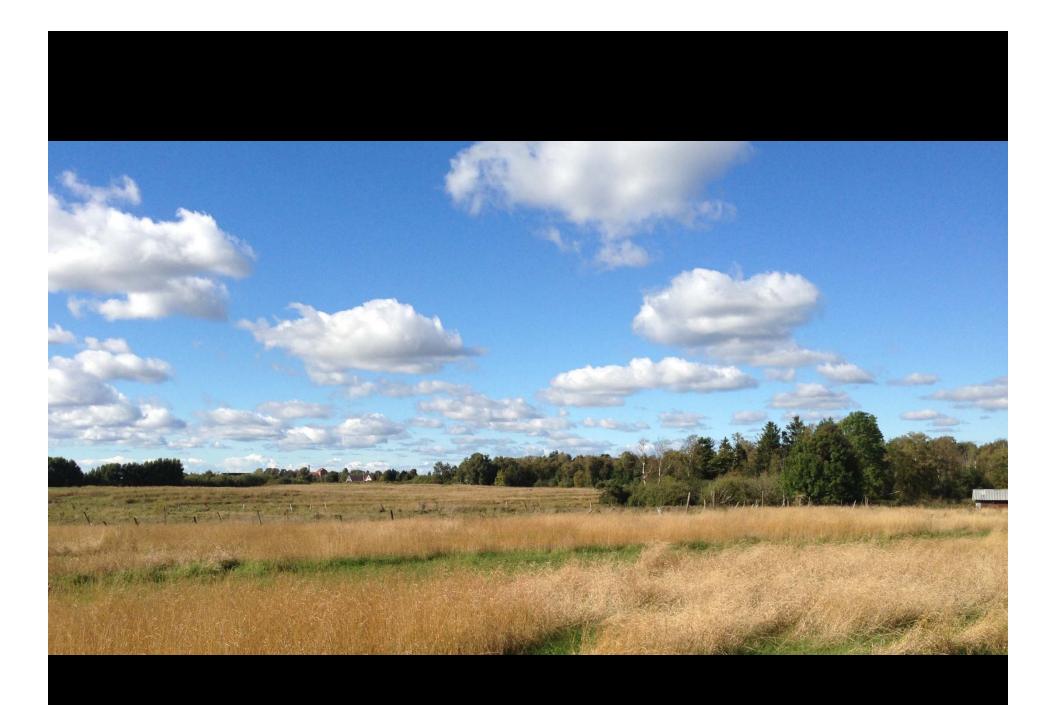
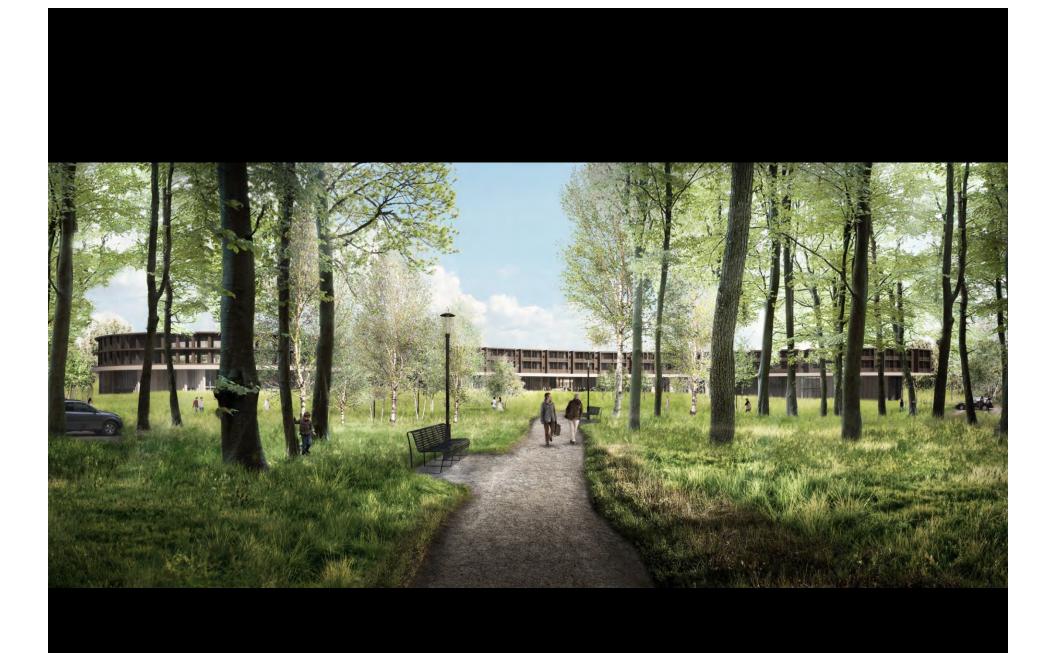


### Region Hovedstaden Nyt Hospital Nordsjælland

Revised Project Proposal Presentation, 02.06.2017



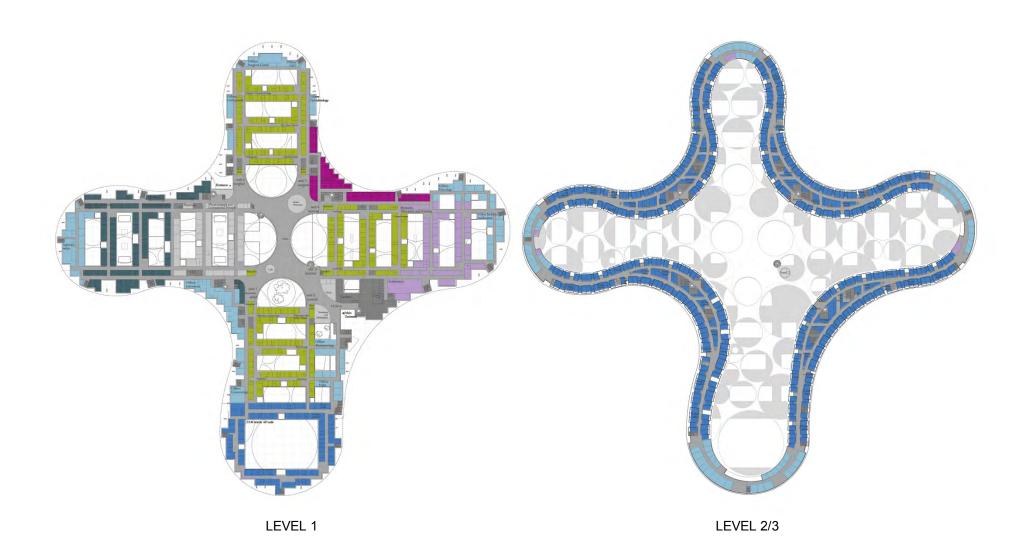




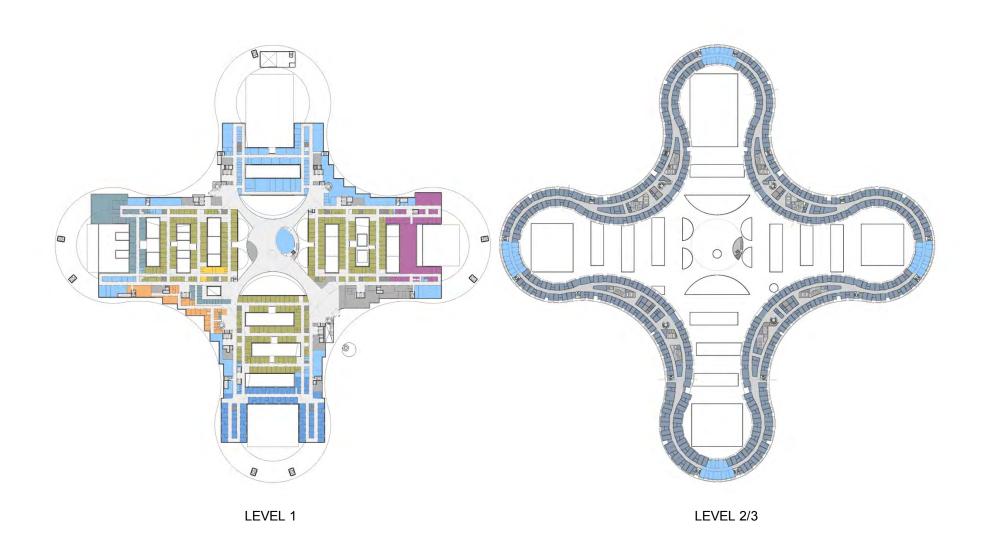


# PLANNING EVOLUTION

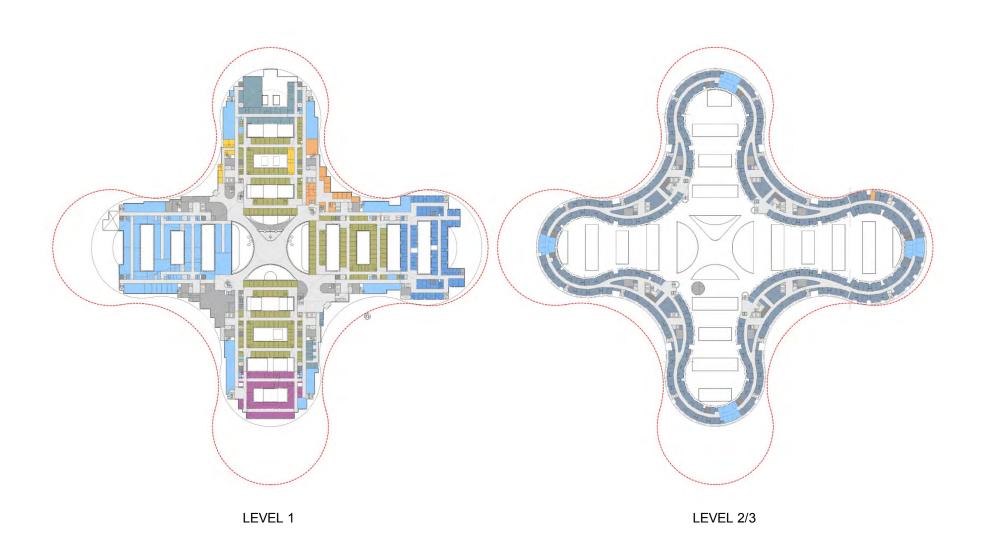
### **Competition Plan**



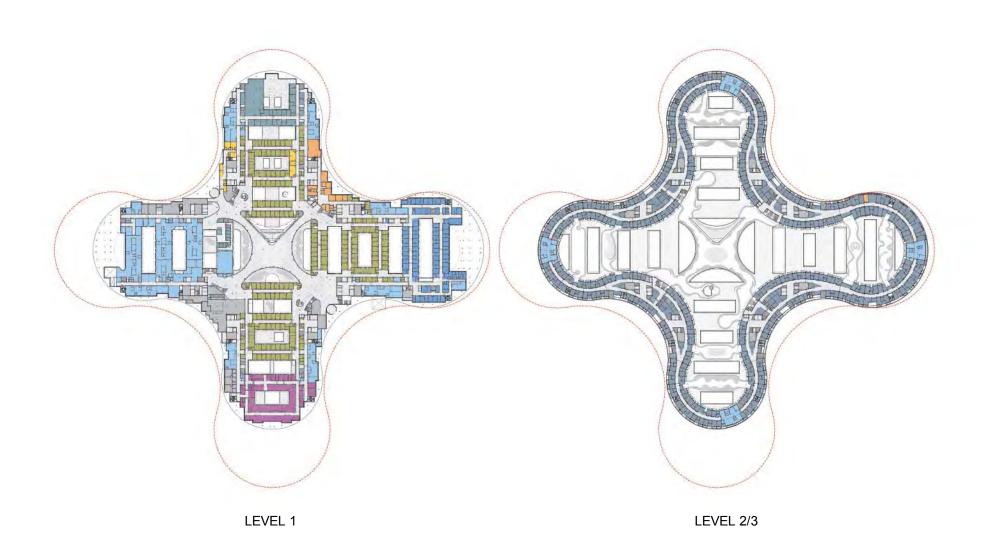
### 100% Outline Proposal Plan



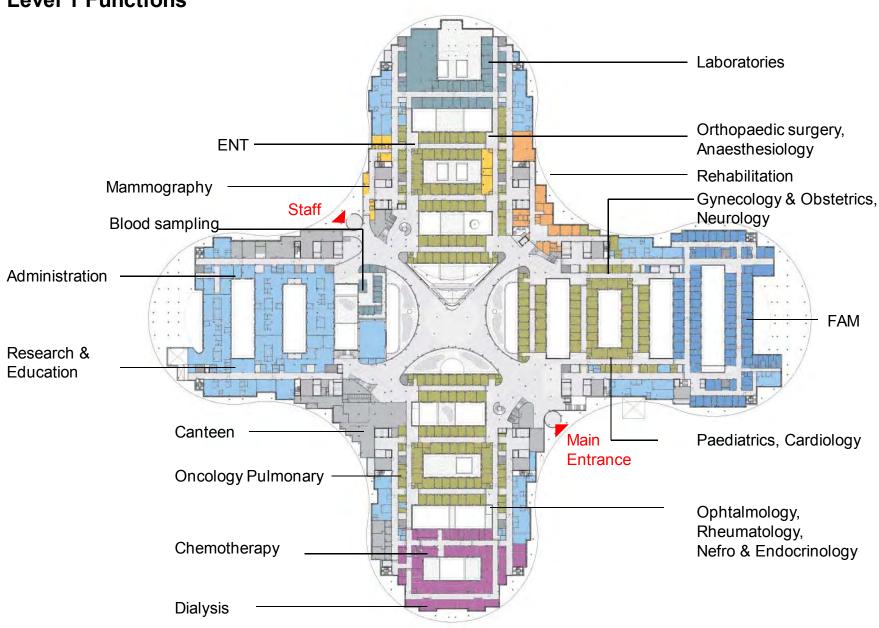
#### **Consolidation Phase Plan**



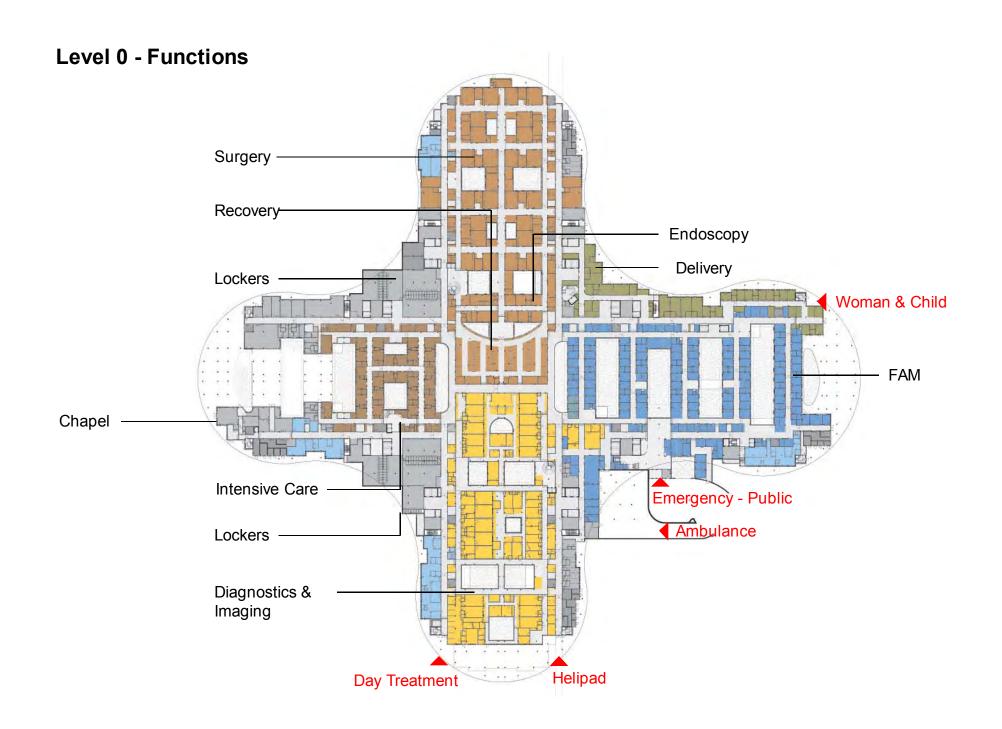
### **Revised Project Proposal Phase Plan**



#### **Level 1 Functions**

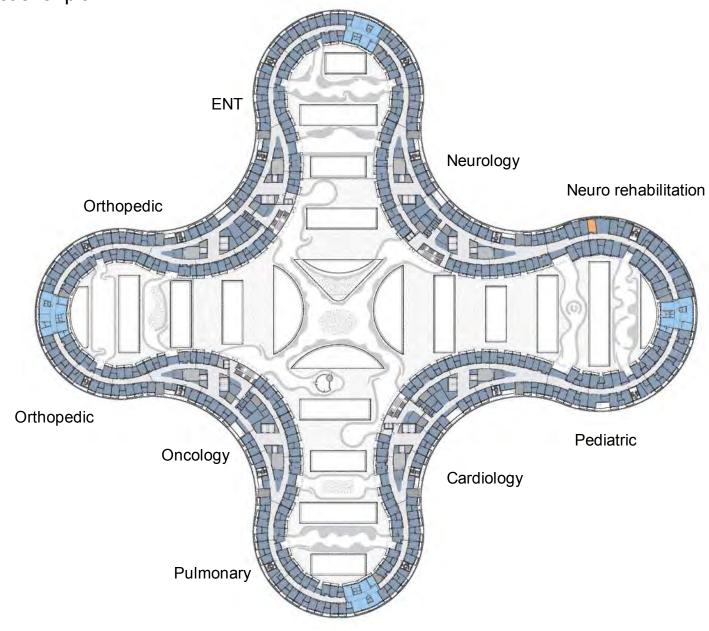






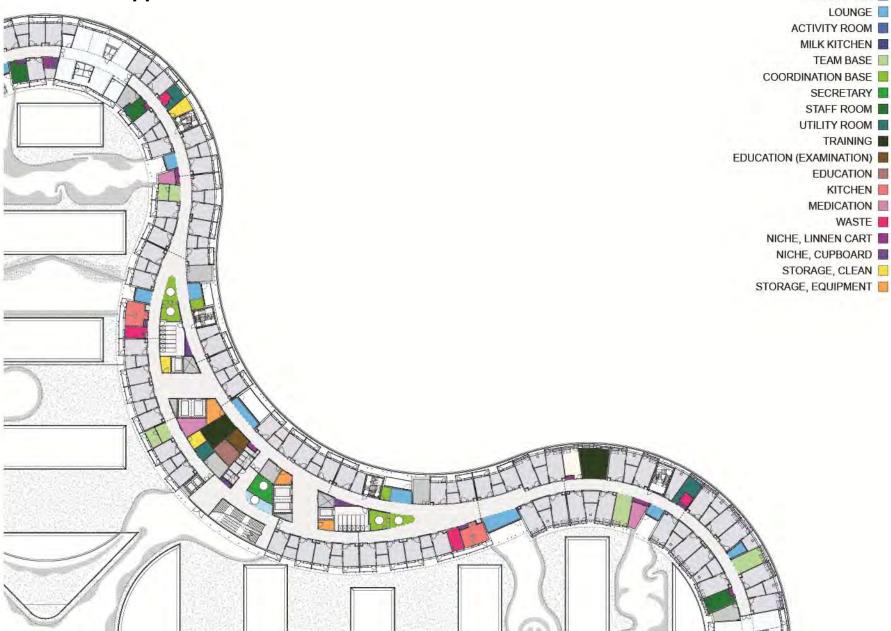


Level 2 functional plan





#### **Bed Ward Support Functions**



RECEPTION | LOUNGE |

TEAM BASE

SECRETARY STAFF ROOM

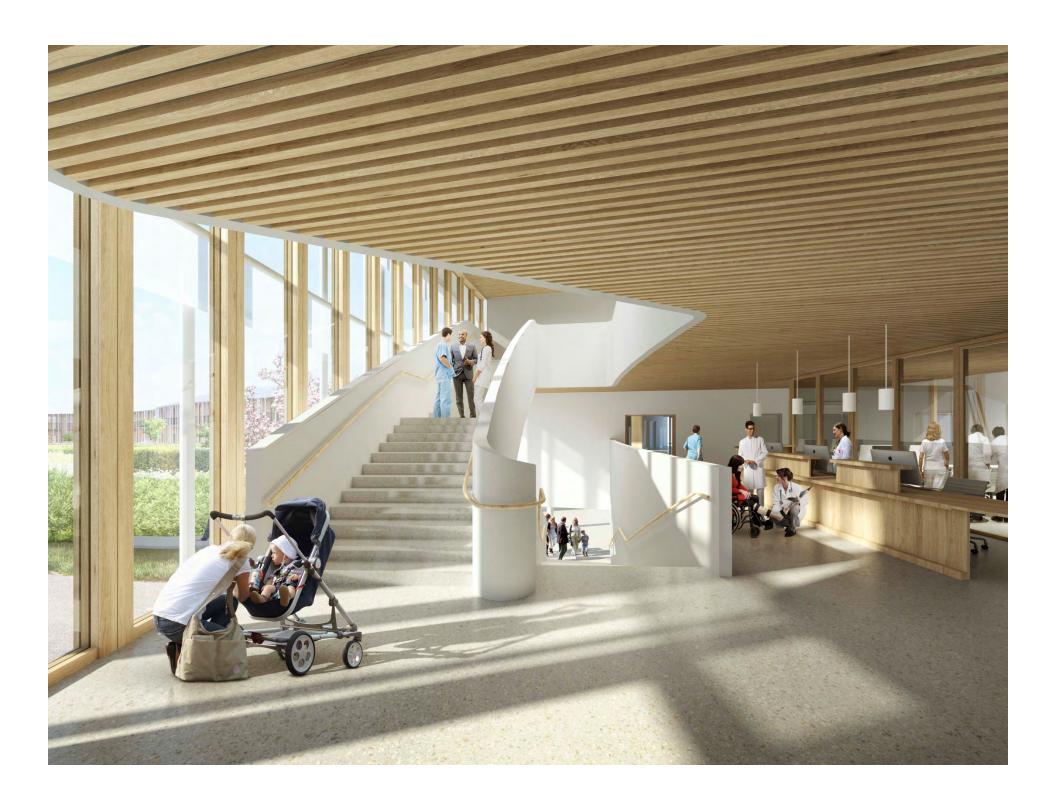
TRAINING

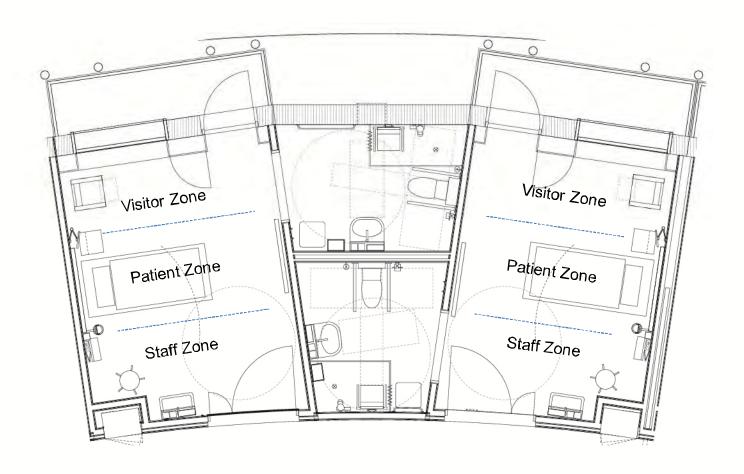
EDUCATION | KITCHEN | MEDICATION | WASTE |

#### **Bedward Improved Layout & Circulation**



Revised Outline Proposal Revised Project Proposal

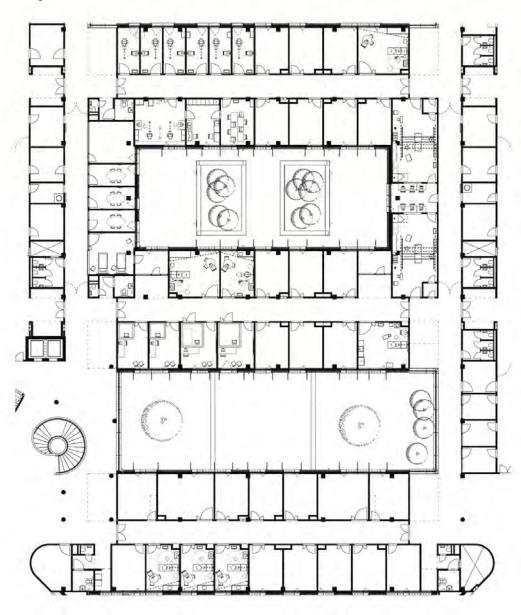




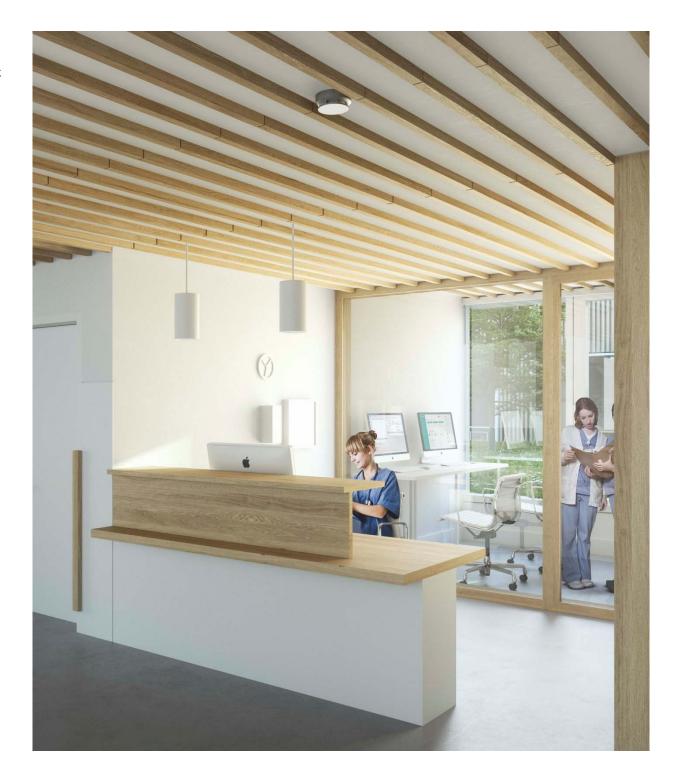


#### **Outpatient Clinic**

Typical Department Layout

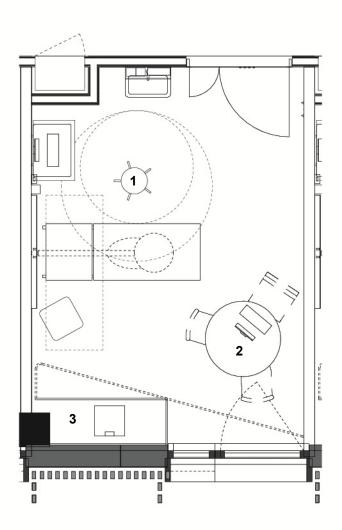


#### Outpatient Clinic Team Base



#### **Outpatient Clinic**

#### Typical examination room

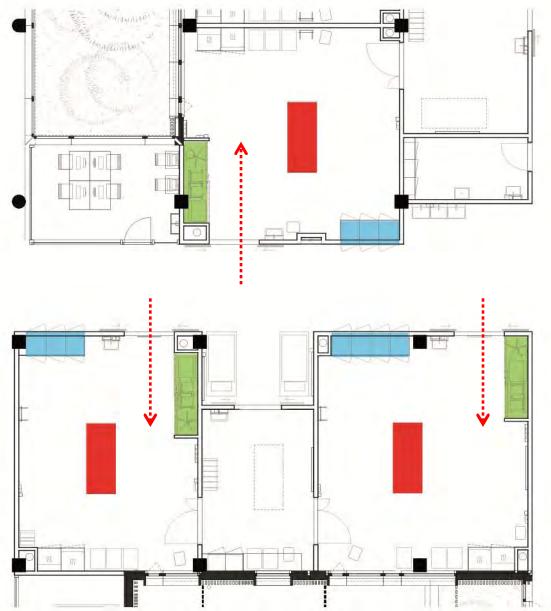


- 1 Examination Area
- 2 Conversation Area
- 3 Changing Area

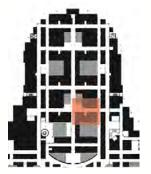


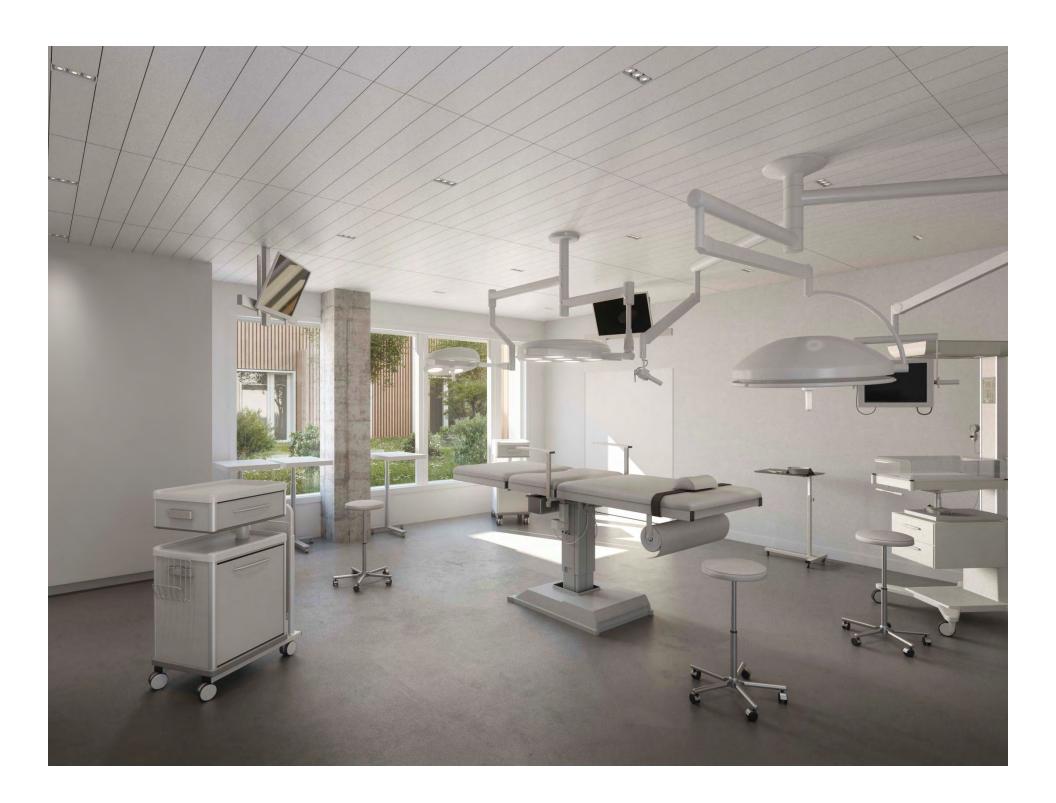
#### **Surgery Theaters**

#### 8 Repetive Clusters









#### **Key development during Project Proposal / Revised Project Proposal**

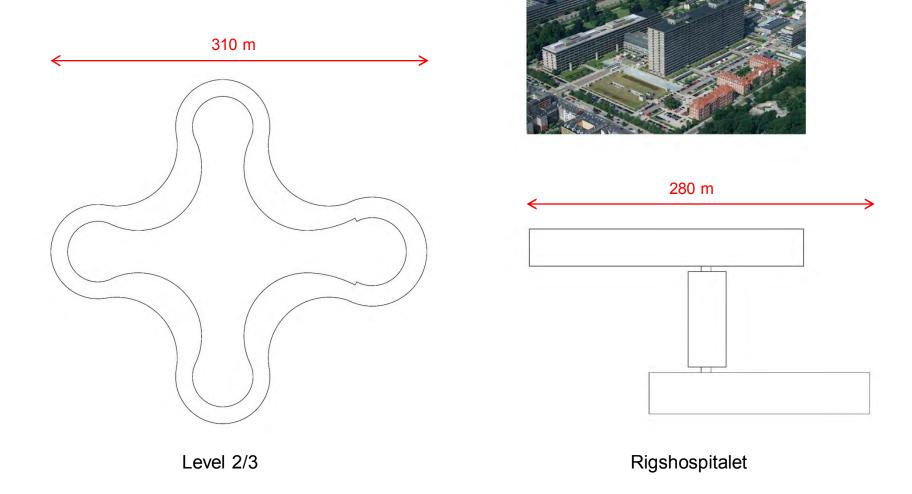
- Functional and architectural detailed development
- Room planning and equipment definition w/NHN and users
- Supply / Logistics development
- Materiality development in accordance with hygienic, technical and financial requirements
- Project optimization through Value Management to gain Contingencies

#### **Gross Area**

		Revised Project Proposal Gross Area
a)	Main Building	
	Basement	16,184
	Level 0	30,860
	Level 1	28,295
	Level 2	17,246
	Level 3	17,036
	Subtotal Main building (A)	109,621
b)	Service Village	
	Level 0 including tunnel	5,077
	Level 1	1,076
	Subtotal Service Village (B)	6,153
	Total Gross Area (A + B)	115,774

## **ACCESIBILITY**

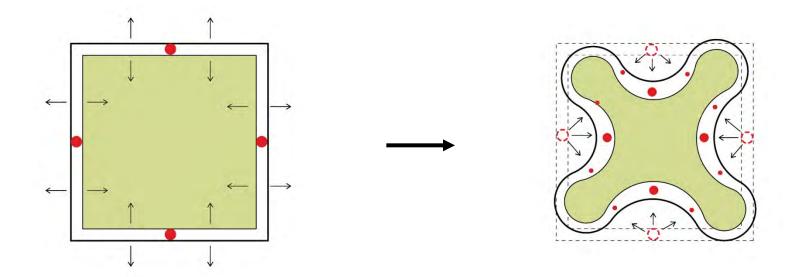
#### **Scale Comparison**



#### Concept

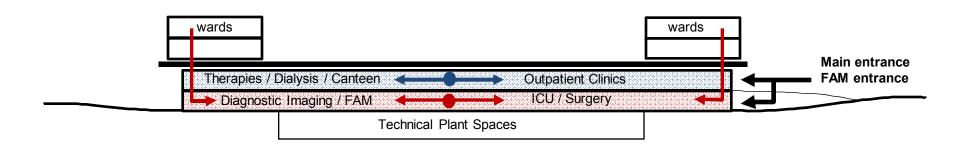
The plan is the marriage of two contradictory needs:

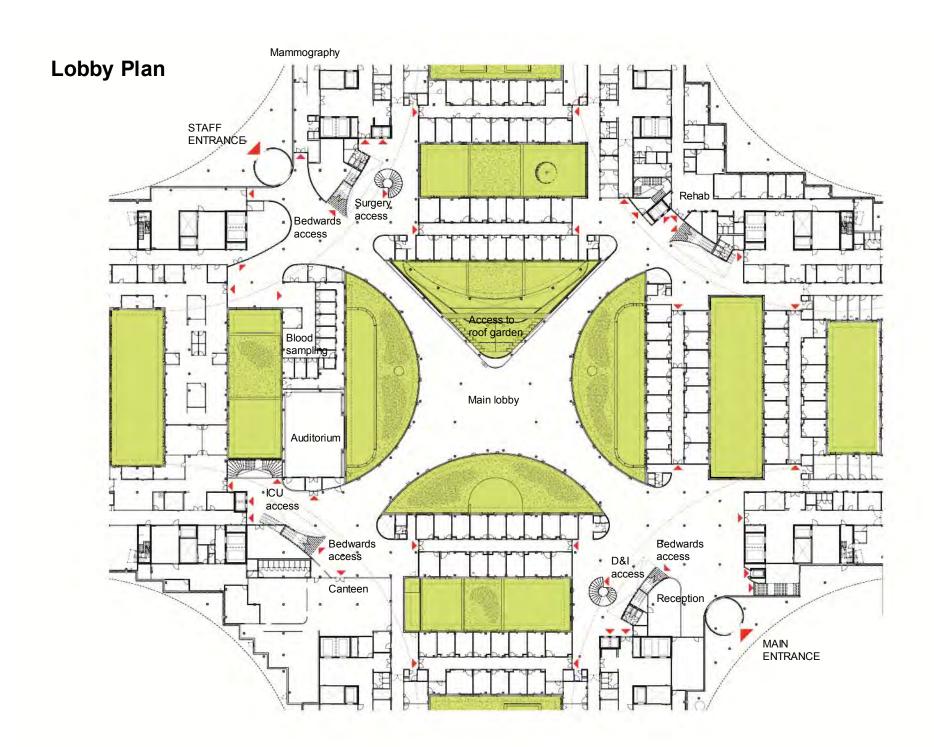
The desire for a large central garden and the necessity for short internal connections.

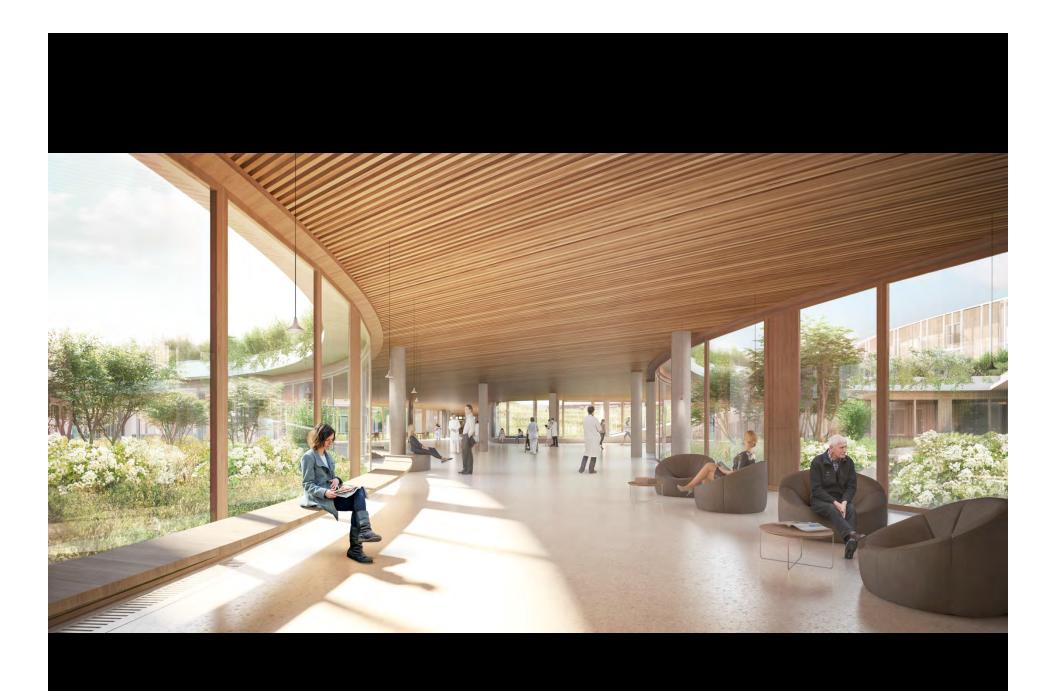


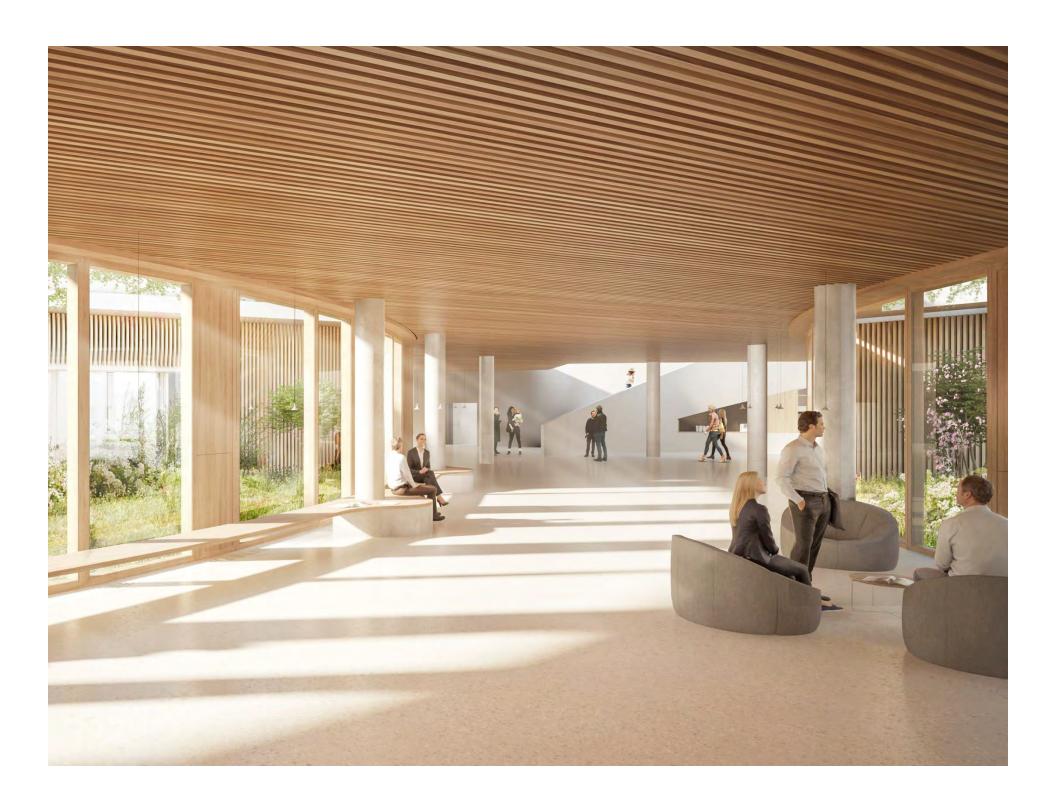
#### **Circulation & Accessibility:**

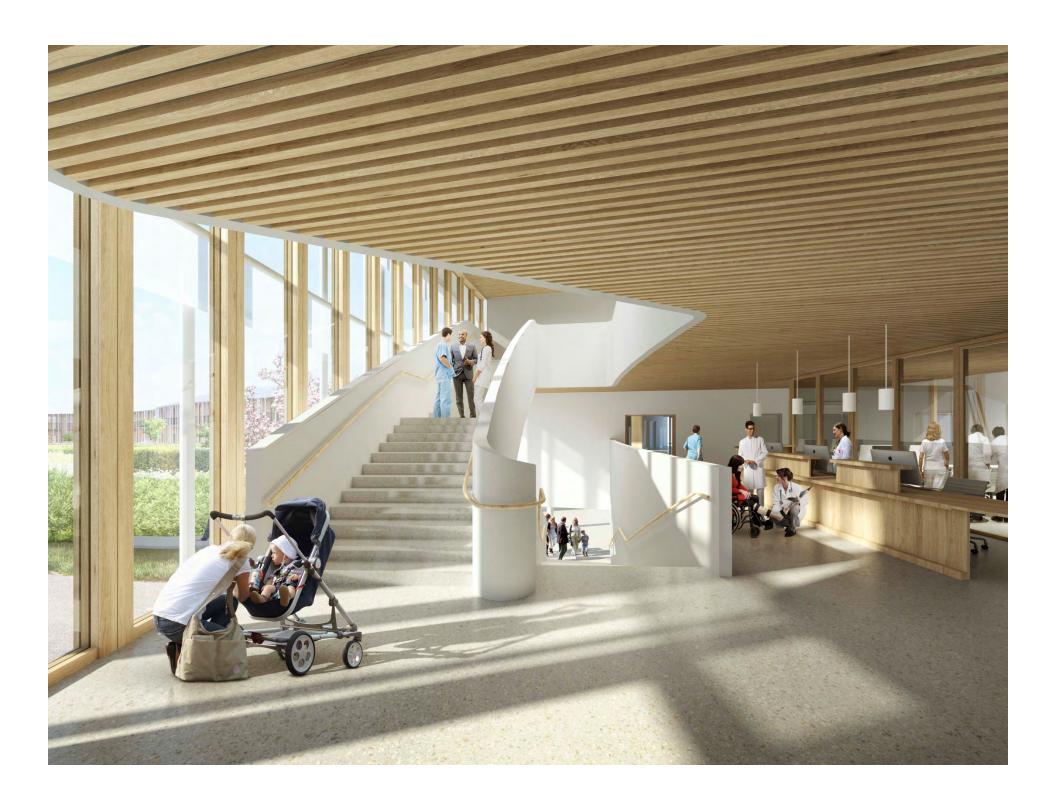
The main flows (outpatient, inpatient) are separated vertically. The two levels of the pedestal each serve a primary flow





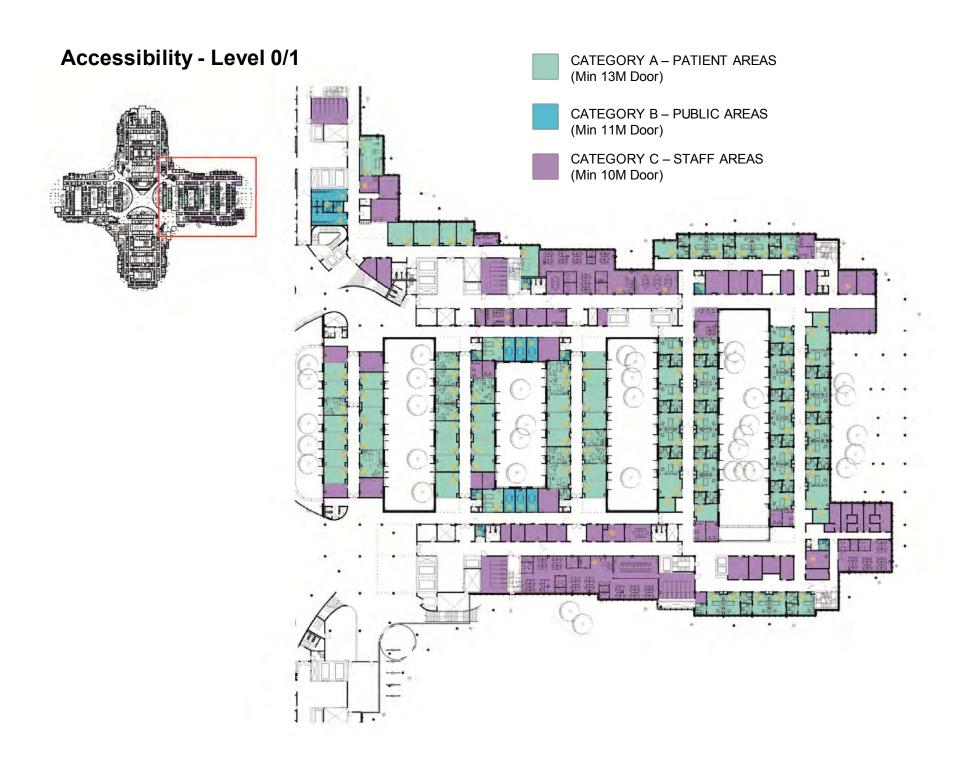




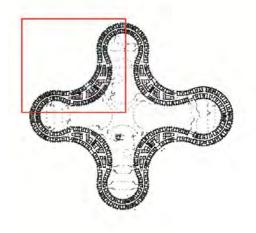


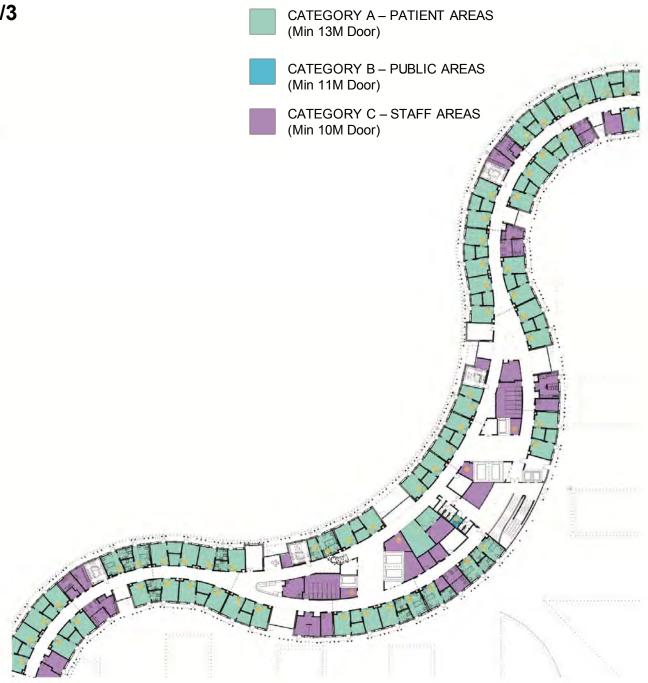






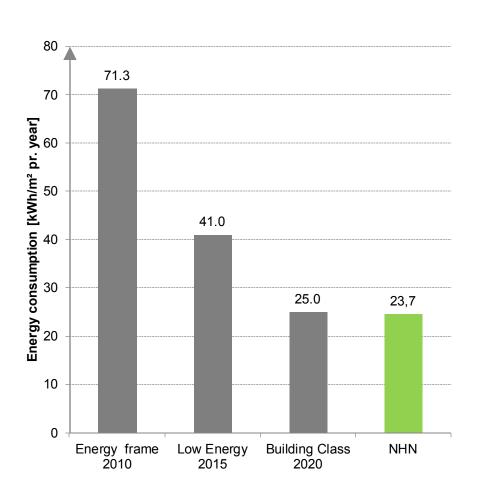
#### Accessibility - Level 2/3





# **SUSTAINABILITY**

#### **Energy Calculation**



Energy consumption 40 % below current building code

We work with energy optimization at three levels:

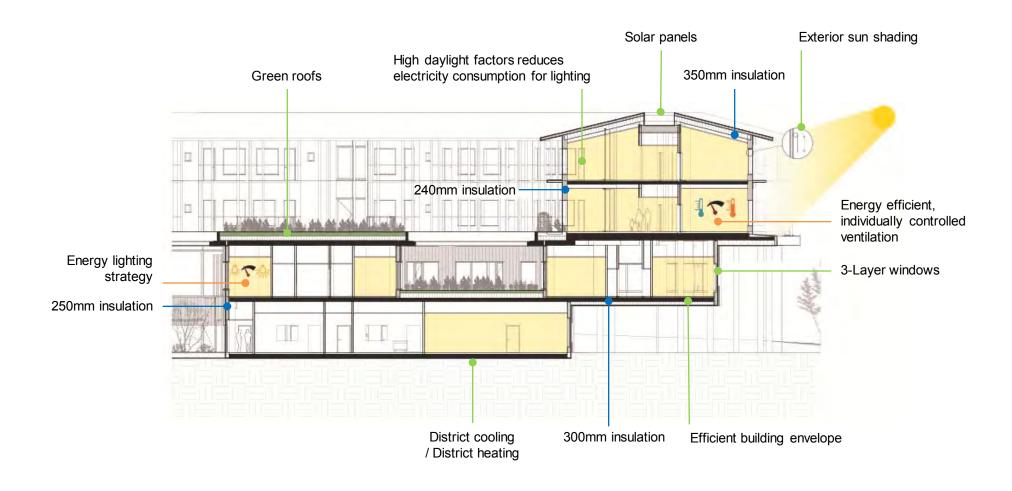
- 1. Minimize needs
- 2. Optimize operation
- 3. Renewable energy production

High focus on cost efficient solutions – Value for money

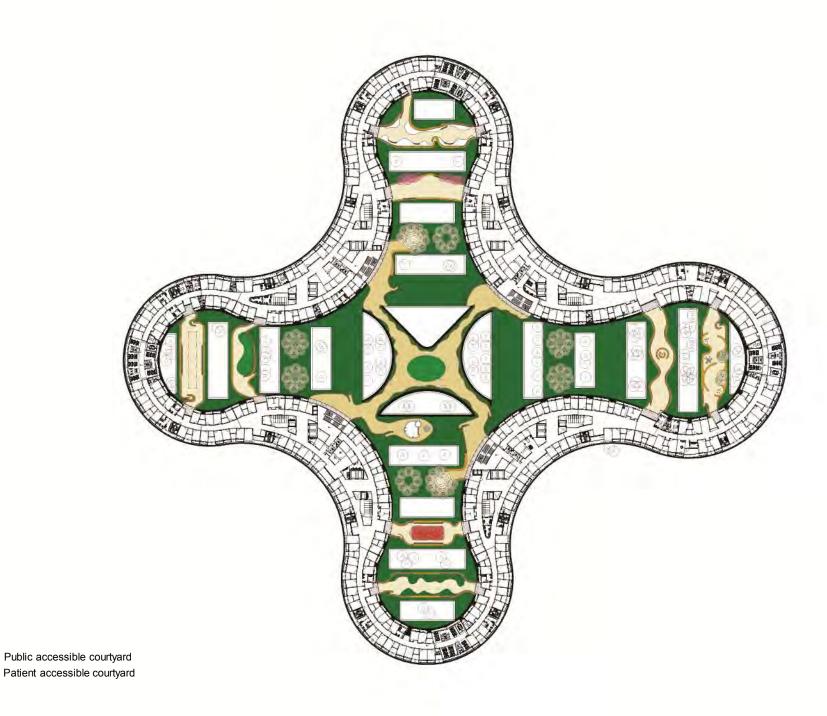
#### **Key Sustainability Concepts**

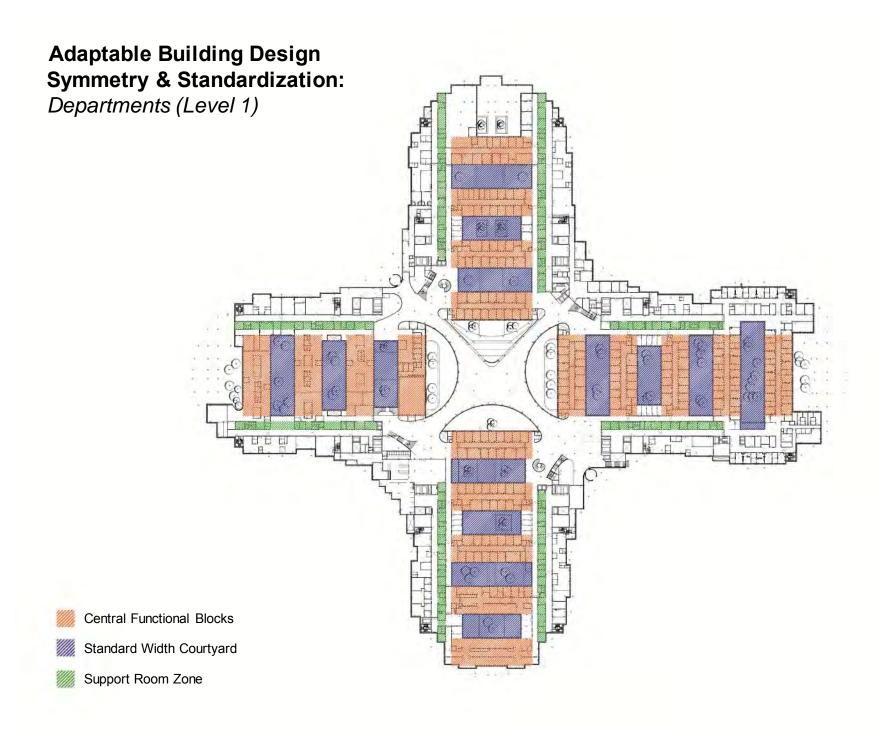
- Site Analysis (Conservation)
- Program Review / Flexibility and Re-use
- Mobility Concepts
- Renewable Energy
- Day Light vs. Solar Protection
- Water Demand
- Air Quality
- User Interaction with the System (individual control / thermal comfort)
- Material Selection (Life Cycle Analysis)

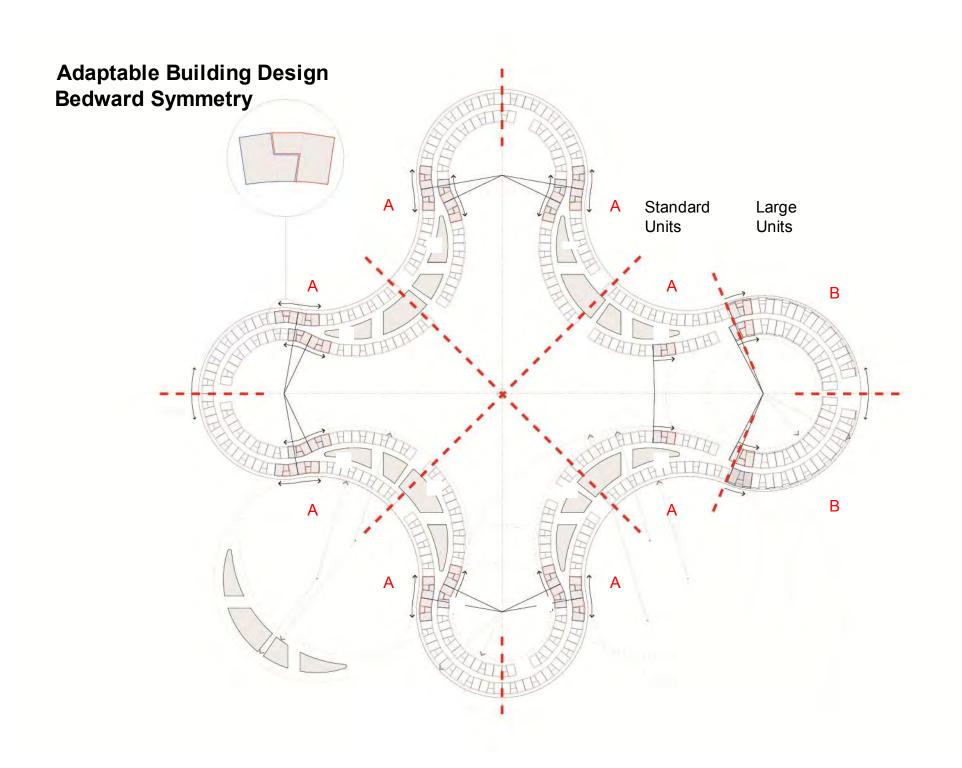
#### **Sustainability Concept - Building**



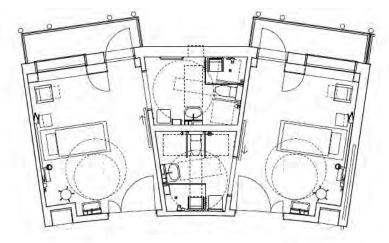




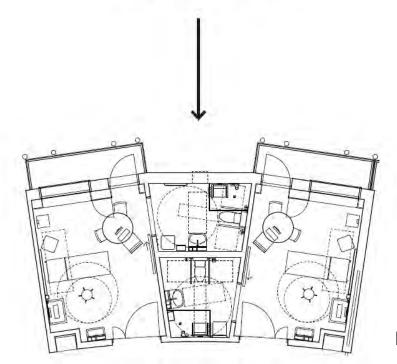




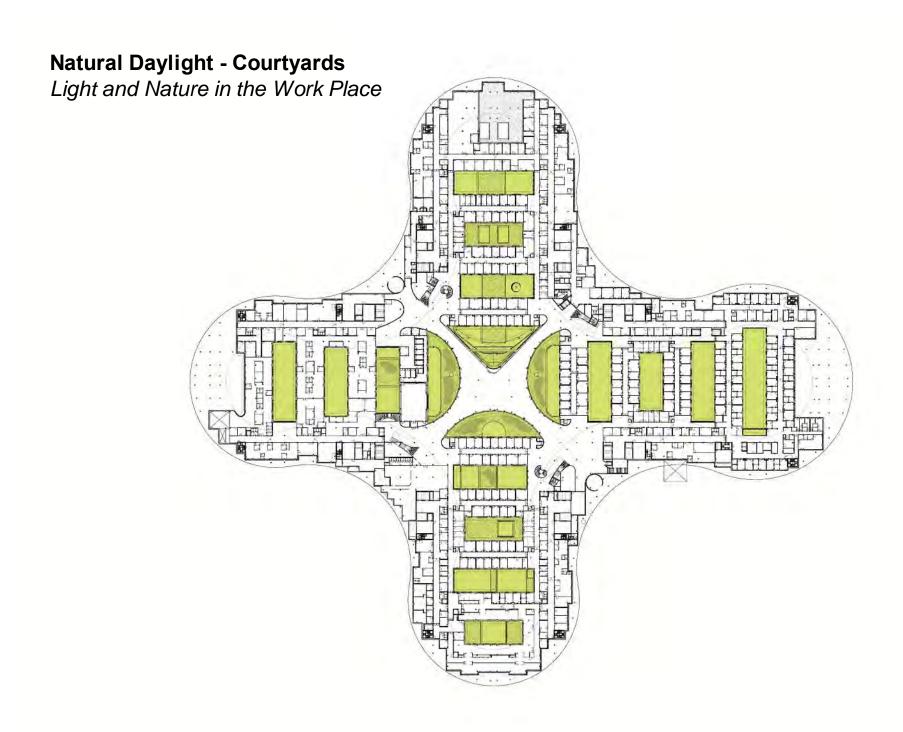
### **Adaptable Building Design**

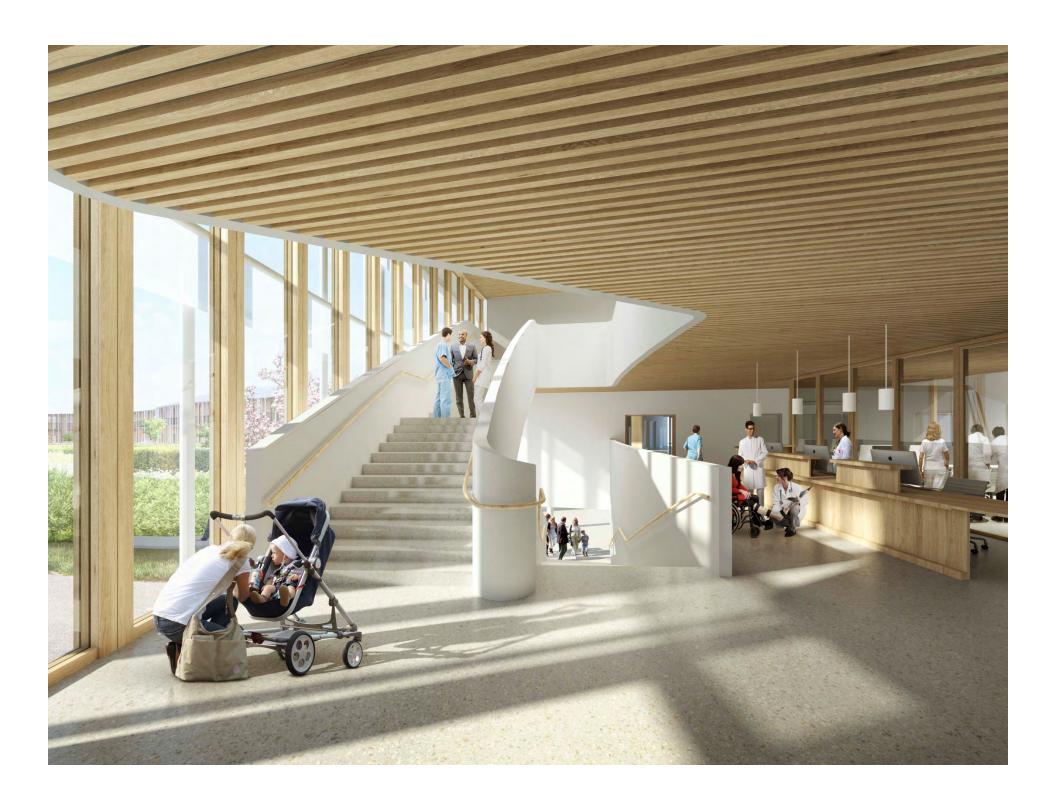


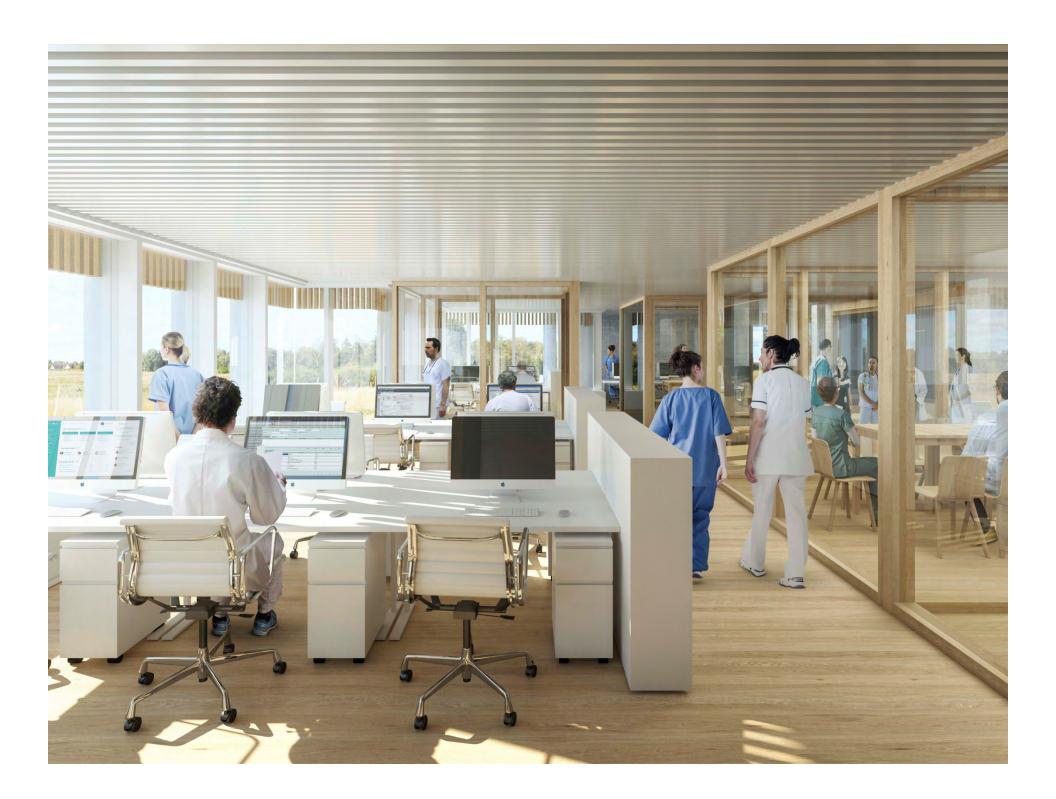
Patient Room



Examination Room

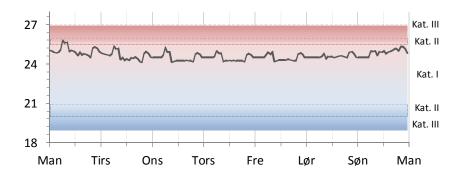






#### **Indoor climate**

- Enhanced control of the indoor temperature – particularly in the summer.
- High air quality (CO2<900 ppm)
- Daylight level according to Building code 2020 – and with a focus on good access to daylight in area of permanent working.





## **Sustainability Concept – outdoor materials**



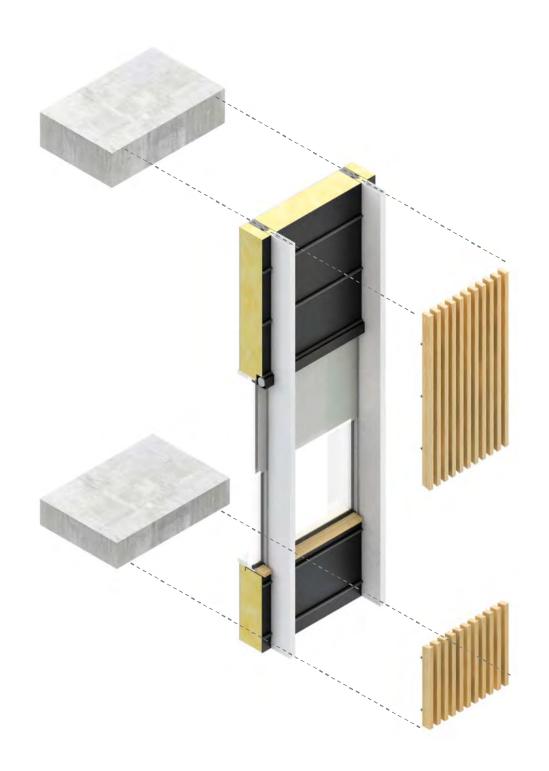
## **Sustainability Concept – indoor materials**







## Facade plinth



#### **Timber Facade**



#### Timber selection

Based on the design and maintenance requirements, as well as mechanical properties, sustainability and cost criteria:

- Western Red Cedar
- Thermowood D (modified wood no biocides)
- Kebony Character (modified wood no biocides)

Life expectancy for the 3 wood types selected (based on a report by Skog og Landskap (2014) in Norway)

- 60 years

#### Maintennance

An annual inspection of selected façade elements secures that any damaged parts are replaced before they can negatively affect the performance.

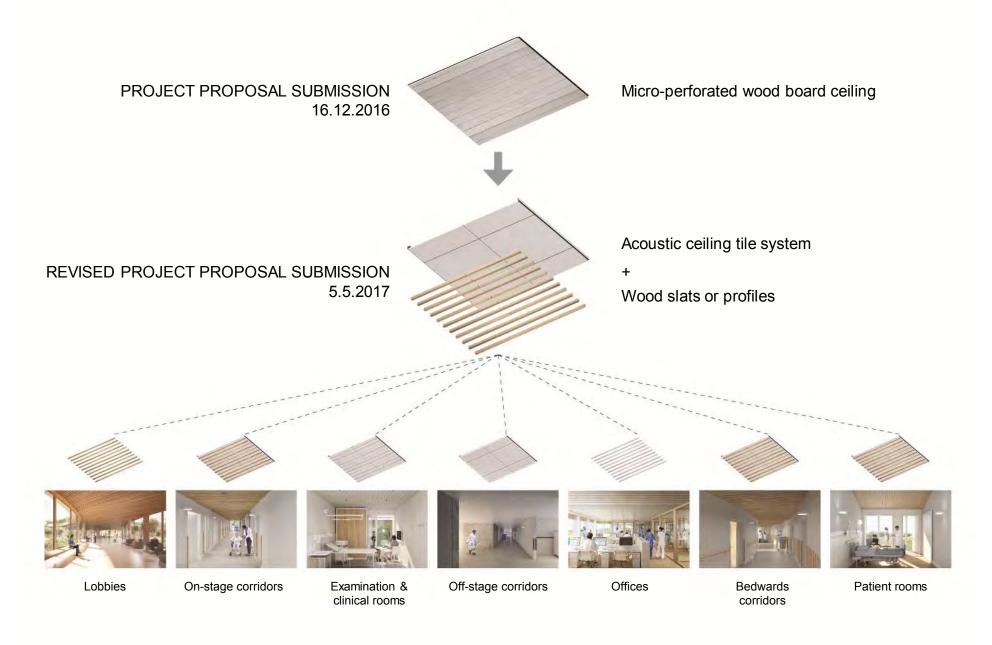
#### Replacement

- In a well constructed wooden façade, normally very few boards are replaced due to fungal decay damages.
- A limited number of boards are expected to suffer from mechanical damages due to collisions etc.

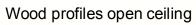


"In conclusion it is without doubt that a number of selected wooden materials can be used with success in the façade elements on Nyt Hospital Nordsjælland."

#### Ceilings in a hospital



#### Lobbies





Wood window frames & fixed furniture

Terrazzo flooring

### **Bedwards corridors / Onstage Corridors**

Wood window frames & paneling in lounges

Acoustic panel ceiling with wood profiles



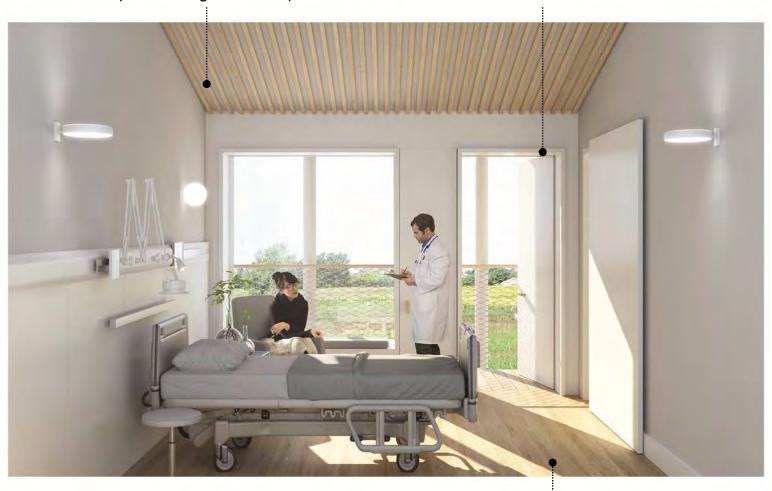
Linoleum flooring

White doors with wood corner & wall protection

### **Bedwards patient room**

Acoustic panel ceiling with wood profiles

White window & door frames



Wood flooring

### **Off-stage corridors**



#### **Clinical Acute rooms**

#### Acoustic panel ceiling



Linoleum flooring

Hygienic wall coating

#### **Material Testing - Wood flooring in patient rooms**











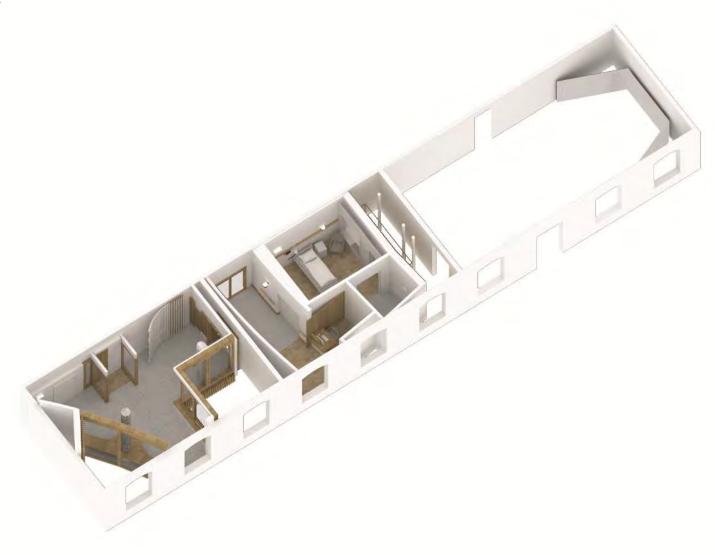


Hardwood flooring: local repair & stress tests

Reference: extensive use of hardwood flooring in nursing homes

## **Material Testing - Mockups in NHN project**

**OVERVIEW** 



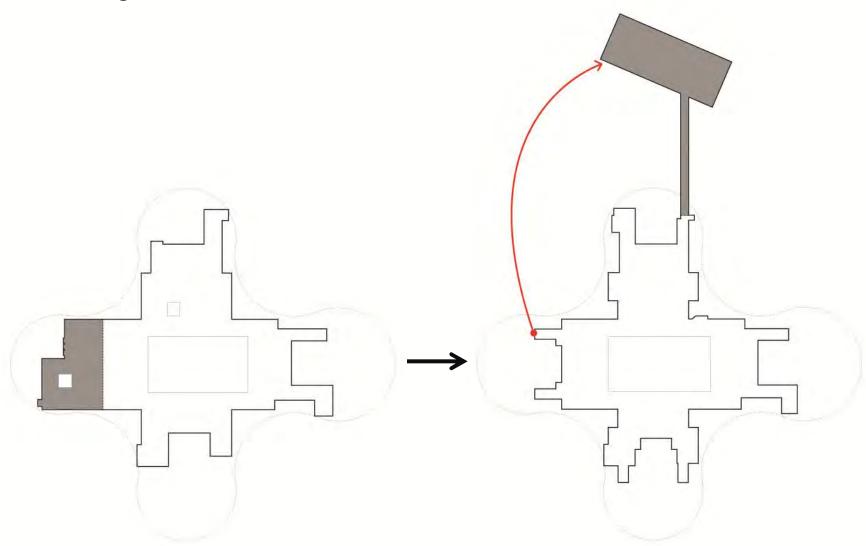
# SERVICE VILLAGE / BASEMENT

# STATEMENT – MAY 2016 Service Village Moved Below Main Building

#### Service Village Relocation – Key Improvements

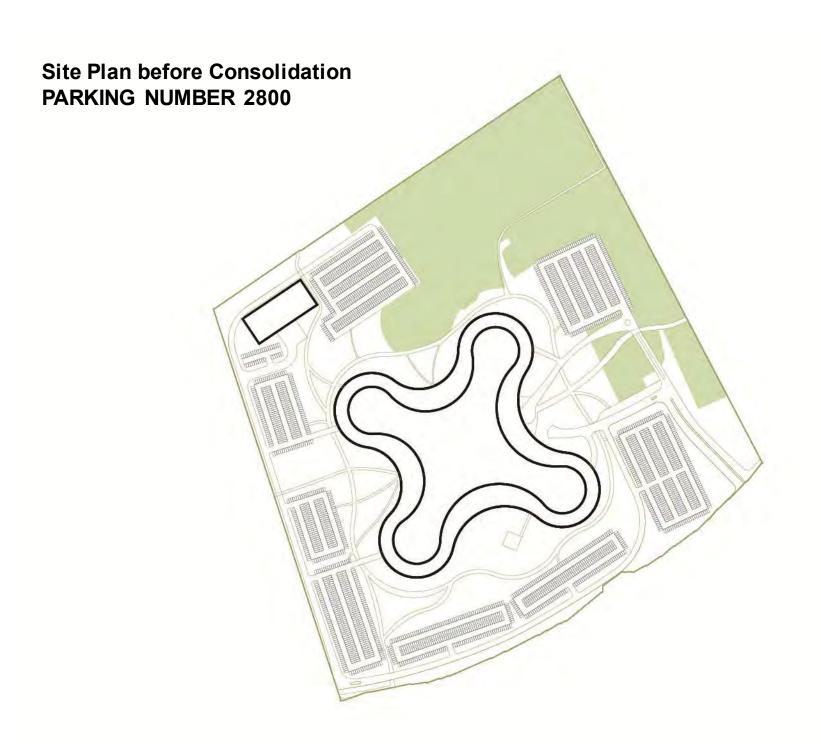
- Logistics center access closer to main roads.
- Proximity to distribution ring improves logisitics and overall function
- Distribution bottleneck at Tunnel removed
- Synergy between preparation kitchen for bedwards and canteen.
- Workshop in proximity to assistive aids and integrated in main building.
- Synergy of use reduced duplication of staff rooms (uniform store, wardrobes and offices)

### **Service Village Relocation – MAY 2017**



## NHN Hospital

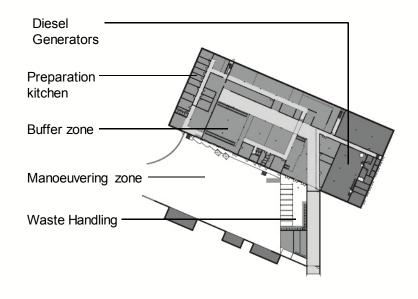


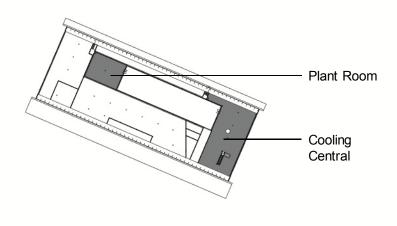






### **Service Village**

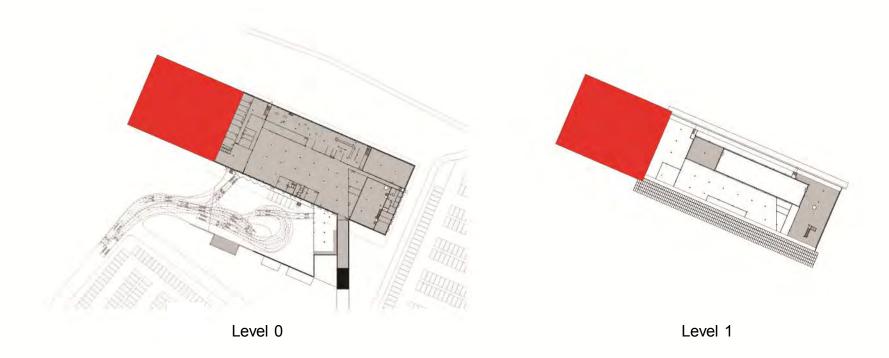




LEVEL 1 LEVEL 2/3

# Service Village Expansion

2,000 m2

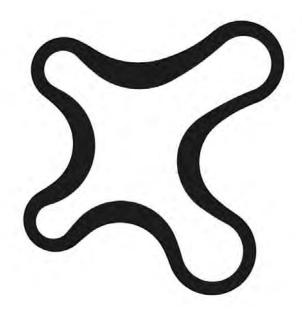


# STATEMENT – MAY 2017 Service Village Moved Back above Grade

#### Service Village Relocation – Key Improvements

- Logistics center access closer to main roads. ok: non critical
- Proximity to distribution ring improves logisitics and overall function ok: non critical
- Distribution bottleneck at Tunnel removed ok: non critical
- Synergy between preparation kitchen for bedwards and canteen. ok: non critical
- Workshop in proximity to assistive aids and integrated in main building. workshops centralized in main building now
- Synergy of use reduced duplication of staff rooms (uniform store, wardrobes and offices) ok: non critical
- Civil planning improved as the conflict between ramps and drainage is avoided
- Risk of flooding of Logistics Center Underground avoided
- Trucks maneuvering in open air area enlarged space
- Noise from trucks away from building
- · Easier expansion of the service village





#### New North Zealand Hospital Hillerød

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