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INDIA'S FOREMOST HEALTHCARE MAGAZINE

NOVEMBER 2021, ₹50

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Public Health

Upswing in rural vaccination:
Thanks to sustained,
'out of the box' efforts

Healthcare IT

Interview

There is a dire need of
digitisation of healthcare
services in an emerging
economy like India:

Sandeep Gudibanda,
CEO and Co-Founder,
HealthPlix

SUSTAINABLE HOSPITAL INFRASTRUCTURE

Building a smart & sustainable
hospital infrastructure and
rethinking strategies required
is the need of the hour

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CEO and Co-Founder,
HealthPlix

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Co-Founder,
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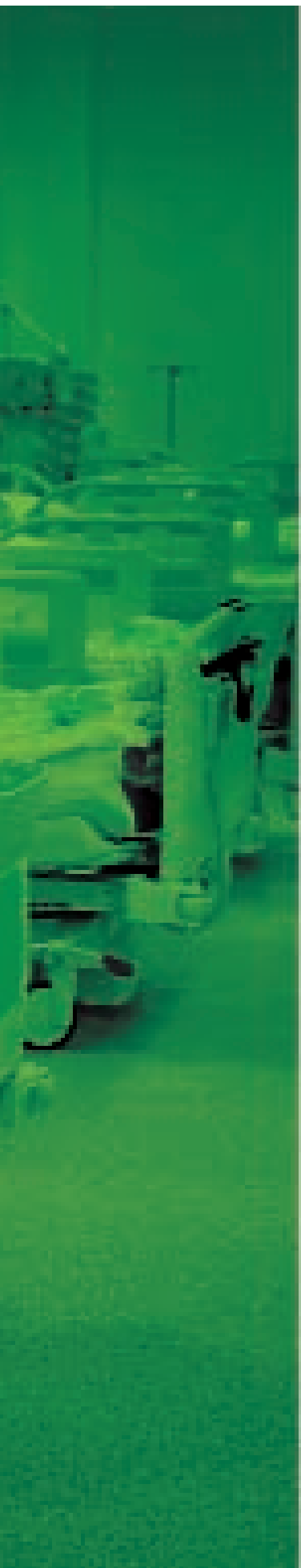
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SUSTAINABLE HOSPITAL INFRASTRUCTURE

Building a smart & sustainable hospital infrastructure and rethinking strategies required is the need of the hour

By Kalyani Sharma

A sustainable future for healthcare design

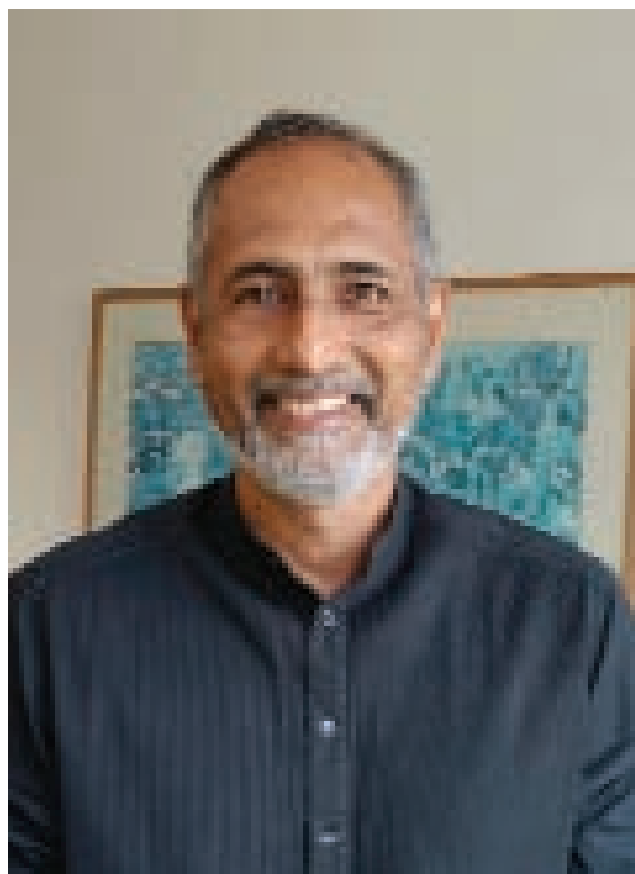
Rahul Kadri, Principal Architect and Partner, IMK Architects highlights the need to rethink model of Indian healthcare design to support health and overall wellbeing rather than simply treating illnesses

The COVID-19 crisis has brought to the forefront the shortcomings of India's current healthcare system. While we need 15 doctors and 20 hospital beds per 10,000 people, we only have about half of those numbers, which means that over 70 crore people are underserved by the system. There's also a huge disparity between urban and rural areas in terms of access to specialised care. These gaps needed to be bridged urgently.

Reinforcing the system

The initial course of action should be to reinforce the primary layer of healthcare in urban slums and rural areas and offer preliminary remedial assistance. Smaller, cost-effective primary healthcare centres and medical sub-centres can be set up as an initial shield in every village, branching out to well-equipped speciality hospitals in every district to cater to the rural population from each of the district's talukas. Such a system would help relieve the strain on healthcare infrastructure in cities and help make it affordable to the masses.

The design of the current stock of healthcare facilities also needs to be looked at through the lens of disease control and changes made accordingly. Several studies over the past few months have shown that the spread of COVID-19 within closed-off, compact, and poorly-ventilated spaces is higher than that within open spaces. But most hospital campuses today exist as hermetically-sealed, integrated units with deep floor-plates, which results in poorly-lit and -ventilated indoor spaces connected



via shared circulation elements like lobbies, double-loaded corridors, and elevator banks. Additionally, dependency on air conditioning has increased so much that 90 percent of the air is recirculated within the building and only 5 percent fresh air is brought in. This increases the possibility of cross infection and contamination significantly, while simultaneously inducing high operational energy costs and maintenance problems.

The better design alternative would be to segregate functions into multiple, separate building wings with reduced widths, and to add buffer zones in between. This would aid natural cross ventilation within indoor spaces, re-

ducing the risk of infection by increasing the rate of air exchange, and avoid interference of services and maintenance areas with procedure areas, allowing for greater isolation of diseases. Independent buildings would need to be zoned responsibly too and functions segregated within sections or floors by creating general, semi-sterile and sterile zones (for example, waiting areas to OPDs to ICUs). In order to dilute and remove contaminated indoor air, air conditioning systems will need to be upgraded to incorporate a three-stage filtration process with UV treatment in the AHU (Air Handling Unit) or ducts, while integrating automation through technological solu-

tions will also be crucial to limit physical interaction and aid safe distancing.

Designing for wellness, not disease

Today, healthcare is one of the fastest-growing industries globally and as new medications and technology change methods of diagnosis and treatment, there is a need to rethink our model of healthcare design as well to support health and overall wellbeing rather than simply treating illnesses. We must strive to put the patient's experience at the core of design schemes for healthcare facilities with solutions that respect user and cultural preferences and anticipate innate human behaviour solutions that promote a preventative approach rather than a responsive one with mental well-being incorporated as a key component of physical health.

Within healthcare facilities, the interdependence between the built environment and wellbeing takes on a very important role; good designs can aid the patient's healing process while bad ones can worsen health conditions, making hospitals the hotbeds of disease transmission and cross infections. Even the simplest of design choices such as the placement of a window, the colour of a wall, the texture of the floor beneath our feet, or the height of the ceiling, have a bearing on our physiological and psychological health in both positive and negative ways. Sick Building Syndrome (SBS), for instance, is a health condition that is scientifically proven to afflict people living or working in poorly designed buildings.

One solution that shows

promise is basing designs on the theory of biophilia, which seeks to connect buildings and occupants more closely to nature. For instance, maximising daylight, natural ventilation, view of the outdoors, and incorporating green courtyards and water bodies can create a more therapeutic built environment for recovery. Designing the building with longer sides facing the North and the South to improve daylight, providing centralised courtyard landscapes to provide passive evaporative cooling, and adding solar panels to reduce dependency on conventional forms of electricity, are some ways to optimise building energy consumption and improve efficiency. Also, designing decentralised micro-service zones that run parallel to various departments can help make regular servicing and maintenance easier and quicker.

Going forward, as our understanding of health and wellbeing evolves, new construction technologies provide limitless possibilities in this sector. Building Information Modelling (BIM), for example, which can help determine the optimal geometry of buildings in response to selected parameters, can not only help create healthier built environments but also aid in pre-empting problems and shortening the time of construction to save costs, while 'temporary and transformable' architecture has enabled emergency mitigation like never before. Imbibing such innovations within healthcare design holds the key to streamlining our systems for better performance - from accessibility of essential public services and improved patient care to the wellbeing of our economy.