



## Newsletter /Circular 175 | 20-11-2008.

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Members and Guests during the visit to Montepulciano on the last day of the seminar in Florence 2008



Dear Members and Guests

I try to make my first News letter with the new logo of the UIA, hoping that it will be visible in the same way on your screens as I have it here on my lap top.

First of all, looking back into 2008, the Public Health Group had the chance to participate in a seminar organised by Prof Romano del Nord and his team in Florence. We have to thank them for the large effort and to congratulate them for the success of this outstanding event.

## 1. REPORT OF TH 28<sup>TH</sup> PUBLIC HEALTH SEMINAR IN FLORENCE

(from the 22<sup>ND</sup> to the 26<sup>th</sup> of June 2008)

150 Architects, Engineers and all kinds of experts contributed at this seminar which was held in Florence under the headline: „The Culture for the future Health care Architecture“. During the first day the presentations focused on constructions for Children in Hospitals. The newly inaugurated A. Meyer Children Hospital in Florence was a good reason to organise the congress there. The next 2 days consisted of presentations to the following topics:

- The culture of Sustainability
- The culture of Humanization
- The culture of Innovation

### 1.1 CHILDREN'S HOSPITAL FLORENCE

The extension of the Meyer's Children Hospital has been put into operation at the end of 2007. Numerous scientific studies concerning the psychology of children and the corresponding requirement of a building for children, but also the legal rights of the child in the hospital and all architectural analysis have been the basis of the new extension. For the present architects coming from all over the world it was therefore interesting to listen to the persons in charge and to make individually the experience as to how far such aims have been fulfilled. In addition, speakers from the United States, Russia and Israel showed us their examples of children hospitals as a comparison. The special solutions of chosen materials, colours, natural and artificial light in public and individual zones creating a special atmosphere have been discussed. „Children are not small adults“ and require specific patient rooms including a bed for a person to accompany the child, and separate rooms to play (or even to learn). Children require special treatment and nursing services; a challenging task on all levels of involvement.

### 1.2 DESIGN QUALITIES FOR HOSPITALS IN COMPARISON TO OTHER BUILDINGS

An architect designing a hospital has to consider many aspects:

- The complex requirements of the room programme and a long decision process with numerous participants. At the same time:
- Rigid cost and time limits.
- Many functional conditions, hopefully not preventing the architect to find a high architectural quality creating a healing environment creating public and private zones with a corresponding choice of materials and colours.
- Significant concepts for the natural and artificial light.
- The relation of interior spaces with the garden.
- And many more.

It is anticipated that a seminar for hospital architects will include presentations to all such aspects with excellent examples starting from the university hospital to small district units, homes for elderly persons, private clinics and public owned service centres. [Please note that in this report I could not make a summary of all presentations and I hope that we soon will receive the CD of all the presentations promised to us already for some time.](#)



### 1.3 THE SEMINAR AND CULTURAL ASPECTS

Participants from all over the world presented their papers from their own country revealing different cultural aspects. Specific requirements of patients concerning the healing process are very often linked with their cultural background. This is significant and especially important within ethnic groups and within different religious traditions. From Malaysia Prof. Norwina Nawawi explained the specific requirements for different ethnic groups all living fully mixed together in this large country. In the hospital however they have to be separated in order to achieve a good nursing result. It is essential that cultural expectations are considered. E.g.: Strict gender separation, not only in rooms or zones, no, in completely separated departments and zones or even separate hospitals. A presentation by Prof. Zakia Shafie from Egypt explained a further aspect of requirements for patients from different social classes. Lower or higher social classes require different considerations; a fact which we don't even try to think of in Western countries but we are aware of it, since a long time already. (I hope that I have been able to find the essence of these papers.)

### 1.4 IN NEED OF INNOVATION

Great expectations are always connected with the notion of innovation. New ideas for sustainability have been asked for since many years already, however concerning the energy consumption the hospital is far away from sustainability. Therefore a hospital project presented by Roelof Gortemaker developed together with a Dutch group of architects and engineers, showing a concept without any CO<sub>2</sub> emission was received with much interest. It was however a project out of a competition where it has not been selected. This project summarizes answers to questions which have still not been realised yet. Is it important that healthcare architecture is innovative? The development in healthcare medicine and medical technical equipment is developing very fast and the hospitals adopt such methods spontaneously. The planners of the facilities however have to consider first a modular and flexible design concept to make such changes possible over the whole life cycle of a hospital building.

### 1.5 CREATIVITY AFTER CATASTROPHES

Looking at the hazards of large catastrophes happening here and there on our world, it is obvious that in each case no time is available to prepare healthcare solutions. Examples from China (Arch. Gelun) and the Philippines (Prof. Prosperidad Luis) explained the extent of such happenings or the requested reactions. Are we in a position to build facilities and to take them in operation fast? What are the concepts of prevention and what sort of organisations are capable to manage such challenges.

### 1.6 THE CULTURE OF HUMANISATION IN FORM OF WELLNESS

During the process of planning for healthcare the word "humanisation" shows important aspects. We are aware that on our world everywhere the average age of the population is getting older. It is clear that in the Western world a large number of patients in a hospital are elderly persons. In a paper Karin Imoberdorf (Switzerland) explained the development of dementia and the solutions adopted in a home for the elderly.

Another aspect of the notion "humanisation" is the requirement of prevention. Wellness has become an international trend. Physical therapy in order to strengthen the muscles and to regain motion has long ago left the premises of the hospital into private centres also. The dream for wellness stimulates our fantasy for holiday destinations. This has been presented in a paper with a project from a large 6 star hotel in Zurich, Switzerland which our company put into operation early this year. (Reported by Hans Eggen in the journal for Swiss architects and engineers, No 38 of 2008 from the 15<sup>th</sup> of September).



2.

20th CONGRESS OF THE INTERNATIONAL FEDERATION OF HOSPITAL ENGINEERING  
19-22 October 2008 in Barcelona

### 2.1 Summary by Hans Eggen:

The central theme for the congress was the hospital engineering and the information technologies aiming to show how design, operation and maintenance of hospital facilities are influenced by the information and communication technologies that are the sign of the present millennium. The technical sessions with presentations under the following topic headlines. . . .

- Advanced technologies in communication network
- Risk management
- Energy consumption
- Inventory and maintenance management
- General services & facility management
- Electro medical equipment  
and finally
- New concepts in hospital design

. . . intended to show that information is the base of any good design or management process.

#### My own comment:

It is never possible to obtain all information during such large events, because many presentations are presented in parallel sessions. Therefore I concentrated on papers given by architects and on special themes like energy/environment efficiency and sustainable strategies presented by engineers. I must admit that I was delighted to hear from engineers what creative methods are applied, dictated by severe conditions of temperatures and humidity and more and more lacking resources, but also under very tough financial pressures. What was most exiting is the fact that it is even possible to find a combination of such strategies within an inspiring architectural design. What a challenge for architects!

However on the other side many architects, only proud of their large projects with gigantic additive hospital structures, presented these machines without any reflection on the quality of spaces, the impact on patients and staff. One of the signals given by not very sensitive architects were the very bad quality of the selected pictures. I got the impression that we as Public Health Group still have to focus on the necessity of healing environment, the quality of spaces, the chosen materials and colours and all this in relation with the exterior green environment.

I fully agree that it is very difficult, but I am not surprised that the exceptional speakers like Prof. Lueder Claussdorff or Prof. Romano del Nord, both members of our Public Health Group, have developed their ideas in a perfect didactical way, based on previous research studies and with excellent speaking pictures and precisely within the given time limits. No wonder that Romano was honoured during the gala dinner as a prize winner of one of the best presentations. Bravo!



3.  
 1<sup>ST</sup> EASTERN CARIBBEAN CONFERENCE FOR HEALTH SERVICES MANAGERS  
 AND CLINICAL ENGINEERS, October 20 – 22, 2008, BARBADOS

3.1 Summary by Astrid Maria Debuchy, UIA PHG Argentina:

I have had the pleasure of having being invited by WHO to the 1<sup>ST</sup> EASTERN CARIBBEAN CONFERENCE FOR HEALTH SERVICES MANAGERS AND CLINICAL ENGINEERS, The Conference with the overall theme " TRENDS IN MANAGEMENT OF HEALTHCARE DELIVERY SERVICES AND CLINICAL ENGINEERING" on October 20 – 24, 2008, in the City of Brighton, BARBADOS.

I would like to share with you some information that they gave to me, during the CCE Conference in Barbados:

BACKGROUND:

The 46<sup>th</sup> meeting of the Directing Council of the Pan American Health Organization (PAHO/WHO) approved the strategic orientation toward the "*Renewal of Primary Health Care in the Americas*" and called upon Member States to begin the transformation to PHC-Based Health Systems. In this transformation, one of the most important elements of building such systems is the optimal organization and management of health services.

WHO has documented evidence of poor management capacity in the health services of most Member States, and recent reports on the progress towards the achievement of the Millennium Development Goals point at poor management of health services as an important bottleneck.

Most health services worldwide lack modern managerial systems and processes; and in addition, the poor availability, analysis, and use of information for decision-making is a constant. This situation is of particular concern in the English Caribbean.

In correcting this important managerial deficit, health services managers<sup>1</sup>, and health planners require frequent updating of knowledge and skills to maintain their competencies; however, there is a paucity of opportunities for training in health services management in the sub-region. This seminar aims to contribute in filling that gap.

3.2 AUDIENCE:

The most important criteria for selection of participants is *managerial responsibility*, i.e. that the participant is responsible for a management area or cost centre in a hospital institution, community/ambulatory healthcare services, or has responsibilities for planning healthcare delivery services. Thus, the ideal participants should be Hospital Administrators, Health Services managers, Clinical Engineers, Health Planners, Nursing Supervisors, Chiefs of hospital departments/services/wards (in-patient, out-patient and support services).

The seminar is divided in two distinct components: Combined sessions that present overall challenges to healthcare delivery systems globally and for the Region of the Americas, followed by separate sessions for Health Services Managers (Room One) and Clinical Engineers (Room Two).

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<sup>1</sup> This includes Hospital Managers and Administrators, Heads of Departments, Clinical Engineers and Maintenance Managers, Directors of ambulatory and community services.





Participants of the Conference (Room One). The Grand Barbados Hotel in the City of Brighton was the venue for the Event.



With Dr. Andrei Issakov WHO and Eng. Antonio Hernandez PAHO WHO, at the Headquarters of PAHO. where we were kindly invited by Dr. Gina Watson PAHO WHO Representative for Barbados and Eastern Caribbean.



4.

Please note that Astrid Maria Debuchy is sending us the new dates for the next PHG Seminar **in the first week of November 2009** as follows:

#### 29<sup>th</sup> UIA PHG INTERNATIONAL SEMINAR IN BUENOS AIRES

The Seminar with the overall theme "*Trends in Health Facility*" will be held in the City of Buenos Aires, Capital of Argentina, in the first week of November, previous to IHF International Hospital Federation Congress, in the City of Rio de Janeiro, Brazil.

The 29<sup>th</sup> Seminar is going to be organized by the CIRFS FADU UBA Research Center on Health Facility Planning, Faculty of Architecture Design and Urbanism of the University of Buenos Aires, Argentina and the UIA PHG, and the UIA PHG Public Health Group of the International Union of Architects.

The Research Center for Health Facility Planning, CIRFS, was founded in 1979 under the dependence of the Secretariat of Research and Postgraduate of the Faculty of Architecture, Design and Urbanism, of the University of Buenos Aires. Its purpose is the development of research, teaching, information and technical cooperation, with strong interdisciplinary and inter-institutional features, in close interaction and interchange with other national and international centers of research and academic study, both public and private, and of social security.

Concurrent to the Seminar will be to develop a Workshop on "*the Guidelines of Health Facility Planning*", the Workshop is going to be organized by WHO World Health Organization and PAHO Pan-American Health Organization.

Arch. Astrid Maria Debuchy, UIA PHG Argentina

5.

IHF (International Hospital Federation) Congress in Rio de Janeiro

It is taking place from 10 to 12 November 2009. You can find more information under [www.ihf-fih.org](http://www.ihf-fih.org) and under events: or directly under [www.ihfrio2009.com](http://www.ihfrio2009.com) Please note that it will now be possible for those who are interested to participate directly after our seminar in Buenos Aires.

I have been contacted by the IHF headquarters for a first meeting to continue the previous contacts which have been established by Hans-Evert Gatermann and in the follow-up by Luub Wessels. At the same meeting the Swedish International Academy for Design and Health has been invited, represented by Alan Dilani and of course also the WHO represented by Andrey Issakov.

The headquarters of the IHF are in France, but directly behind the airport in Geneva and the WHO is on the Swiss side of this Airport, both easily accessible for me living not too far away. I hope that I will be able to establish a good contact as well.



6.  
PHG SEMINAR IN KUALA LUMPUR IN 2010

Norwina Nawawi wrote to us among other items the following:

quote:

. . . .I would like to suggest May 2010 as it is the 3rd Semester for my university and perhaps early spring for Europe or Northern Hemisphere that deals with Easter holiday. I have not gauged any date with any allied convention as yet so the dates are still not fixed.

On the members that need special VISA, may I have their CV's? I need to write to the Home Office for clarification and procedures if any.

unquote

Please keep in mind:

We need to know even before the next seminar in Buenos Aires will start, since there will be very little time left between the end of 2009 and our seminar in Buenos Aires and early spring of 2010 with the following seminar in Kuala Lumpur.

7.  
PROPOSITION FOR A PHG SEMINAR IN TOKYO IN 2011

Since we know that the next UIA congress will take place in Tokyo I have asked Prof. Yasushi Nagasawa if he would be ready to organise a PHG seminar in Tokyo. He has confirmed that he is ready to organise it. During the annual meeting next year in Buenos Aires we will decide on this issue for 2011. The secretary general of the UIA wrote me that he is expecting our participation in Tokyo in 2011 but I have to find out what he understands by this request. It cannot be for half an hour only.

8.  
OTHER CONGRESS INFORMATION FOR 2009

8.1. Jane Carthey wrote us:

ACHSE 2009 NATIONAL CONGRESS

Marriott Surfers Paradise Resort & Spa, Gold Coast, Queensland, Australia  
4-7 August 2009.

Building our Healthcare Systems around People and their Needs in partnership with Centre for Health Assets Australasia (CHAA), FBE, UNSW

Please click here for further information [www.achse.org.au/frameset.html](http://www.achse.org.au/frameset.html)

8.2. At the request of Sjoerd de Hoogh,

I am forwarding you information about the International architectural design competition:

DuCHA is organising an international debate on the development of healthcare property in the formerly planned economies of central and eastern Europe. At the heart of this debate will be an architectural design competition, that enables architects and students of architecture to show their vision on healthcare sites and buildings in these challenging circumstances.

More information about the competition can be found on: [www.tno.nl/duchacompetition](http://www.tno.nl/duchacompetition)

About DuCHA: [www.ducha.nl](http://www.ducha.nl)





## 9. - Website

These 2 examples above prove that we need to update our website. It is fully my fault that I have hesitated for too long to update it, but I have started now and I found a motivated young lady in my former office who is helping me.

### 9.1 What we did first was to try to use the new logo of the UIA

#### 9.2 List of members and guests

We have integrated the updated list of members and guests. Please check if your own name is spelled properly. Rinske Jansen is still working with us as the secretary of the PHG and she is maintaining this list. But since she is in the Netherlands and I myself in Switzerland we have just the e-mail to communicate.

#### 9.3 information about the up-coming seminars

I concentrated my work on the basic organisation for the next 3 seminars.  
 Buenos Aires in 2009 (we will keep you informed directly and on the website)  
 Kuala Lumpur in 2010  
 and hopefully Tokyo in 2011

#### 9.4 The triennial goals for 2008-2011

I have prepared a draft of this matrix and it is now on our website. It is at the first view very similar to what Luub Wessels has installed for the years 2005-2008. No wonder, you have to understand that the UIA headquarters in Paris was requesting such a list within only 2 weeks after my return from Florence. Therefore my intention was at the time to look at it as a draft and at the same time as a chance to work on it together with our members. "We should discuss the topic themes and look at it as a learning process". I would have liked to integrate some of the themes for which we will call papers for Buenos Aires already in the draft 3 years plan but this was not possible. Let's take the time needed. Some of our members but especially Knut Bergsland has sent me some input which I am analysing at the moment. I thank them all very much for their participation.

#### 9.5 Advisory board

What I need is an advisory board formed by some of our members and personalities who are very active in their specific region of the world and who can give me their input and formulate it from their point of view. For this purpose Luub Wessels has established the so called executive members. I realise that I definitely need such executive members to give me some support. On the other side I can understand that due to whatever reason, someone who is on this list as an executive member just has not the time any more and would be glad to inform me that they would decide to become ordinary members again. It needs just a mouse click.

#### 9.6 Links to other organisations and research institutes.

I have inherited a number of links to international organisations and my intention is to add some more, especially of those which are researching the field of healthcare facilities. The first effort was of course to establish a good contact with the WHO in Geneva and the IHF which has its headquarters just outside Geneva. But even more important are the research institutes. Tell me if I am wrong. Each one of us is in contact with such research institutes or universities making studies and it would be excellent if we could find them as a link on our website. What I need is an icon and the name of the website. I have already received some suggestions and will step by step integrate them on our website. [What I am driving at is the evidence based design and an excellence in design based on profound studies.](#)