LKH BRUCK

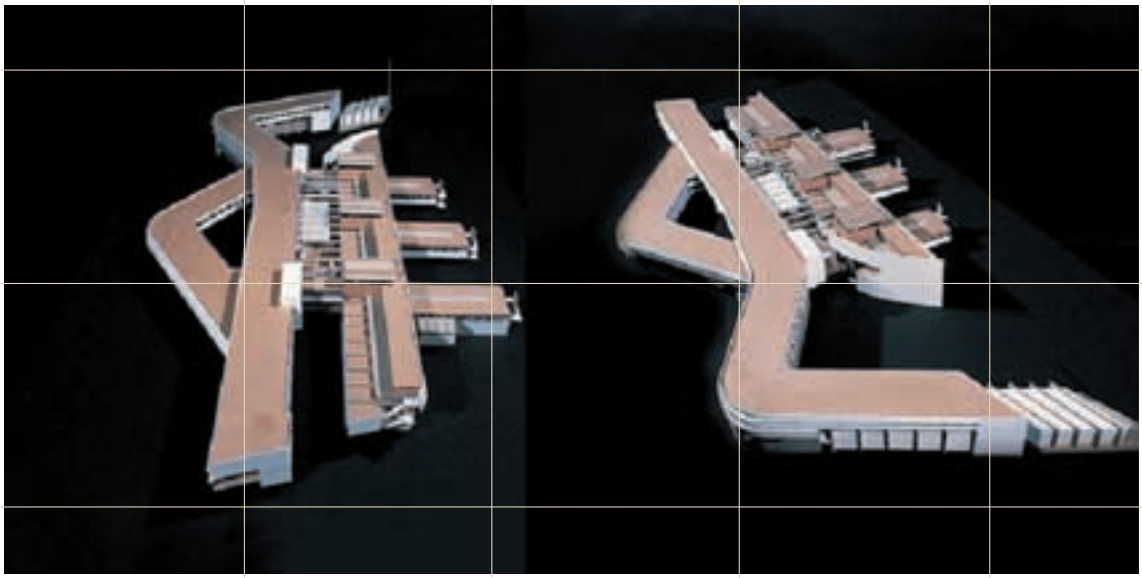


PHOTO 1:
Our office was first confronted with the construction of hospitals in 1987, when an architect's competition for the construction of the new state hospital in Bruck on the Mur was decided in our favour.
Two photos of the model of our entry.

PHOTO 2:
The hospital is located on a plateau like an island in natural surroundings a short distance from the city centre of Bruck. The facility was to be structured in such a way that a patient is constantly aware of where he is and where he is to go. Good riddance to long dark passageways and the all-too-familiar sterile odour.
The main entrance with the artistic area design „The Ring" by Hannes Vogel.

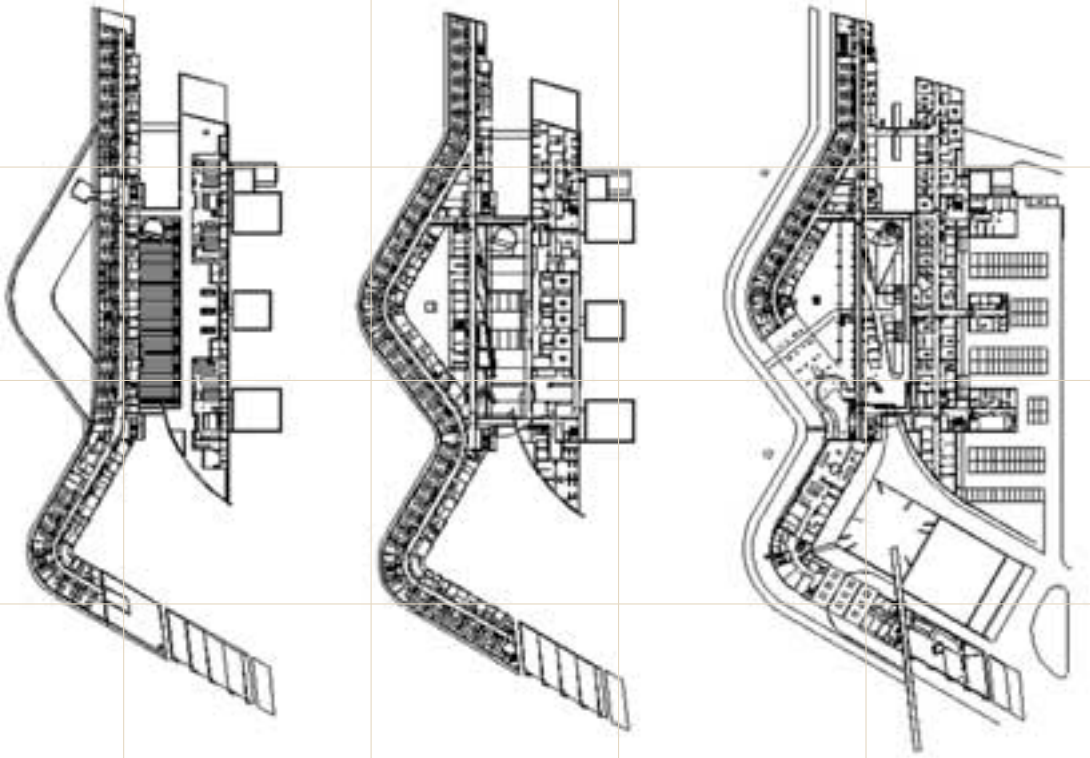
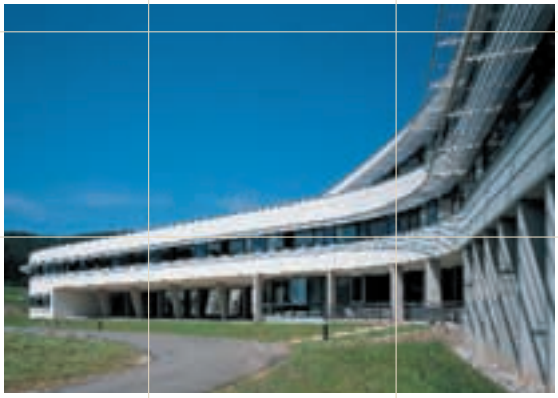


PHOTO 3:
The premise was to interpret the planning task as an opportunity to reorganize matters, translate complicated procedures into simple, manageable spatial structures, and not turn the design into complicated operational sequences. In the fully glazed-in central hall, which houses registration, waiting area, café, bank, chapel and patient's dining room, information and communication have their place. The treatment wing on the one side, clearly and simply conceived for functionality, and the nursing wing on the other side, a curved dynamic building that is flattened-out and fits spatially into the topography.



PHOTOS 4 and 5:
The stepped nursing wing points south; large windows ensure adequate lighting for hospital rooms and offer patients a view of nature which has a proven healing affect.

PHOTO 6:
The hall, much-criticized for its size and cost but then favourably accepted by all – passers-by continue to enjoy a coffee here – and the inviting garden for patient's, have in certain respects become outdated, in view of developments in hospital construction – ever-shortening length of stay of patients and fewer inpatients.

PHOTO 7:
The patient's garden between the treatment and nursing wing, a connecting passage between obstetrics and the circular hall, behind it the central hall with the wall enclosing the chapel, on the opposite side the main entrance.

LKH GRAZ WEST

PHOTO 8:
An architect's competition which won us first prize in 1997 preceded the planning of the Graz West State Hospital. It is also a new construction within the overall LKH 2000 project, a vast modernization and reorganization of the university clinic from which surgical and medical departments were excluded in order to create space for research and development. It is also to substantially improve medical care in the city's western sector through the pilot project of integrating the casualty hospital of the general accident insurance company and the the Barmherzige Brüder Hospital (religious charity hospital). And this in an attractive location with large grassy areas, fields, at the city's fringe, at the foothills of Plabutsch, close to castle Eggenberg.

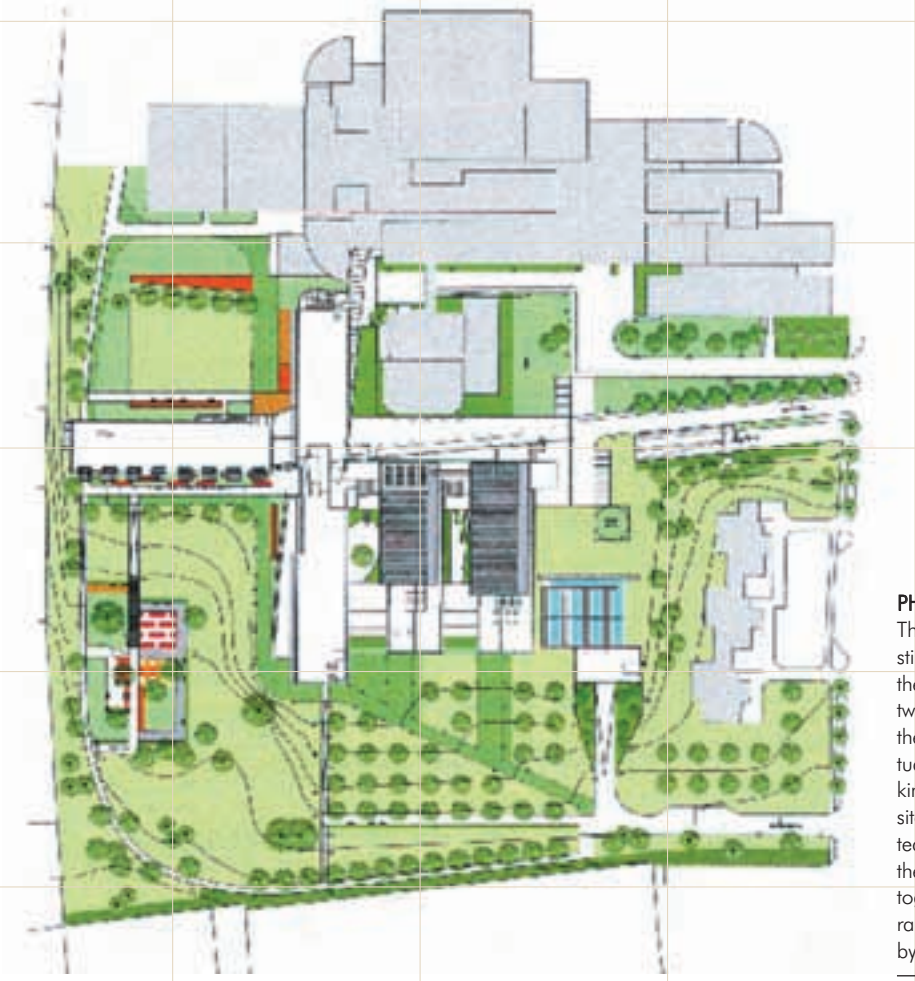


PHOTO 9:
This is the site plan with the existing casualty hospital, physiotherapy and nurses' home. Between the casualty ward and the commercial sector, both situated below ground level, parking decks on two levels for visitors and personnel are located. This made the retention of the green belt possible which, together with the patient's therapy garden, was landscaped by the firm „Land in sight".

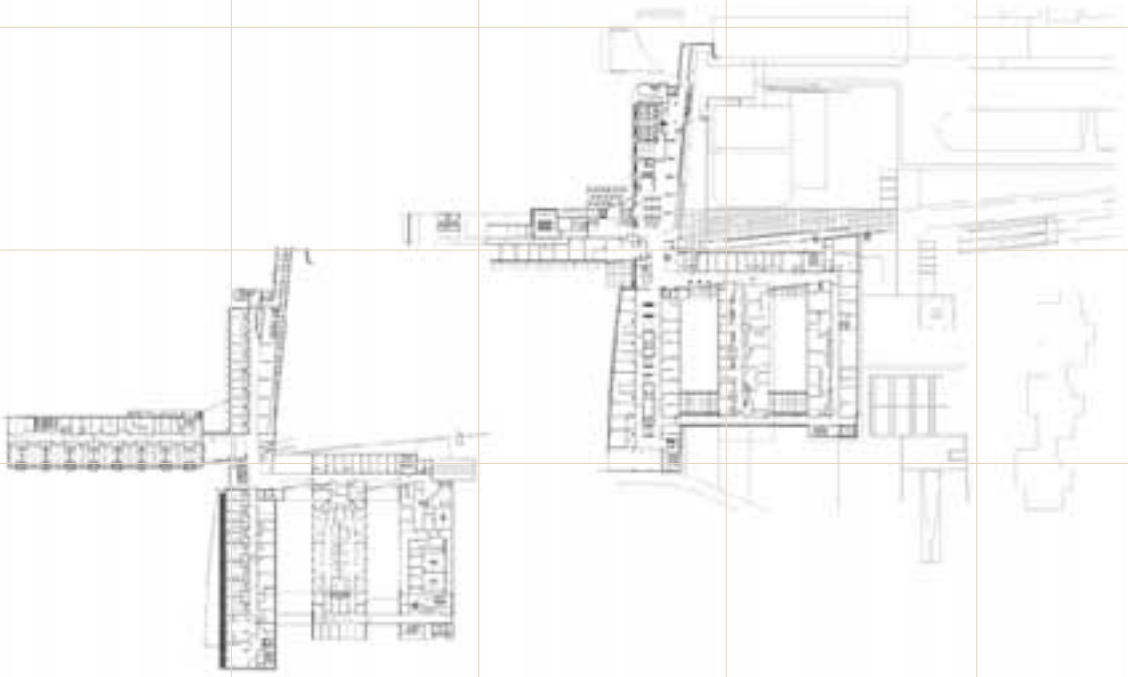


PHOTO 10:
Like Bruck, LKH Graz West is a regional hospital with four medical and two surgical nursing wards, one department for cardiology and intensive care, surgery, anaesthesiology, radiology and pathology. What is new here is that the general nursing wards consist solely of four-bed hospital rooms, two special class wards – one-bed and two-bed hospital rooms in a separate wing, with balcony and higher class standard – and are run as multidisciplinary units, which results in excellent capacity utilization.

PHOTO 11:
View of nursing wards from the West. Five-storey low-rise with nursing wards, in the right corner the three-storey special class wing with hospital rooms with balconies and the day and visitor rooms at the head of the ward – also with balcony. Sadly, the staff dining room has remained vacant; the cooking of the kitchen in the adjacent emergency hospital seems to be so good that everyone eats there.

PHOTO 12:
The main entrance with a view of hotel-like reception through the load-bearing glass front, stacked dayrooms of transparent design looking at the five-storey hall, to the left the ramp which leads from the visitor's park deck directly to the entrance, above it one of the „floating" domestic engineering centres.

PHOTO 13:
The side opposite to the hall with access to the park, patient admission office on the left, above it doctor's conference rooms.

PHOTO 14:
Facade design of the special class hospital rooms, two rooms share one balcony which is divided by a satin-finish glass panel, a steel construction with slatted wooden grid as floor covering. The fibre concrete façade slabs of the oriels should have been made of boat plywood; however, this was prohibited for reasons of fire protection.

PHOTO 15:
Façade design of the general nursing wards with fixed, horizontally projecting sun shades similar to Bruck.

PHOTO 16:
A dayroom in the central hall, the corridor layout in a special class ward with wood panelling in the hospital rooms, waiting area in general outpatients – still unfurnished apart from children's play area – vestibule and visitor lift in the central hall, works of art by Franz Graf and Hans Kuppelwieser.

PHOTO 17:
Access from the tram stop is through the casualty hospital via a ramp into the lower lying hall of LKH West.
The two-storey entrance hall with the „travelling" reinforced concrete V-columns.

PHOTO 18:
This is the ground floor plan and view of walls as well as indoor shots of two and four-bed hospital rooms.
The size of the four-bed hospital rooms was adopted from Bruck, the axial grid was increased from 3.60 m to 4.60 m.
If, as intended, the four-bed hospital rooms are to be phased out but ward sizes of 30 patients are maintained and more ancillary rooms are required, this would mean greater ward area and increased walking distance for personnel.
In the four-bed hospital rooms the WC is separate from the bath and this is to be standard for two-bed hospital rooms.

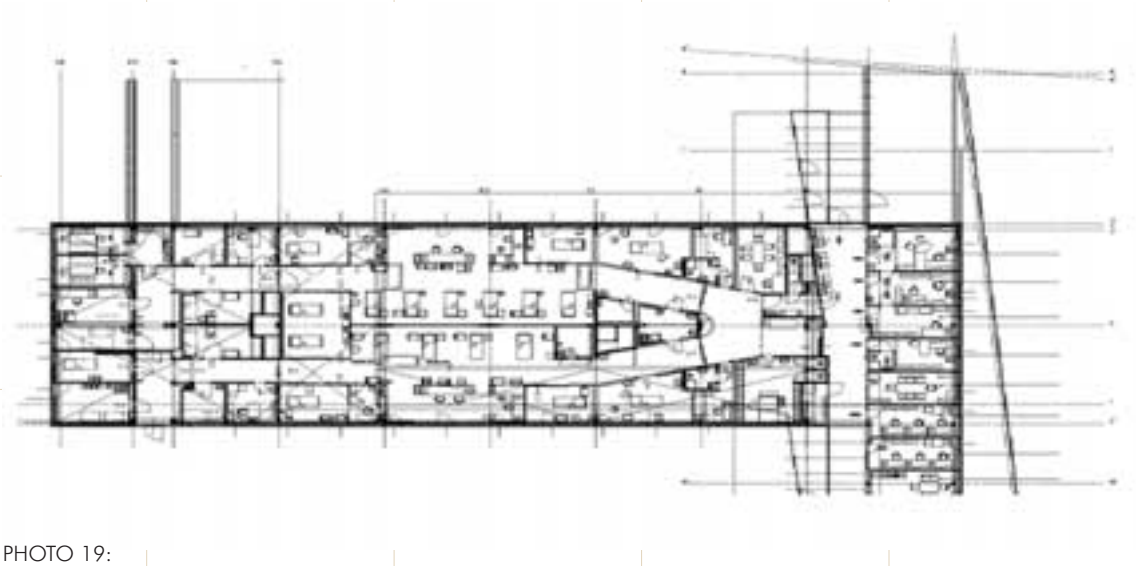


PHOTO 19:
New in this hospital is the spatial offsetting of the intensive care wards of cardiology and anaesthesiology, of intensive care and observation beds – part of the area has interdisciplinary use (wardrobe, conference room, social activities room, supply room, waste disposal room...) – as well as the flexible number of beds (a two-bed hospital room can be allocated to both departments). In comparison to Bruck and according to the international trend the relationship between intensive care beds and general care beds has clearly risen by 6%.

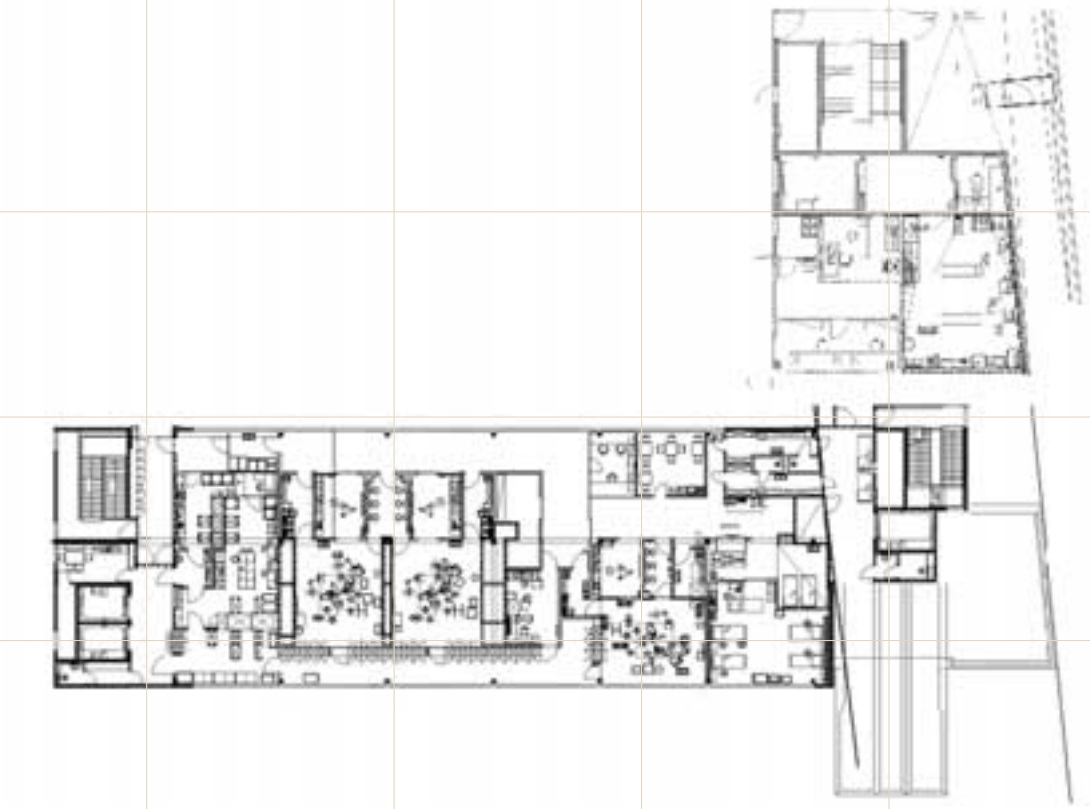


PHOTO 20:
The photo shows the casualty ward with trauma room on the ground floor, and on the floor above the OP group and sterilization. The septic OP has been eliminated; OP service is included with the other OP's in order to reduce operating and personnel expenditure.

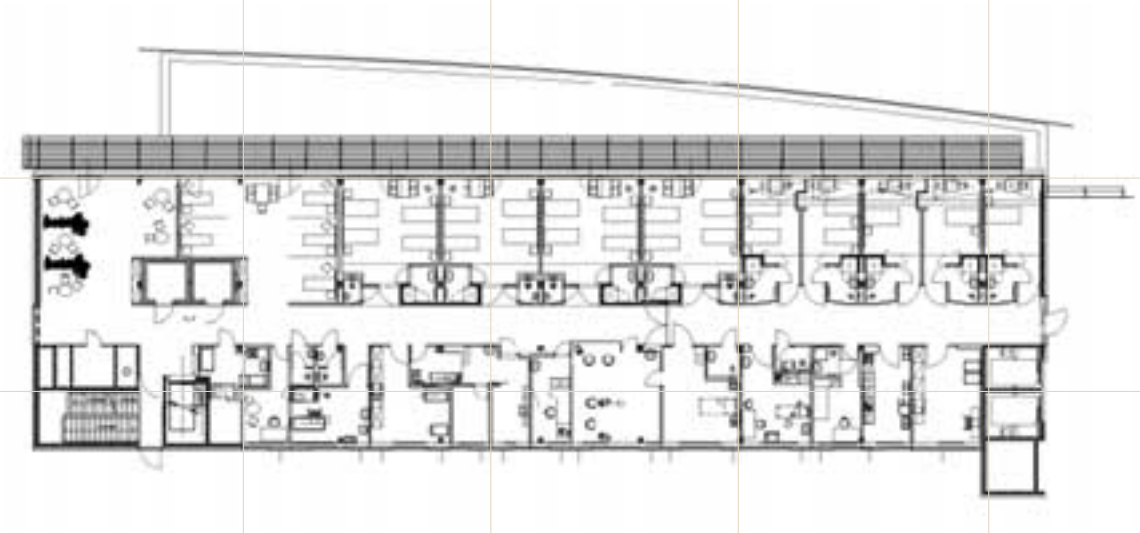


PHOTO 21:
Admission and day clinic are further innovations, 32 beds are located directly next to outpatients and serve for optimum utilization – day and night.

EXTENSIONS TO CANTON HOSPITAL FRAUENFELD

PHOTO 22:
The task of the competition was to spatially implement a development concept with different planning stages over the next ten years, including complete reorganization of the existing premises. The first stage was to examine in detail the reconstruction of the casualty ward, intensive care ward, intermediate care ward and stroke unit, admission ward and day clinic – both for additions to existing buildings as well as final construction stage. The building's outward appearance corresponds to a typical hospital of the '60s – a high-rise with beds and a two-storey long wide-wing which houses the treatment section.

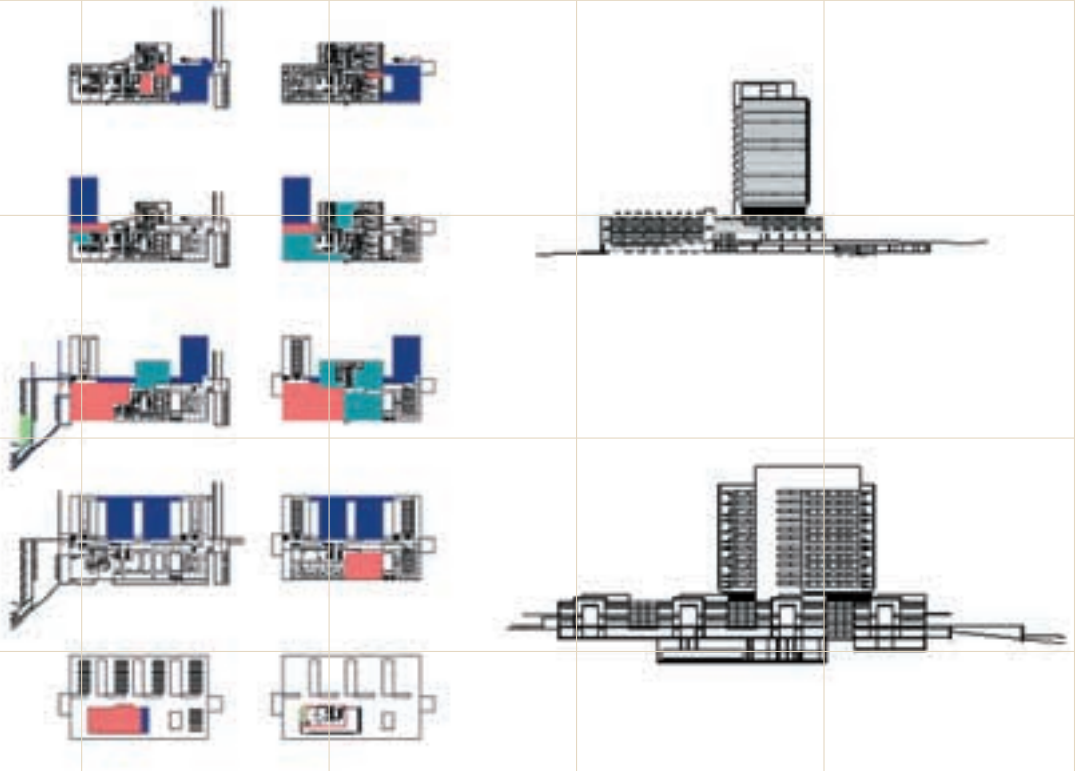


PHOTO 23:
The plans for the various stages show that while the number of beds remained the same the treatment wing was enlarged by approximately 80% by the final stage of construction. Ward extensions were the result of improvement in vertical development (lifts, emergency staircases, supply area) and the previously mentioned increase in ancillary rooms.

UINVERSITY CLINIC INNSBRUCK

PHOTO 24:
In Innsbruck we were invited to take part in an urban planning competition for the first time in May 1993, after it had been decided after in-depth discussion to remain at an inner-city location. It involved a situation analysis that was to explore how the additionally required space could be justifiably created over the next ten years with respect to urban planning, either through reconstruction or demolition and new construction.

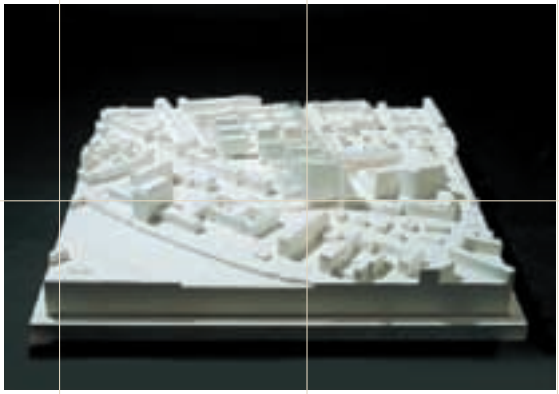


PHOTO 25:
In 2001 we were invited to take part in a competition for the construction of a mother-and-child centre. Up to this time the building which housed the surgery had already been reconstructed and a new medical centre had been constructed in the Anichstraße area. One can see that the low-rise along Maximilianstraße corresponds to the urban planning model of 19, but the permissible height of buildings was severely limited by the city planning department.
It might be of interest with regard to this project that we endeavoured to organize hospital rooms – with two-bed and four--bed room flexibility – as well as treatment wing on a uniform support grid of 7.2 m * 7.2 m, to guarantee high flexibility for future alteration.
Just recently we were invited to take part in a competition for the extension of the Kopfklinik in the centre of the area – where according to our estimate the critical mass has already been reached.
However, we are curious what the new task will be.

MOTHER-AND-CHILD CENTRE and BLOOD BANK LINZ

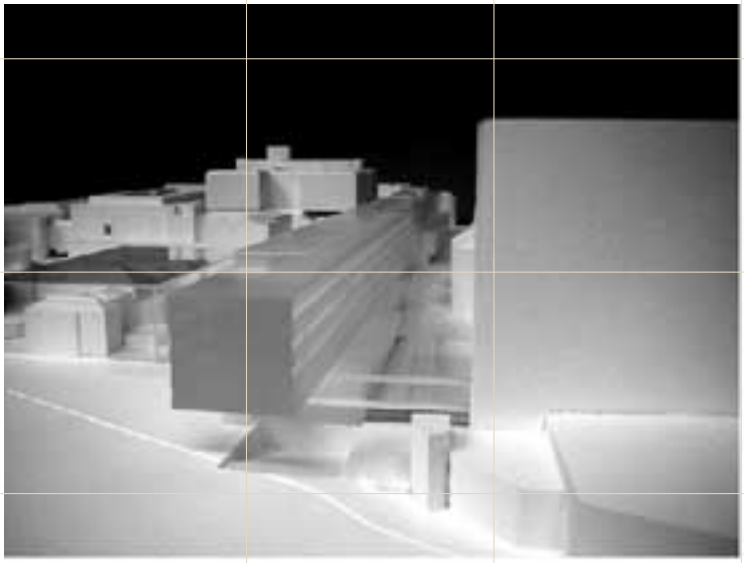


PHOTO 26:
This competition was of interest alone for its size and the complexity of the task, since it involved the integration of three different hospital sponsoring companies – the City Graz General Hospital, the Children's Clinic (LKH) and Red Cross into one complex.
It is obvious from this aggregation that the children's clinic, up to the time of the competition, had been reconstructed and extended several times and that due to the total new construction of the general hospital in the '70s the original pavilion system has been almost totally lost, except for a few remaining relics.
We endeavoured to concentrate and compact the children's clinic south of the developed road and upgrade the main entrance to the general hospital – a failed plan – by relocating the emergency priority access to the fringe area.
The laboratory sectors of the blood bank were, with the exception of public areas, located underground around two large atriums, in order to retain the green belt along the street as much as possible and maintain sections for future extension.

FURTHER HOSPITAL COMPETITIONS

In conclusion a few photos of other hospital competitions – without commentary – to round off the picture our planning activities in this filed.

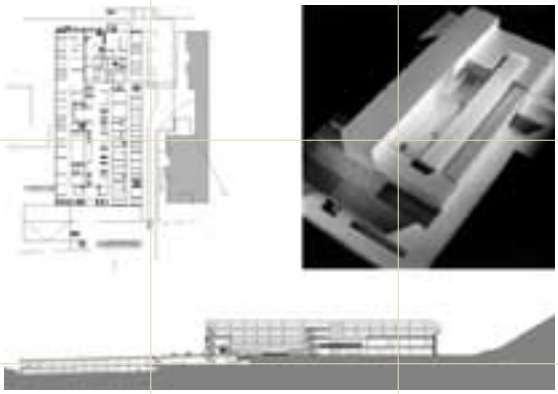


PHOTO 27: NEW HEALTH PARK BUILDING BAD AUSSEE 2002

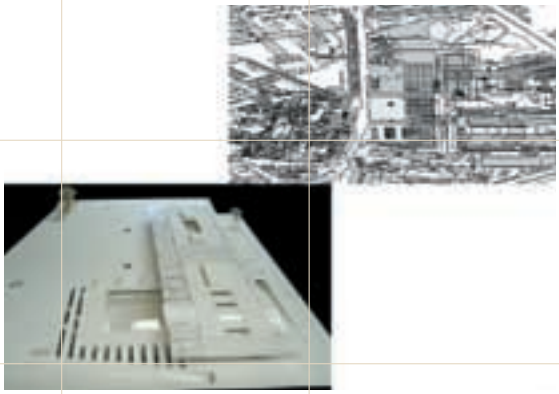


PHOTO 28: NEW STATE HOSPITAL BUILDING STEYR 2001

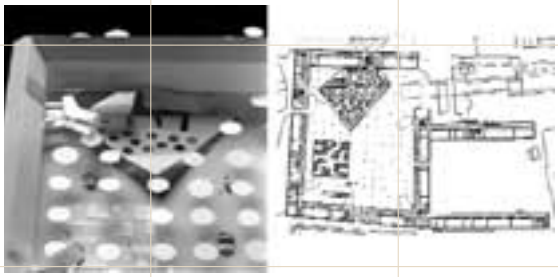


PHOTO 29: UNIVERSITY CLINIC for TEETH, MOUTH and DENTAL MEDICINE VIENNA 1999

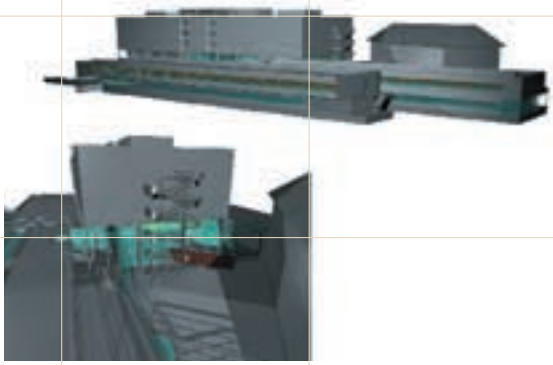


PHOTO 30: STATE HOSPITAL BREGENZ

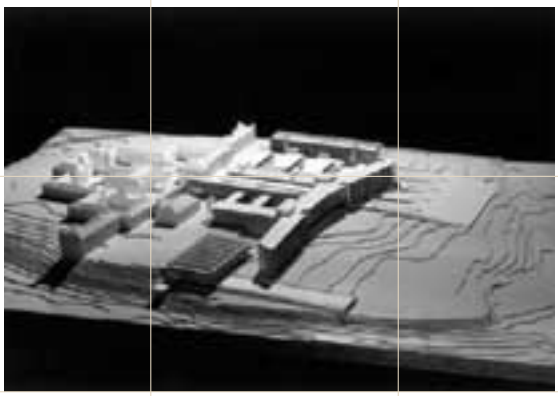


PHOTO 31: STATE PSYCHIATRIC CLINIC WAGNER-JUAREGG HOSPITAL LINZ 1993

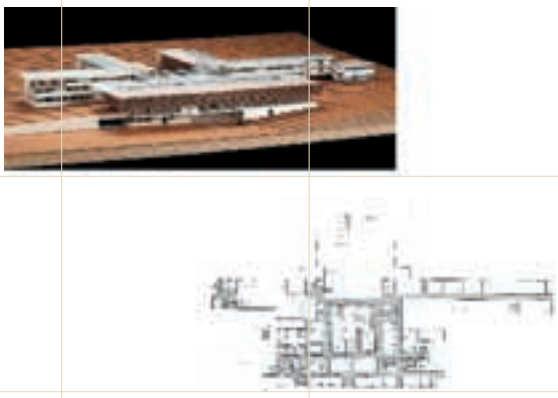


PHOTO 32: STATE HOSPITAL HARTBERG 1992