Expatriate healthcare equity

Expatriate healthcare in Kuwait has been a contentious issue in recent times, with the government looking at implementing policies of segregation for local and foreign patients, as well as local and foreign medical staff, at public health facilities. This has come after complaints in the Kuwaiti parliament of local patients having to wait for treatment at public facilities due to the large number of expatriates seeking medical assistance. There has also been talk in recent years of creating separate hospitals for Kuwaitis and expats.

Expats have access to public facilities, but should expect long queues and waiting times. In an attempt to ease congestion at public facilities, the Kuwaiti government has started trials to bar expats from accessing public healthcare during certain times of the day. In some out-patient facilities, Kuwaiti nationals will be given priority access to medical care at public hospitals in the morning, while expatriates can only access these facilities in the afternoon, except in the case of an emergency. It remains to be seen whether this policy will be extended to all public health facilities in the emirate.

http://www.expatarrivals.com/kuwait/healthcare-in-kuwait

The rise of chronic disease

The unprecedented spike in the number of Kuwaitis suffering from obesity, heart disease, cancer, diabetes and other common chronic non-communicable diseases is a cause for alarm among health providers, a Ministry of Health official warned in a speech at a Gulf-orientated forum held yesterday. Assistant Undersecretary for Technical Affairs Dr Qais Al-Dwairi stressed to Gulf health officials at the forum the need to spread awareness among Gulf region populations to follow a healthy regimen of food and exercise to ward off modern day diseases usually contracted because of unwise lifestyle choices.
76% of all deaths in Kuwait are now attributable to a non-communicable disease.  

**WHO, 2014**

**The response**

A new private Medical City is planned for the City of Jahra. The Medical City is in response to overall population growth; the move from ex-pats from public to private healthcare settings and an increasing elderly population; and an overall increase in cases of non-communicable disease. The Medical City is currently being Master Planned by CannonDesign. The program for the Medical City contains a private, General Hospital with Centers of Excellence, Outpatient clinics, Support Services and Laboratory functions. Though inpatient beds will focus on select specialties and services related to the centers of excellence, the medical city will serve a full range of specialties in its ambulatory clinics.

A Center of Excellence is a service line with a team of people that promote collaboration and use best practices around a specific focus area to drive exemplary outcomes, finest operational standings and the most comprehensive patient care. The general hospital located in the new Medical City will house a Heart and Vascular Center of Excellence; a Respiratory Center of Excellence; an Orthopedics Center of Excellence; and a Gastrointestinal Center of Excellence. (CannonDesign)

**Program**

In response to the rapidly growing need for hospital and ambulatory care this studio will design a Western style general hospital in Jahra, Kuwait. The hospital program will include inpatient care; diagnostic and therapeutic services; administrative and public areas; support services; and outpatient clinics accommodated in approximately 1,100,000 GSF. The general hospital will make available quality healthcare services within the region for all sections of society, residents as well as expats.

The hospital will be located in a new Medical City. The Medical City will be designed to state-of-the-art concepts for:

1. Healthy City
2. Smart City
3. Sustainable City

Students will explore the architectural implications of each of these goals.

**Site**

The project site for this new Medical City is located within the city of Jahra, which is located roughly 20 miles West of Kuwait City. Jahra is the capital city of the government district Al Jahra. Al Jahra is the largest government district of Kuwait. It is home to the majority of the agriculture and desert landscape in the country, as well as large amounts of industry.

**Educational Outcomes**

Students will learn contemporary hospital design best practices with emphasis on the specifics of clinical flows; patient safety; access to nature; the place of advanced clinical technologies; and evidence based design interventions. Additionally, the implications of Vastu design will be explored.

**Evidence Based Design**

The studio will employ Evidence Based Design methodology throughout the semester. Evidence Based Design (EBD) is the process of basing decisions about the built environment on
credible research to achieve the best possible outcomes. (Center for Health Design, http://www.healthdesign.org/) Evidence Based Design has followed the development of Evidence Based Medicine and is the accepted standard for healthcare design in the US and internationally. Upon the successful completion of the studio students will be prepared to take the EDAC examination for Evidence Based Design Accreditation and Certification.

EBD Resources:
• Hamilton, Kirk. “Four Levels of Evidence Based Practice.” http://info.aia.org/nwsitr_print.cfm?pagename=aiaj_a_20041201_fourlevels. 7/7/08. 10:19 AM.
• The Center for Health Design. What is evidence based design? http://www.healthdesign.org/edac

Teams
Students will work in teams of two-three (2-3).

Deliverables
• Assignments will be made weekly. The intent of each Assignment is to build the student’s awareness of specific aspects of contemporary hospital design. Advanced assignments will be given to those students who have previously taken the healthcare studio.
• Mid-term reviews will be held in the offices of VOA/ Stantec in Chicago with multiple healthcare architects acting as reviewers.
• Final deliverables for the studio will be a self-published book. The book will be distributed to all Practice Critics and healthcare architecture firms assisting in the studio.

Required text:
• Kliment, Stephen. Building Type Basics for Healthcare Facilities. Second Edition. John Wiley & Sons, Hoboken, NJ. 2008. Please order from Amazon or other web sources during Week 1. You will need this resource in Week Two of the course and will refer to this book throughout the semester.

Suggested Texts:

Additional Sources:


**Schedule and Assignments:** the schedule may (and will) vary. Additional readings and resources will be distributed with each assignment.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Dates</th>
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<tbody>
<tr>
<td>1. Hospital as medical city: disease burden, service areas and medical city precedents</td>
<td>Jan 17-24</td>
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<td>2. Site concepts: smart city/ sustainable city/ healthy city</td>
<td>Jan 24-26</td>
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<td>3. Intro to the Program: proportional diagram, bubble diagram, Circulation flows</td>
<td>Jan 26-Feb 2</td>
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<td>4. Key room design: Long term acute care and the place of dying The med-surg room and the place of patient safety LDR/P and the miracle of birth</td>
<td>Feb 2-Feb 14</td>
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<td>5. Building massing and section: sustainable interventions</td>
<td>Feb 14-Feb 21</td>
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<td>6. Schematic design review Pin-up review Feb 28</td>
<td>Feb 21-Feb 28</td>
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<td>7. Detail in D&amp;T: Imaging, ED and Surgery</td>
<td>Feb 28-Mar 9</td>
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<td>8. Mid-term review preparation Reviews Mar 16 in Chicago</td>
<td>Mar 9-16</td>
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<td>9. Stress: therapeutic landscapes</td>
<td>Mar 28-Apr 4</td>
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<td>10. Patient safety</td>
<td>Apr 4-Apr 11</td>
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<td>11. Resiliency</td>
<td>Apr 11-18</td>
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<td>12. Final review preparation</td>
<td>Apr 18-29</td>
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<tr>
<td>13. Final book preparation</td>
<td>May 2-4</td>
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**Advanced Track**
Some of the students taking this studio have previously taken a hospital design studio. These students will be given advanced readings, lectures and assignments that align with the Topic Schedule listed above.

**Course Grade**
Letter grades for this course are established as follows:
Excellent (A+, A, A-) : Student’s work is of exceptional quality, and solutions to the problems show a depth of understanding of the project requirements. Project is fully developed and presented well, both graphically and orally. Student has developed a strong and appropriate concept that clearly enhances the overall solution. The full potential of the problem has been realized and demonstrated.

Good (B+, B, B-): Student’s work shows above-average understanding and clear potential. All project requirements are fulfilled and are clearly and concisely presented.

Fair (C+, C, C-): Student’s work meets minimum course objectives and solves major problem requirements. Work shows normal understanding. Quality of project, as well as the development of knowledge and skills, is average.

Poor (D+, D, D-): Student’s work shows limited understanding and/or effort. Minimum problem requirements have not been met. Quality of project, as well as development of skills, is below average. This is the lowest passing grade.

Failure (F): Student’s work is unresolved, incomplete and/or unclear. Minimum course objectives or project requirements are not met, and student’s work shows lack of understanding and/or effort. Quality of project or performance is not acceptable. This grade is not acceptable for degree credit.

Grading
- Mid-term Professional’s review: 45%
- Final Review: 45%
- Final Booklet submission: 10%