COVID-19 Safe Hospital Webinar Series: Managing pandemic risks in health facilities

Lessons learned from the pandemic: Considerations for the future hospitals

Post-COVID Design: Issues and Questions

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Ronald L. Skaggs and Joseph G. Sprague Chair of Health Facilities Design
1. Healthy Architecture vs. Healthcare Architecture

Public Health

Environment

Agent

Host

Epidemiological Triangle
1. Healthy Architecture vs. Healthcare Architecture

Do Architects (as well as other design professionals) consider themselves health professionals?

They should, because they are.

Richard Jackson, MD, Hon AIA
2. Fixed Surge Capacity vs. Flexibility/Adaptability

“Lack of ICU beds tied to thousands of excess COVID-19 deaths...” Britta Belli, Yale News, 2/1/2021

Should we stockpile surge capacity?
or
Create convertible spaces?

Cost of Flexibility, Adaptability, Austerity
3. Can Do vs. Should Do

Public Will

Austere Medicine:

“...medicine in resource-constrained environments...”

Johns Hopkins Medicine

Military, camping, developing nations...

and a pandemic
3. Can Do vs. Should Do

Austere Medicine:

Acceptable care during the crisis.

Does this mean it was “good enough?”

Could this redefine systems behavior? Goals?
(platforms, regional cooperation, big data analytics)
4. Tradition/ Familiar vs. Research/ Evidence-based

• We’ve always done it that way...

Vs.

• Research/ Evidence suggests that the best way to approach this is...

Times of crisis fuel innovation – especially in design:

HVAC, security, materials handling, infection control, waste management, telemedicine, artificial/augmented intelligence
4. Tradition/ Familiar vs. Research/ Evidence-based

Are we studying these innovations?

- Design impacts health.
- Research improves design.

(Center for Health Systems & Design, Texas A&M University)
4. Post-COVID Questions for Architects

1. Can we, as architects, learn to design as health professionals on every project?

2. Can we address conversion shortages by making flexible design a best practice in (health/ healthy) design?

3. Can we embrace austere medicine as an acceptable norm if it extends the reach of the health system?

4. Are architects prepared to make rigorous, multi-disciplinary research a centerpiece of modern architectural practice?
Thank you.

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