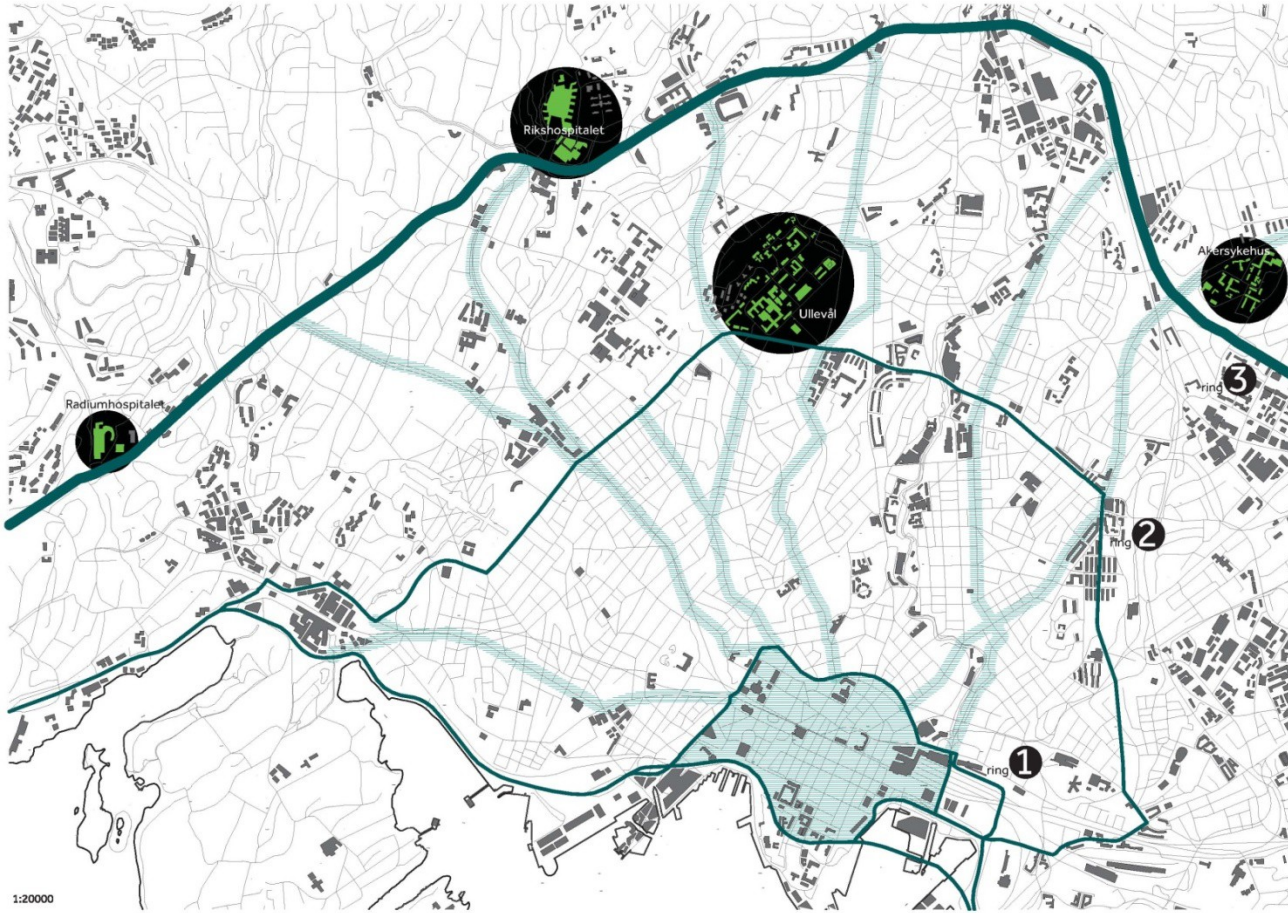


**“All Hospitals are too large and
all Hospitals are too small”**

**A presentation without a
conclusion**



The largest hospital in Norway was established by a fusion of the university-teaching hospitals in Oslo 2009.

- More than 40 different addresses
- Operating costs approx. NOK 20 billion per year, or USD 3.1 billion.
- 83 departments, 51 operating at more than one location
- Average age 60 years, apart from Rikshospitalet
- Listed buildings 270 000 m²
- Total approx. 1 000 000 m², distributed in more than 200 different buildings.
- 55 % is in unsatisfactory or very bad shape.

1830

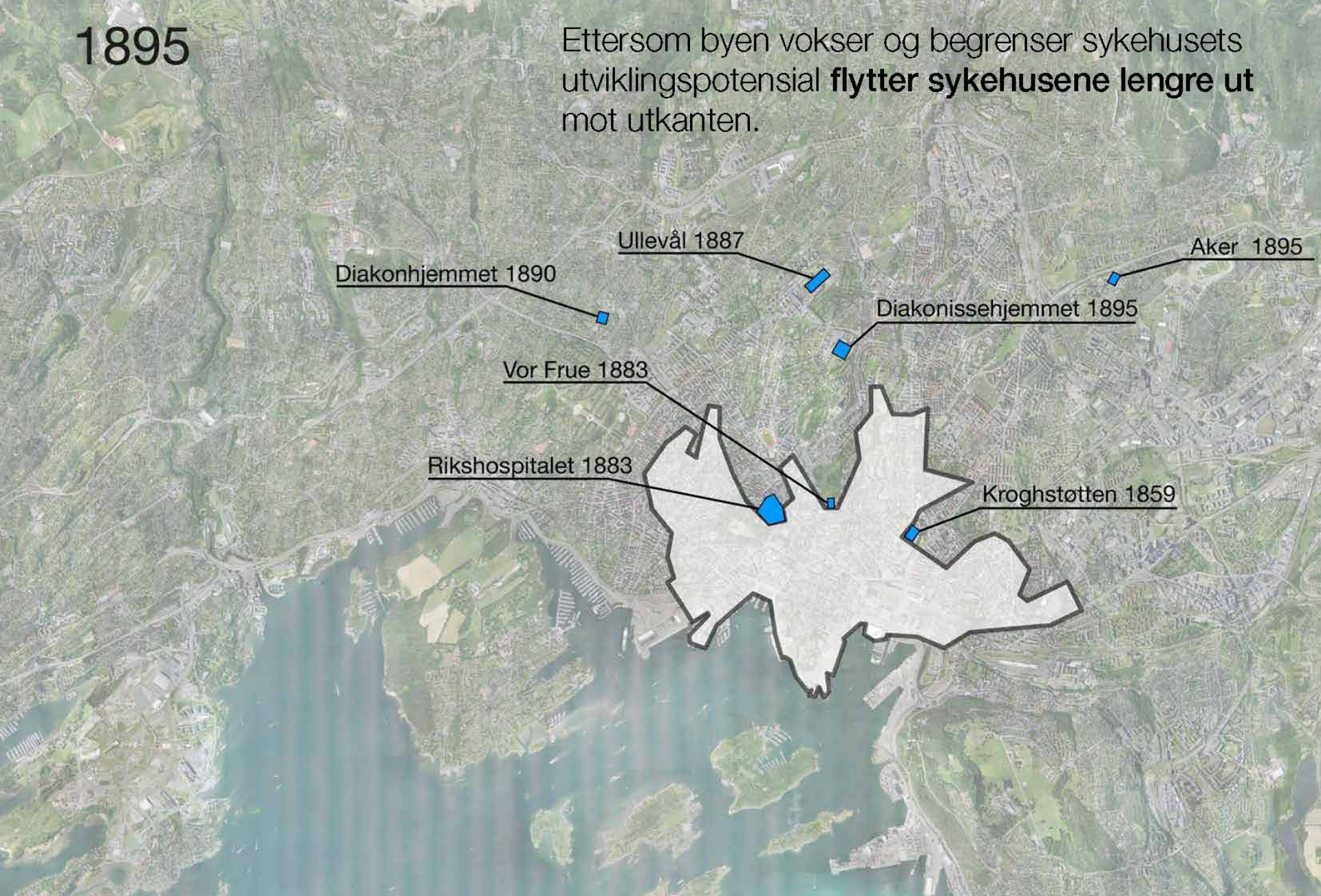
Byen og sykehuset har utviklet seg parallelt gjennom historien, med etableringen av sykehusene i byens utkantstrøk. både av hensyn til smittefare og på grunn av plassbehov.

Rikshospitalet 1826

Christiania Civile Sygehus 1810

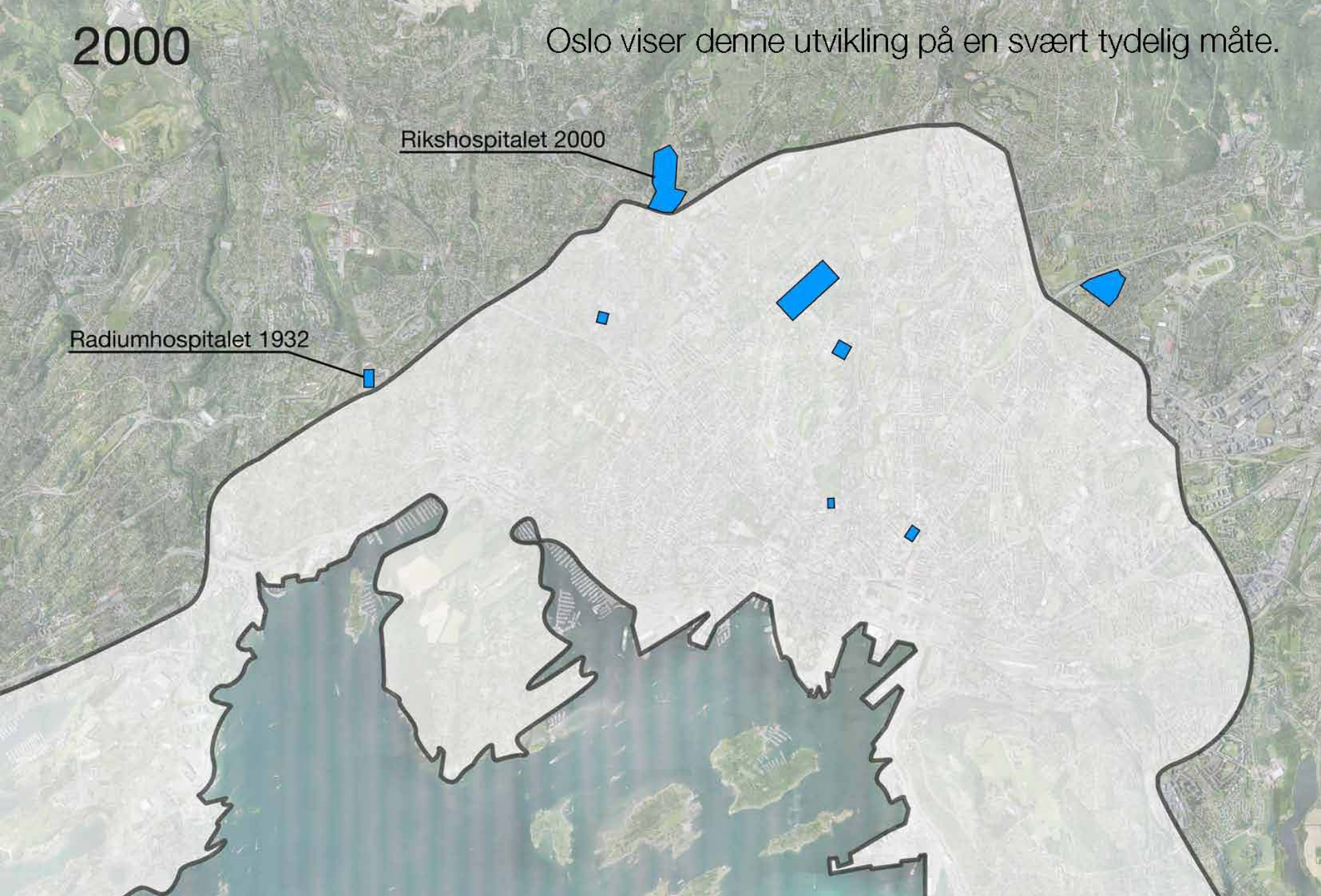
1895

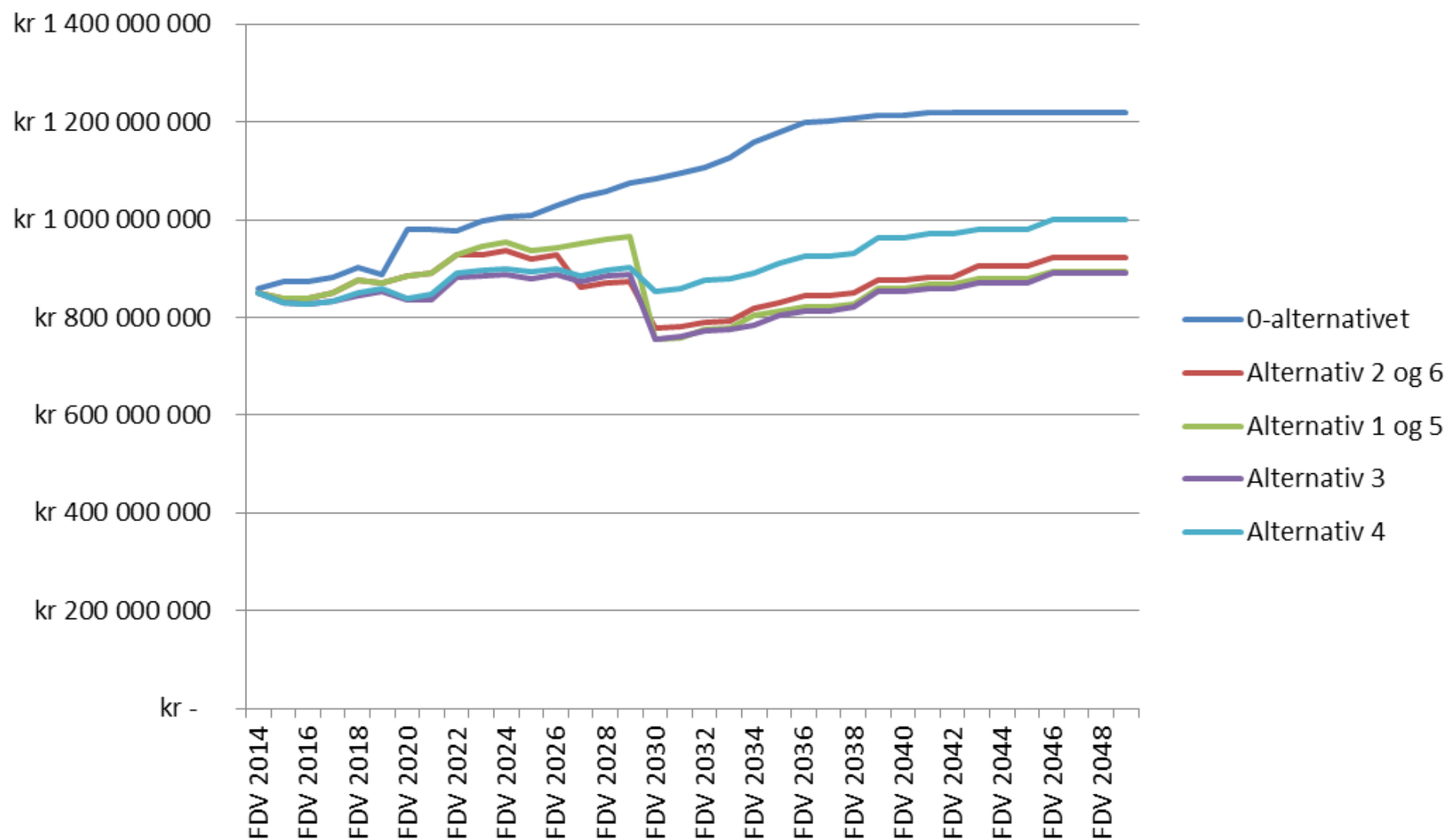
Ettersom byen vokser og begrenser sykehusets utviklingspotensial **flytter sykehusene lengre ut** mot utkanten.



2000

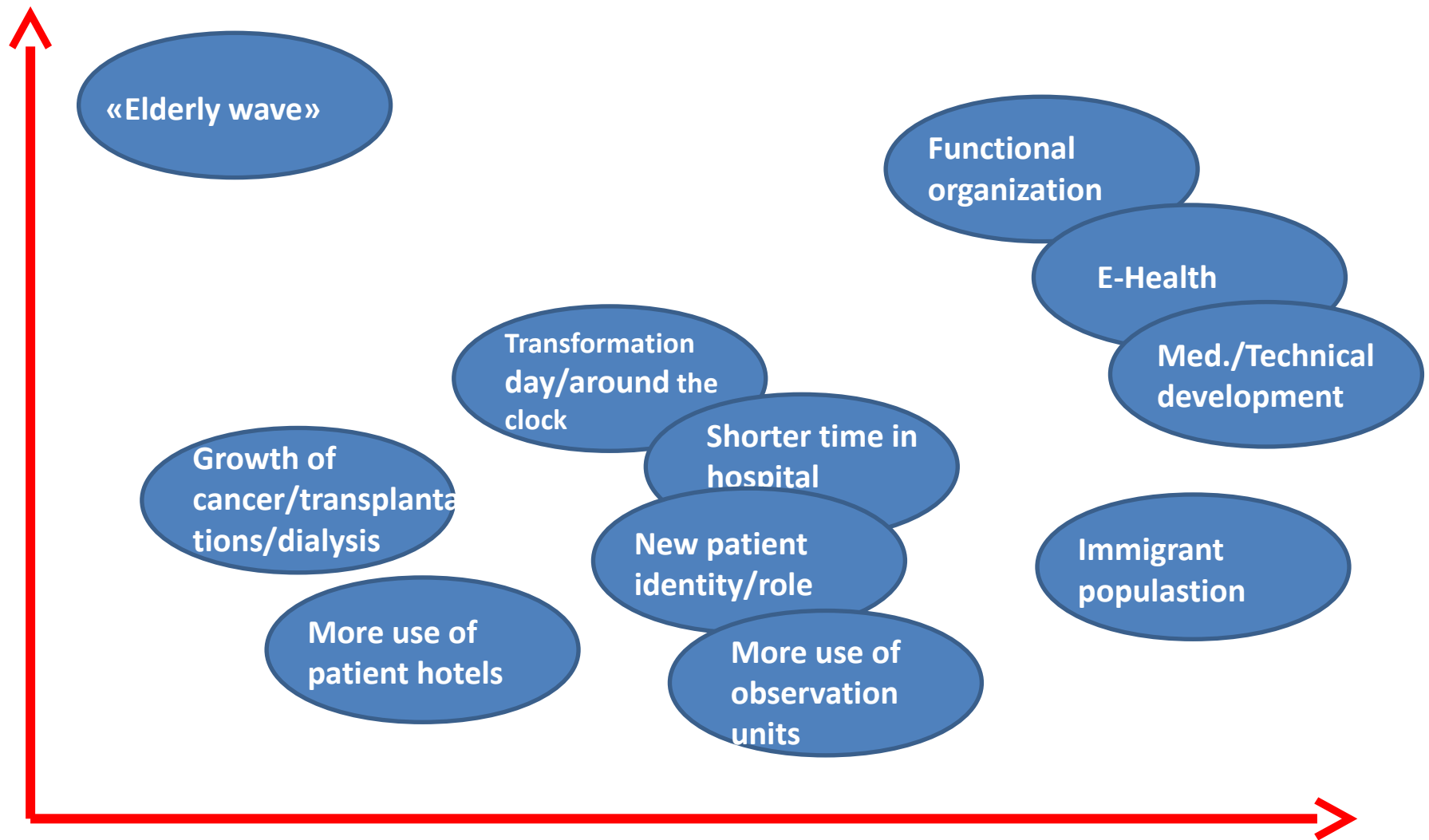
Oslo viser denne utvikling på en svært tydelig måte.





Goal

- Up to date physical conditions
- Better quality of treatment and sound economic operating of the hospital



Cater for a substantial population growth, estimated to approx. 180 000 or 30 % approaching 2030. Elderly above 80 years is estimated to grow by 60 % by 2030 and 100 % by 2040

4 scenarios were studied:

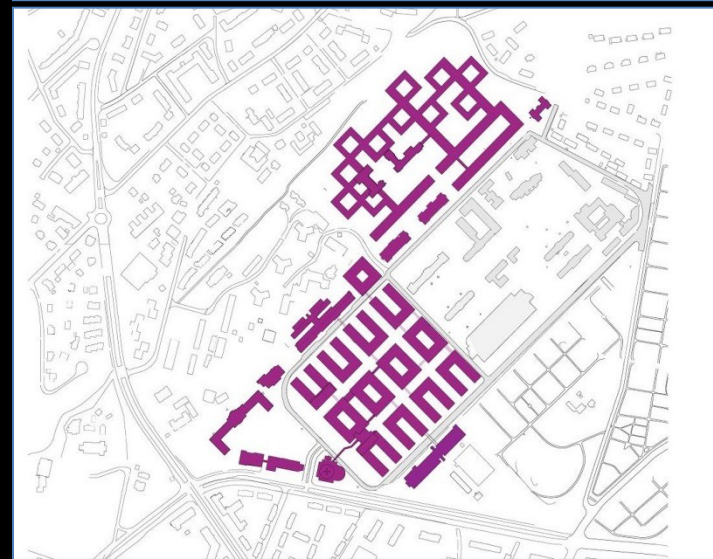
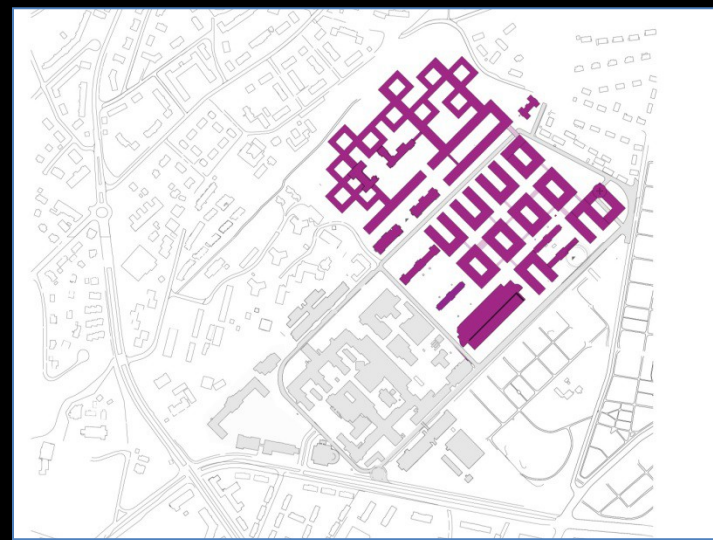
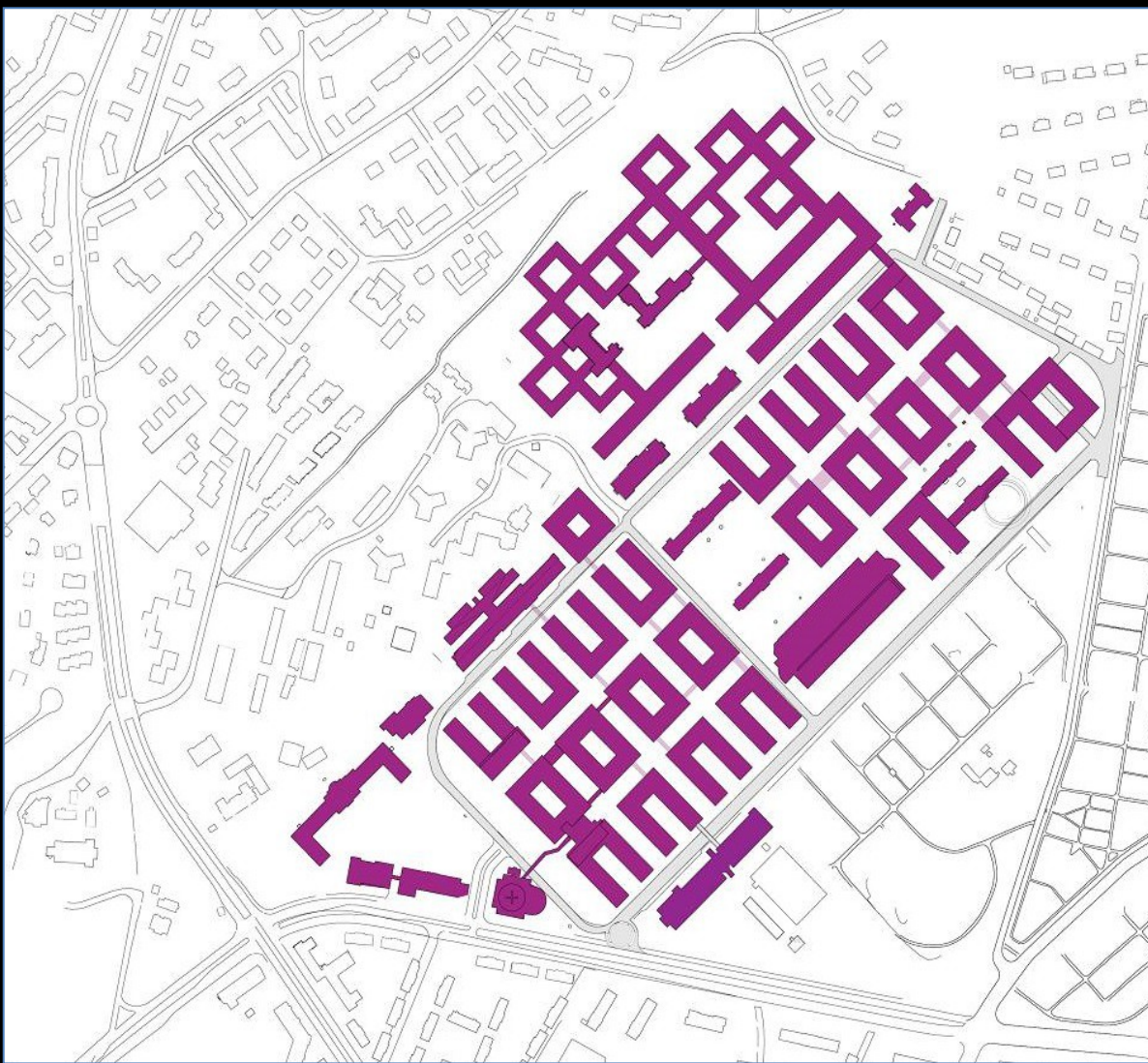
1. Continuation of today's structure
2. All functions at the site of the National Hospital/Gaustad
3. All functions at the site of the local hospital/Ullevål
4. Separate functions on the two sites

3 organizing principles were studied:

1. Continuation of today's separation of functions
2. “Horizontal” separation of functions according to national/regional and local needs.
3. “Vertical” separation of functions in organ-based or discipline based centers with a common heavy infrastructure, cluster model.



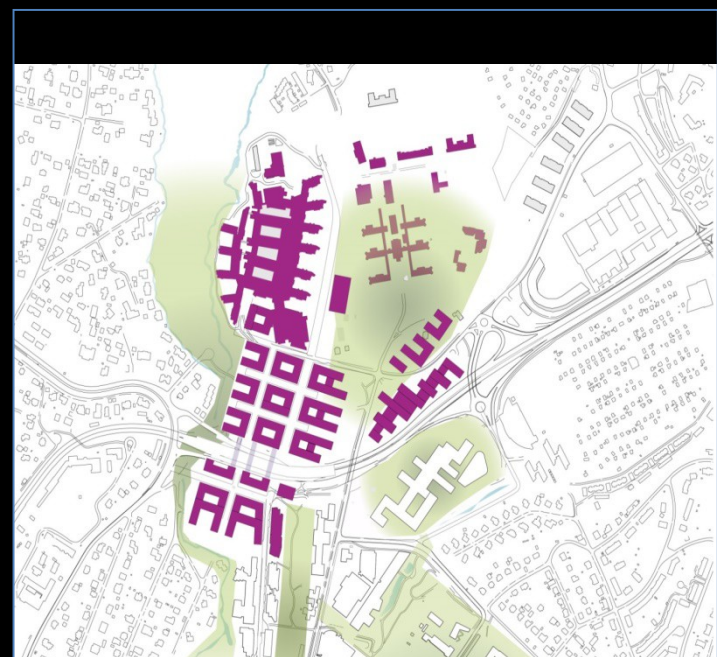
Ullevål, Oslo's
largest local
hospital, now
part of Oslo
University
Hospital



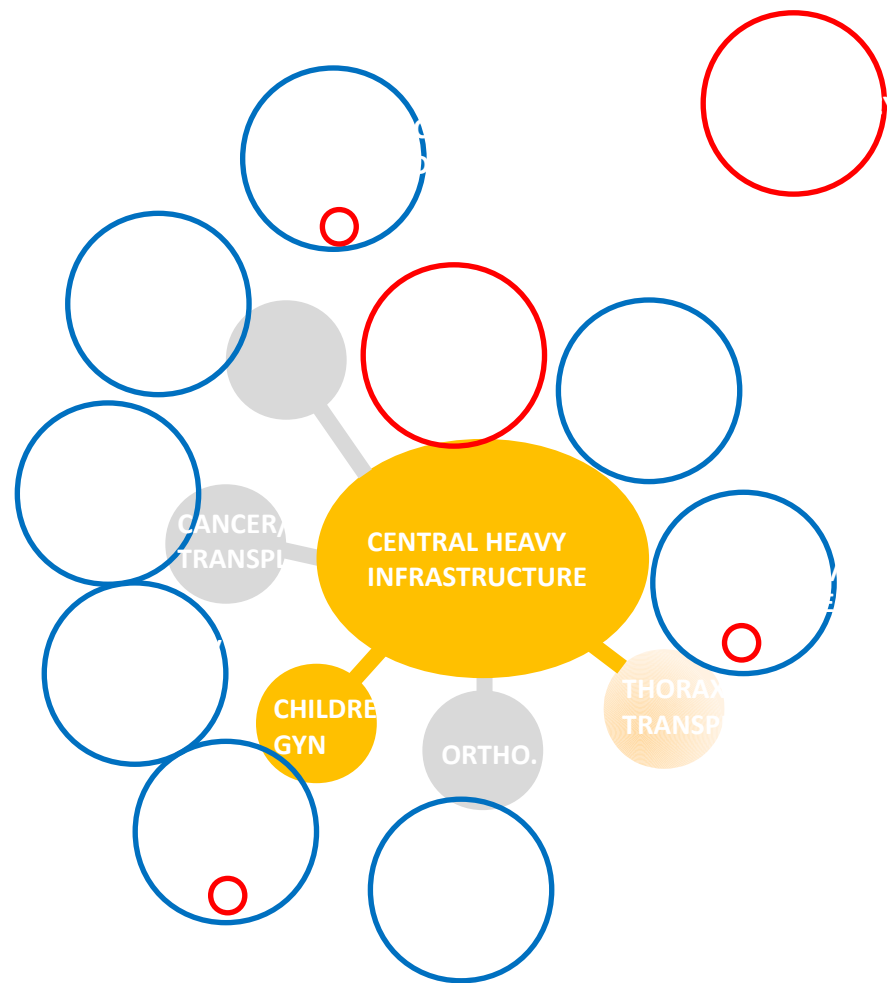
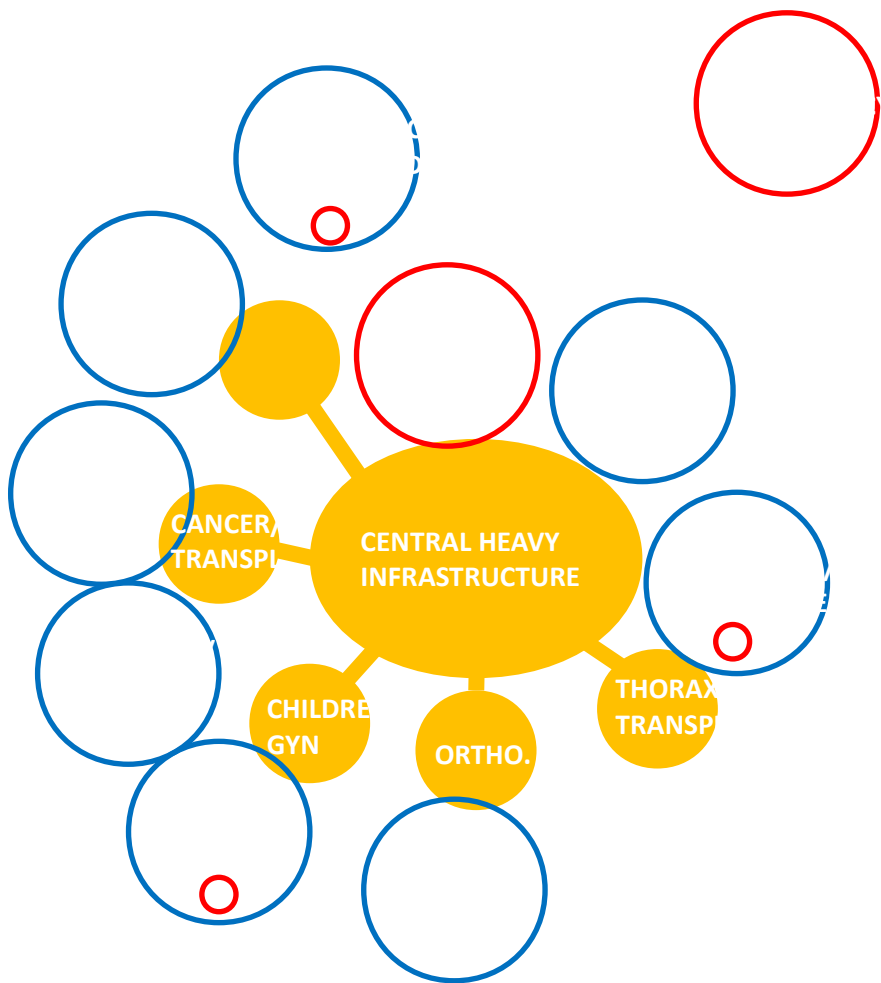
Full and partial
development at the
Ullevål site



Rikshospitalet, the newest part of Oslo University Hospital, with national responsibilities. Psychiatric hospital nearest neighbor



Studies of different
scenarios at Gaustad



Principle of the merged/adapted cluster model

The cluster - preferred model

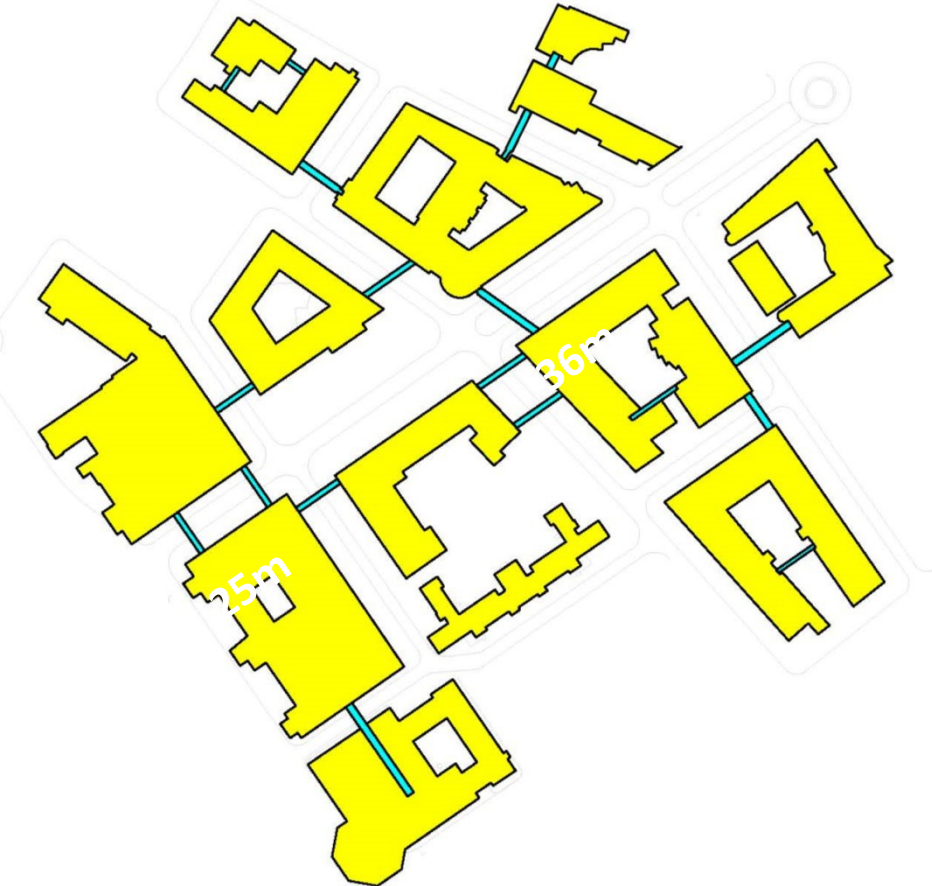
Possible to build in stages, and ensures vital professional environments.

Merging can reduce the area need from 1 mill. to approx. 650 000 m²

400 000 m² new buildings, incorporate 250 000 m² at Gaustad.

Ensures possible sale of 700 000 m² as well as freeing of highly valuable sites

Side effect :massive urban development possibilities



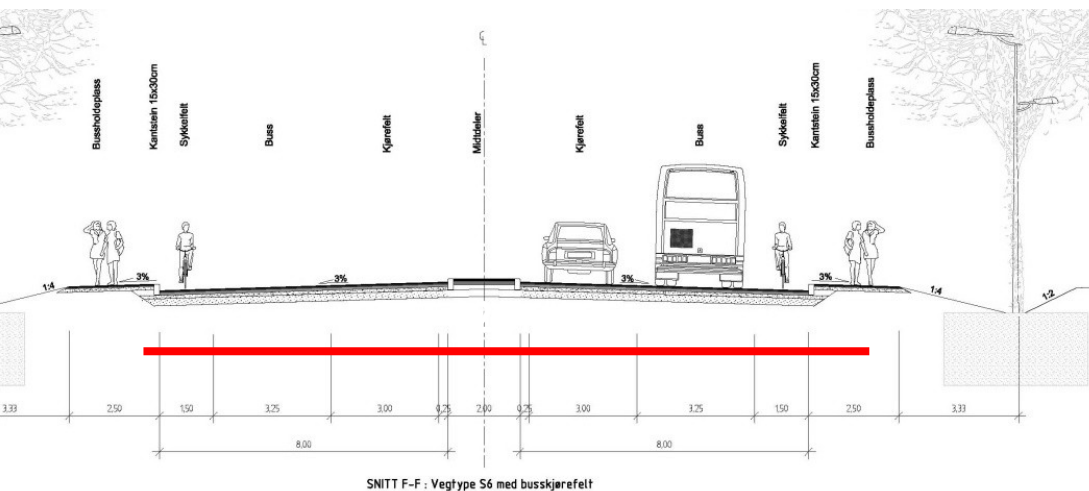
Internal distances ST. OLAV

Streets are spanned by glazed bridges at 1st and 2nd floor level:

36 meter between Nevro og Women-Child center

25 meter between Heart-Lung-Emergencie and Abdominal center

Extension in the future with bridges and pedestrian crossings across major thoroughfares at Gaustad is possible and realistic





Master plan by:
Niels Torp and NSW, now Nordic
Office of architecture, Oslo

Internal organization as well as human scale is carefully studied by
Ratio and Nordic office of architecture

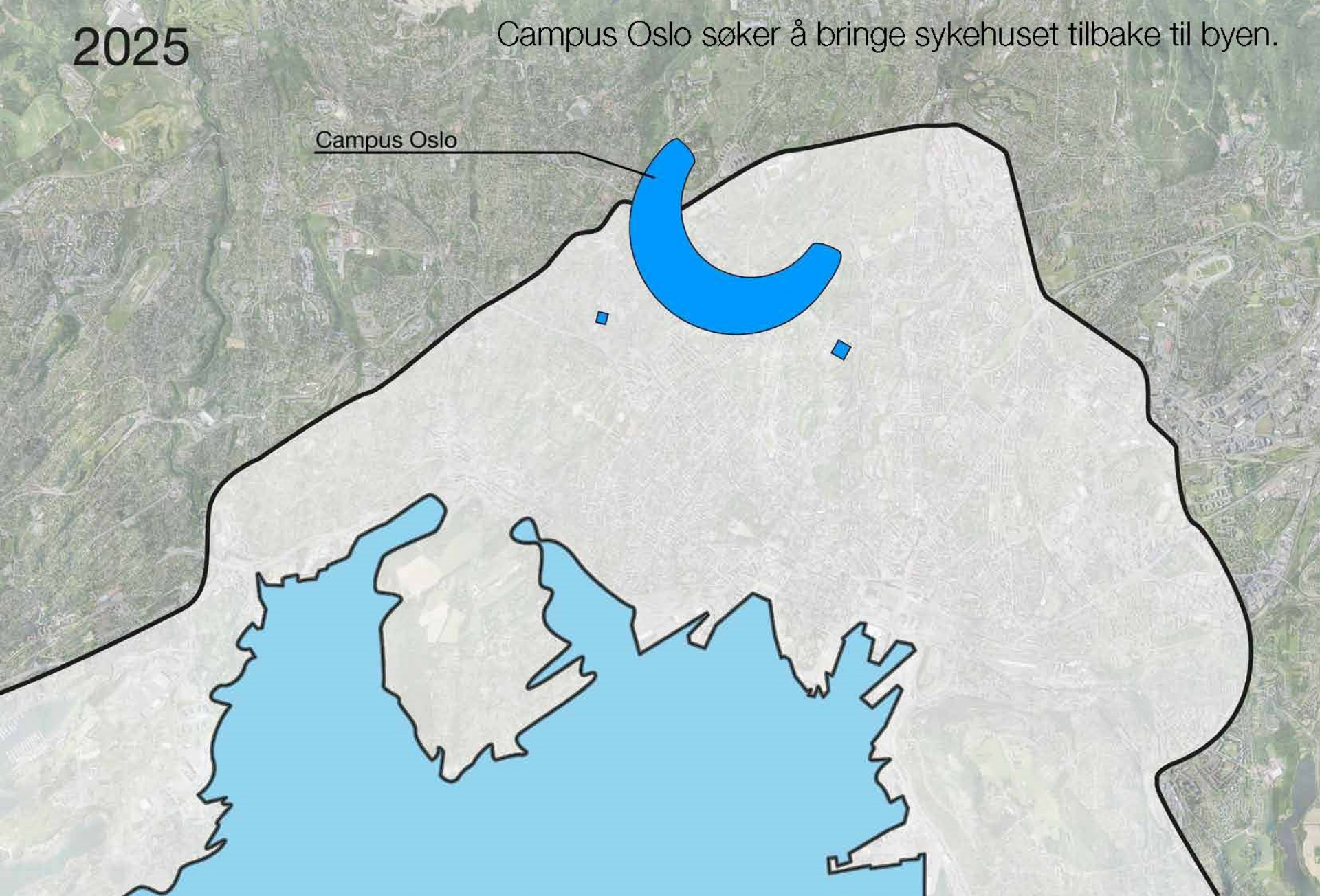
Investment costs are stipulated
to approx. NOK 37 billion

€ 4 400 000 000

\$ 5 600 000 000

2025

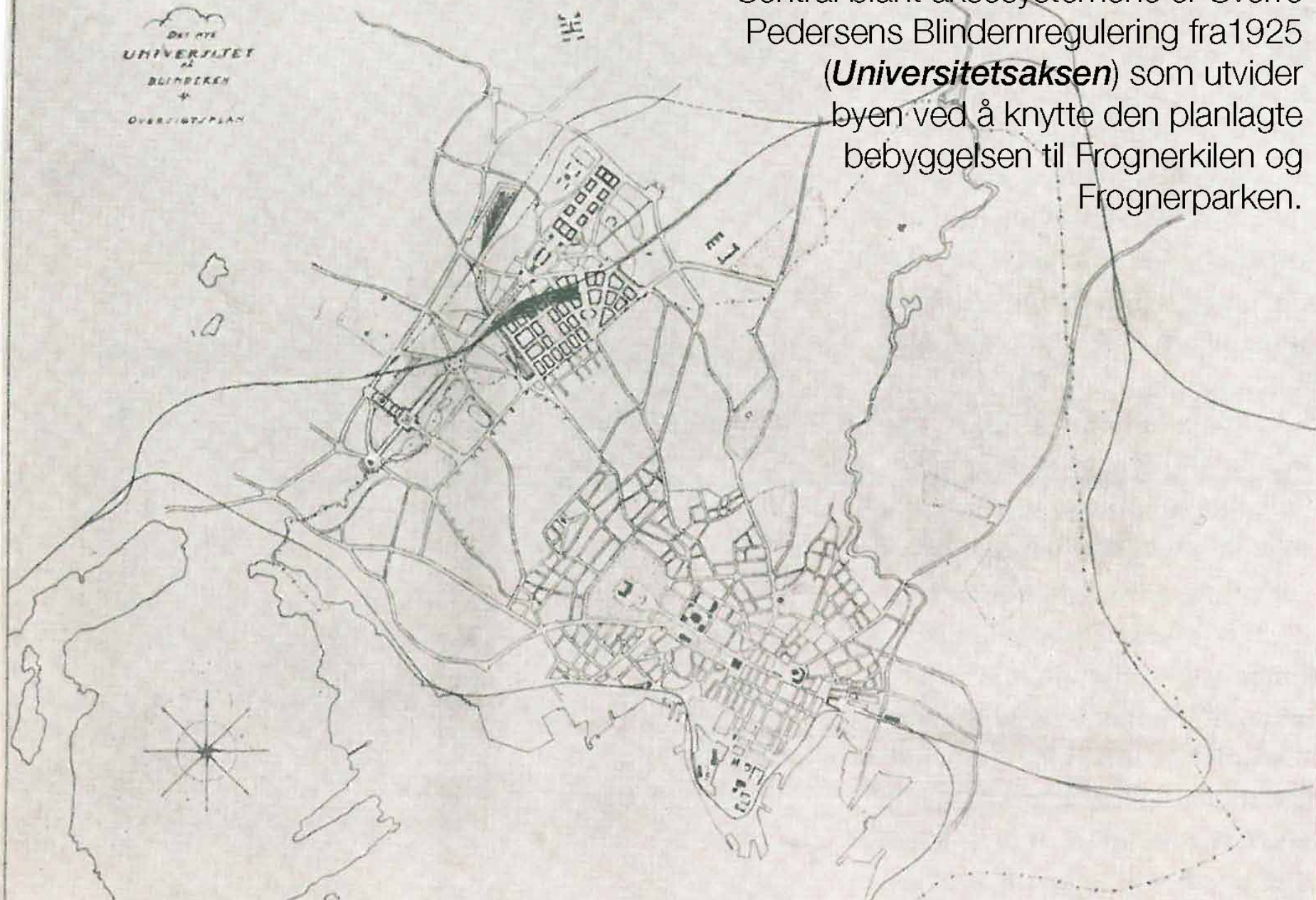
Campus Oslo søker å bringe sykehuset tilbake til byen.

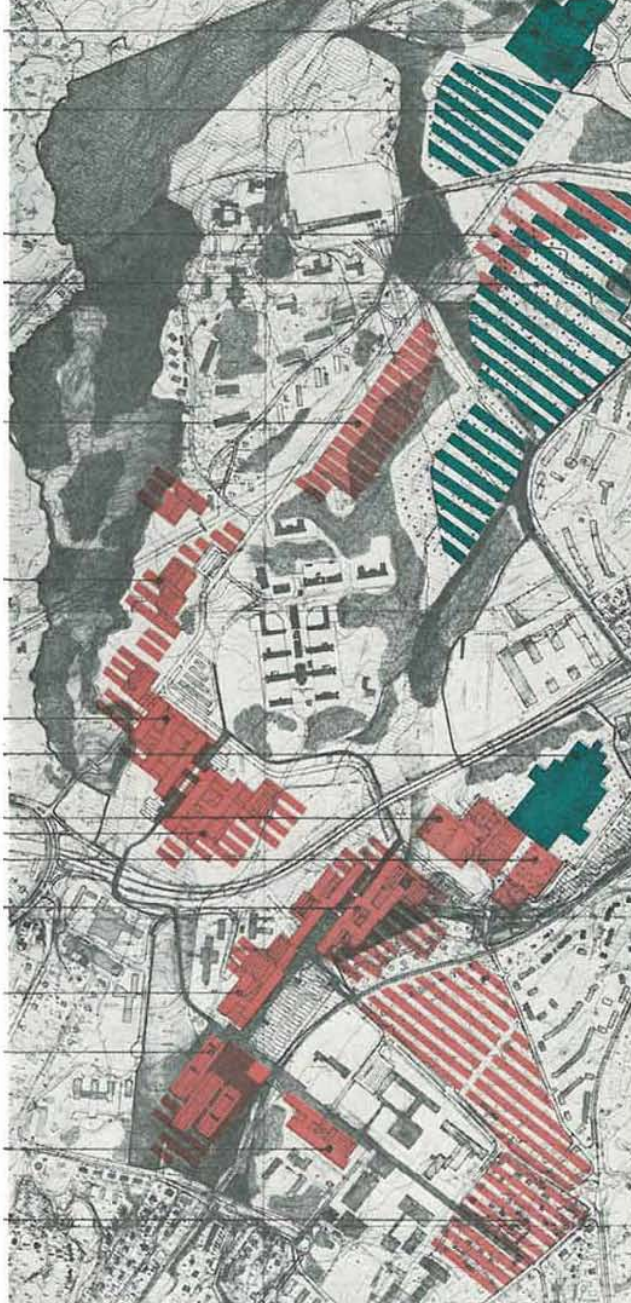


Campus Oslo


Sentral blant aksesystemene er Sverre Pedersens Blindernregulering fra 1925 (**Universitetsaksen**) som utvider byen ved å knytte den planlagte bebyggelsen til Frognerkilen og Frognerparken.

DET NYE
UNIVERSITET
BLINDERN
+
OVERSIGTSPLAN





HRTB sitt
vinnerforslag i
konkurransen
om Universitetets
utvidelse i 1969
viderefører stramt
Universitetsaksen
utover landskapet.

An aerial architectural rendering of a university campus plan. The plan shows a complex arrangement of buildings, roads, and green spaces. The buildings are depicted in white and light gray, while the surrounding landscape is in shades of green and blue. The plan is overlaid on a topographic map of the area, showing the terrain and existing infrastructure. The overall style is a detailed, artistic representation of the proposed campus layout.

Newly
decided plan
and design
competition,
won by
Ratio,
Norway's
largest
university
building, on
the Campus
grid

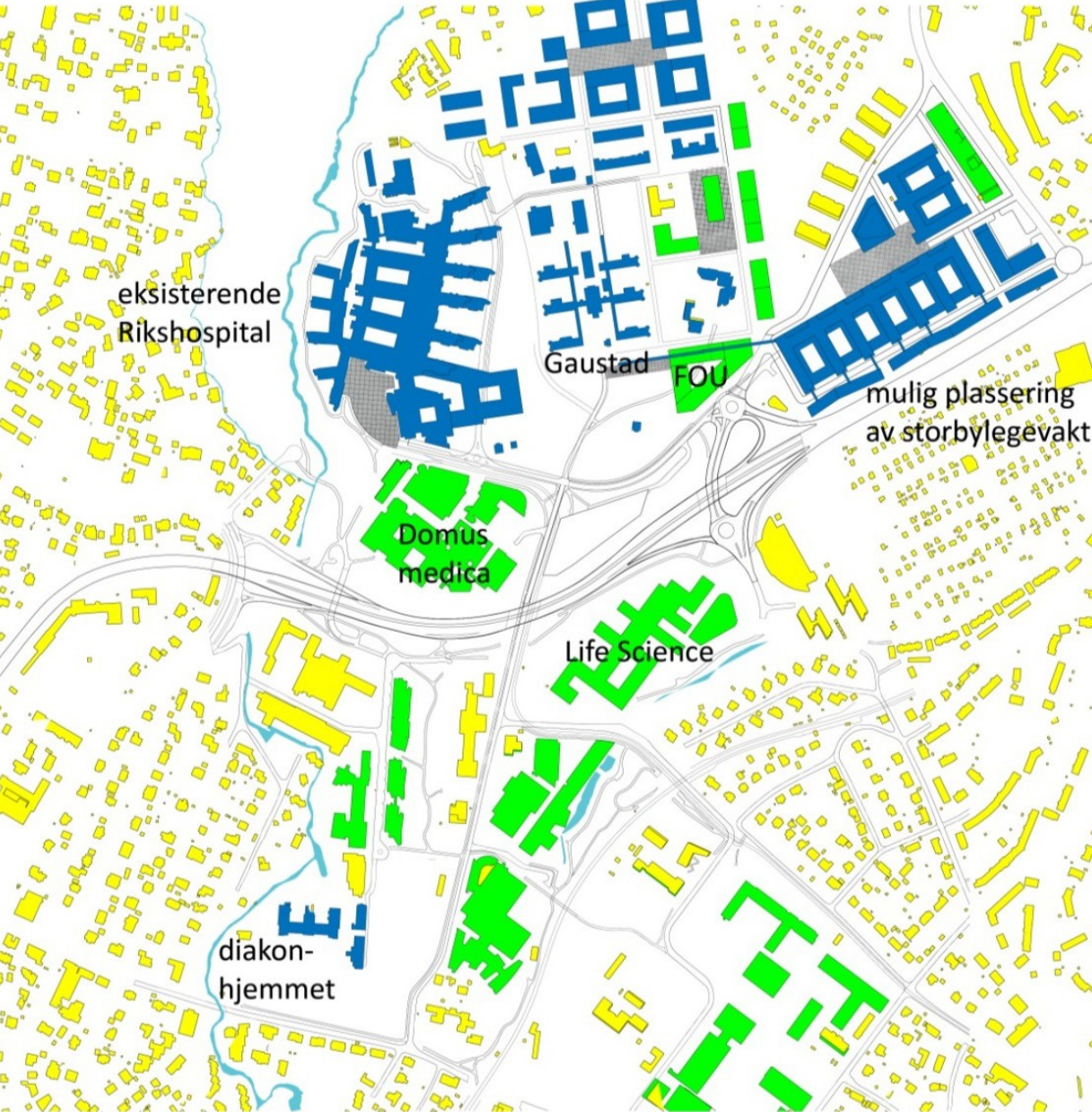
Illustration:
Ratio,
Cubo
Kristine Jensens tegnestue



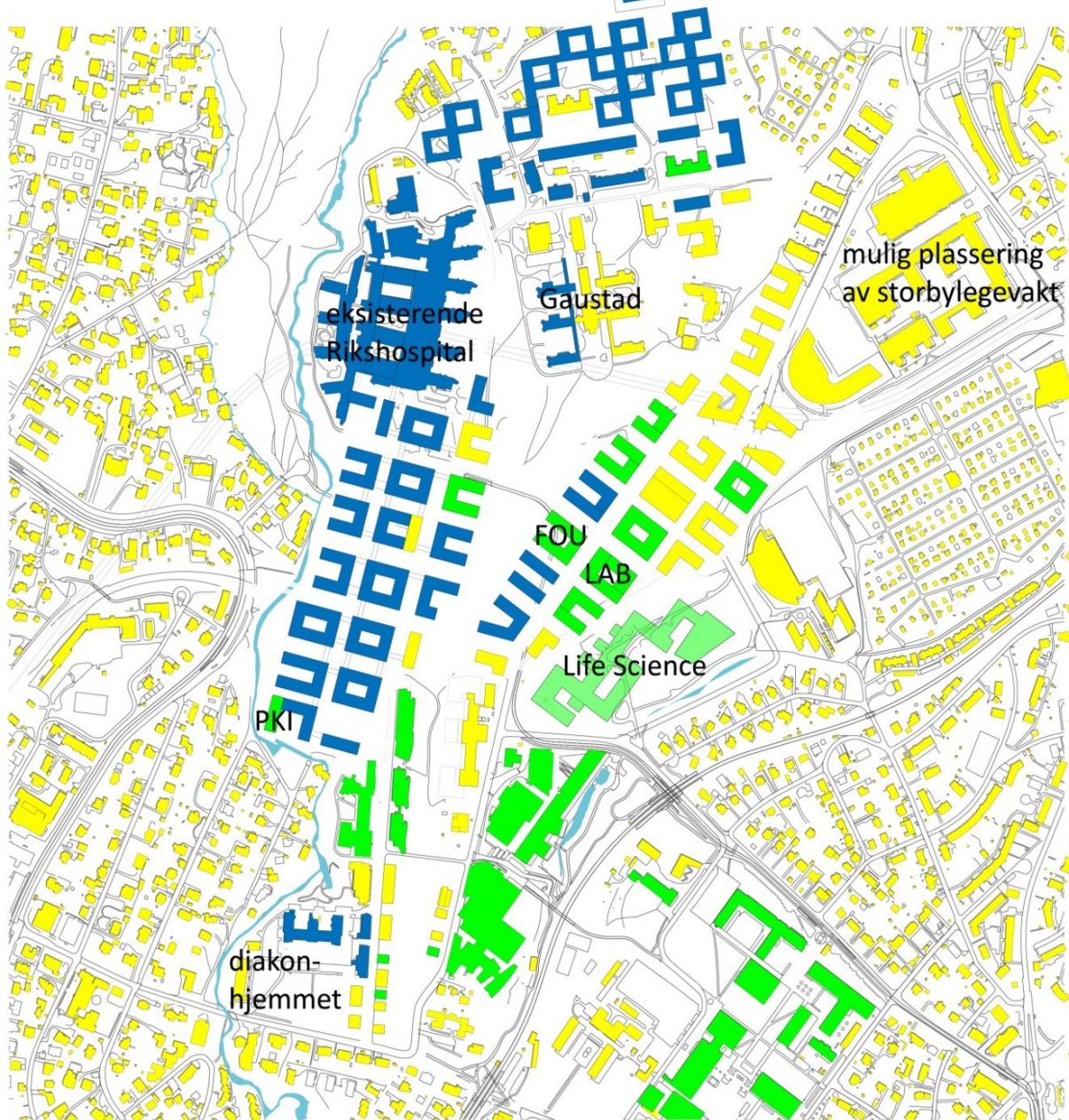
Illustration: Ratio, Cubo and
Kristine Jensens tegnestue



Development
eastward, no tunnel
for the ring road



- Universitet / Forskning (OUS og UIO)
- Helsebygg (OUS og andre aktører)
- Byen (Bolit, Skoler, Kontorer, barnehager, sportsanlegg, Næring...)



Conclusion:

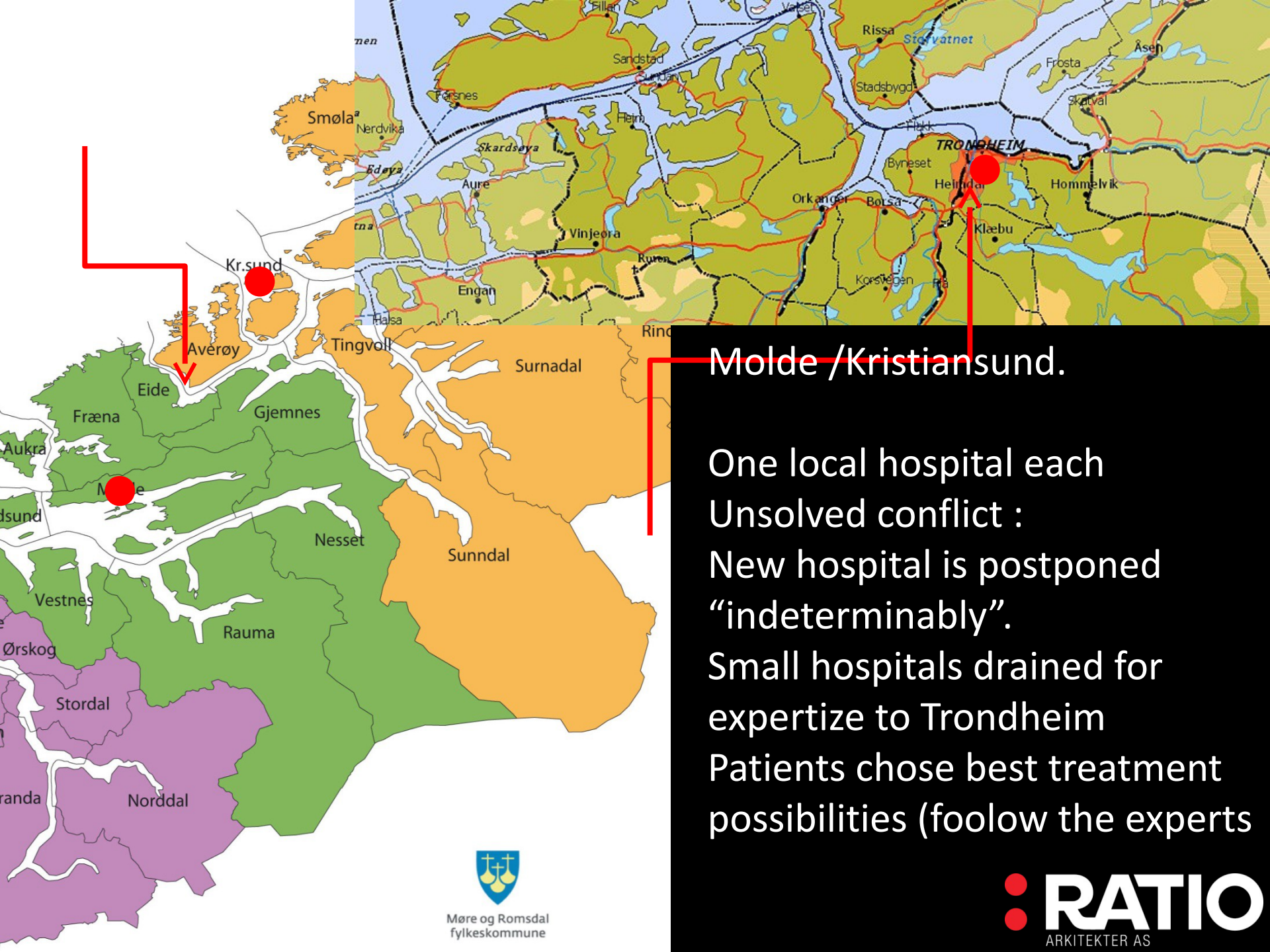
Co-location at Gaustad, cluster development in south direction, knitting the hospital closely together with the research and education facilities in the Gaustad valley and Oslo University Campus, with the ring road relocated in a tunnel under the hospital.

- Universitet / Forskning (OUS og UIO)
- Helsebygg (OUS og andre aktører)
- Byen (Bolit, Skoler, Kontorer, barnehager, sportsanlegg, Næring)



Why is there widespread opposition to this idea, when building costs are less than operating budget for two years?

Every official building project in Norway is a fight over location, and often the final location is chosen so that no-one wins. Examples:



Molde / Kristiansund.

One local hospital each
Unsolved conflict :
New hospital is postponed
“indeterminably”.
Small hospitals drained for
expertise to Trondheim
Patients chose best treatment
possibilities (follow the experts)

Moss, Halden, Fredrikstad and Sarpsborg, each its own local hospital

Site at the main highway from Sweden and Europe to Oslo, close to Sarpsborg, sufficiently far from the city so no-one wins.

Inaccessible without a car, or very infrequent public bus transport.

Sarpsborg, in the meantime, an old industrial city with high unemployment rate suffer center drained of many traditional functions

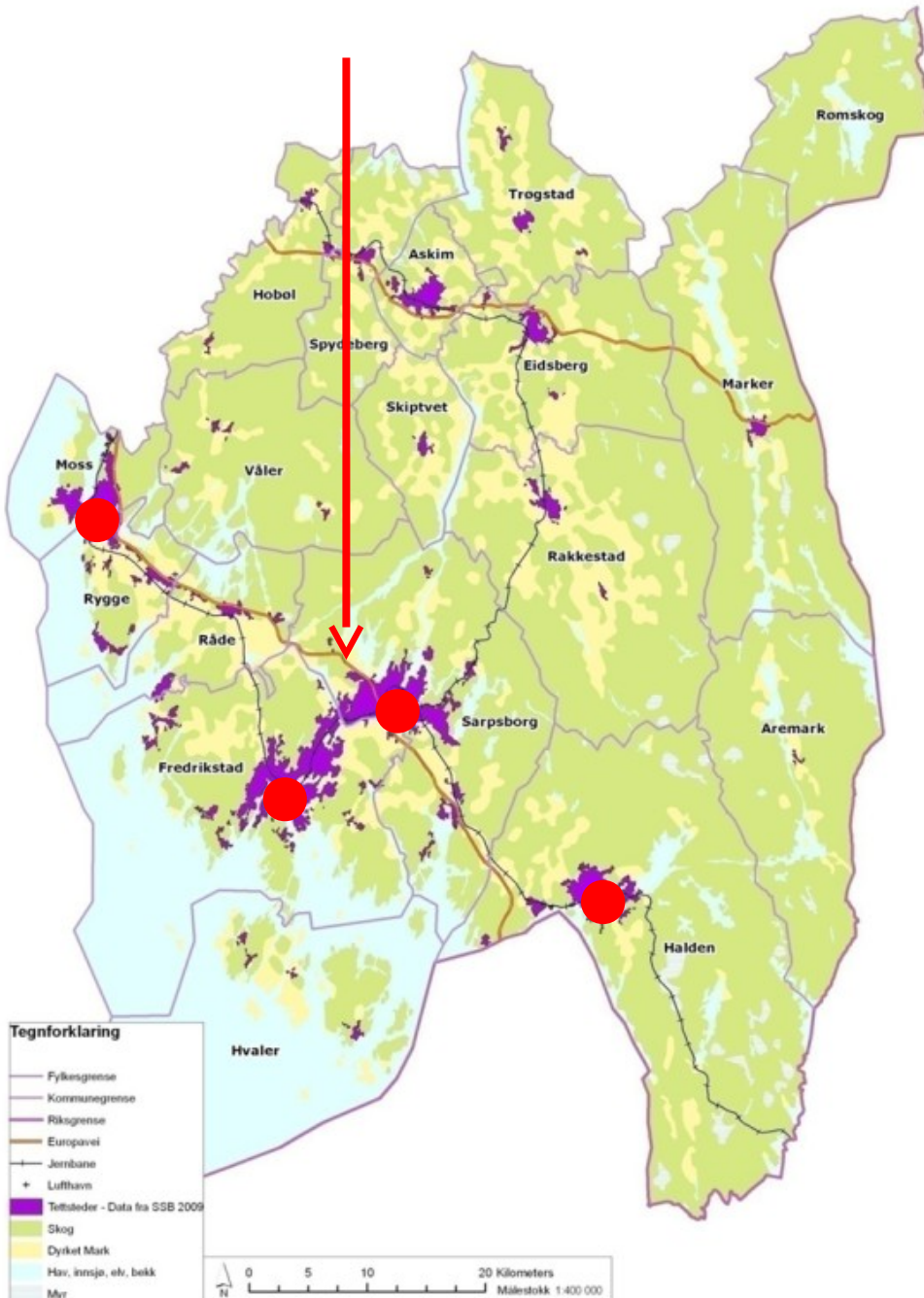




Illustration: ELN , Oslo– AART, Denmark, architects

Big house on the prairie



Oslo is the capital, lags behind in mandates.

One vote from Finnmark counts three in Oslo.

Inhabitants from other parts of the country.

Egalitarian heritage: dispersion of power

Population still spread

Open cultural landscape, in stark opposition to our neighbor Sweden.

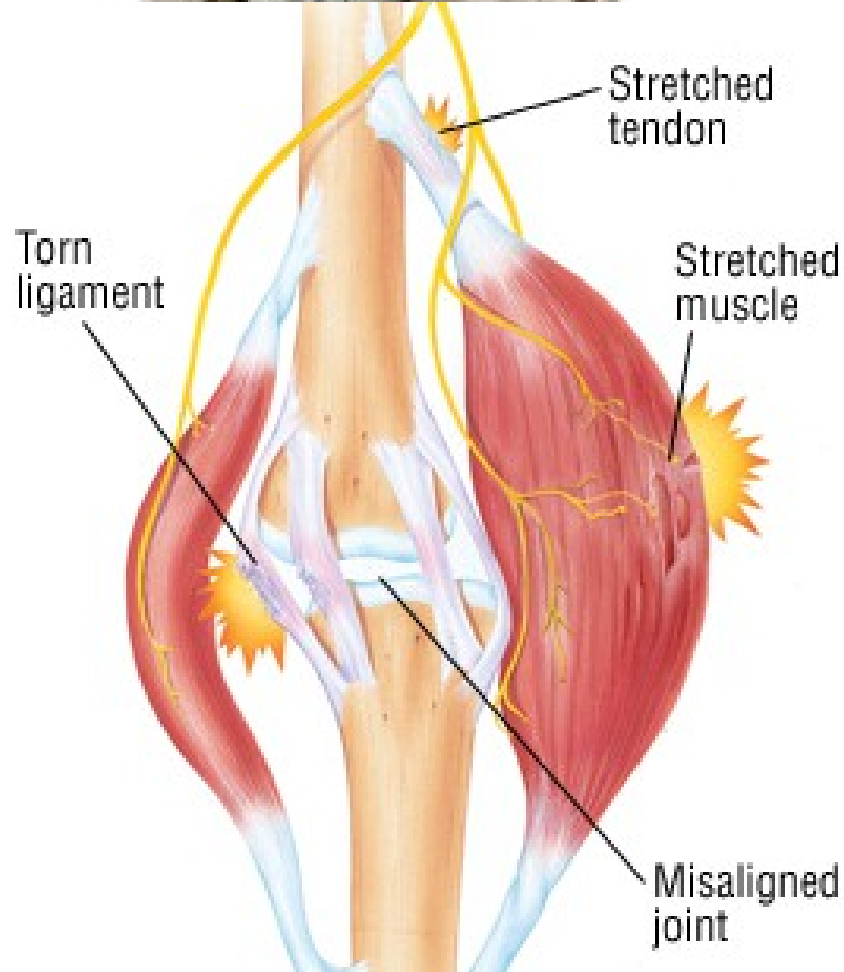
**What has this to do with Oslo
University hospital?**

**“Culture eats organization for
breakfast”**



An investment in the order of five and a half billion USD will be seen as a threat to the rest of the country.

An investment this size within a limited space of time will be a big strain on the building capacity.



A building project this size will further push construction costs up, already among the highest in the world, approx. 30 % higher than Sweden.



Radium hospital “center of excellence”, disappears in an enormous organization like Oslo University Hospital.

Numerous support societies do not like their donations and engagement drown in large pool of treatment

In stark contrast to self-image a large part of their buildings are derelict, closed immediately if not allowed dispensation.

Most money channeled to treatment, little to maintenance.





CHRIS DEVERS / FLICKR

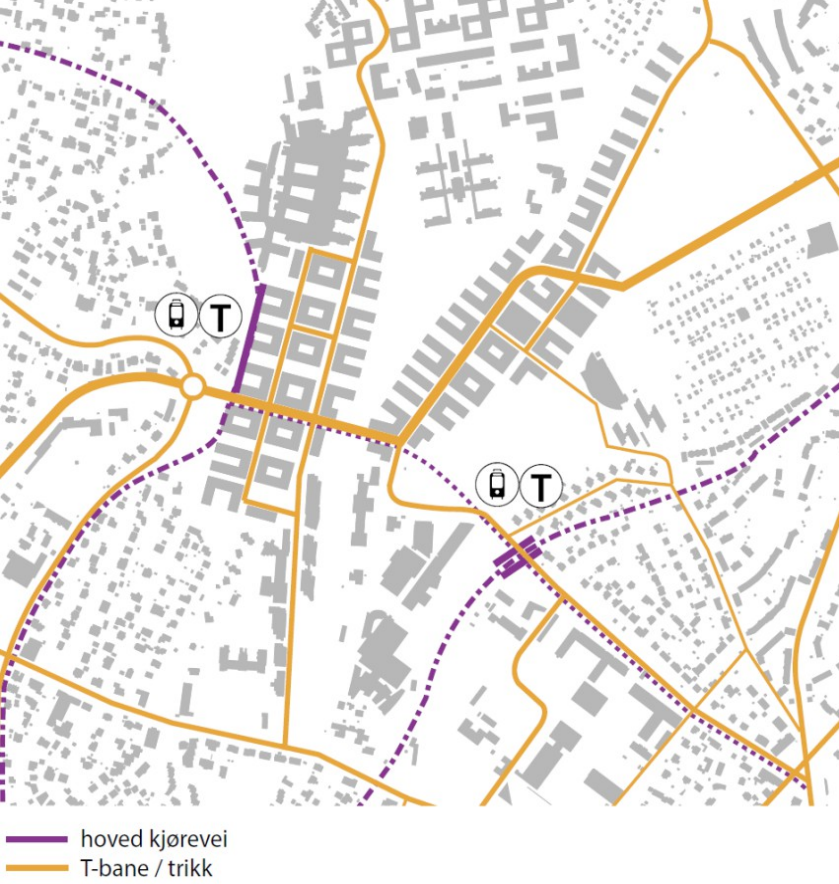


Efficiency means lay-offs.

Downsizing done by stopping new employments while the new hospital is being built.

Tailor stitch the staff number to the reduced area and efficient facilities of the new co-located premises.

Terrible strain in the intermittent period, longer queues, higher sick leave among staff, paper front pages with heart-breaking stories of individuals



Too big?

Oslo is a comparatively small city, not even 1 million inhabitants. A new Oslo University Hospital will be among Northern Europe's largest hospitals., situated in a leafy, suburban outskirts in Oslo.



Karolinska Institutet (KI)

Universitetet är Sveriges största aktör inom medicinutbildning och -forskning samt Europas högst rankade universitet inom klinisk medicin. Här bedrivs banbrytande forskning inom medicinvetenskapens alla områden. Karolinska Institutets Nobelkommitté utser Nobelpriset i fysiologi eller medicin.

Karolinska Institutets nya aula

Ett nytt uppseendeväckande landmärke med 1 000 sittplatser som ska användas för Nobelföreläsningar, stora symposier och events. I byggnaden finns även restaurang och andra servicefunktioner.

Nya Karolinska Solna (NKS)

NKS blir ett helt nytt och toppmodernt universitetssjukhus som kommer bedriva specialiserad sjukvård samt forskning och utbildning av betydande omfattning och yppersta kvalitet. NKS möjliggör ett starkt samarbete mellan vård, forskning och utbildning.

Stockholms universitet (SU)

Stockholms universitet är Sveriges största universitet med 64 000 studenter och landets största naturvetenskapliga fakultet. Universitetet kommer högt i internationella rankingar bland annat inom kemi, geovetenskap, havsforskning och miljövetenskap liksom matematik.

Kungliga Tekniska högskolan (KTH)

Detta är Sveriges största tekniska universitet. Här bedrivs forskning inom ett brett spektrum, från naturvetenskapliga ämnen till alla grenar inom ingenjörskonst och teknik.

Handelshögskolan i Stockholm

Handelshögskolan i Stockholm är en av Europas ledande handelshögskolor, med en stark förankring i det svenska näringslivet och samhället.

The city of Stockholm has used the development of the Karolinska sjukhuset as a driving force to integrate and stitch together the center and the surroundings



Suburb waiting to be developed?

Campus Oslo Gaustad-Blindern-Ullevål

en visjonsstudie
Oslo universitetssykehus



In Oslo, the politicians have not had their say yet.