



#### Visualisation tools in hospital real estate

Exploring how the use of visualisation tools enhance stakeholder involvement in hospital (re)construction projects



### Content

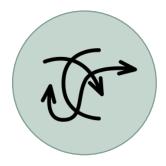
Introduction Methodology Findings Conclusion Recommendations

### Content

Introduction Methodology Findings Conclusion Recommendations

# Why?

The (re)construction of hospitals...







Complex processes

Different users

Different demands

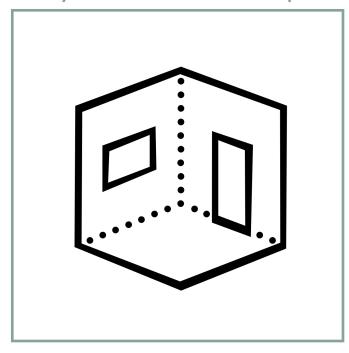
#### 2D floorplans fall short in facilitating...

- Design understanding
- Design communication



### Visualisation tools

#### Physical mock-up



#### Virtual visualisation

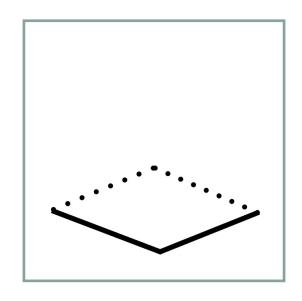




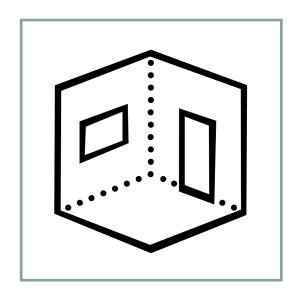


### Visualisation tools

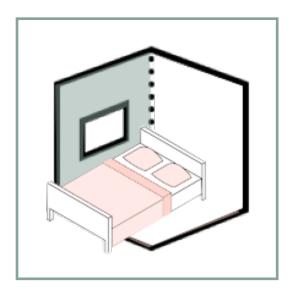
#### Physical mock-up



Tape



Wood/ Cardboard



Genuine materials

Introduction



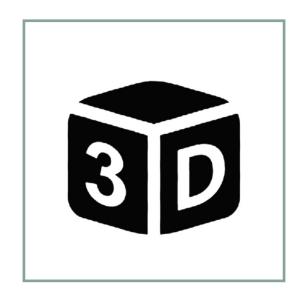




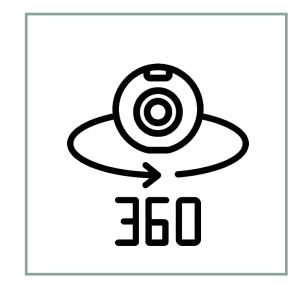


#### Visualisation tools

#### Virtual visualisation



Non-immersive



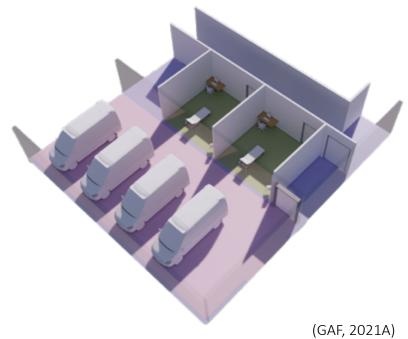
Semi-immersive



**Immersive** 

Introduction









#### Problem statement

'There is <u>little known</u> on <u>how visualisation tools are used best to involve stakeholders</u> within hospital (re)construction projects.'

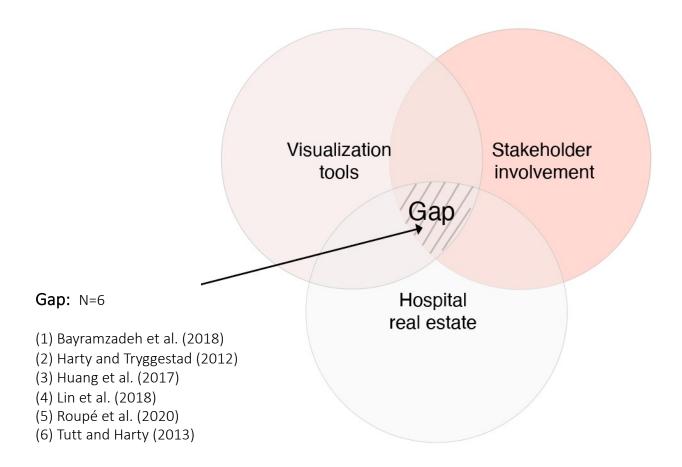


### Goal

'Give hospital (re)construction projects and managers <u>insights</u> <u>into how visualisation tools can be used</u> to involve hospital stakeholders and provide them with <u>advice to make this</u> <u>complex task more manageable</u>.'



## Knowledge gap



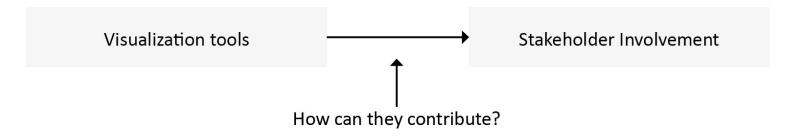
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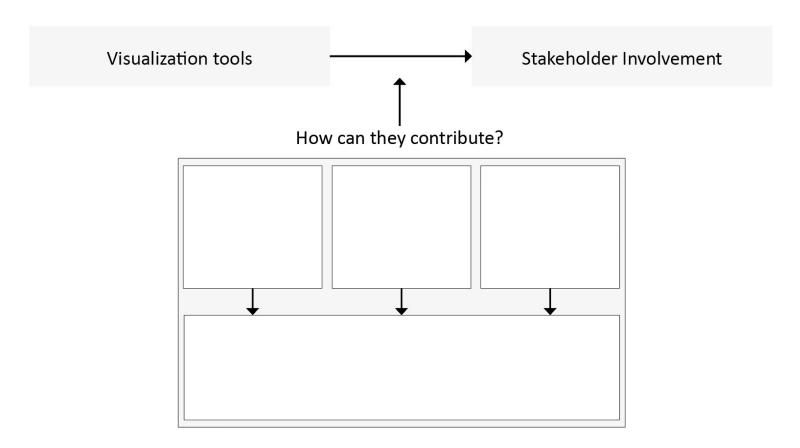
RQ= How <u>can visualisation tools</u> contribute to <u>the involvement of stakehold</u>ers in hospital (re)construction projects?



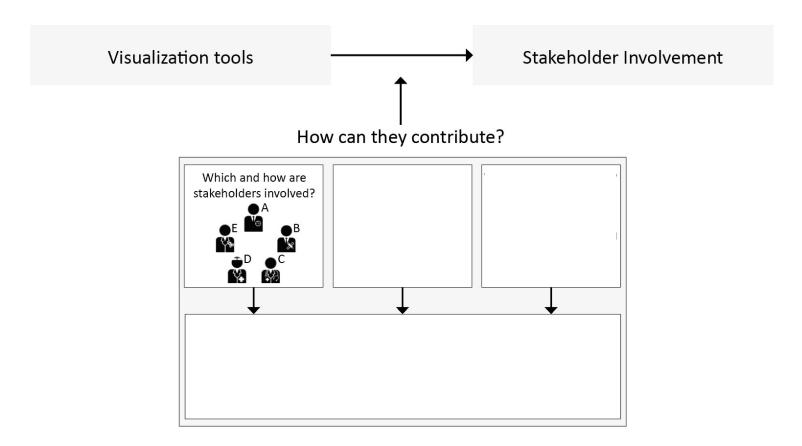
How can visualisation tools <u>contribute</u> to the involvement of stakeholders in hospital (re)construction project?



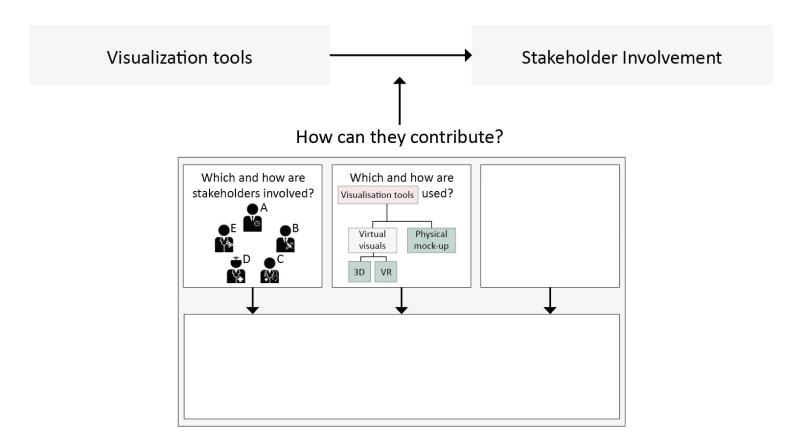
How can visualisation tools contribute to the involvement of stakeholders in hospital (re)construction project?



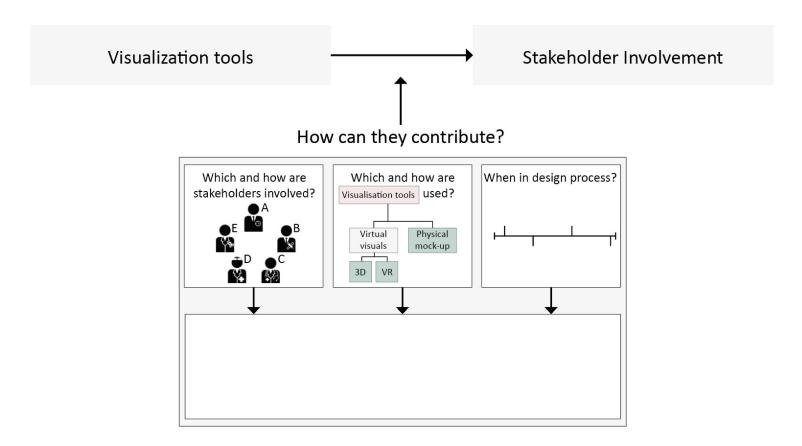
Question 1: Which stakeholders are involved in hospital (re)construction projects, and how?



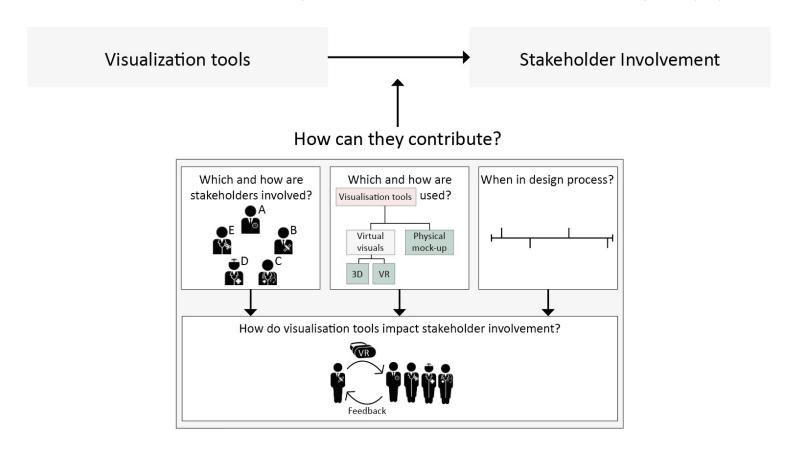
Question 2: Which visualisation tools are used in hospital (re)construction projects, and how?



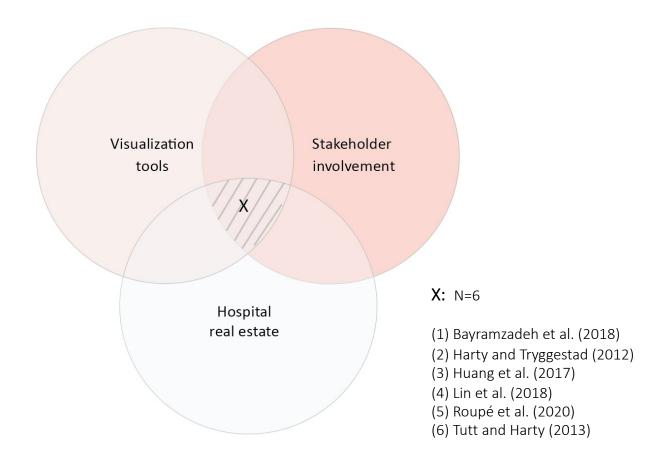
Question 3: When in the design process of hospital (re)construction projects are the visualisation tools used?



Question 4: How do visualisation tools impact stakeholder involvement in hospital (re)construction projects?



# Literature study



### Case study

Case 1.



Case 2.

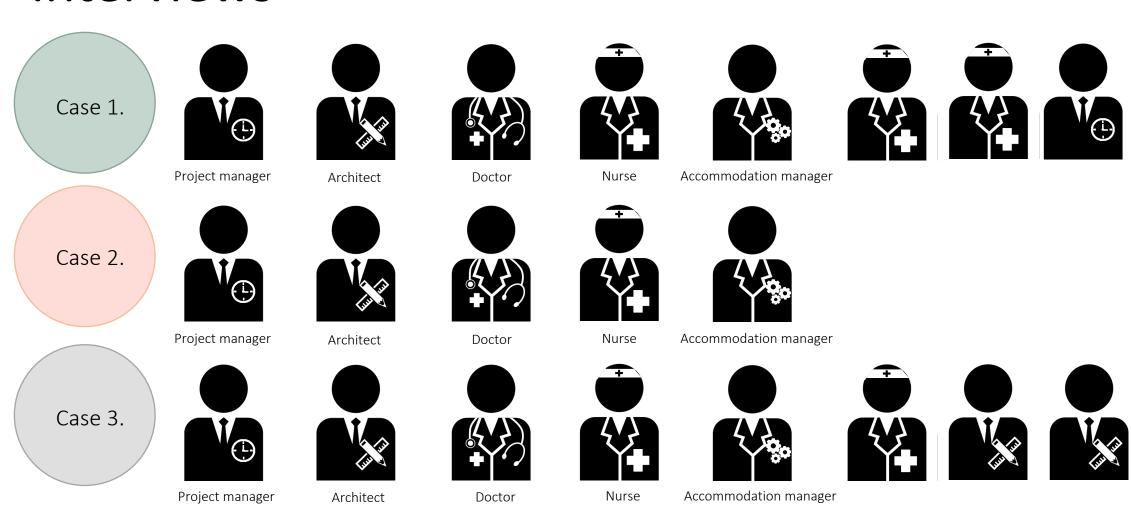


Case 3.

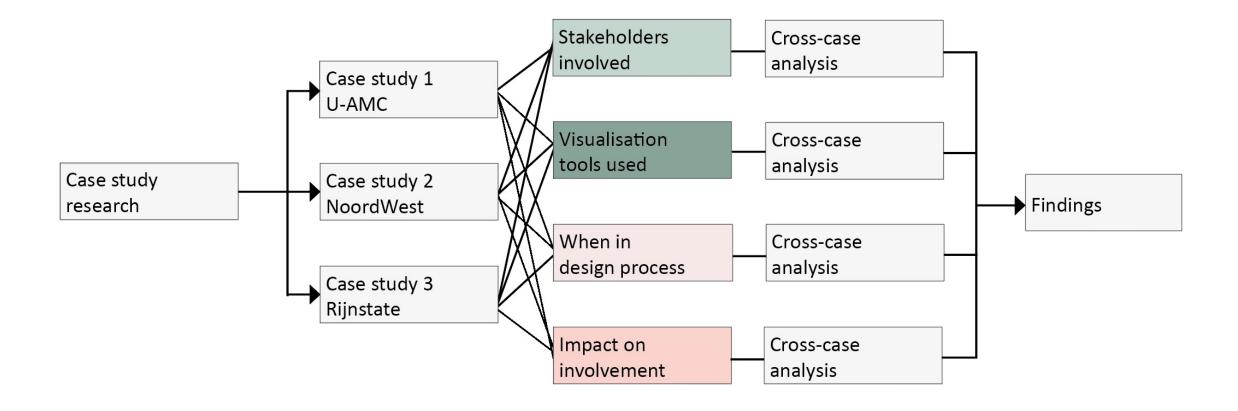




### **Interviews**



### Case study



### Validation

#### Expert panel

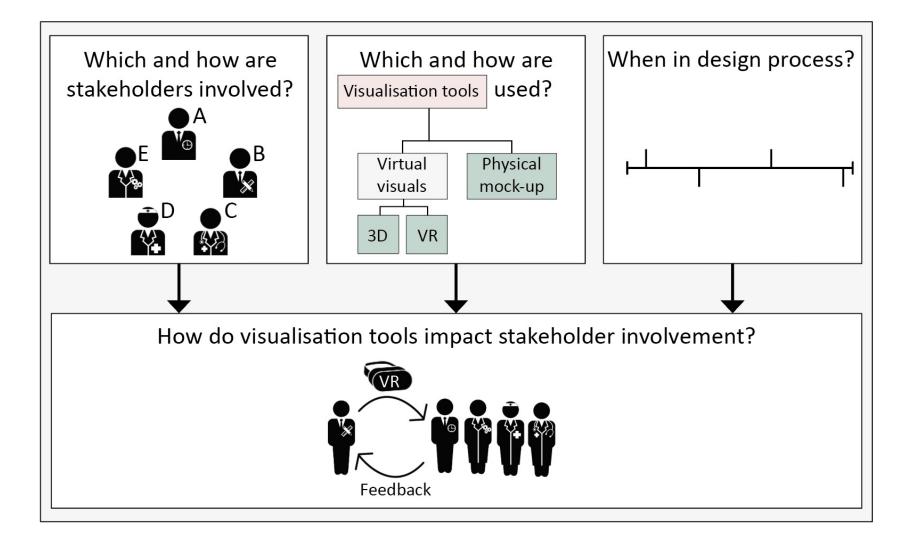
Expert	Company	Role
1.	AT Osborne	Senior Consultant Accommodation & Real Estate (Education and Research)
2.	AT Osborne	Consultant Accommodation & Real Estate (Healthcare)
3.	GAF	Architect (Healthcare)

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Findings

## Findings

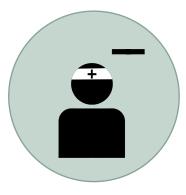


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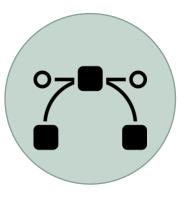
#### Q1. Which stakeholders are involved in hospital (re)construction projects, and how?



Many different hospital stakeholders



Patients are little involved



Ones involved represent their department

'Multidisciplinary groups work very well because the different stakeholders start discussing with each other and come to a solution together.' (B1, 2021)

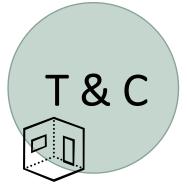


**Project manager** 

#### Q2. Which visualisation tools are used in hospital (re)construction projects, and how?



Mock-ups enable effective testing of a room



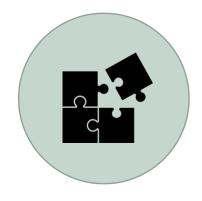
Mock-ups for 'typicals' and 'criticals'



Virtual visualisations create design support and enthusiasm



Virtual visualisations can not test physical user processes

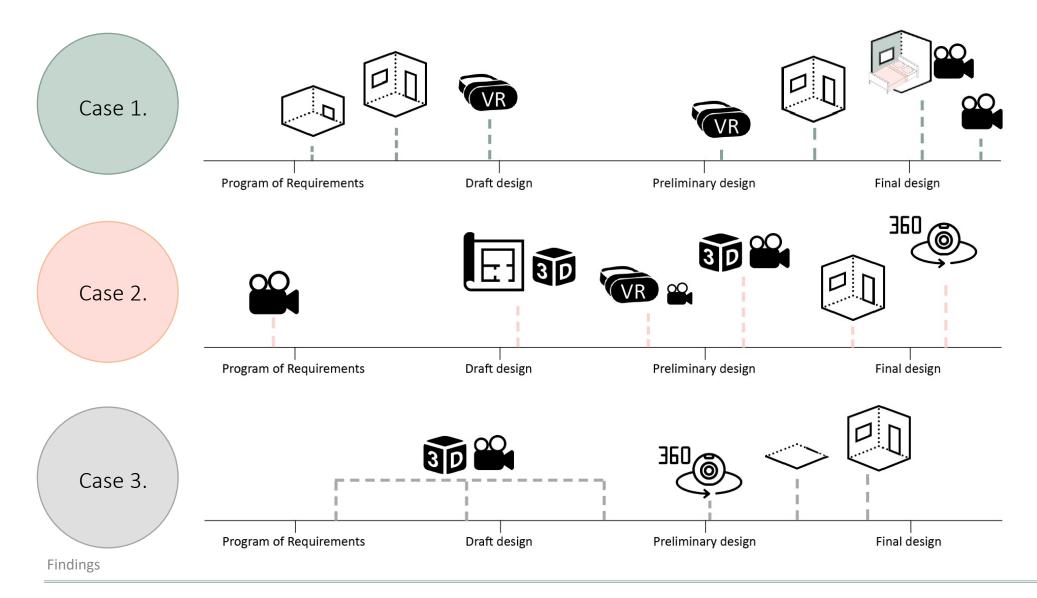


Both tools complement each other: best used together

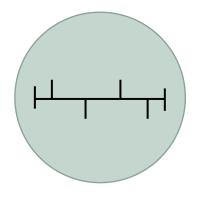
'A mock-up shows; this is the way you are standing in it, does it fit, can I resuscitate a patient in that room? Can I stand here with a nurse and another doctor?' (B3, 2021)



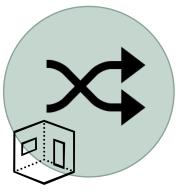
Q3. When in the design process of hospital (re)construction projects are the visualisation tools used?



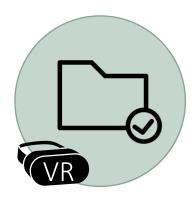
#### Q3. When in the design process of hospital (re)construction projects are the visualisation tools used?



Several visualisation tools throughout the design process



Physical mock-ups can be used best in an early design stage when design changes can still easily be made



Virtual visualisations can be used best at a later design stage to show a more elaborated version of the design

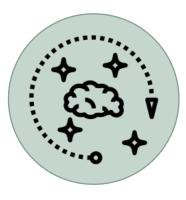
'When the mock-up was finished, we realised that if you went into the bathroom and left the door open, you couldn't enter the main room if someone became unwell. Well, that was <u>important to note</u>, otherwise, you'd have to adjust that in all the rooms afterwards' (A3, 2021)



### Q4. How do visualisation tools impact stakeholder involvement in hospital (re)construction projects?



Improve communication



Improve Understanding



Virtual visualisations can be misleading



Physical mock-ups Improve collection of feedback



Facilitate discussions and compromises

'The saying 'a picture says more than a thousand words' is sometimes really true [...] what you cannot imagine, you cannot ask questions about' (C6, 2021)





How can visualisation tools contribute to the involvement of stakeholders in hospital (re)construction projects?



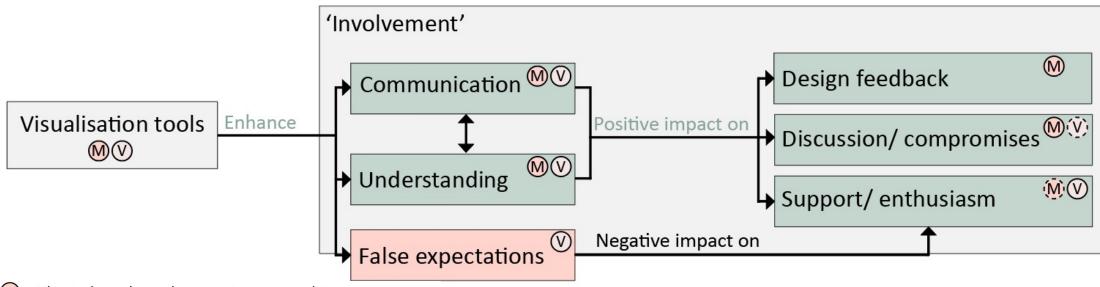
Physical mock-ups



Virtual visualisations

Conclusion

How can visualisation tools contribute to the involvement of stakeholders in hospital (re)construction projects?



M : Physical mock-ups have an impact on this

🕦 : Physical mock-ups sometimes have an impact on this

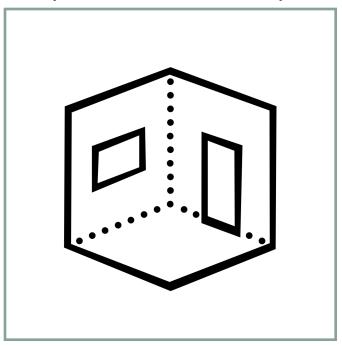
(V): Virtual visualisations have an impact on this

议 : Virtual visualisations sometimes have an impact on this

Conclusion

How can visualisation tools contribute to the involvement of stakeholders in hospital (re)construction projects?

### Physical mock-up



### Virtual visualisation



How can visualisation tools contribute to the involvement of stakeholders in hospital (re)construction projects?



Conclusion

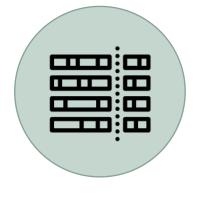
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### Recommendations

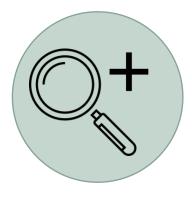
### For future research



Other (real estate) sectors



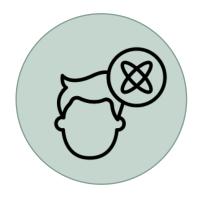
Other project phases



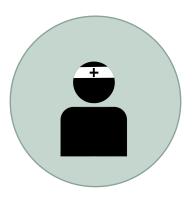
More in depth research



Influence on cost and time



The psychological effect



Possibilities to involve patients

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### Recommendations

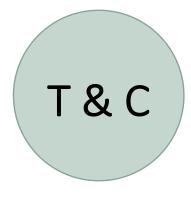
### For practice



Use tools, work from sketch to detail



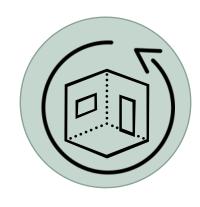
Face complexity be explicit



Mock-ups for typicals and criticals



Keep developing



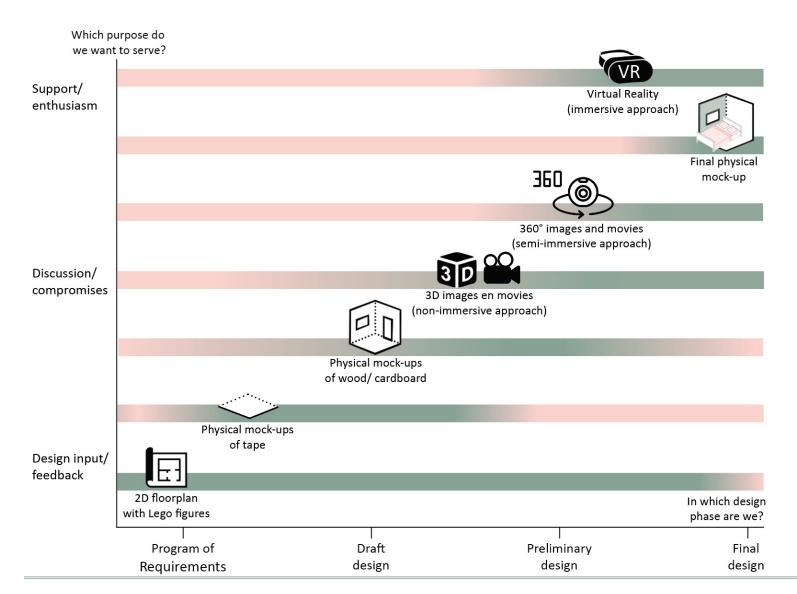
Keep using the tools after completion



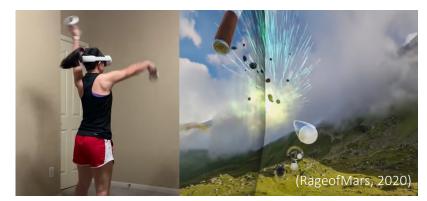
Use the rule of thumb

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### Rule of thumb



### The future of virtual visualisation tools













### The future of virtual visualisation tools





# Visualisation tools in hospital real estate

Fieke Noordam MSc thesis - June 21st 2021



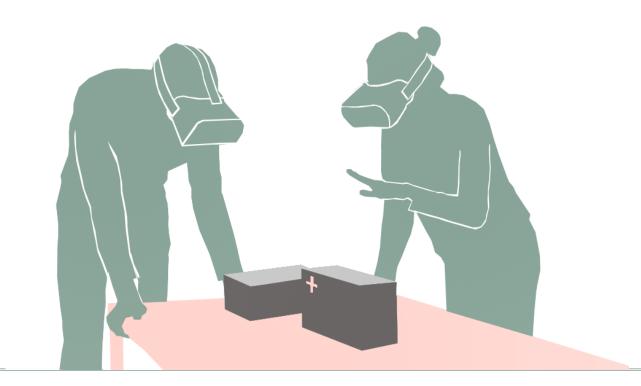
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### References

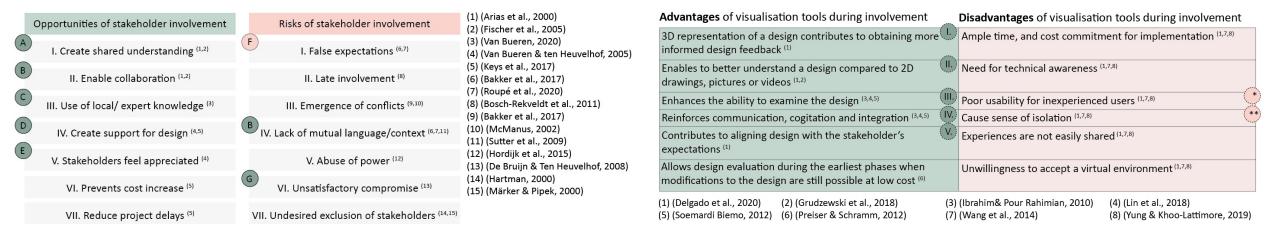
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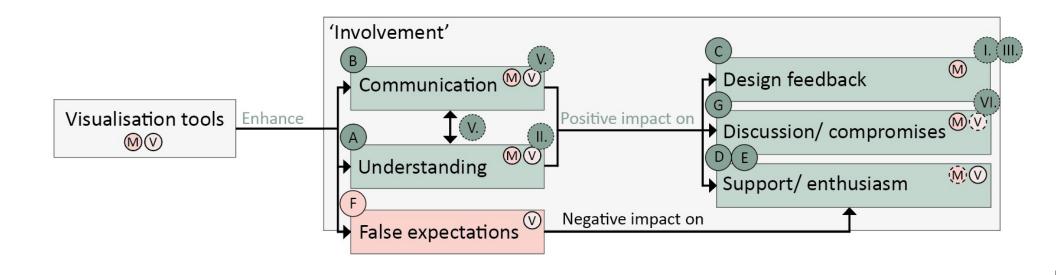
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- Virtual reality show lined up at moda mall. (2017, 10 april). [Image]. Gdonline. https://www.gdnonline.com/Details/198984

# Extra slides



### Discussion





### Limitations

- Limited number of cases
- Case selection
- Language interviews
- Certain personal backgrounds are unexplored
- Comprehensive summaries instead of all-encompassing transcripts
- Validation within AT Osborne and GAF

# (Dis)advantages of visualisation tools

	Advantages of visualisation tools	Disadvantages of visualisation tools								
2D floorplan	-It gives an overview of the building as a whole (A4, B1, B2, B5, C6, C8).	-It is hard for hospital stakeholders to understand and to give								
		feedback on (A1, A2, A3, A5, A7, A8, B1, B2, B3, B4, B5, C1, C3, C4, C6, C8).								
Physical mock-up	-It allows stakeholders to physically test user processes (A1, A2, A3, A4,	-It does not look beautiful, not inspiring because there are no								
	A5, A6, A7, A8, B1, B2, B3, B4, B5, C1, C2, C3, C4, C6, C7, C8)	colours nor actual materials (A4, A6, B3, B4).								
	-It allows for a good and fast collection of feedback from involved	-It requires ample space (A1, A7, B4, B5, C1, C6).								
	stakeholders <sup>(A1, A2, A3, A4, A6, A7, B1, B2, B3, B4, B5, C1, C3, C4, C7, C8)</sup> .									
	-It makes it possible for stakeholder to adjust the design on the									
	spot by moving things around (B1, B4, B5).									
	-It enables all involved stakeholders to experience and discuss the									
	design simultaneously (B2, B4, C1, C6, C8).									
	-It is handy to test typical and critical spaces (A1, A3, A5, B4, B5, C1, C2, C3,									
	<i>C8)</i> .									
	-It can convince stakeholders the design is sufficient (A7, A8, B3, B4, B5,									
	C1, C4, C8)									
	-It enthuses the user and creates design support (A1, A2, A4, A5, A6, A7,	-It can not assess physical processes (A1, A3, A6, A7, B1, B2, B3, B4, B5, C6, C7,								
visualisation tool		(C8).								
	-It gives the user an idea of routing and the spatial relation of	-It does not easily collect feedback from involved stakeholders (A2,								
	rooms <sup>(A1, A3, A6, A7, B1, B2, B3, B4, C1, C2, C3, C4, C5, C6)</sup> .	A3, A6, A7, A8, B1, B2, C6)								
	-It is relatively easy for the architect to make design changes (A1, B2,	-It shows specific details which can be misleading (A1, A4, A6, A7, A8, B3,								
	<i>C2, C6</i> ).	B5, C2, C5, C6, C7, C8)								
	-It can convince stakeholders the design is sufficient (B3, C2, C3, C6).	-VR can only be used by one stakeholder at a time (A1, A4, B2, B4, C1, C2).								
		-VR can create digital motion sickness for users (A1, A4, A6, B3, C1, C2).								

# Context of the 3 hospital projects

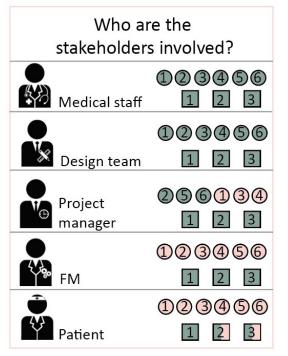


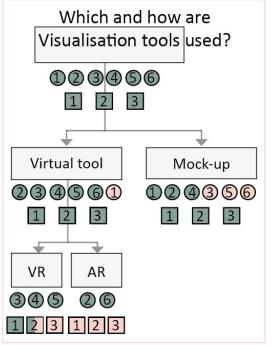
	Location	Project Timing	New construction or reconstruction	New location or current location
Case 1: UMC-A	Amsterdam	2015 -> ongoing (now constructing)	Reconstruction	Current location
Case 2: NoordWest	Alkmaar	2016 -> ongoing (now constructing)	New construction	Current location
Case 3: Rijnstate	Elst	2020 -> ongoing (now finalising design)	New construction	New location

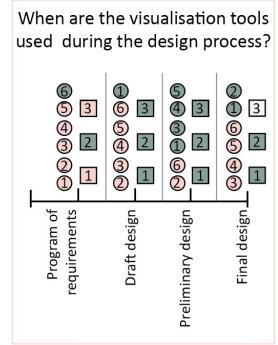
### Findings

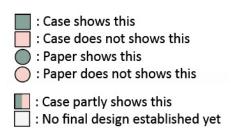
- 1) Bayramzadeh et al. (2018)
- 2 Harty and Tryggestad (2012)
- 3 Huang et al. (2017)
- 4 Lin et al. (2018)
- (5) Roupé et al. (2020)
- 6 Tutt and Harty (2013)

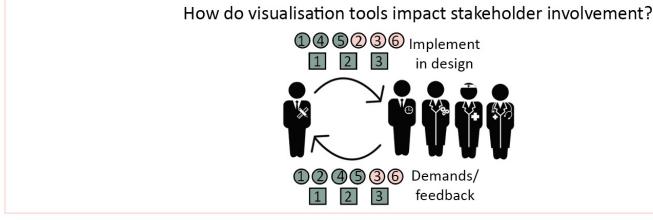
Case 1
 Amsterdam UMC
 Case 2
 NoordWest ziekenhuisgroep
 Case 3
 Ziekenhuis Rijnstate









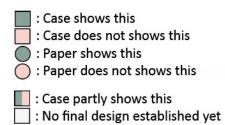


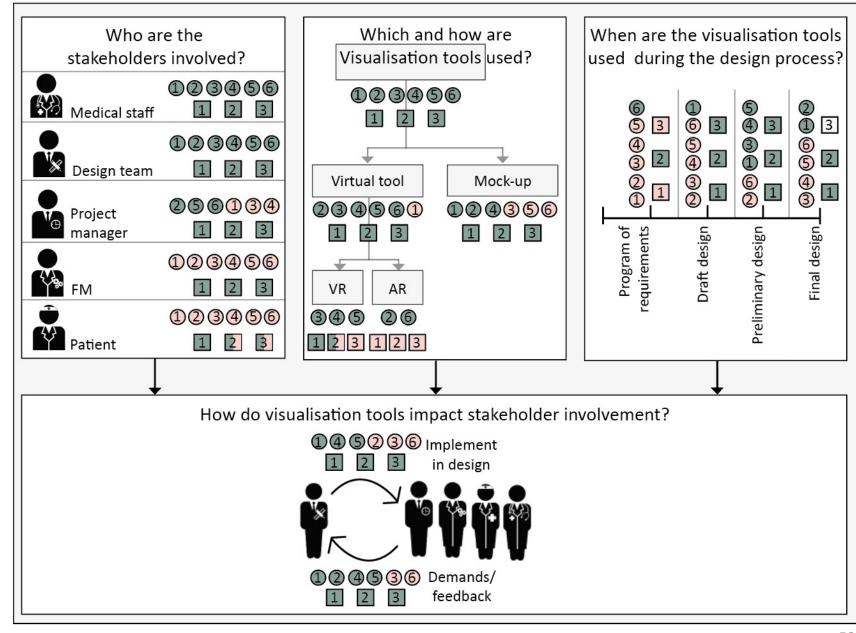
### Findings

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- (5) Roupé et al. (2020)
- 6 Tutt and Harty (2013)

1 Case 1Amsterdam UMC2 Case 2NoordWest ziekenhuisgroep

3 Case 3 Ziekenhuis Rijnstate





# Interview protocol

Open question:

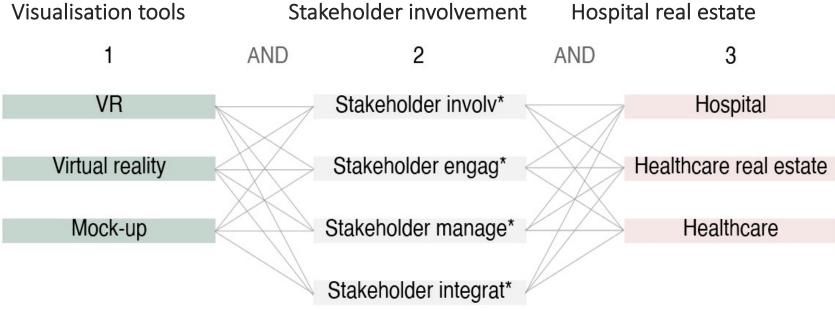
- A. Kun u uzelf introduceren en uw rol in het ziekenhuis verbouwing toelichten?
- B. Kunt u mij vertellen wie er nog meer betrokken waren bij de bouw van Rijnstate ziekenhuis? (De ziekenhuis gebruikers, contextuele belanghebbenden; patiënten, zorgverzekeraar, gemeente, etc.)
- C. Kunt u mij vertellen hoe de communicatie van dit bouwproject is verlopen? (flyers, afbeeldingen, vergaderingen, website)
- D. Wat vond u van de communicatie?
- E. Kunt u mij vertellen wat voor visualisatie tools (VR/ Mock-up) er zijn gebruikt?
- F. Kunt u mij iets vertellen over op wiens initiatief de visualisatie tools zijn gebruikt? Was diegene ook verantwoordelijk voor de visualisatie tools?
- G. Wat zijn uw ervaringen met het gebruik van de VR/Mock-up tijdens het verbouwingsproject?
- H. Wat is het verschil in ervaring bij de VR ten opzichte van de Mock-up ten opzichte van een 2D tekening?
- I. Kunt u mij vertellen wat het effect van de visualisatietools (mock-up/VR) was op de projectcommunicatie was?
- J. Kunt u mij vertellen wat de visualisatietools (mock-up/VR) hebben gedaan voor de betrokkenheid van de ziekenhuis stakeholders?
- K. Hoe denkt u dat de betrokkenheid van een ziekenhuisstakeholder bij het ontwerpproces nog meer vergroot kan worden?

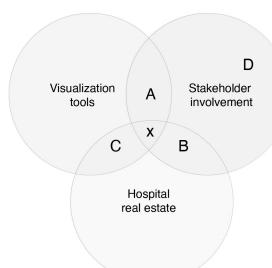
### Specific questions on the risks of stakeholder engagement:

- L. Kunt u mij vertellen of de VR/Mock-up de ziekenhuis stakeholders hebben ondersteund om juiste verwachtingen te vormen van het voorgestelde ontwerp?
- M. Kunt u mij vertellen wanneer in het ontwerpproces de stakeholders van het ziekenhuis betrokken waren?
- N. Is hun feedback vervolgens meegenomen in het ontwerp?
- O. Kunt u mij vertellen of de belanghebbenden in het ziekenhuis voldoende achtergrondkennis hadden om de visualisatie tool te begrijpen en te gebruiken?
- P. Kunt u mij vertellen of er conflicten/discussies zijn ontstaan terwijl de stakeholders de tool gebruikten?
- Q. Kunt u mij vertellen of er een verschil in macht was tussen de betrokken belanghebbenden in dit besluitvormingsproces? Wat was de invloed van de visualisatietool hierop?
- R. Zijn er in dit besluitvormingsproces onbevredigende compromissen gemaakt? Wat was de invloed van de visualisatietool hierop?
- S. Welke ziekenhuis stakeholders heeft u betrokken bij het gebruik van de visualisatietool? Denkt u dat andere belanghebbenden zich hiervan buitengesloten voelden?
- T. Sprak u namens een groep, en zo ja, hoe betrok u uw jouw achterban daarbij? / Spraken de betrokken stakeholders uit het ziekenhuis namens een groep, en zo ja, hoe betrokken zij hun achterban daarbij?

# Literature study method

• Stakeholder involvement and visualisation tools in hospital real estate

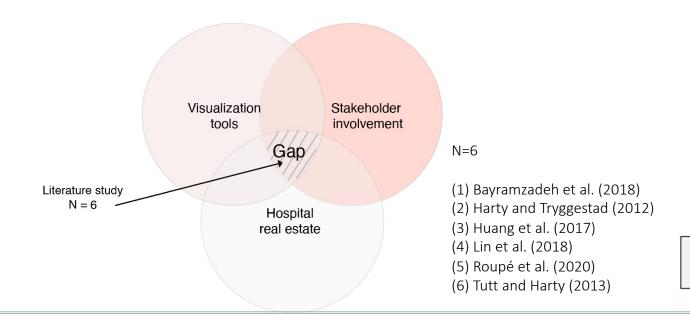


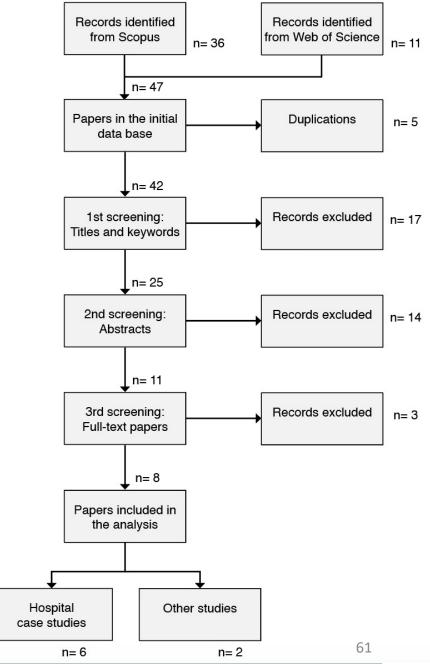


# Literature study method

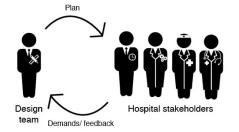
### Inclusion and exclusion criteria were used

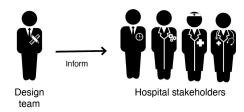
Inclusion criteria	Exclusion criteria
Setting: Hospital real estate	Setting: other (healthcare) real estate such as small care
	practices
Study focusses on the involvement of stakeholders	Study does not mention the involvement of stakeholders
Study makes use of mock-up of a virtual visualisation tool	Study makes use of other communication tools, such as
	discussion groups
Purpose of the study is related to the real estate usage	Purpose of the study is related to other areas, such as
	educational practice
Method of the study is hospital case studies	The study uses theoretical papers, systematic reviews, position
	papers, statistical studies, etc.
Clear description of methods and results	Data-collection process is unclear

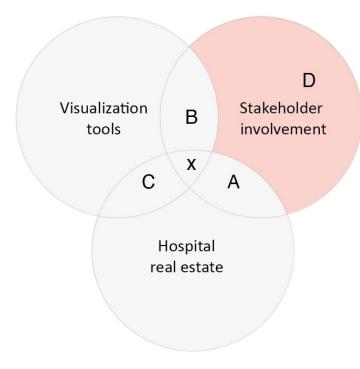




Stakeholder involvement (D)







### Opportunities and risks of stakeholder involvement

# I. Create shared understanding (1,2) II. Enable collaboration (1,2) III. Use of local/ expert knowledge (3) IV. Create support for design (4,5) V. Stakeholders feel appreciated (4) VI. Prevents cost increase (5) VII. Reduce project delays (5)

### Risks of stakeholder involvement

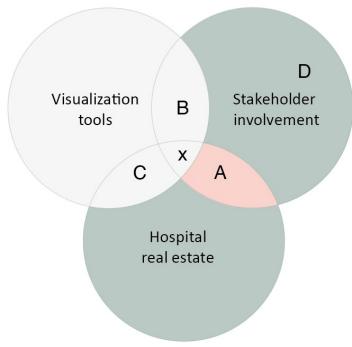
- I. False expectations (6,7)
- II. Late involvement (8)
- III. Emergence of conflicts (9,10)
- IV. Lack of mutual language/context (6,7,11)
  - V. Abuse of power (12)
  - VI. Unsatisfactory compromise (13)
- VII. Undesired exclusion of stakeholders (14,15)

- (1) (Arias et al., 2000)
- (2) (Fischer et al., 2005)
- (3) (Van Bueren, 2020)
- (4) (Van Bueren & ten Heuvelhof, 2005)
- (5) (Keys et al., 2017)
- (6) (Bakker et al., 2017)
- (7) (Roupé et al., 2020)
- (8) (Bosch-Rekveldt et al., 2011)
- (9) (Bakker et al., 2017)
- (10) (McManus, 2002)
- (11) (Sutter et al., 2009)
- (12) (Hordijk et al., 2015)
- (13) (De Bruijn & Ten Heuvelhof, 2008)
- (14) (Hartman, 2000)
- (15) (Märker & Pipek, 2000)

Stakeholder involvement in hospitals (A)

Show specific details demands for new design

Role and power of stakeholders in the process Management board (Stakeholders 7) The final decision; go/ not go Steering group (Stakeholders 2ab, 3a, 4a, 5a, 6a) Decision-making, focus on time, Reconsideration of plan quality and financial aspects User group (Stakeholders 1ab, 2ab, 3b, 4b) Show demands/ expectations Reconsideration for new design Knowledge group (Stakeholders 1cd, 5bc, 6bcd, 8,9,10,11,12)



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### Stakeholder involvement in hospitals (A)

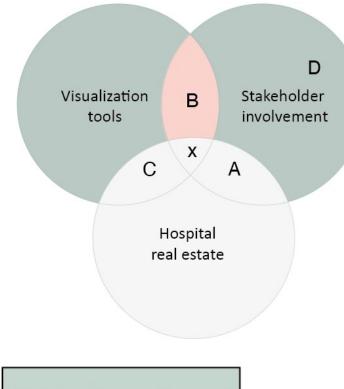
**Organisation unit** 

Ē	Task	1A	Architect	18	Industrial designer	1C	Installation consultant	1D	Constructor	2A	Extern project manager	2B	Intern project manager	3A	Managing doctor	3B	Executive doctor	4A	Managing nurse	4B	Executive nurse	4B	Executive nurse	5A	Head of FM	5B+C	Cleaning & Logistics	6A	Head of maintenance	6B+C+D	Maintenance specialists	7	Management Board	2AB,3A,4A,5A,6A Steering group
Initiation	Initiating the construction project									С		С			(I)				(1)														А	R C
	Determine scope									С		С			(1)				(1)														А	R C
	Calculate capacity									С		С		с*				с*															А	R C
Definition	Define vision and ambition									С		С		С		(C)		С		(C)		С		С		С							А	R C
۵	Consider different concepts (room types)									С		С		С		(C)		С		(C)		С		С		С							А	R <sup>O</sup>
	Discuss new work processes									С		С		С		С		С		С		С		С		С							А	R <sup>O</sup>
	Adopt programme of requirements									С		С		С		С		С		С		С		С		С							А	R C
Design	Proposal of a first draft (SO)	R	А	R	Α	R	Α	I	I I	R C		R C		c^	1	c^	1	c^	_	c^	1	c^	1	c^	1	c^	1	c^	1	c^	1		А	R C
Elaboration Design	Developing the design (VO)	R	А	R	Α	R	Α	1	1	R C		R C		c^	1	c^	_	c^	_	c^	1	c^	1	c^	1	c^	1	c^	1		1		А	R C
Elab	Decision-making on the final design (DO)	R	А	R	Α	R	Α	1	İ	R C		R C			1		1		1		1		1		1		1		1		1		А	R C
ealisation	Realisation of the design (UO)	(C)		(C)		(C)		R	Α	(R)		(R)			1		1		1		1		1		1		1		1		1		А	R A (C) I
a)																																		

R (Responsibility)	A (Accountable)							
C	l							
(Consulted)	(Informed)							

Visualisation tools for stakeholder involvement (B)

Visualisation tools facilitate involvement

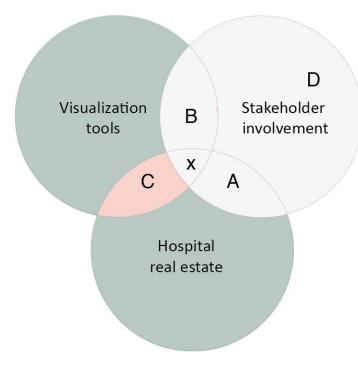




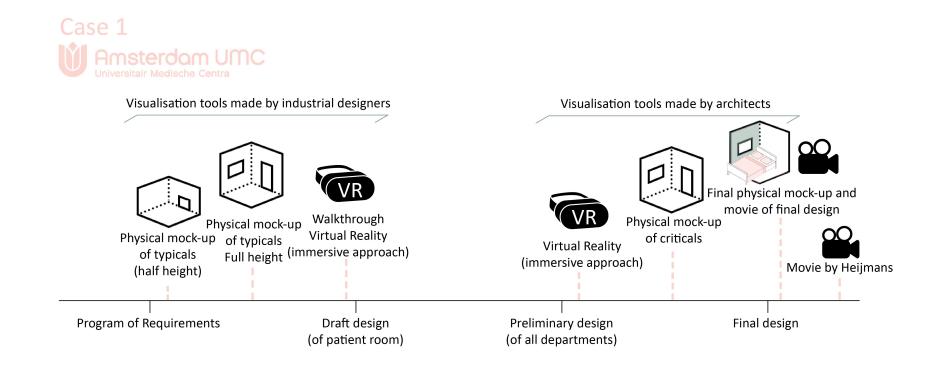
Visualisation tools in hospitals (C)

### • Visualisation tools facilitate involvement

		Advantages	Disadvantages							
	Mock-up	-(Full)scale model enables stakeholders to experience the proposed design jointly	-Made at the end of the design process, after essential design decisions are already made							
Tools	VR	-Excludes misrepresentations since it leaves no room for self-interpretation	-Irrelevant design details cannot be left out; this can cause unnecessary discussions about details							
	AR	-Functions well for renovation projects since it can overlay a current situation with a filter	-Less useful for a new design, if nothing is there, a lay-over-design cannot be made							
Jes	Immersive approach	-Makes it possible to experience design in a complete 3D environment	-The HMD disables face-to-face communication, which makes it less suitable for a collaborative design process -Users can experience digital motion sickness by using a HMD							
Approaches	Semi-immersive approach	-Makes it possible to experience design in a progressed 3D environment -Enables a collaborative design process and prevents digital motion sickness	-Large investments costs of the hyperboloid screen -360 degrees movie requires specific skills of architects							
	Non-immersive approach	-All stakeholders see the same environment by looking at a screen	-Does not allow the stakeholder to visualise a complete 3D environment							

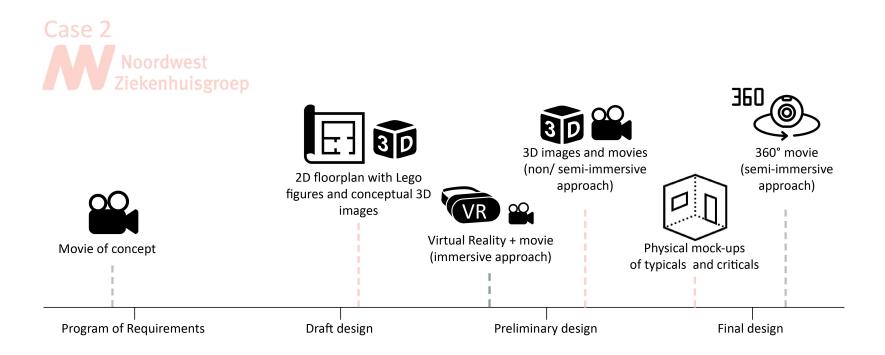


### Q3. When in the design process of hospital (re)construction projects are the visualisation tools used?



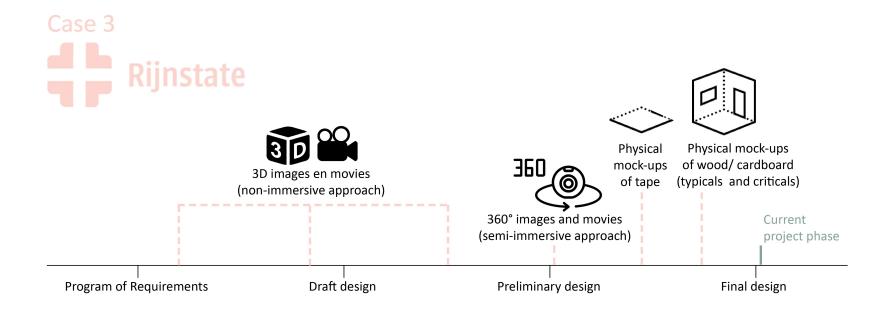
Who made use of the tools: \_\_\_\_ The involved hospital stakeholders

Q3. When in the design process of hospital (re)construction projects are the visualisation tools used?



Who made use of the tools: ——— The involved hospital stakeholders
———— Local residents and management board
———— All stakeholders

Q3. When in the design process of hospital (re)construction projects are the visualisation tools used?



Who made use of the tools: \_\_\_\_ The involved hospital stakeholders