

# THE GREEN SPINE

## NEW UNIVERSITY HOSPITAL IN LUND

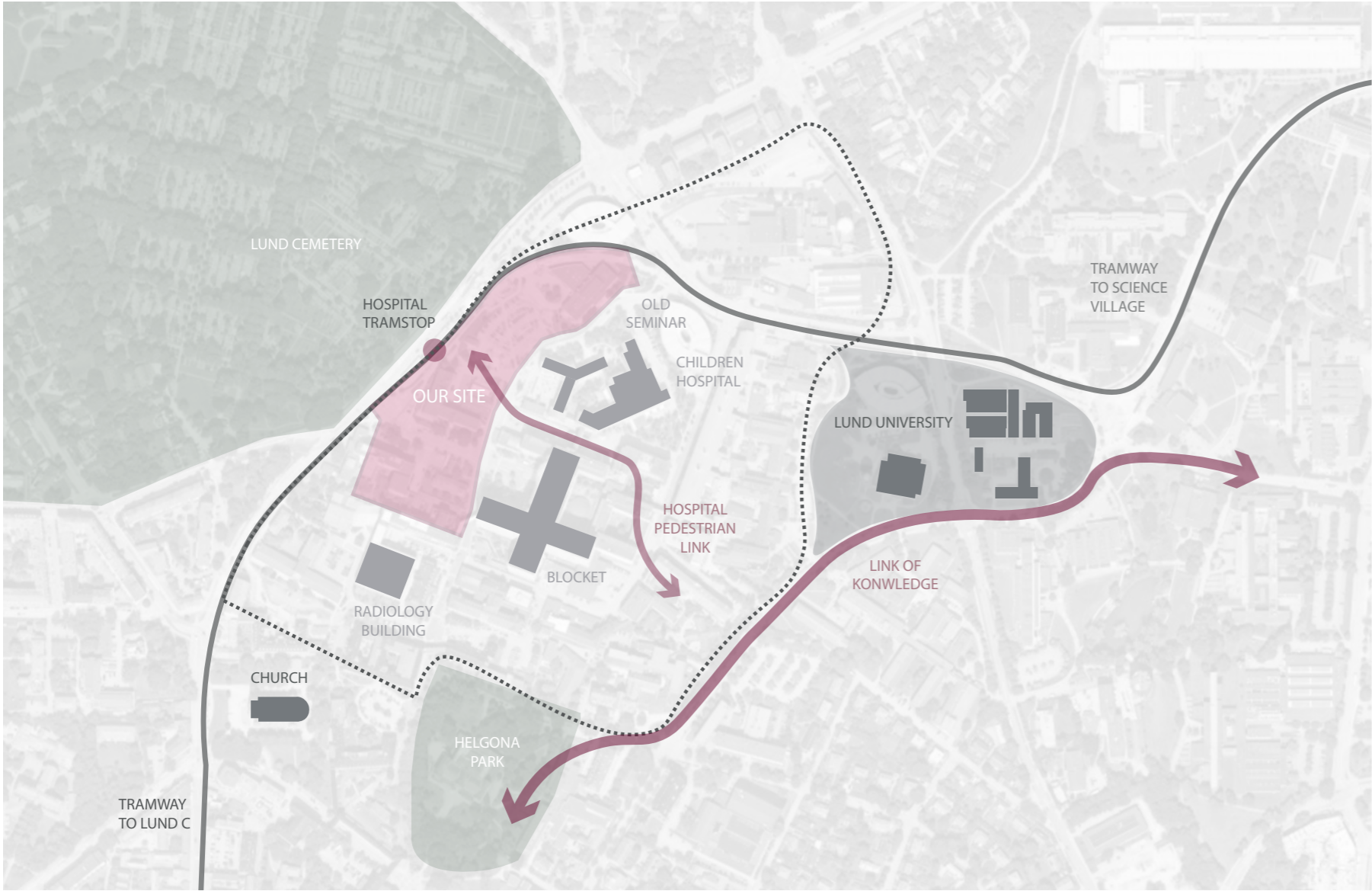
Group 7 – Sara, Bérénice, Maciej



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# 1. SITE ANALYSIS



SCHEMATIC PLAN OF THE SITE AND ITS SURROUNDINGS



The site analysis allowed us to understand which physical element we need to deal with. The first element to take into account is the surrounding main elements : university to the east, the city center and the church to the south, the cemetery to the west.

The existings buildings that will be kept will have a direct influence on our work : blockets by its important scale, the old seminar building by its culutral aspect.



Our analysis allowed us to notice a lack of public spaces and social interaction within the hospital area. The hospital acts like an isolated island in the city of Lund.

This phenomenon of « isolated island » could also be applied to the greenery of the area : there is no real recreational green area and no continuity between the existings green spaces.

# 2. DESIGN STRATEGIES



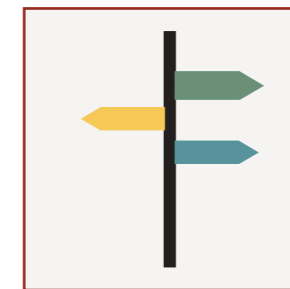
## FLOWS SEPARATION

In order to provide efficiency and safety for all the users, we will separate the flows within the hospital area (emergency area in the north VS pedestrian and public area in the south), as well as in each building: inpatient, outpatient, staff, visitors, goods.



## USING THE 5th FACADE

Because of the small plot and the huge program we have to deal with, we will take advantage of the roof of each building to develop different activities: public life, greenery, sports, resources management...



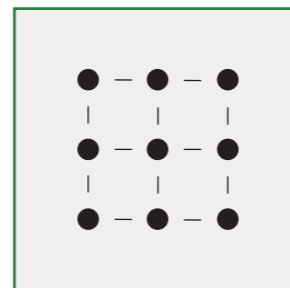
## WAYFINDING

We will provide a clear understanding of the site thanks to a clear grid of streets, sightlines, efficient public lighting and common vocabulary for entrances. The main entrance will be clearly distinctible and will be the main point for orientation in all the hospital.



## STORMWATER MANAGEMENT

Within the hospital area, we will take advantage of the topography and create water pond and sponge green areas. In each building, the idea is to use collected stormwater to provide a cooling system and for grey water.



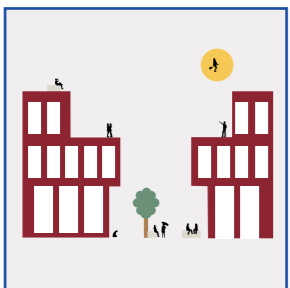
## FLEXIBILITY

Enabling future expansions within the hospital area. Adaptable structural grid and common ceiling height for interchangeable functions. Possible separation of buildings and units for post-antibiotic era.



## REUSED MATERIALS

Transforming demolitions into deconstructions. Reusing bricks for a common vocabulary in each building. Reusing concrete and glass pieces to develop urban furnitures for the new public spaces: pavements, benches, bike shelters, amphitheater...



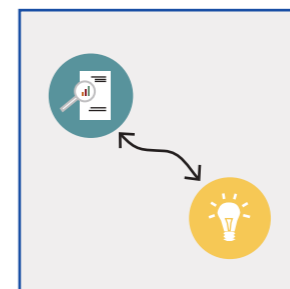
## INCLUSIVE PUBLIC SPACES

Commercials and entrances should face the main pedestrian areas. New public spaces should be directly connected to green areas. Developing the feeling of human scale by the main public areas. Use transparency in the groundfloor.



## MIXED CHARACTER

Patchwork pattern: common vocabulary but diversity for each block. Cohesive scale: the lowest point should be by the existing and the public areas, no building should be higher than the church. Bridge between cultural and modern for the facades.



## LINK WITH RESEARCH

Developing the main pedestrian link between the university and the tramway stop. Linking public and research through shared spaces, conference rooms...



## WELLNESS APPROACH

Providing different interaction spaces for staff and patients: private, shared, public... Developing the evidence based design principles in each buildings: greenery, daylight, single bedrooms, daylight, materials...



## STIMULATING ENVIRONMENTS

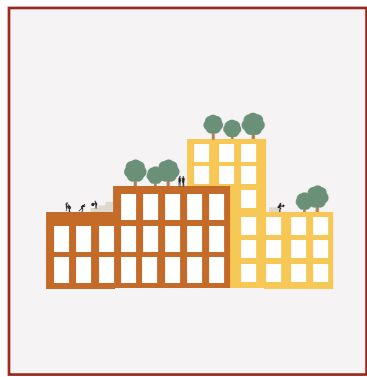
Implementing a variety of places for activity that can promote:  
Social activity (exhibitions, commercials, meeting areas)  
Physical activity (outside gym/playground/games/sports)  
Leisure (resting environments)



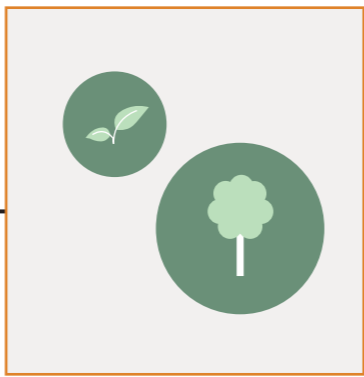
## ENHANCING GREENERY

Enhancing greenery in the hospital area through new green areas and new green links. Creating a variety of green areas: park, atrium, terraces... Providing views on greenery for everyone.

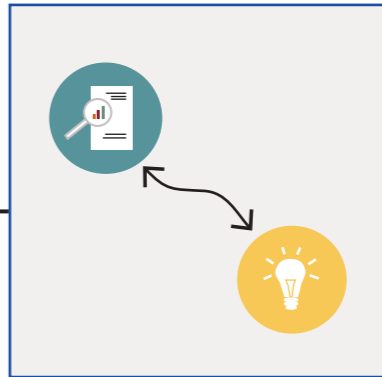
# MAIN GOALS OF THE PROJECT



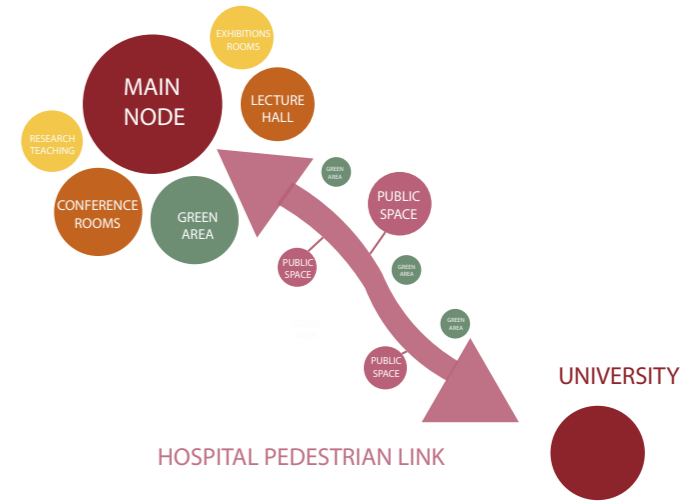
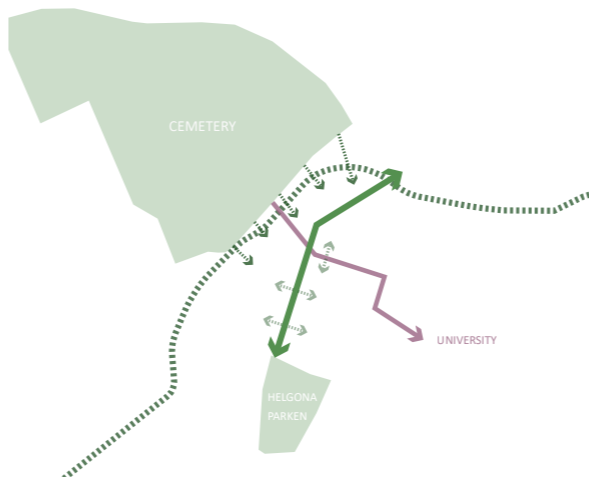
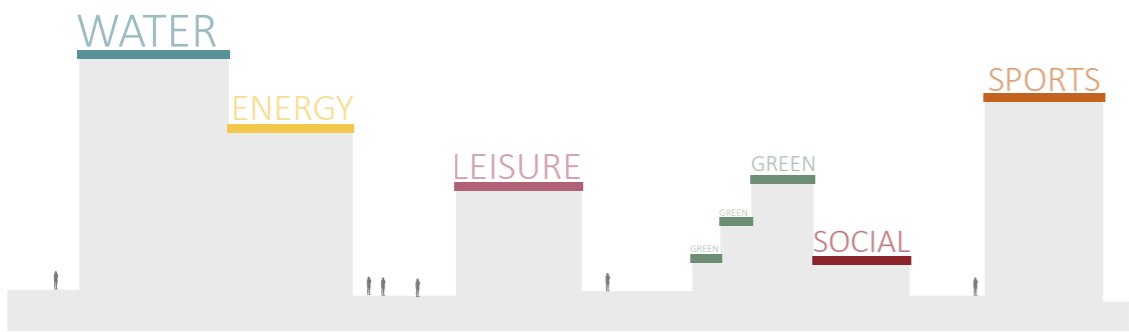
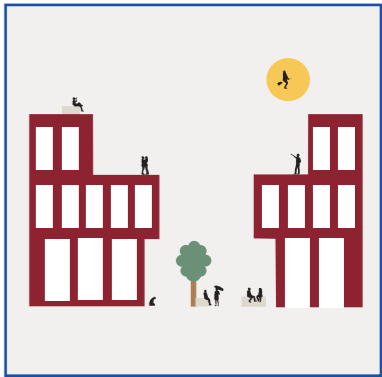
**1. TAKING ADVANTAGE OF THE ROOF OF NEWS BUILDINGS.**



**2. PROVIDING AN INTERCONNECTED NETWORK OF GREEN AREAS. CREATING BIODIVERSITY AND RECREATIONAL AREAS.**



**3. PROVIDING INCLUSIVE AND VIBRANT PUBLIC SPACES WHICH INCLUDE RESEARCH AND TEACHING AT THE HEART OF THE PUBLIC LIFE.**



Due to a lack of space on the plot, the aim is to make the roofs of new buildings profitable for the users and for the site. It could be an opportunity to enhance the public life of the hospital by providing different social or physical activities on it, and by offering a new view point on the city. Developing roofs could as well be a way to deal with resources management in a sustainable context : stormwater harvesting, green roofs... Rooftops should be accessible for everyone : staff, patients, and inhabitants of Lund, by implementing private and shared public areas on it.

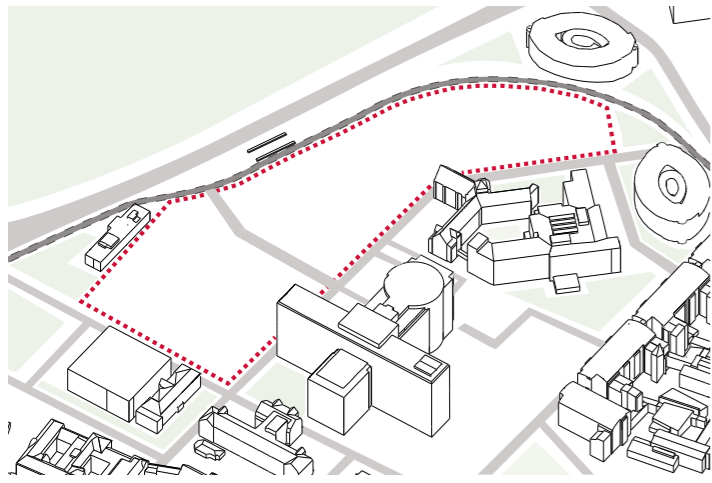
In the city of Lund, there is lack of recreational green areas and a lack of continuity between green spaces. We noticed the same situation within the hospital area.

The cemetery is the main green area in close connection with the hospital, and the tramwayline also acts as a green corridor. The purpose is to extend the greenery through the hospital area by creating new green areas, connected to the old ones. Then, the project aims to develop Lasarettsgatan as the main green link of the area, connecting Helgona park to the green tramwayline.

The purpose is to develop our project in accordance with the municipality plans. It could be done by enhancing the link of knowledge which aims to bring research and science in the heart of the social public life, and by developing the pedestrian link connecting the new tram stop and the university.

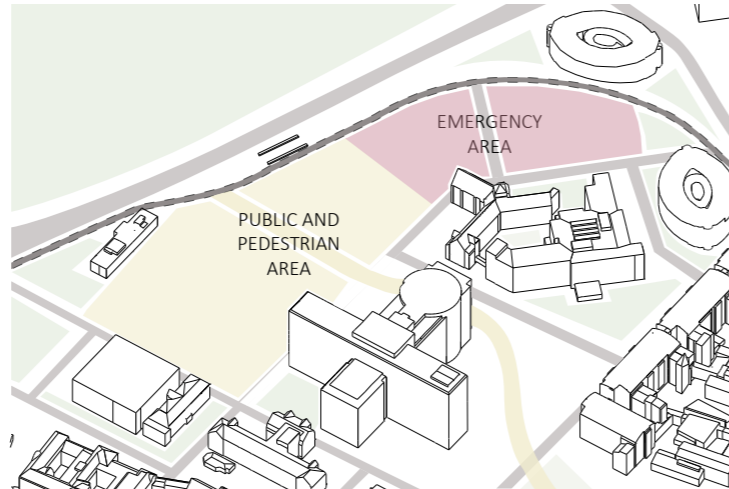
For instance, it could be done by implementing shared and public teaching rooms and lecture halls by the main entrance. It would lead to vibrant public spaces, both for workers and for inhabitants.

# 1. MASTERPLAN CONCEPT: DESIGN STAGES



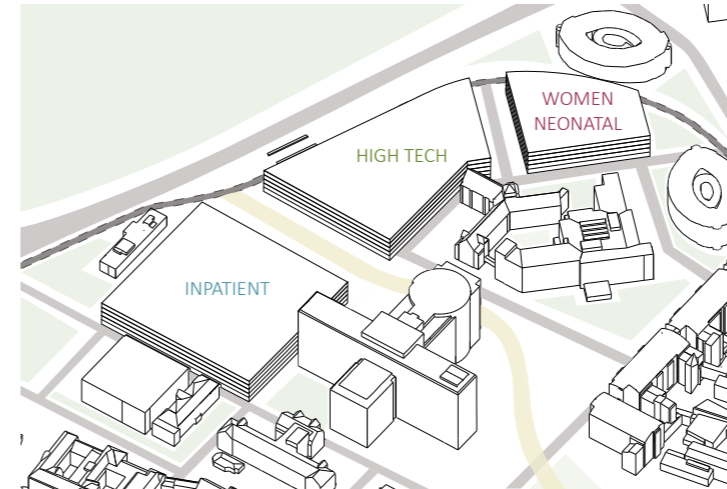
## 1. THE PLOT AND THE EXISTING STREETS

Our site is crossed by a road and bordered by Lasarettsgatan to the east and by the tramline to the north.



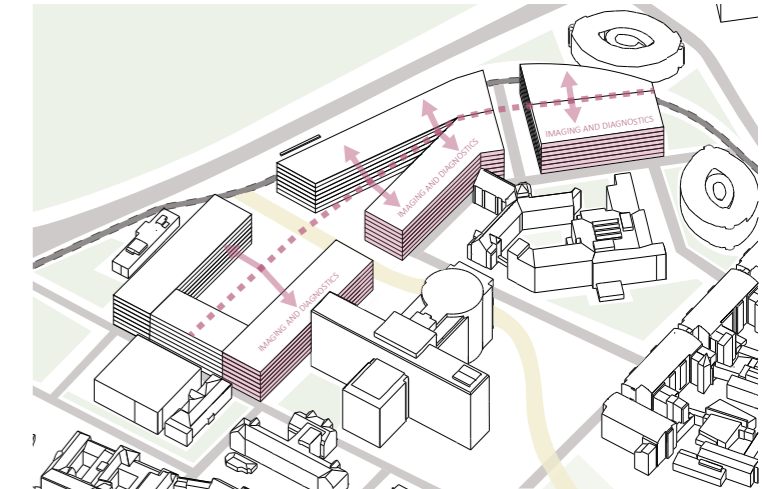
## 2. EMERGENCY AREA VS PUBLIC AREA

In order to provide efficiency and safety within the hospital area, we interrupt Lasarettsgatan at the crossroads with the hospital pedestrian link and we provide a new emergency road crossing the tramline. Thus, we separate the emergency flow to the north from the public and pedestrian flow to the south of the plot.



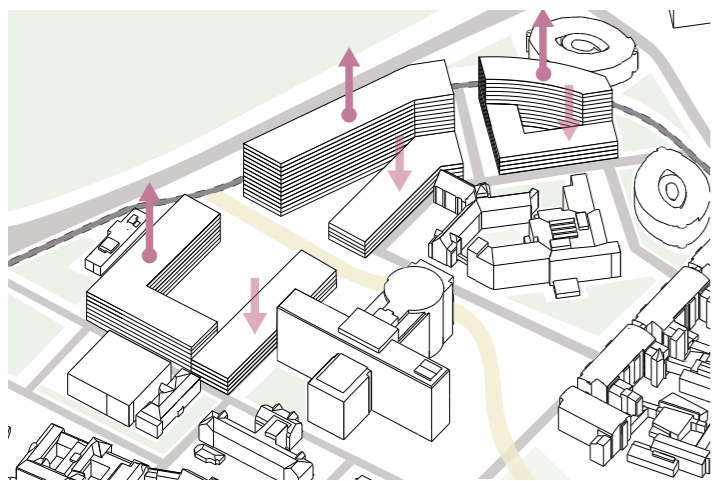
## 3. THREE BLOCKS

The pedestrian link and the emergency road divide the plot into three blocks, which allow us to carry out a clear division of the brief: inpatient in the south, high tech in the middle and women and neonatal in the north, in direct connection to the children hospital.



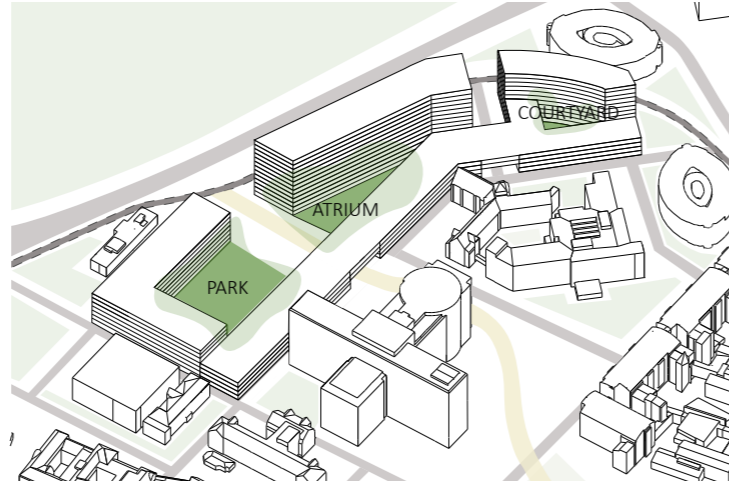
## 4. TWO BANDS

We divide each block in two bands, opening from the north of the plot towards the city center of Lund. The eastern band, between the old hospital and the new one, will be only composed of imaging a diagnostics, used by all departments.



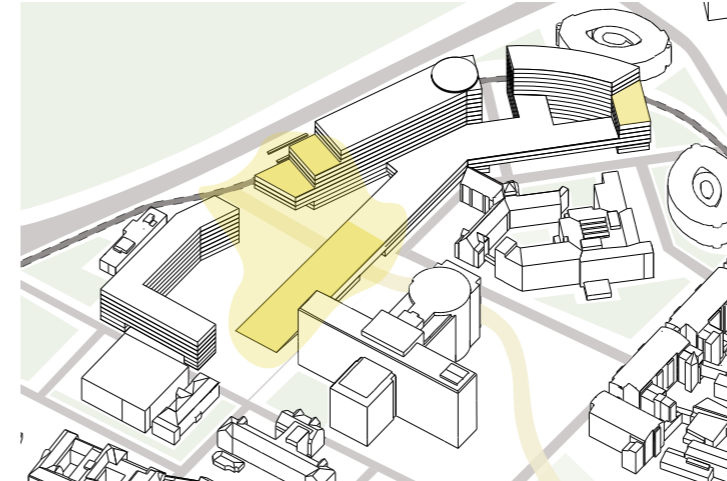
## 5. UP AND DOWN

A low band is created by Lasarettsgatan, providing a pleasant context to both Old seminar building and Children hospital. It allows a good daylight condition to the other band, higher, which makes a kind of barrier between the hospital and the tramline. Thus, each band can benefit from a south-west orientation.



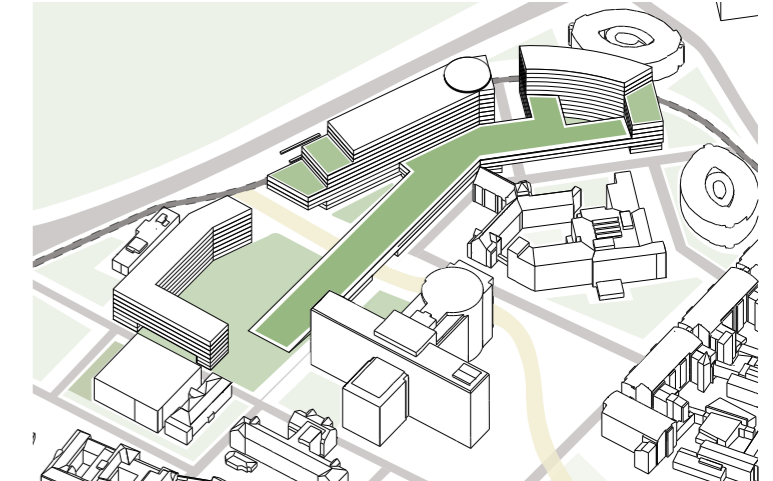
## 6. INBETWEEN GREEN SPACES

Inbetween these two bands, we create different public green spaces with various scales : public park, green atrium and green courtyard.



## 7. BREAKING THE VOLUMES, CREATING HUMAN SCALE

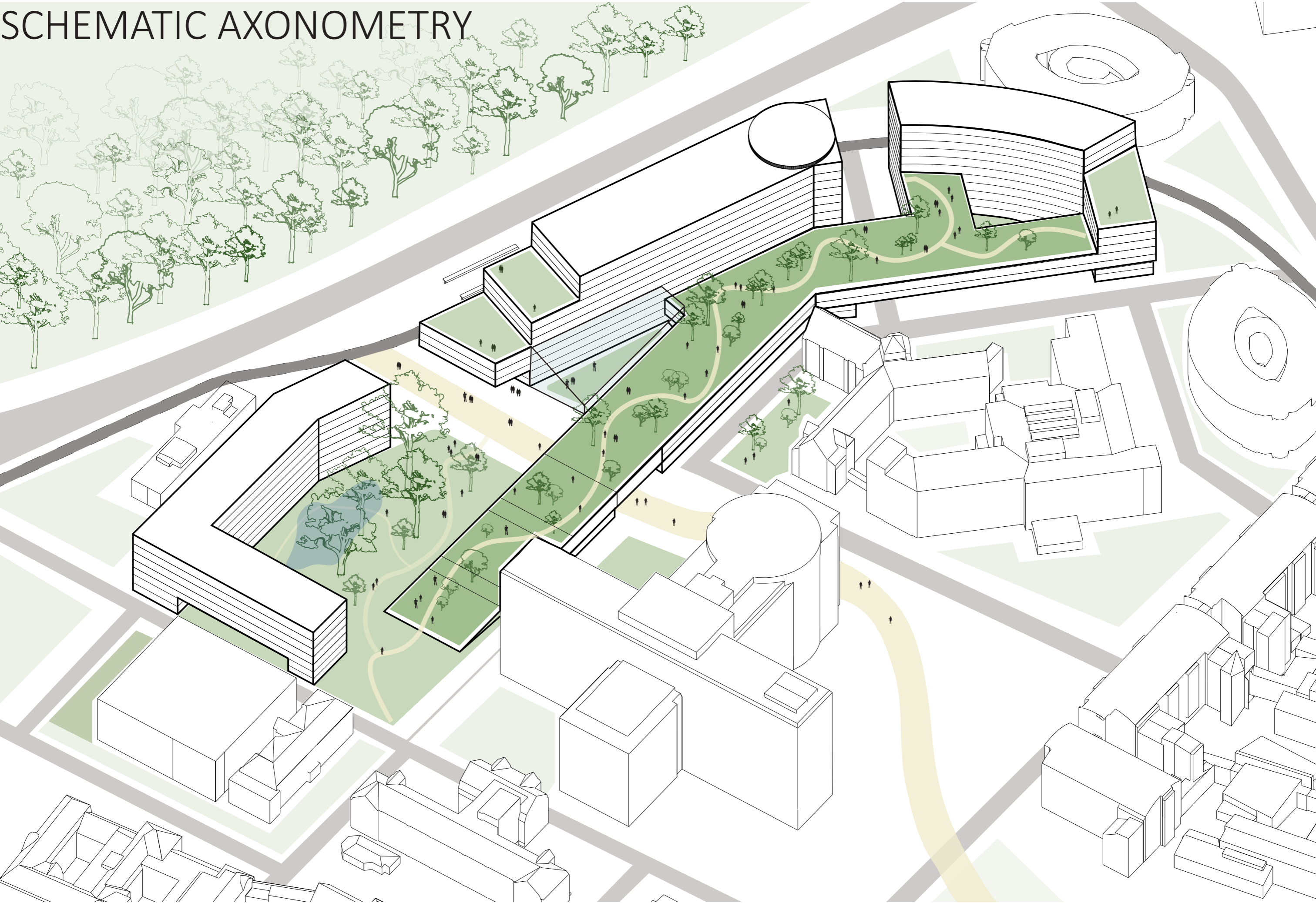
Thanks to a slope system for the low band and a terracing system for the high band, we provide human scale and accessibility by the main public and pedestrian areas.



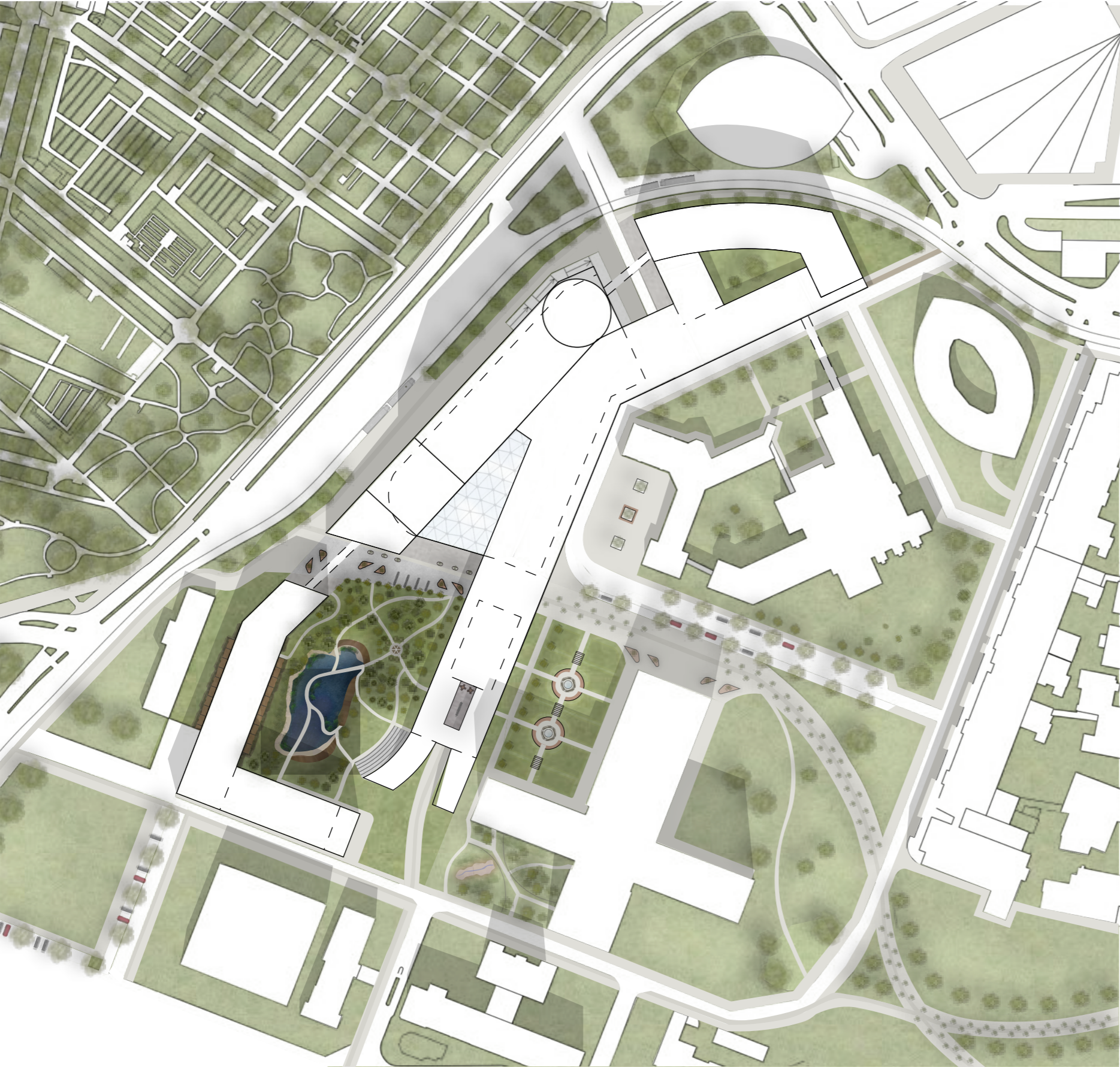
## 8. LINKING GREENERY, INVITING THE CITY

The low band becomes the backbone of the project, thanks to its function, and the green spine of Lund, which invites the city to take part of the hospital public life. The spine acts as well as a green link between existing and new green areas.

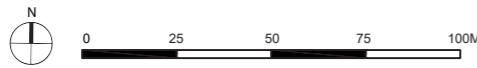
# SCHEMATIC AXONOMETRY



# SITE PLAN AND REFERENCES



SITE PLAN, SCALE 1/2000e



OLYMPIC SCULPTURAL PARK, SEATTLE.



DAKPARK, ROTTERDAM THE NETHERLANDS.

URBAN PUBLIC PARK ON A ROOF.



WHITE ARKITEKTER, PARKING GARAGE/ SLEDDING SLOPE, SWEDEN, 2015.



DOMINIQUE PERRAULT, WOMEN UNIVERSITY, SEOUL 2008.



# SITE PLAN: THE GREEN SPINE



1. ACCESS TO LECTURE HALL AND LIBRARY CAFE



2. DENSE PARK AND WATERPOND



3. URBAN PARK



4. RESTING AREAS



5. VIEW POINT TOWARD THE CITY



6. OUTSIDE GYM



7. SHARED GREENHOUSE



8. GREEN PROMENADE



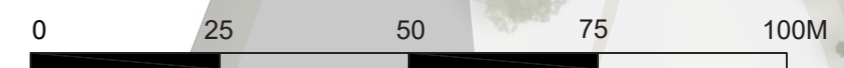
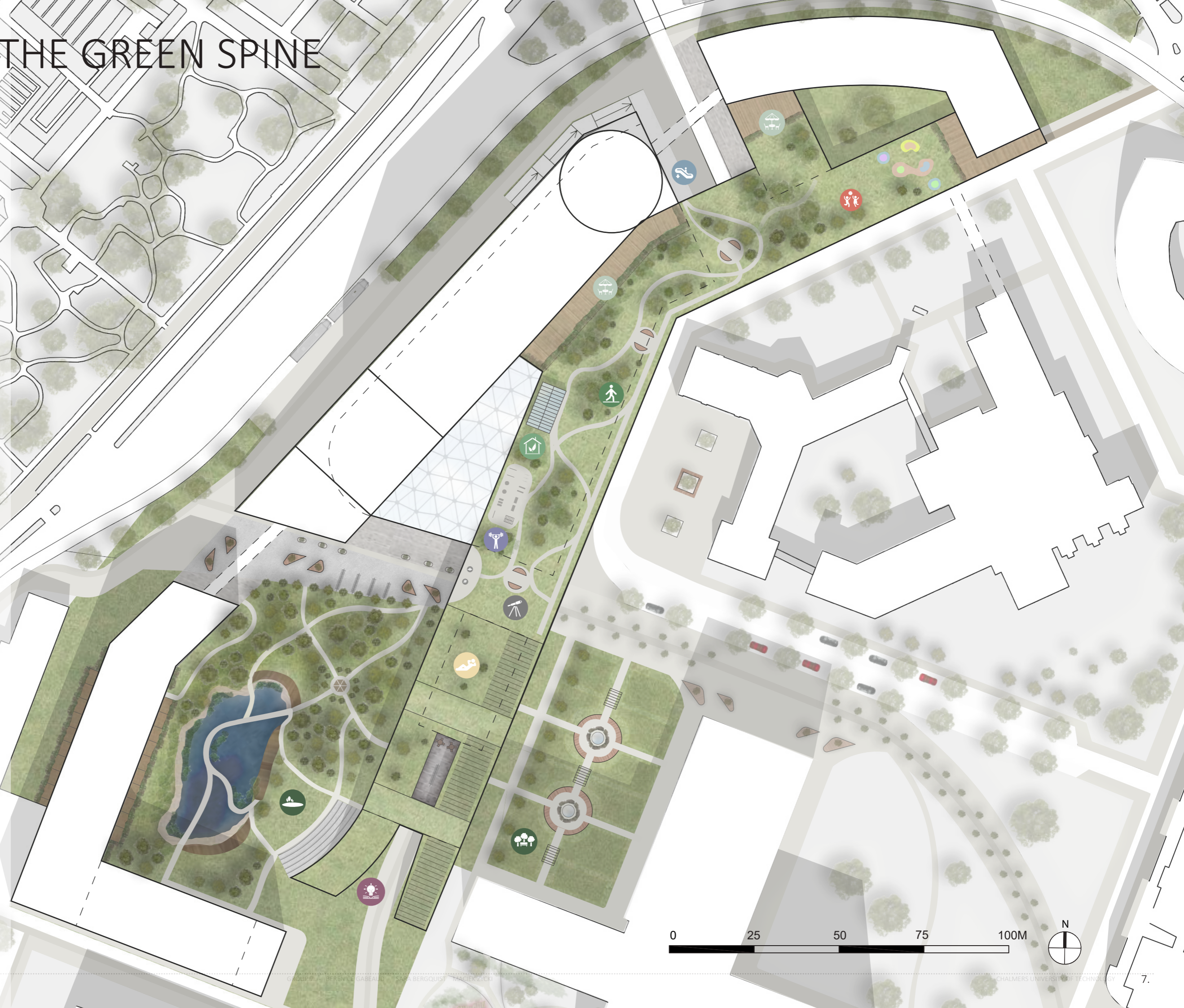
9. PRIVATE TERRACES



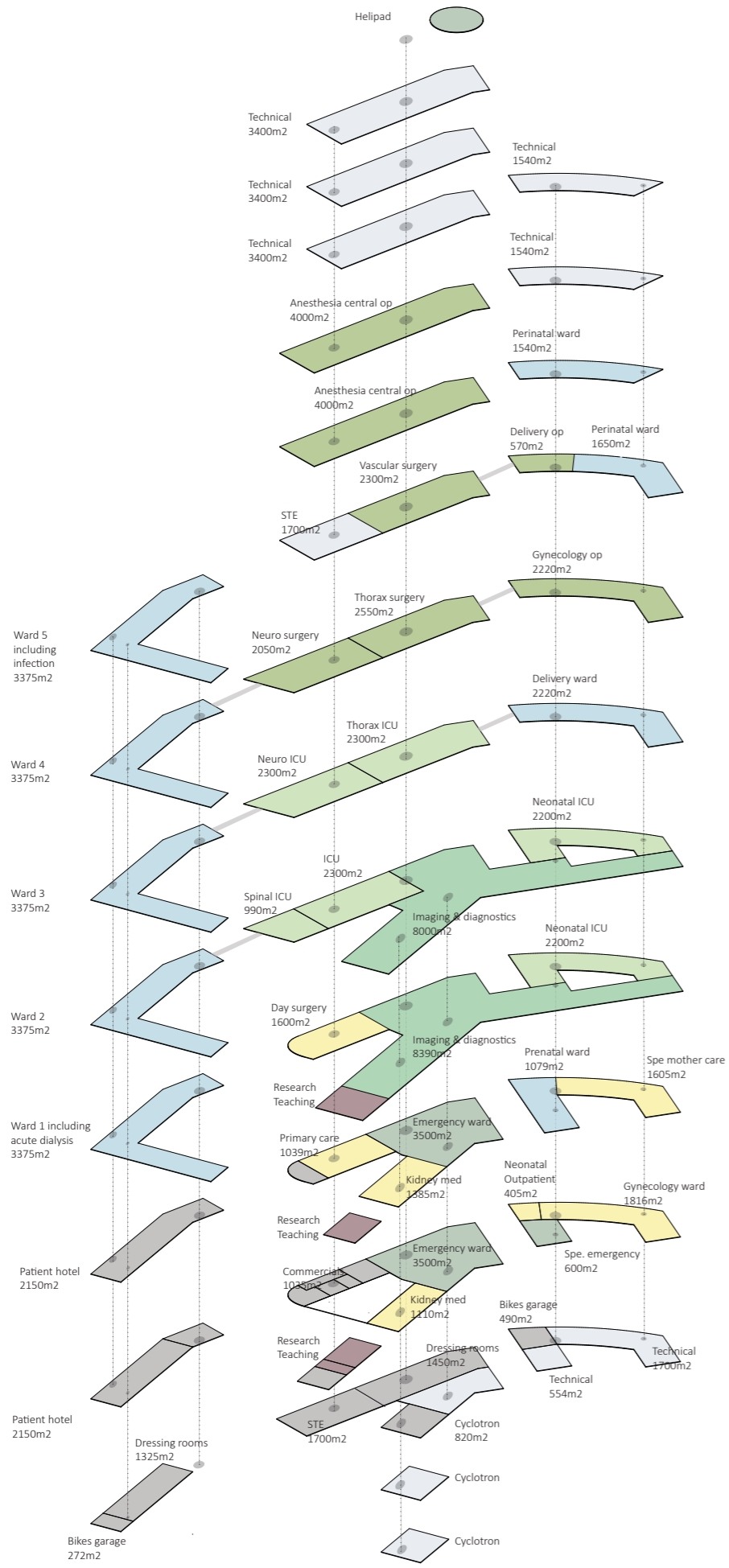
10. CHILDREN PLAYGROUNDS



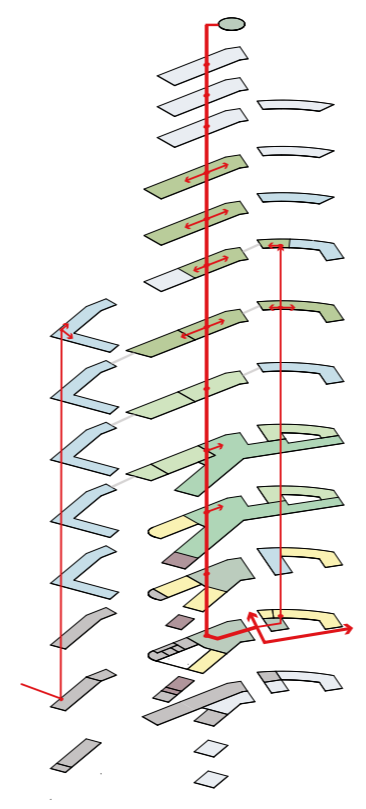
11. PUBLIC STAIRS EXIT TO THE TRAM



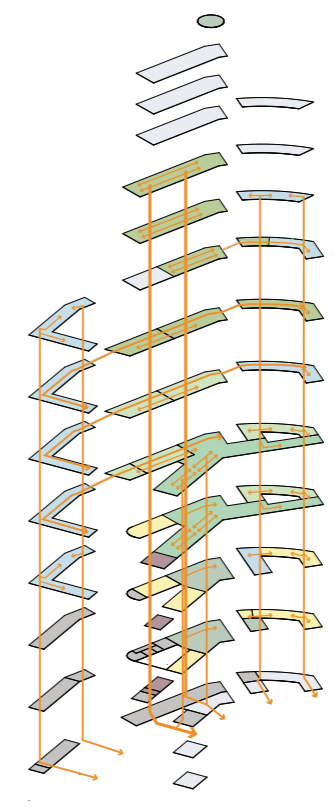
# SCHEMATIC FLOOR PLANS AND SECTIONS



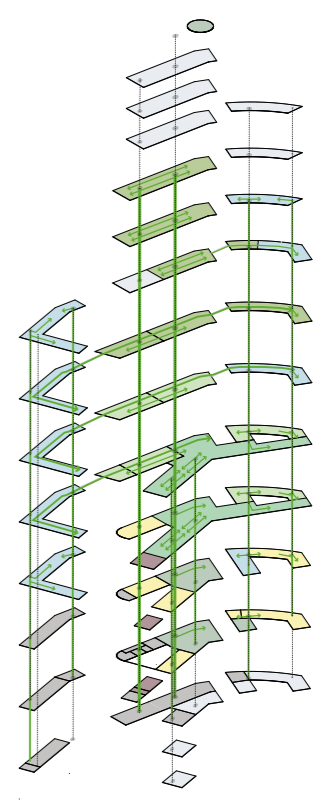
- 11th FLOOR +55m
- 10th FLOOR +50m
- 9th FLOOR +45m
- 8th FLOOR +40m
- 7th FLOOR +35m
- 6th FLOOR +30m
- 5th FLOOR +25m
- 4th FLOOR +20m
- 3rd FLOOR +15m
- 2nd FLOOR +10m
- 1st FLOOR +5m
- GROUND FLOOR +0m
- FLOOR -1 -5m
- FLOOR -2 -10m
- FLOOR -3 -15m



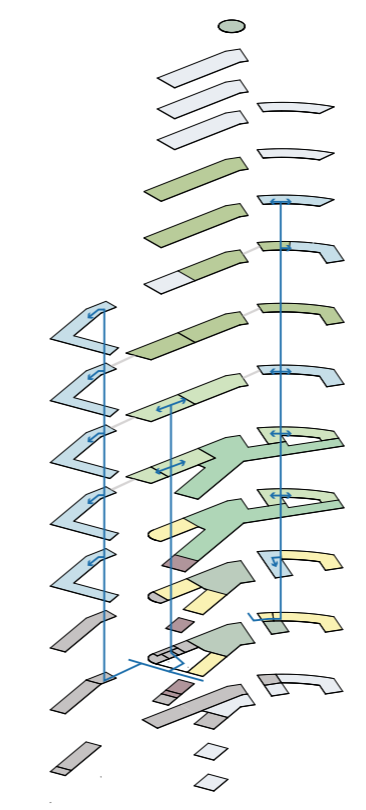
EMERGENCY FLOW



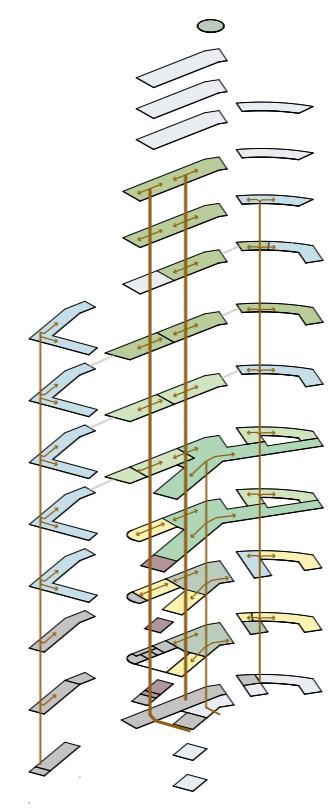
PATIENTS IN BED FLOW



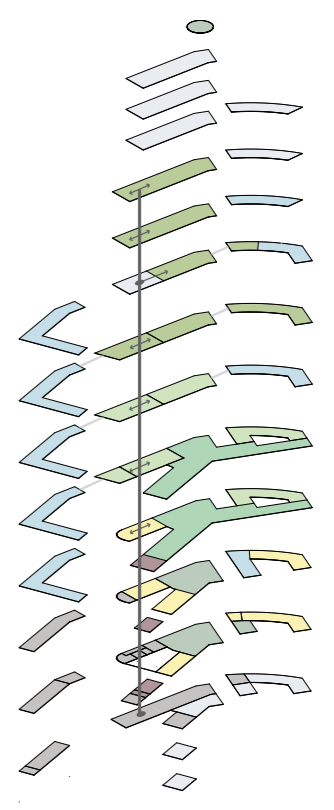
STAFF FLOW



VISITORS FLOW



GOODS FLOW



STERILE GOODS FLOW

<b>INPATIENT</b>	<b>16875m2</b>
Ward 1, including dialysis	3375m2
Ward 2	3375m2
Ward 3	3375m2
Ward 4	3375m2
Ward 5 including infection	3375m2

<b>HOT FLOOR - ICU</b>	<b>7895m2</b>
ICU	2300m2
Neuro ICU	2300m2
Thorax ICU	2300m2
Spinal ICU	992m2

<b>HOT FLOOR - SURGERY</b>	<b>14900m2</b>
Anesthesia central op	8000m2
Neuro surgery	2050m2
Thorax surgery	2550m2
Vascular surgery	2300m2

<b>HOT FLOOR - EMERGENCY</b>	
Emergency ward	7000m2

<b>HOT FLOOR - IM. AND DIAG</b>	
Imaging and diagnostics	16390m2

<b>OUTPATIENT</b>	<b>5134m2</b>
Kidney med	2495m2
Day surgery	1600m2
Primary health care	1039m2

<b>OTHER</b>	
<b>Medical supply</b>	<b>4050m2</b>
STE above	1700m2
STE below	1700m2
Cyklotron	650m2

**Technical spaces (above)** 13300m2

<b>OTHER</b>	
<b>Staff</b>	<b>3633m2</b>
Dressing rooms	2775m2
Bicycle garage	760m2
Administrative	98m2

**Public** 7810m2

To go coffee + kitchen	332m2
Pharmacy	176m2
Restaurant + kitchen	598m2
Emergency cafe	135m2
Atrium	1600m2
Research/ teaching reception	175m2
Lecture hall	317m2
Library cafe	177m2

Patient hotel 4300m2

<b>WOMEN/ NEONATAL</b>	<b>18627m2</b>
Neonatal for outpatient	405m2
Gyn emergency/outpatient	1816m2
Spe. mother care	1605m2
Common spaces	520m2

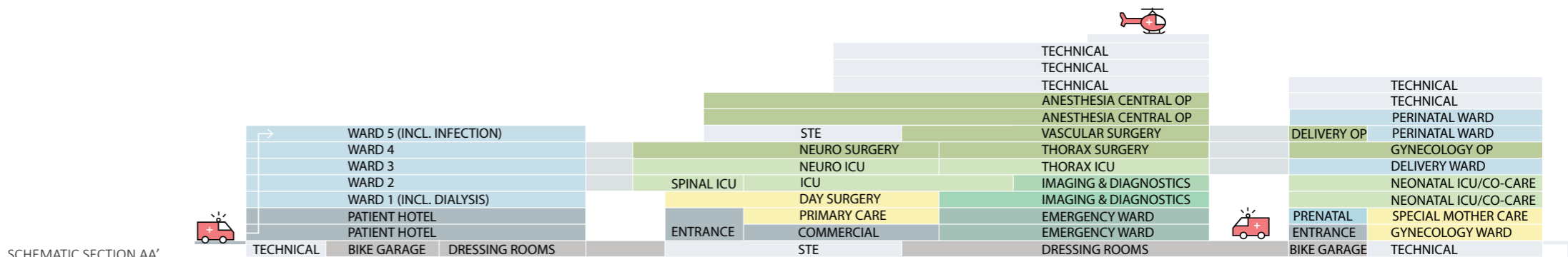
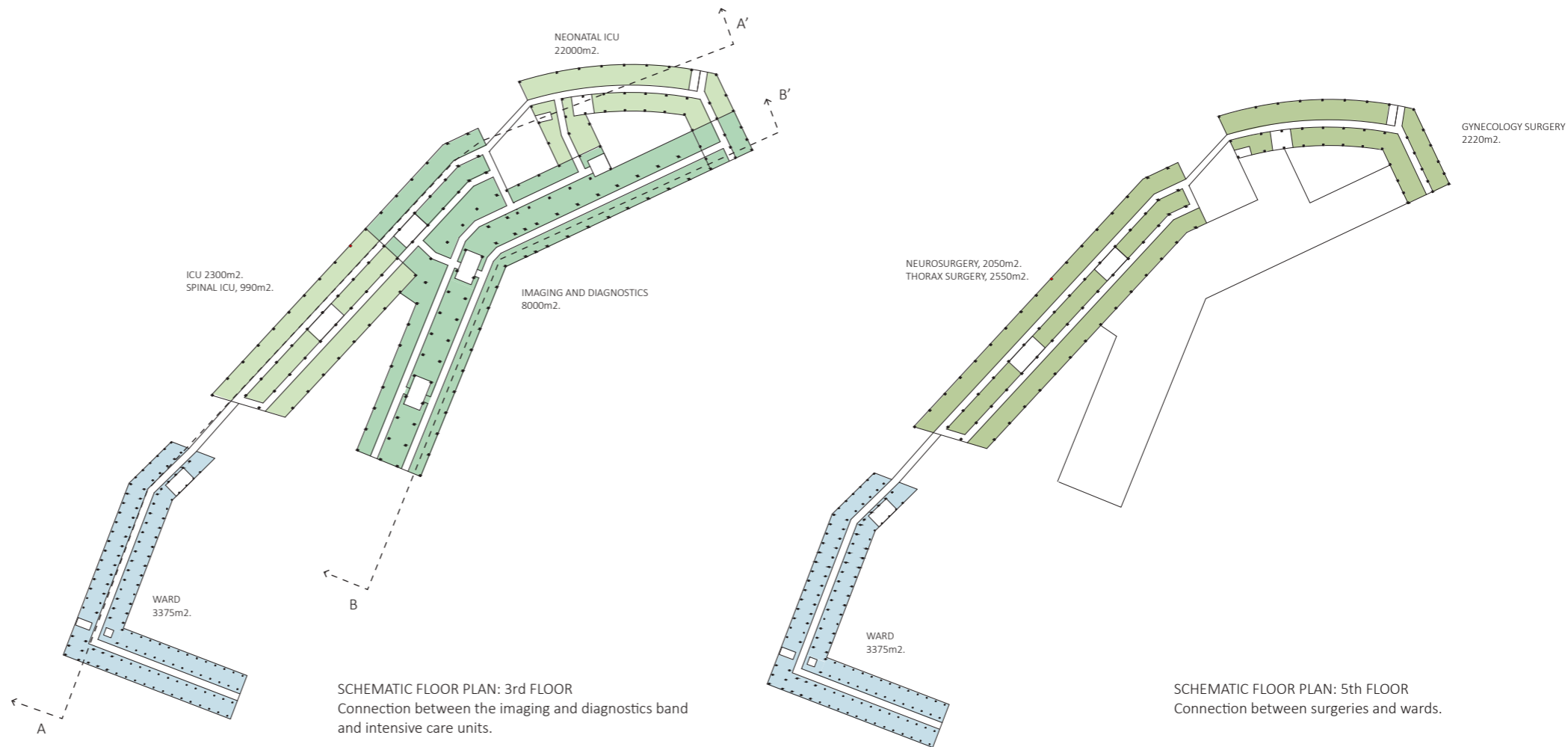
Delivery ward	2220m2
Prenatal ward	1079m2
Perinatal/ maternity ward	3190m2

Specialized emergency	600m2
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Delivery operation	570m2
Gynecology surgery	2220m2

Neonatal ICU, co-care ward	4400m2
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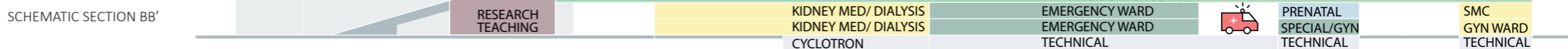
**TOTAL BTA: 115612 m2**



**INPATIENT**

**HOT FLOOR**

**WOMEN NEONATAL**



# 2. BUILDING DESIGN CONCEPT

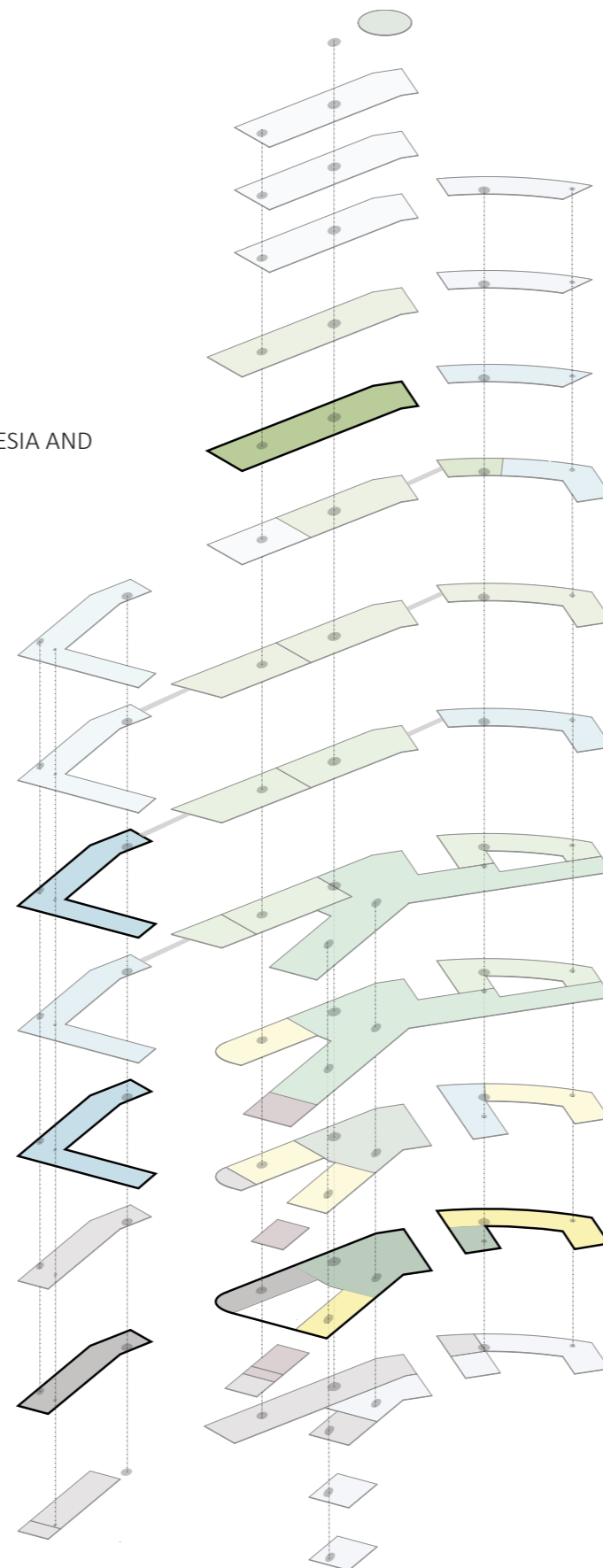
WHAT DID WE DEVELOP ?

## 2. 7th FLOOR

SURGERY FLOOR PLAN: ANESTHESIA AND CENTRAL OP, 4000 m<sup>2</sup>.

## 3. 2nd and 4th FLOOR

REGULAR WARDS FLOOR PLAN, 3375m<sup>2</sup>.



## 1. GROUND FLOOR

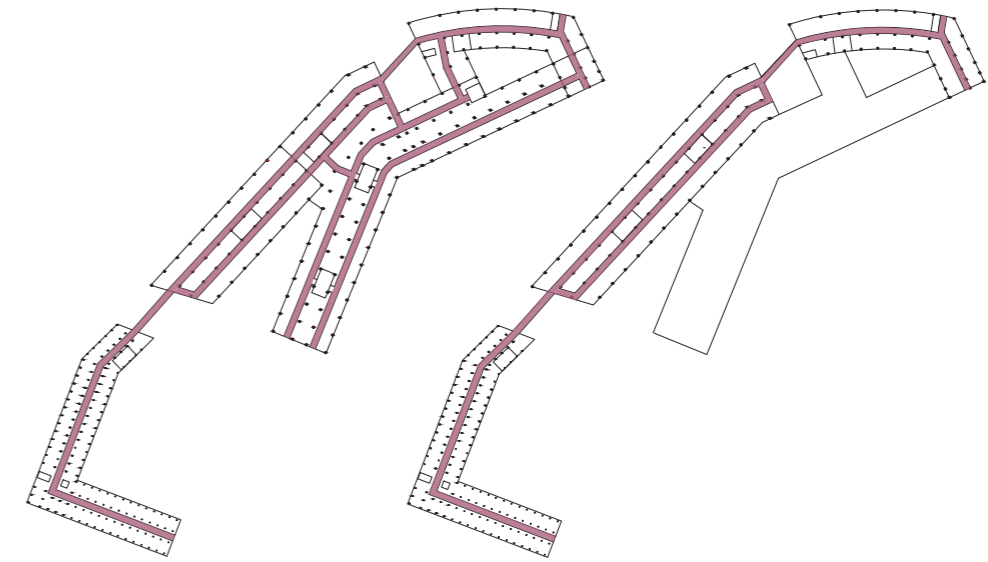
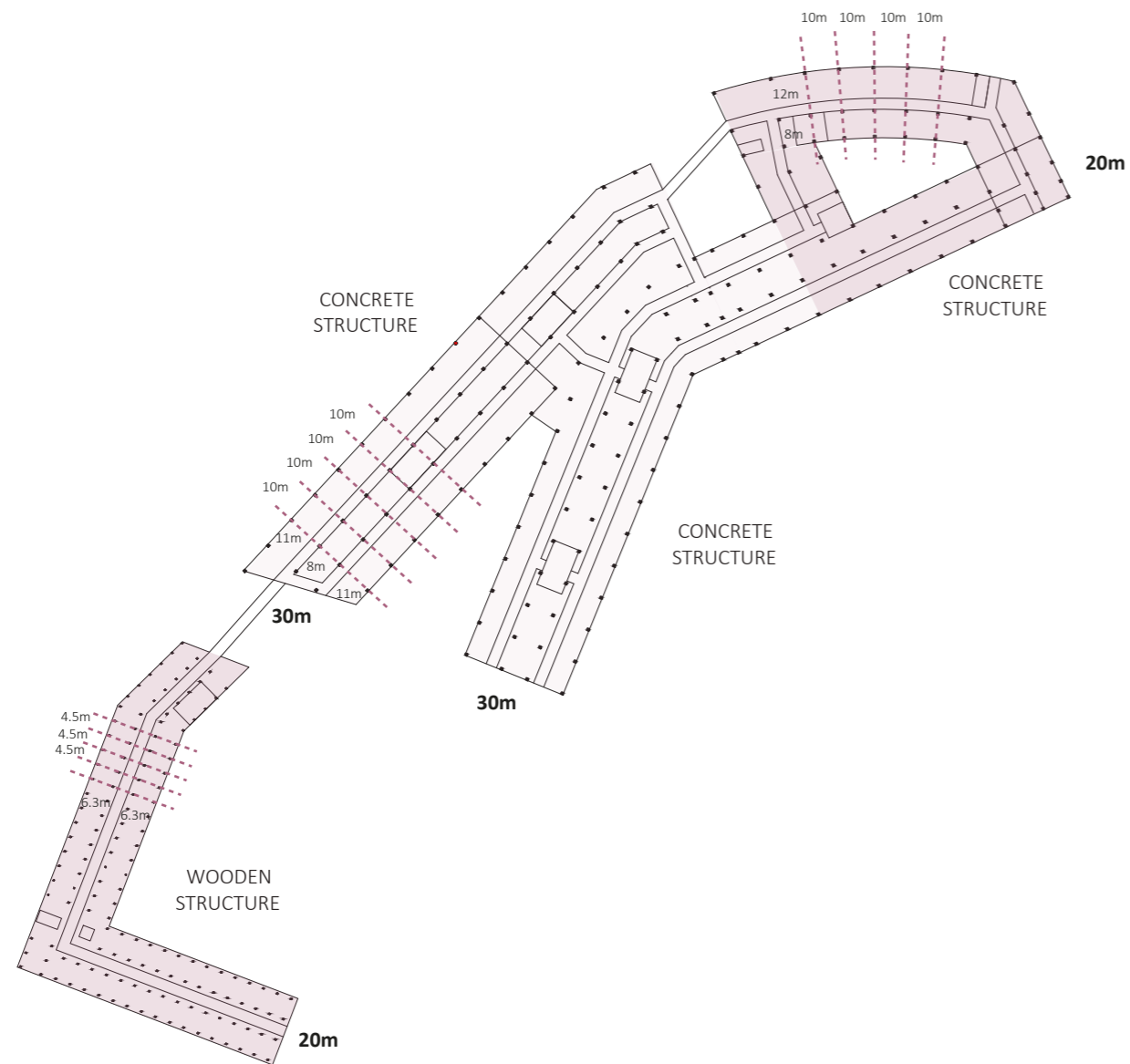
### PUBLIC AREA:

COMMERCIALS, 1035m<sup>2</sup>.  
ENTRANCE, ATRIUM, 1110m<sup>2</sup>.  
OUTPATIENT (KIDNEY MED + GYNECOLOGY), 2926m<sup>2</sup>.  
PATIENT HOTEL, 2150m<sup>2</sup>.

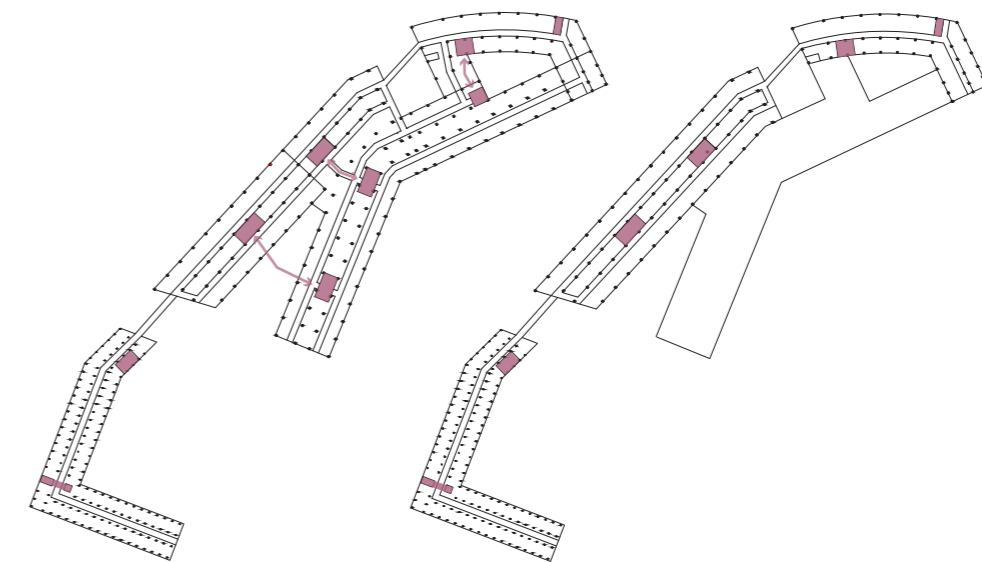
### EMERGENCY AREA

EMERGENCY WARD, 3500m<sup>2</sup>.  
SPECIALIZED EMERGENCY, 600m<sup>2</sup>.

# GRIDS, CONNECTIONS AND CORES



CORRIDORS NETWORK, SHOWING THE CONNECTION BETWEEN DOUBLE AND SINGLE CORRIDORS BLOCKS.



CORES NETWORK.  
The hot floor cores work in pairs, more or less distant.

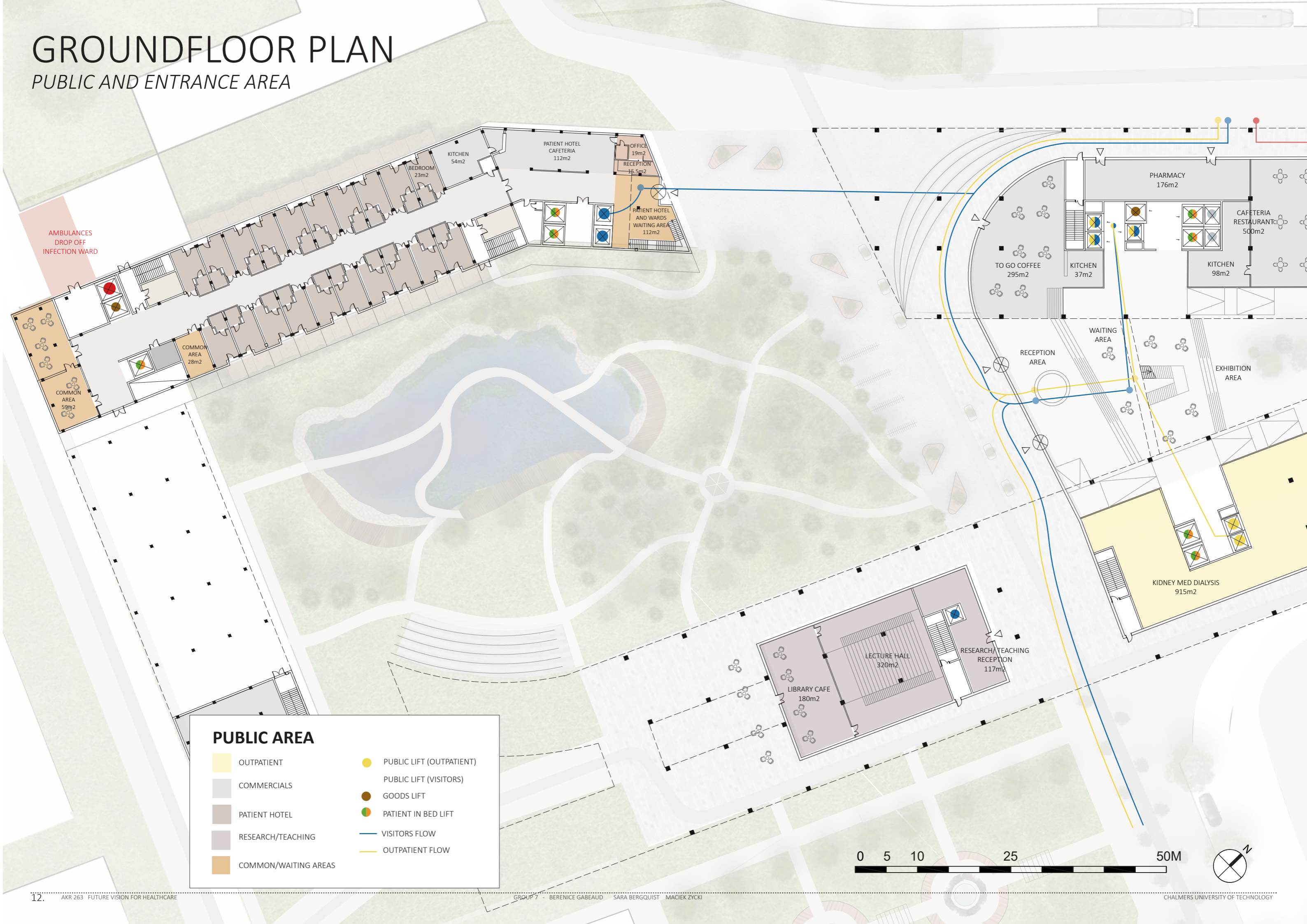
We developed two buildings morphologies: a band of thirty meters wide for the functions of the hotfloor, using a double corridor system, and a band of twenty meters wide (wards and mother), with a single corridor.

For the wards, (lowtech) we use a wooden structure (6.3m by 4.5) that we wish to be removable, if new expansions are desired in this mostly non built area. For the hotfloor and the mother blocks (high tech), we use a concrete structure with a base of 10m. The hot floor and the spine are developed with a structure of 10m by 11, 8, 11, while the thinner mother block uses a grid of 10m by 9m, 12m.

We voluntarily oversize the pillars in the imaging and diagnostics spine to enable level additions in the future if needed.

# GROUND FLOOR PLAN

## PUBLIC AND ENTRANCE AREA



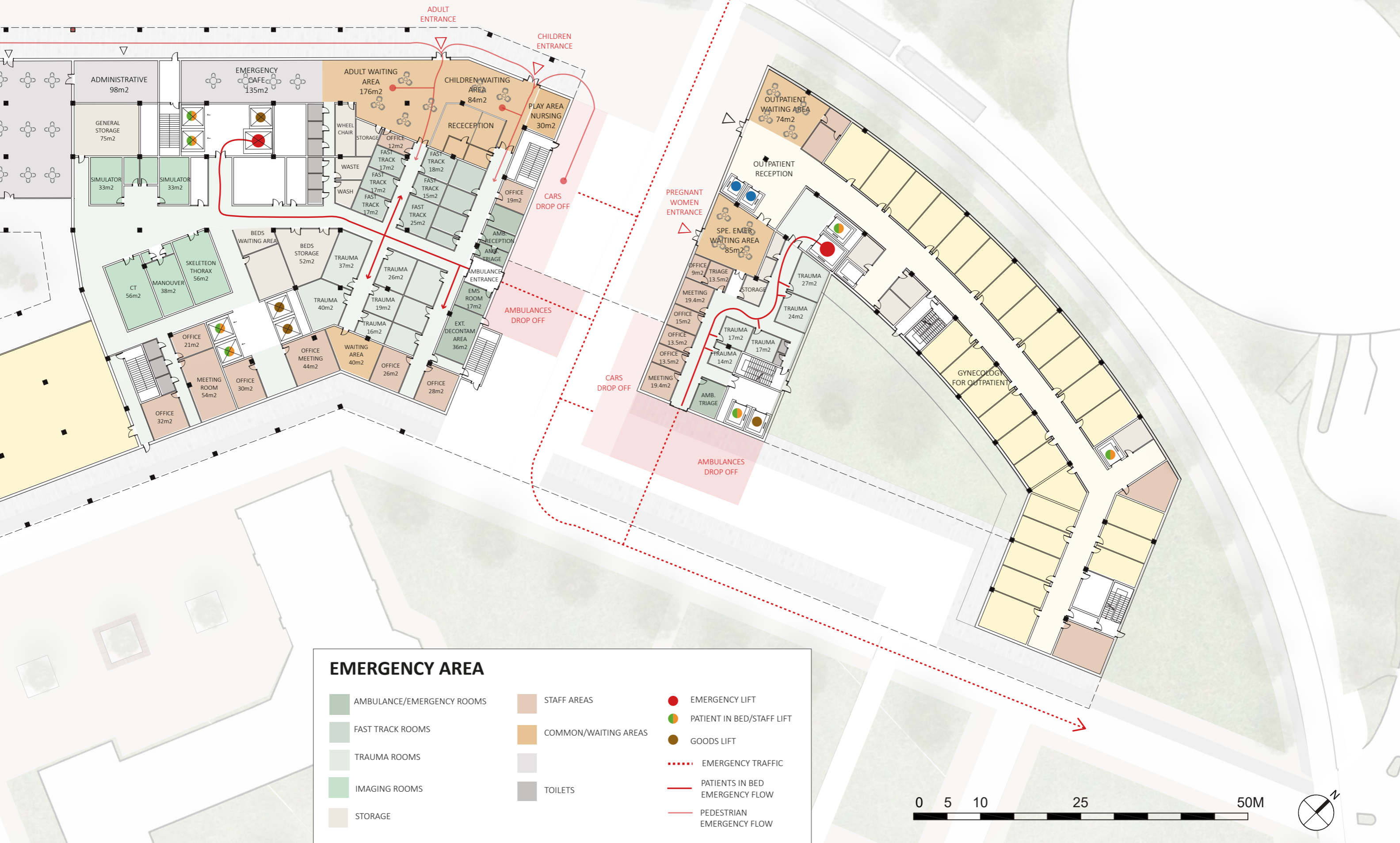
**PUBLIC AREA**

<span style="display:inline-block; width:15px; height:15px; background-color:#fff9c4; border:1px solid black;"></span> OUTPATIENT	<span style="display:inline-block; width:15px; height:15px; background-color:#ffeb3b; border:1px solid black;"></span> PUBLIC LIFT (OUTPATIENT)
<span style="display:inline-block; width:15px; height:15px; background-color:#e0e0e0; border:1px solid black;"></span> COMMERCIALS	<span style="display:inline-block; width:15px; height:15px; background-color:#fff9c4; border:1px solid black;"></span> PUBLIC LIFT (VISITORS)
<span style="display:inline-block; width:15px; height:15px; background-color:#d7ccc8; border:1px solid black;"></span> PATIENT HOTEL	<span style="display:inline-block; width:15px; height:15px; background-color:#8d6e23; border:1px solid black;"></span> GOODS LIFT
<span style="display:inline-block; width:15px; height:15px; background-color:#c5c0c0; border:1px solid black;"></span> RESEARCH/TEACHING	<span style="display:inline-block; width:15px; height:15px; background-color:#ff9800; border:1px solid black;"></span> PATIENT IN BED LIFT
<span style="display:inline-block; width:15px; height:15px; background-color:#f4a460; border:1px solid black;"></span> COMMON/WAITING AREAS	<span style="display:inline-block; width:15px; height:15px; border-bottom:2px solid blue;"></span> VISITORS FLOW
	<span style="display:inline-block; width:15px; height:15px; border-bottom:2px solid yellow;"></span> OUTPATIENT FLOW



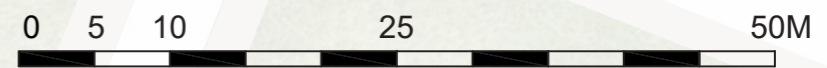
# GROUND FLOOR PLAN

## EMERGENCY AREA

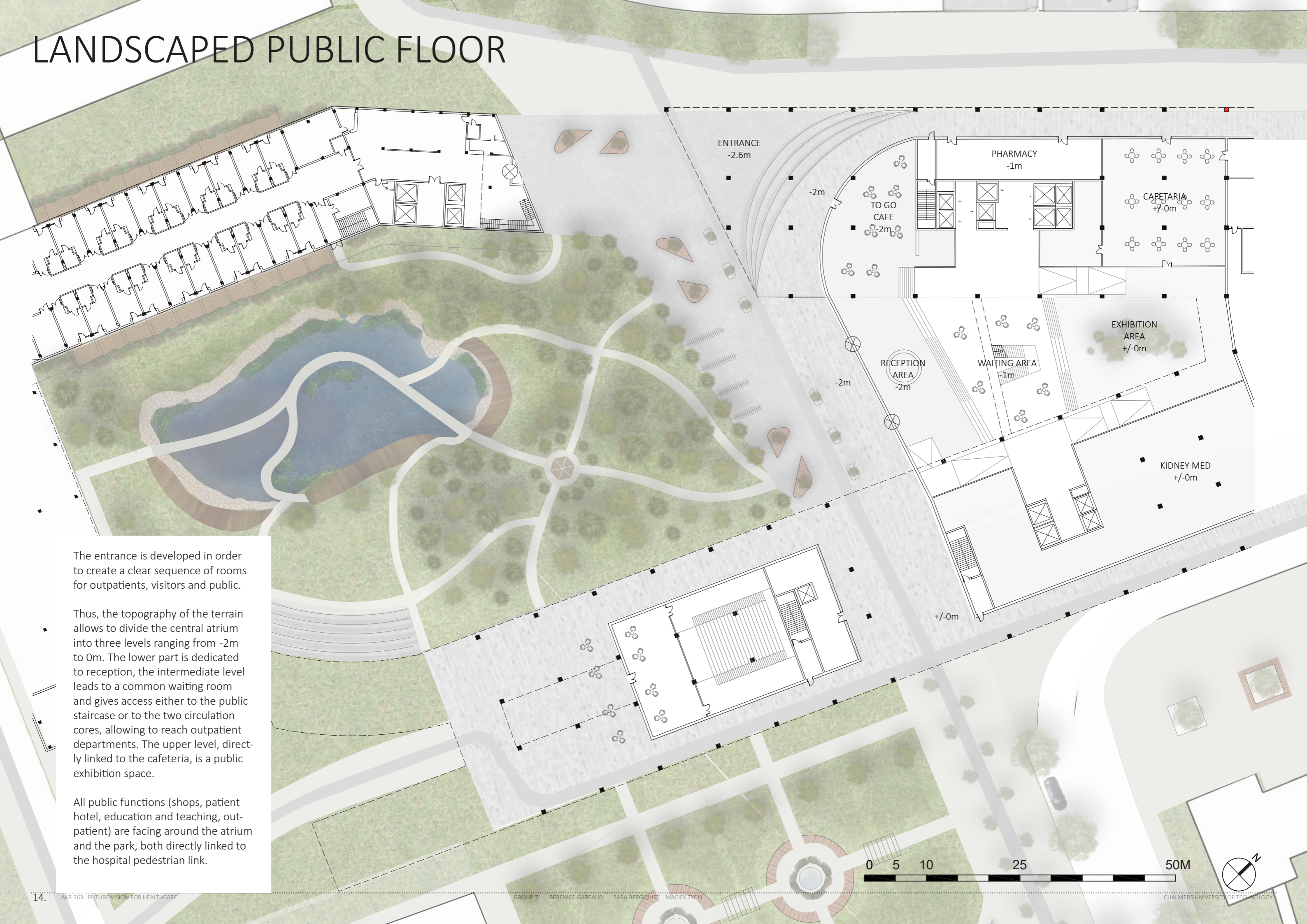


**EMERGENCY AREA**

AMBULANCE/EMERGENCY ROOMS	STAFF AREAS	EMERGENCY LIFT
FAST TRACK ROOMS	COMMON/WAITING AREAS	PATIENT IN BED/STAFF LIFT
TRAUMA ROOMS	TOILETS	GOODS LIFT
IMAGING ROOMS		EMERGENCY TRAFFIC
STORAGE		PATIENTS IN BED EMERGENCY FLOW
		PEDESTRIAN EMERGENCY FLOW



# LANDSCAPED PUBLIC FLOOR



The entrance is developed in order to create a clear sequence of rooms for outpatients, visitors and public.

Thus, the topography of the terrain allows to divide the central atrium into three levels ranging from -2m to 0m. The lower part is dedicated to reception, the intermediate level leads to a common waiting room and gives access either to the public staircase or to the two circulation cores, allowing to reach outpatient departments. The upper level, directly linked to the cafeteria, is a public exhibition space.

All public functions (shops, patient hotel, education and teaching, outpatient) are facing around the atrium and the park, both directly linked to the hospital pedestrian link.



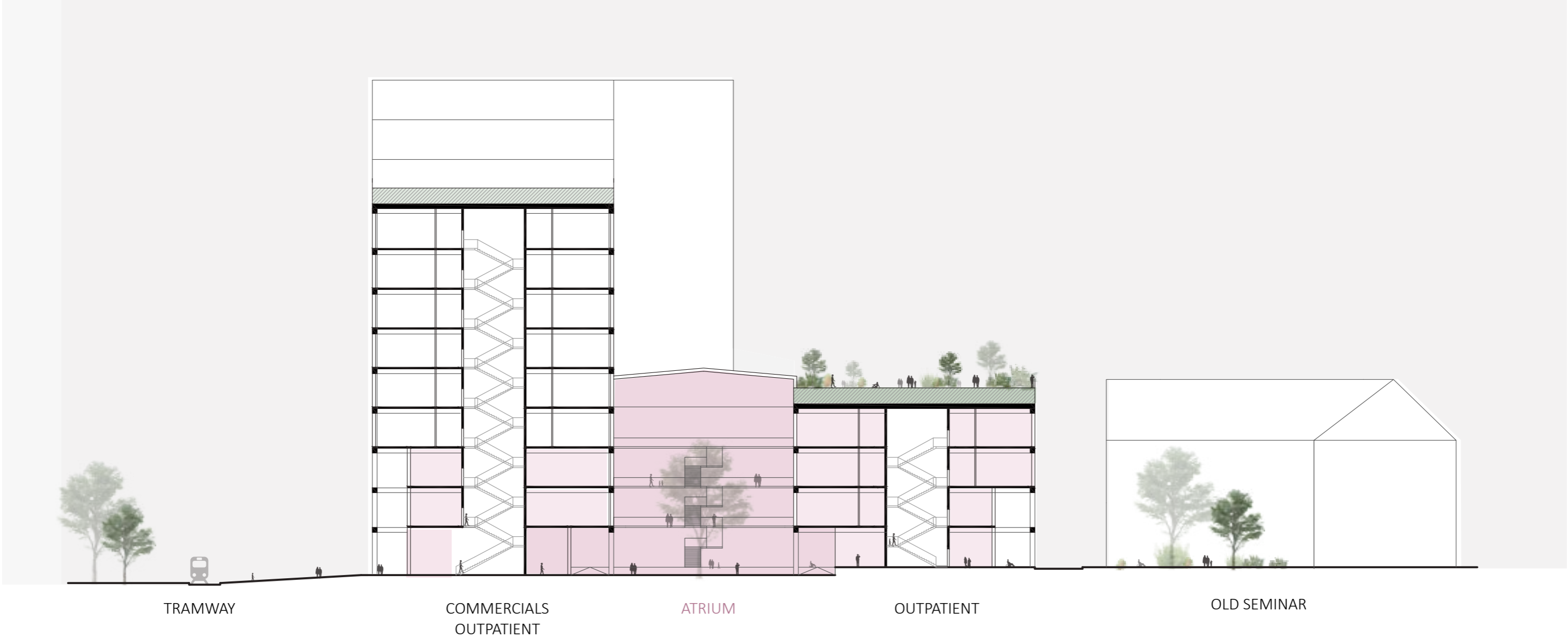
# MAIN ENTRANCE



VIEW OF THE MAIN ENTRANCE FROM THE TRAMLINE.

# PUBLIC SPACES

## THE ATRIUM



Section showing the central atrium and the public functions organized around it: shops and outpatient.

SCALE 1/500.



# PUBLIC SPACES

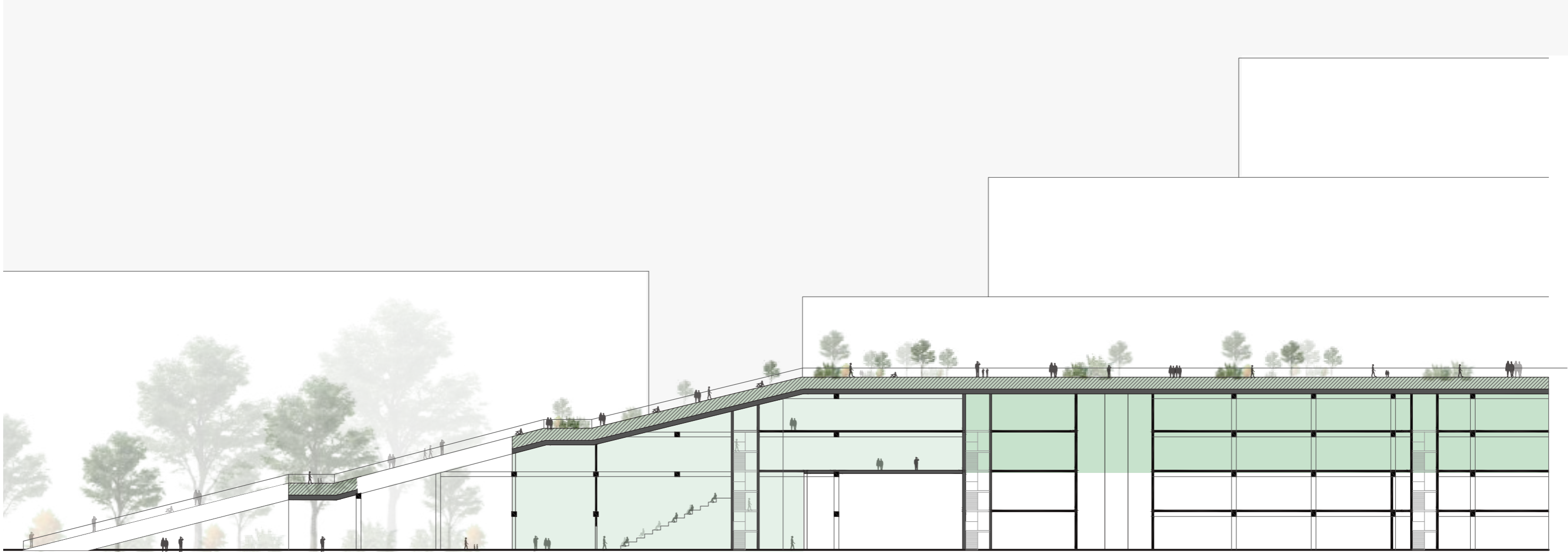
## THE ATRIUM



VIEW OF THE ATRIUM FROM THE ENTRANCE.

# PUBLIC SPACES

## THE GREEN SPINE



LECTUREHALL

EDUCATION AND TEACHING

IMAGING AND DIAGNOSTICS

Section of the southern part of the spine, showing the link between imaging and diagnostics and research and education spaces, as well as the planted promenade that overlooks it. Thus, the spine acts as a knowledge link as well as a green link.

SCALE 1/500.



# PUBLIC SPACES

## THE GREEN SPINE



BIRD EYE VIEW OF THE PROJECT FROM THE SOUTH OF THE



VIEW FROM THE SOUTH OF THE PLOT TOWARDS THE SPINE AND THE ENTRANCE, SUMMERTIME.



VIEW FROM THE MOTHER AND CHILD TERRACE TOWARDS THE SPINE AND THE CITY CENTER.

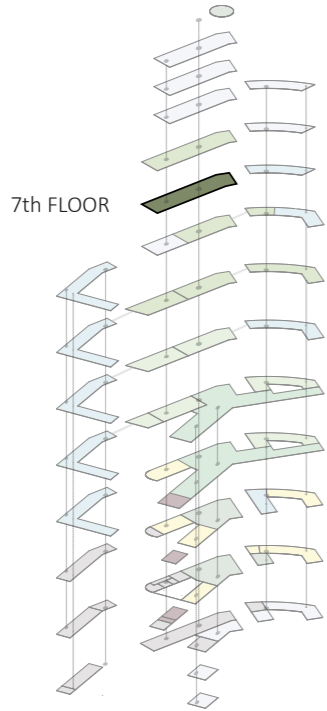


VIEW FROM THE SOUTH OF THE PLOT TOWARDS THE SPINE AND THE ENTRANCE, WINTERTIME.

# SURGERY FLOOR PLAN



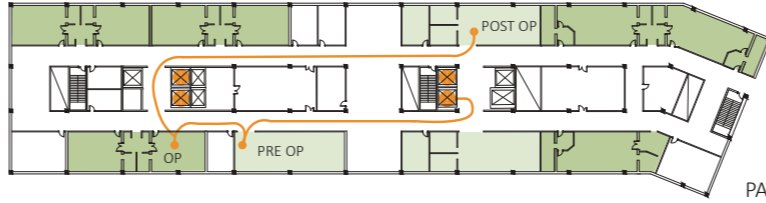
ANESTHESIA CENTRAL OPERATION PLAN, 4000m<sup>2</sup>.  
SCALE 1/500e.



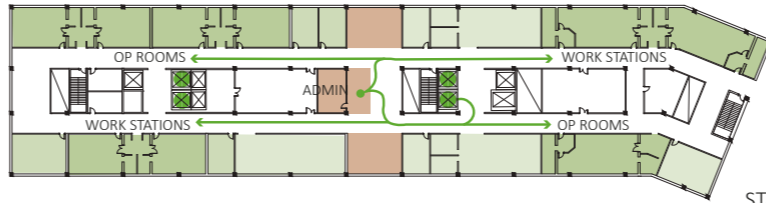
- ANESTHESIA AND CENTRAL OPERATION
- STAFF AREAS
- STORAGE
- TOILETS
- EMERGENCY FLOW
- PATIENT IN BED FLOW
- STAFF FLOW
- EMERGENCY LIFT
- PATIENT IN BED/STAFF LIFT
- GOODS LIFT
- STERILE GOODS LIFT



EMERGENCY FLOW



PATIENTS IN BED FLOW



STAFF FLOW

**LAYOUT**

The plan is organized around a double corridor system based on the 11/8/11m grid, which enables to have all the storage areas and shafts in the central part without daylight and working rooms/operation theaters by the facades.

**CORES**

There are two circulation cores, allowing direct vertical access to the ICU, imaging, emergency ward and helipad.

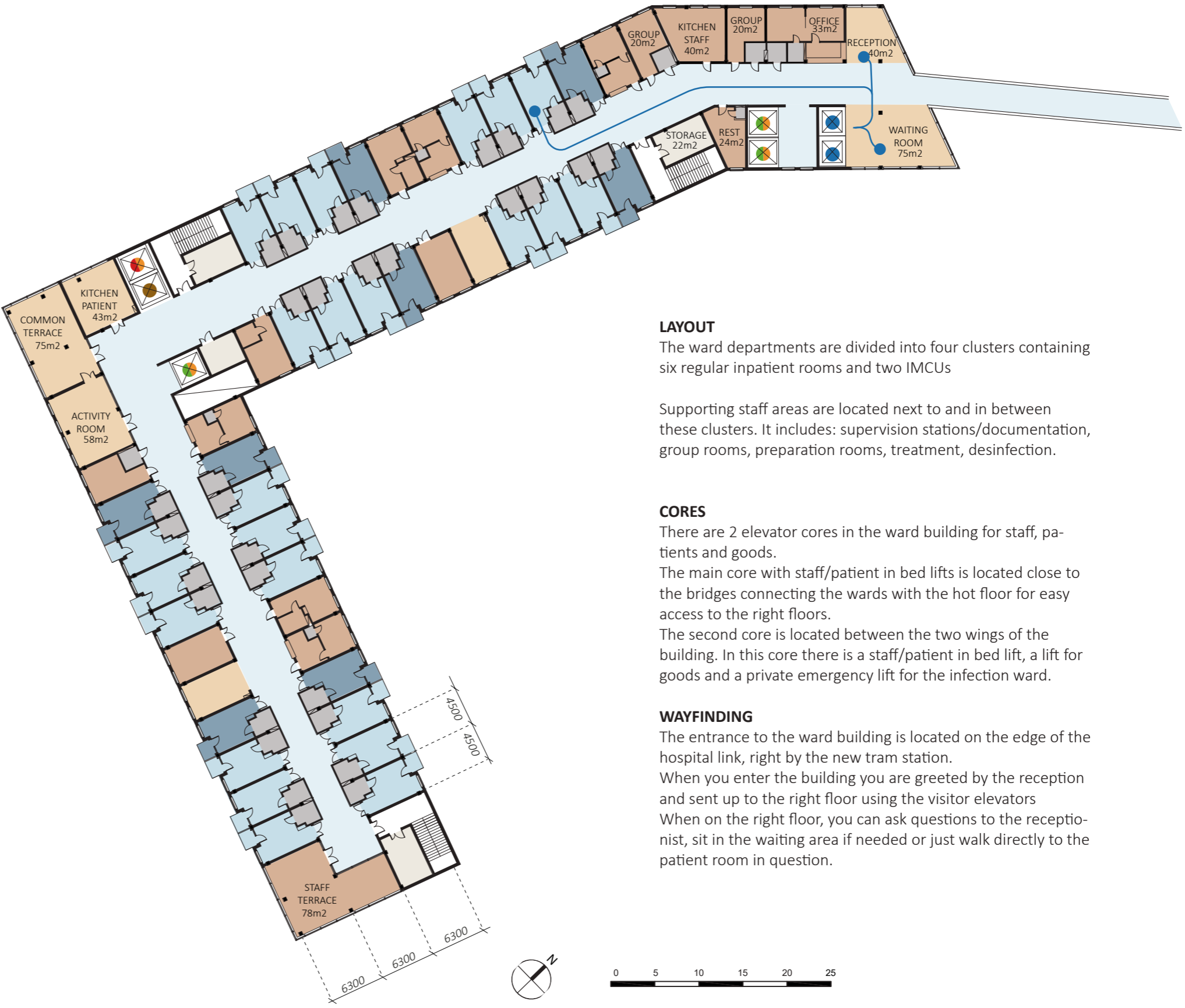
**EFFICIENCY / WAYFINDING**

Administration and staff rooms are centrally located, allowing a better distribution of the staff on both sides. To improve wayfinding within the double corridors system, staff day rooms are opened and provide direct daylight to corridors.

The post op and pre op rooms, used by all, are also centrally located. To the left, there are six normal operating rooms, and to the right, three hybrid operating rooms.

# WARD FLOOR PLAN

SCALE 1/500



**LAYOUT**

The ward departments are divided into four clusters containing six regular inpatient rooms and two IMCUs

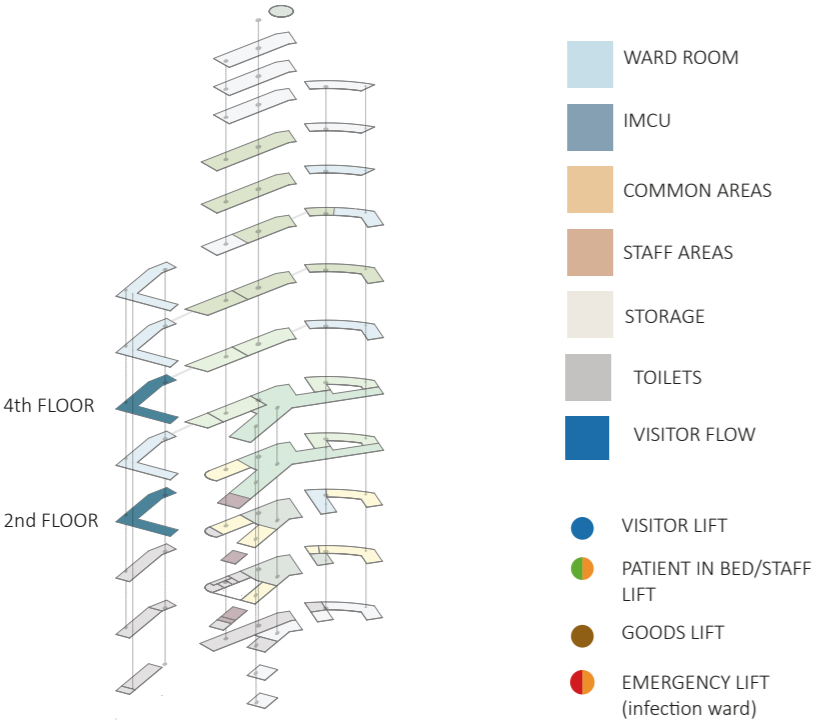
Supporting staff areas are located next to and in between these clusters. It includes: supervision stations/documentation, group rooms, preparation rooms, treatment, disinfection.

**CORES**

There are 2 elevator cores in the ward building for staff, patients and goods.  
 The main core with staff/patient in bed lifts is located close to the bridges connecting the wards with the hot floor for easy access to the right floors.  
 The second core is located between the two wings of the building. In this core there is a staff/patient in bed lift, a lift for goods and a private emergency lift for the infection ward.

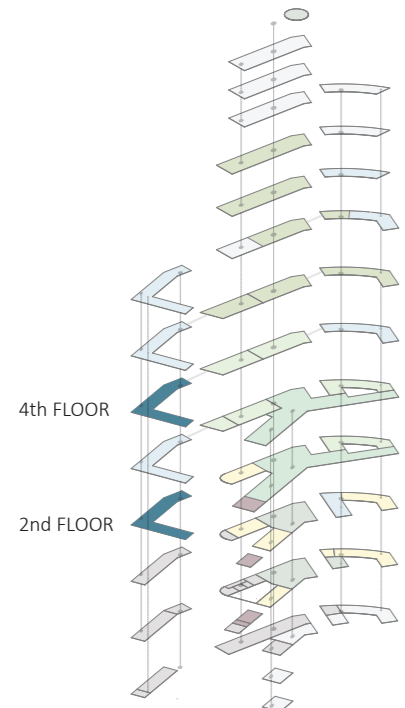
**WAYFINDING**

The entrance to the ward building is located on the edge of the hospital link, right by the new tram station.  
 When you enter the building you are greeted by the reception and sent up to the right floor using the visitor elevators  
 When on the right floor, you can ask questions to the receptionist, sit in the waiting area if needed or just walk directly to the patient room in question.



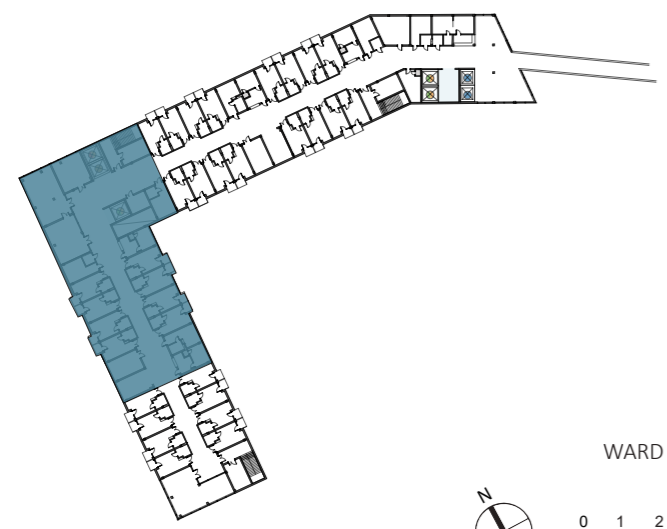
# WARD FLOOR PLAN

SCALE 1/200

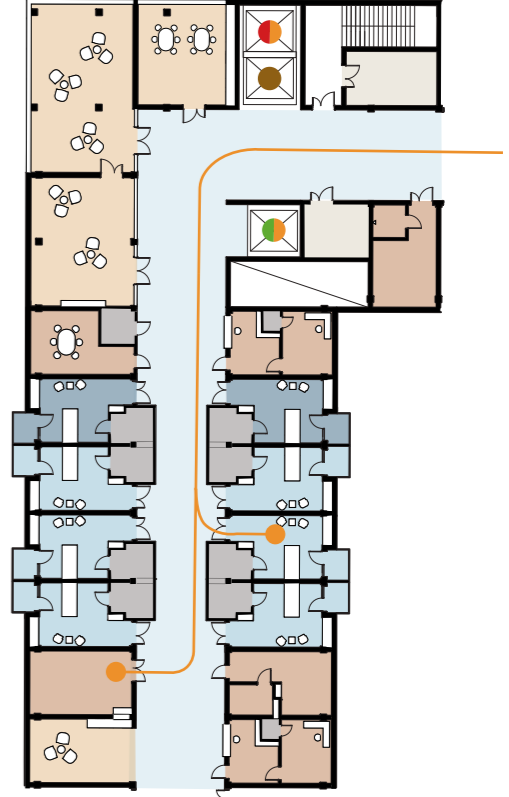


4th FLOOR  
2nd FLOOR

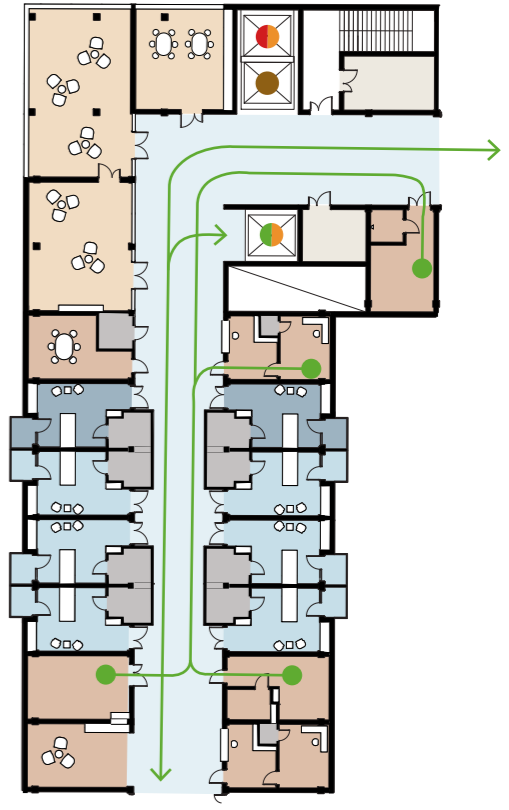
- WARD ROOM
- IMCU
- COMMON AREAS
- STAFF AREAS
- STORAGE
- TOILETS
- STAFF FLOW
- PATIENT IN BED FLOW
- PATIENT IN BED/STAFF LIFT
- GOODS LIFT
- EMERGENCY LIFT (infection ward)



WARD FLOOR PLAN, SCALE 1/200.  
0 1 2 5 10M



PATIENT IN BED FLOW



STAFF FLOW



# INPATIENT BEDROOM PLAN

SCALE 1/50



When you enter the inpatient room, there's a direct view towards the outside.

The shape of the inpatient rooms are made so that the toilets are pushed into the rooms and create setbacks from the door. This reduces the feeling of being in an open space and allows the patients a sense of privacy and safety.

A sink and disinfectant is placed right by the doors to optimize hygiene and thus safety.

The main materials in the rooms are wood or wood-like to support the wellbeing of the patients.

Every inpatient room has a balcony where patients can sit and enjoy the nice views provided whilst getting fresh air. A family corner is placed next to the balcony and allows relatives and friends a place to be.



PERSPECTIVE OF AN INPATIENT BEDROOM

# FACADE DESIGN - REFERENCES



CF MOLLER ARCHITECTS, THE MAERSK TOWER, 2017.



ART AND BUILD ARCHITECT, CHEQUE DEJEUNER HEADQUARTERS, 2010.



CF MOLLER ARCHITECTS, THE MAERSK TOWER, 2017.



FACADES REFERENCES FOR THE HIGH-TECH BLOCK AND THE SPINE



FACADES REFERENCES FOR THE WARD AND WOMEN/NEONATAL BLOCK

## BREAKING VOLUMES, CHANGING THE SCALE PERCEPTION

The main purpose of the facade design is to avoid the feeling of out-of-scale building.

It will be done by taking advantage of the terracing system, and treating the facade as four large levels rather than twelve small, with help of materials, colors and windows.

## BRIDGE BETWEEN CULTURAL AND MODERN

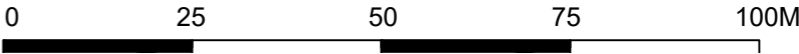
The women and neonatal block is directly linked to the children hospital and the wards block is the closest to the city center and the church. They will be developed by using brick, as a continuity of existing buildings into our site.

The ground floor of the high tech block will use bricks as well, for the posts and beams. Below, in order to symbolize an impression of novelty and high-tech construction, the facade is made of steel panels of different shades. The spine facade is developed with steel shades and transparency.

# FACADE DESIGN - ELEVATION

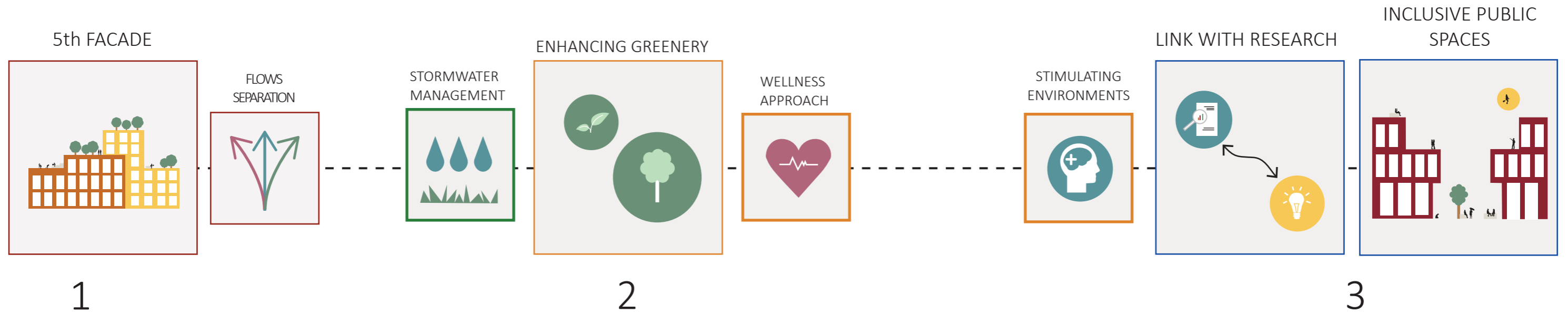


ELEVATION FROM LASARATTSGATAN, SCALE 1/1000.



# CONCLUSION

## KEY IDEAS OF THE PROJECT



Regarding the brief and logistics strategies, the spine acts as the main 5th facade of the project, which is beneficial for both staff and patients as well as for the inhabitants of Lund.

This four-level high public promenade provides a new perspective on the hospital and its characteristic buildings such as the Old Seminar building, as well as on the town of Lund and the church.

Flows separation has been implemented within the hospital area (public vs emergency areas), and within each building (visitors, staff, patients, emergency...)

The spine acts as a green link between the park to the south of the plot and the pockets green areas by Lasarettsgatan. It provides views on green for patients and staff, and creates a new biodiversity beneficial for all. The spine is accessible from the park, thanks to a ramp and stairs system and thus aims to be an inclusive and vibrant public space for all.

The green promenade acts as well as a sponge area by collecting rainwater, and is directly linked to a water pond located to the south.

The new park, to the south, aims to improve the feeling of inclusive public space near the main entrance, and bring new green views for the patients of the wards.

The entire spine was developed with a single department: imaging and diagnostics, which can be reached by all the surrounding buildings.

Shared spaces for research, meetings and education (lecture hall, cafe library) are implemented at the end and underneath the spine.

Thus, the spine becomes the link between research and the public life, by the pedestrian link and the main entrance.

