**Questions Log – AAH1809 webinar “Award Winning Project from China**

**- Shanghai Jai Hui International Hospital”**

1. What were the parking requirements for project?
   1. Parking requirements were established by the city of Shanghai and were tied to building area. There are also very robust requirements for bike and motorbike parking in China.
2. How were operable windows incorporated into your Patient Room design?
   1. Operable windows were are requirement of the fire bureau so we provided at the upper portion within the window frame in the patient bedroom. They have limited opening dimension and are controlled by staff.
3. Who is Chinese Medical oversight board or code regulators for reviewing this project? And what was you experience with them?
   1. There are several regulatory bodies that reviewed the project including: the Shanghai Health Bureau, The Food and Drug Administration (food service), Radiation Protection (under health bureau) and the Fire Bureau. Engagement with these entities is recommended early and often throughout the project.
4. What were some of the advantages, learning curves and challenges with working with a Local Architect?
   1. It is critical to have a good local architect (LDI) with deep healthcare experience and one that is fully involved from project start. The LDI is typically hired directly by the client, but it is recommended that if possible, the international team has involvement in selection.
5. What is the difference of working with a Chinese client vs working with a US client? Did the client involve end users of this facility during design reviews?
   1. Many clients in China expect a more compressed project schedule so normal design time may be reduced. This puts pressure on the full design team to streamline the typical process and find efficiencies in production. Surrogate clinical experts were consulted periodically through the design phases.
6. What was the experience like in terms of sharing BIM model with the local Chinese Firm?
   1. China LDIs were lagging behind in BIM capabilities but that seems to have changed over the past few years. It is advisable to set up protocols between international and local teams early in the process with full buy-in from all sides.
7. You mentioned how they emphasized infection control. Were there discussions on how to keep cubicle curtains clean or use of alternate methods?
   1. There was no particular discussion around this issue.
8. You mentioned patients are segregated away from staff once they receive radioactive isotopes. Are their family members permitted to be with them?
   1. Most of the regulations are designed to protect staff who might have consistent exposure to radioactive patients. The regulation are a bit looser with family members so often they will be permitted to accompany the patient.
9. John was there any discussion regarding the patient room toilet room to have staff access to assist the patient in toileting? Is that why a wall hung sink was used?
   1. Yes, the hung sink was partially determined by the need for staff access. In many cases certain types of fixtures were used because that was what is commonly used in China.
10. At what point was soiled and clean ultimately separated, for example, on a be floor?
    1. In most cases we attempted to locate the soiled holding space adjacent to the dedicated soiled elevator so that travel distance was kept to a minimum after it was placed. Soiled goods traveled via elevator to the basement where all soiled elevators connected to a dedicated soiled corridor and then directly to the dedicated soiled dock.
11. Where there significant differences in life safety code requirements from the US?
    1. There are some significant differences and they vary slightly by municipality. The LDI can be instrumental in navigating the local requirements.
12. How is security handled? Is it even an issue as it in can be the US?
    1. In China, physician and nursing safety is of significant concern. There have been several high profile attacks on caregivers by disgruntled patients. For that reason
13. Do you know what materials / equipment was imported to China? Can you give us some examples?
    1. The terra cotta rain screen on the façade was imported but in general we tried to specify materials readily available in China.
14. What design elements lended themselves to pre-fabrication?
    1. The terra cotta façade system was pre-fabricated. While not implemented in this project, head walls with power and gas outlets, and bedroom toilet rooms are possible candidates for pre-fabrication.
15. What is the facade material?
    1. Terra cotta panels on a steel structure
16. Why can’t the exterior be a curtain wall?
    1. In Shanghai, there is a specific requirement that healthcare facilities (primarily hospitals) cannot have curtain wall exteriors. In other places in China it is allowed. I believe this was instituted for safety reasons.