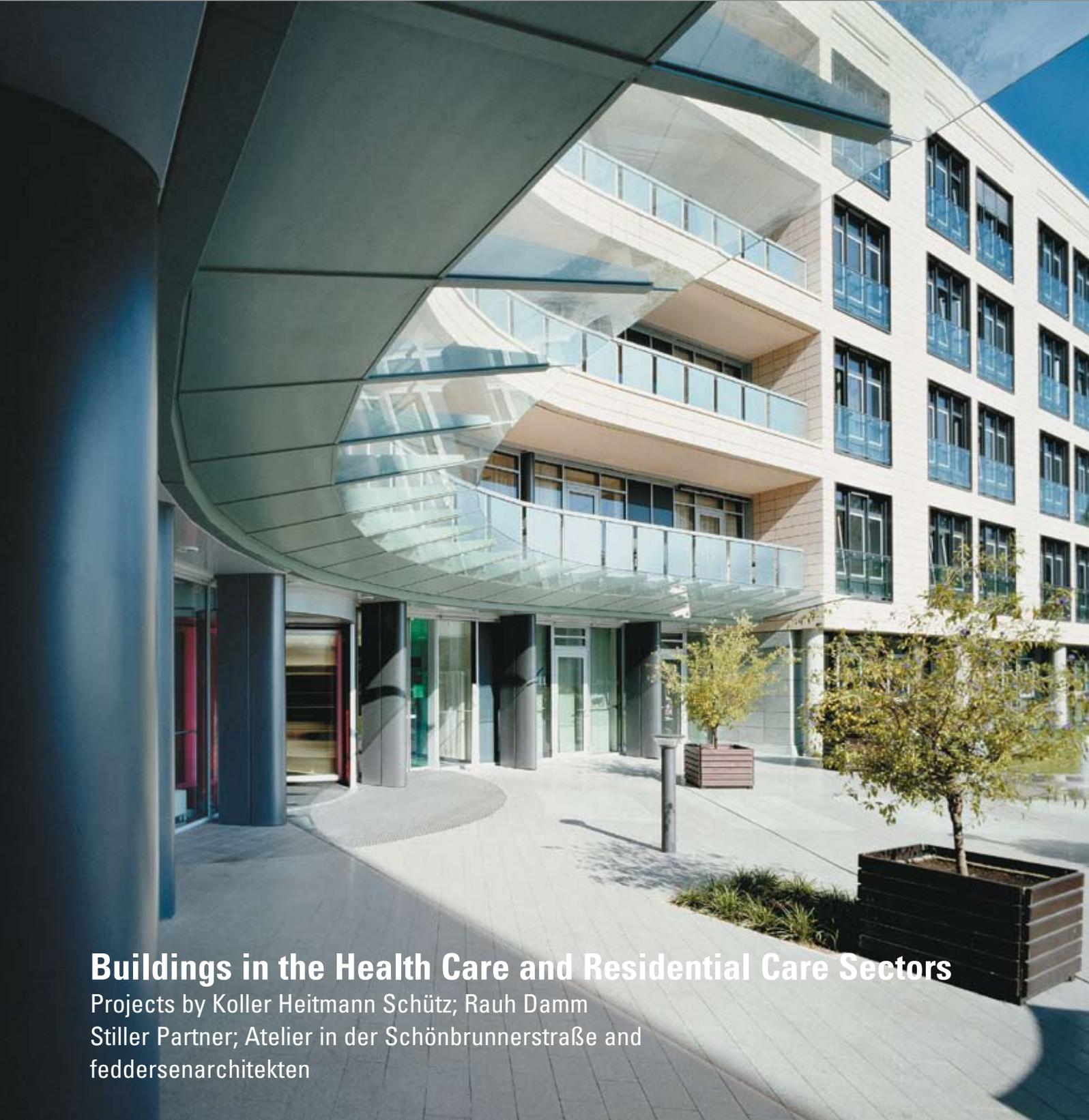


**HÖRMANN**

# PORTAL 07

PORTAL 07  
JUNE 2006

INFORMATION FOR ARCHITECTS  
FROM HÖRMANN



## **Buildings in the Health Care and Residential Care Sectors**

Projects by Koller Heitmann Schütz; Rauh Damm  
Stiller Partner; Atelier in der Schönbrunnerstraße and  
feddersenarchitekten

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Martin J. Hörmann, Thomas J. Hörmann and Christoph Hörmann  
Personally liable shareholders

## Dear Readers,

“Buildings in the Health Care and Residential Care Sectors” – the title of the latest issue of PORTAL suggests associations with current sociopolitical issues: a society that is living longer and the costs explosion in the health care sector are just two examples here. Anyone contemplating the future of architecture in the health care and residential care sectors will find it hard to circumvent these issues – something that became clear to us when working on this 7th issue of PORTAL. When Lüder Clausdorff, Professor for Hospital Construction at the Fachhochschule Gießen/Friedberg (University of Applied Sciences) and Founder Member of the International Academy of Design and Health in Stockholm, talking to Portal complains that health care is being financially desiccated by politics because an increase in the health insurance contributions is not being allowed, it is a criticism that somehow has a familiar ring to it – and one that definitely makes worthwhile reading. The four current buildings presented in PORTAL 7 range from a Children's Clinic to a Home for Senior Citizens and as a result span all age groups. Classic general hospitals, of which we

show you two examples, one in Wolfsburg and the other in Münsingen are presently affected particularly severely by the health policy changes. Since introducing flat-rates per medical case, the patient's stay in hospital is getting ever shorter; wherever possible a patient is treated and operated on as an out-patient. And it is now also widely accepted that precautionary checkups and screening programmes help save a lot of money that would otherwise have to be spent on the treatment of acute illnesses. There is therefore a strong case for carrying out conversion or alteration measures (almost) everywhere – if only the necessary funds were available. These worries need not necessarily trouble the operators of the KWA retirement home in Berlin. The building, designed by feddersenarchitekten (see page 24 onwards), is a residential complex for financially sound senior citizens offering a comprehensive care package and a high degree of exclusivity. The building has left a marked impression on us because it demonstrates that architecture for the older generation does not have to look old but, on the contrary, can have a youthful and vibrant character.

Martin J. Hörmann

Thomas J. Hörmann

Christoph Hörmann

The new Albklinik in Münsingen offers 105 beds with main wards for surgery, internal medicine, anaesthesia and obstetrics/gynaecology. The building was completed in December 2004 – and the response of both patients and staff to their new home has been entirely positive. Why this is so and what interactions there are between function, design and the healing process, is explained in the following interview with the Münsingen architect Gerhard Keppler. He completed the new building in collaboration with Planfabrik SPS and Scholderer, Reutlingen in a construction phase of just under 3 years.

**PORTAL:** Herr Keppler, the new Albklinik in Münsingen has now been in operation for some 1 1/2 years. What challenges did this project present you with?

**GERHARD KEPPLER:** Constructing a hospital poses a major challenge to any designer. Because here a building with extremely strict functional requirements must be reconciled with appealing design. The objective is to lend the dedicated facility and the often sterile atmosphere of former buildings a comfortable, personal ambience. It can be said that under the pressure of rising costs and competition in the health care sector, a change in hospital construction has begun. For the planner this means, among other things, supporting the operator of the clinic in attracting patients by providing appropriate architecture.

**PORTAL:** Something that in terms of the clinic in Münsingen you have most certainly accomplished!

**GERHARD KEPPLER:** I think so. To carry out the project three architect's offices, experienced in designing social buildings, have joined forces. Right from the outset the planning process was marked by an open, helpful and considerate dialogue between colleagues so that the demarcation of the originally chosen performance limits became less clear-cut as the planning progressed. The result is a homogeneous whole, in which the strengths and specialities of all the participating architect's offices are integrated. The new building stands quite literally

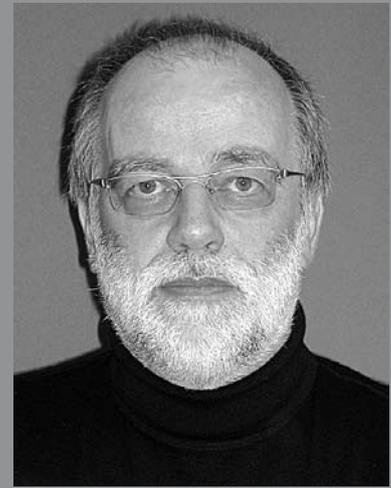
on the green meadow at the town's southern edge. The lack of urban-planning references gave us the chance to gear the design predominantly to the picturesque Alb landscape. The underlying idea behind this is to use the landscape as an essential ingredient to promote the healing process.

**PORTAL:** That doesn't sound like a classic hospital building.

**GERHARD KEPPLER:** Well, we have attempted to contribute to contemporary hospital architecture which sees the hospital not solely as a functional building but one that grants people as much individual space as possible. The "hospital machine" as we know it from the 70s, still very much exists but it has now become more "human". Functionality cannot be all-consuming. The result is a building in which, depending on the area, functional constraints and design vary in proportion. This is reflected in a creative divide within the building, out of which, I believe, a positive inner tension arises. Distinct rooms and contours give the complex a structure and make the building parts and their functions recognizable from the outside, facilitate orientation inside the building and, as a result, create a sense of safety and confidence in using the building for patients, staff and visitors alike.

**GERHARD KEPPLER**  
born in Tübingen in 1952

- 1995 Registered as a freelance architect  
Partnership with Rudolf Brändle
- 1995 Appointed to the BDA (Association of German Architects)
- 2000 Sole owner of the architect's office G. Keppler



**PORTAL:** What exactly do you mean when you talk of a "creative divide"? How and where does it manifest itself?

**GERHARD KEPPLER:** As far as the central entrance area or greenhouse, as we also call it, the reception, nursing care corridors, nursing care rooms and the maternity ward were concerned, we understandably had fewer creative restraints as was the case, for instance, with the areas covering intensive care, sterilization or the operating theatres. But even an operating theatre does not necessarily have to be tiled green. Here we placed a visual accent in the form of a steel blue wall

**PORTAL:** Was it relatively simple then to convince the operators of the "added value" of your work?

**GERHARD KEPPLER:** Operators today generally recognize that the functional core zones of a hospital benefit from a deliberate design and serve to motivate patients, doctors and staff right across the board. It corresponds to the

increased self-awareness of the personnel and reinforces the sense of identification with their own house. The continuity of a design concept facilitates not least the "marketing" of health care buildings in general.

**PORTAL:** What in your opinion are the factors that create a salutary room atmosphere?

**GERHARD KEPPLER:** The identity-promoting effect of a building motivates the personnel. Ultimately, it then also improves the healing process which also makes sense from an economic point of view because it saves costs. The architecture creates moods, positive as well as negative. Sick people are considerably more sensitive to the influences from their immediate surroundings.



The patients' rooms open up to the idyllic Alb landscape (previous page). A glazed, sun-protected roof lends the entrance area a light and friendly atmosphere.



Shapes, surfaces and colours touch the patients' senses. We wanted to do justice to this responsibility. For us colour is a medicine. It penetrates the function, yet is not randomly distributed, but geared to the architecture and the function as well as oriented to psychologically therapeutic aspects. There is a positive tension between the colourfulness and texture of the materials and the self-confident colour accents, for instance, the red fibrated cement facade in the greenhouse or the walls of the staff areas on the wards made of the same material. In the stairwells a coating of yellow paint marks the access route to the floors. More restrained is the natural-coloured wood panelling which can be found in some of the corridors. A further health-promoting aspect which I have already mentioned is inviting the landscape into the building. The greenhouse with the cafeteria and the

dining area for the staff are so to speak the extension of the landscape that has been brought into the building. The glazed roof floods the atrium and adjoining zones with daylight and emphasizes the connection with the natural surroundings.

**PORTAL:** What did you have to pay attention to in designing the nursing care areas?

**GERHARD KEPPLER:** The fundamental idea that we pursued in the process was to minimize the patient's sense of estrangement and maximize the number of individual areas. Nowadays the planning of a nursing-care ward increasingly resembles that of a hotel!

**PORTAL:** What is this reflected in?

**GERHARD KEPPLER:** All the patients' rooms look out onto the landscape and receive plenty of natural light. A continuous band of windows extends across the entire width of the nursing care rooms. The Alb landscape has

**BUILDER-OWNER**  
Kreiskliniken Reutlingen GmbH

**DESIGN**  
Architektengemeinschaft  
Arbeitsgemeinschaft Planfabrik  
SPS, Ettlingen  
Keppler, Münsingen;  
Scholderer, Reutlingen

**PHOTOS**  
Rüdiger Dempfle / Hörmann KG

**HÖRMANN PRODUCTS**  
Single-leaf T30 steel tubular framed doors HE 310; double-leaf steel tubular framed doors HE 320; single-leaf T90 steel tubular framed doors HE 910; double-leaf T90 steel fire doors HE 920; single and double-leaf T30 steel fire doors H3D; single and double-leaf T90 steel fire doors H16

The colour accents in the glass facades have been chosen for aesthetic as well as psychological-therapeutic reasons (left). Glazed stairwells promote better orientation and make the routing transparent (right).



quite literally been brought into the rooms. The nursing care corridors open up to the outside via storey-high glazings or to the covered greenhouse. The good visibility promotes better orientation within the building and improves the patient's independence.

**PORTAL:** How were you able to optimize movement sequences and the required floor space?

**GERHARD KEPPLER:** The movement sequences in the operating theatre itself are almost entirely determined by the surgical requirements and therefore fall for the most part outside of our direct planning influence. The contribution made towards improving operations and procedures lies above all in the structure and allocation of the rooms and room sequences in these functional areas. The two operating theatres in the Albklinik are located centrally on the second floor of the functional building, immediately adjoining the sterilization unit, post-operative recovery room and intensive care unit. An internal corridor in the inner operating zone connects the patient transfer area (incoming and outgoing beds), the wash rooms, recovery room and staff rooms and makes shorter routes for the staff possible. The recovery room and intensive care rooms are monitored and can be accessed from a common control point. The entire area is directly connected to the bed elevators, the central entrance hall and further with the nursing care wards. As a result, energy-depleting and stressful pre- and

post-operative transport routes for patients and staff are minimized. Located in the direct vicinity and on the same floor are the maternity wards. Thus, short routes are made possible in case of emergency interventions.

**PORTAL:** Did the move from the old to the new clinic cause any problems in terms of the construction procedure?

**GERHARD KEPPLER:** The immediate planning of the move was organized by the district clinics in Reutlingen. The planners were only involved to the extent that this affected the construction procedure. Occasionally permanent fixtures from the kitchen and sterilization areas had to be removed from the old building without disrupting operations, something that presented a particular logistical challenge to the construction procedure. The patients were transferred throughout one morning and everything went very smoothly. By this time, of course, the new building was completely finished and fully functional in all areas and departments.

**PORTAL:** And how has the new building been received by those using it?

**GERHARD KEPPLER:** As far as we can judge, the response of all the groups concerned has been positive. The building has now been in operation for over a year and the staff, patients and visitors have all given it their seal of approval.

**Where is our health care system – and with it our hospital construction – heading? What new hospital models are possible in view of ever dwindling subsidies? Lüder Clausdorff, Professor for Hospital Construction at the Fachhochschule Gießen/Friedberg, answered these questions for PORTAL. His conclusion: "there is currently an enormous investment backlog in hospital construction."**

**PORTAL:** For the future health experts draw the image of the informed patient who similar to the customer in the supermarket chooses between the services offered by various service providers. How far has Germany progressed on its path towards becoming a health supermarket?

**LÜDER CLAUSDORFF:** I think that quite a differentiated health market is already available to us. This is due on the one hand to Germany's two insurance systems, the statutory and the private health-care insurance systems. A large number of people have already taken out additional insurance policies to cover treatment by senior consultants or accommodation in single or two-bed rooms. Also in the sector of preventive health care offers for well-heeled patients are increasingly being created, e.g. health checkups that companies book for their own managers. I consider this to be a step in the right direction because: up until now we did not have a health care system here in Germany but a "sickness system" that invested very little money in prevention.

**PORTAL:** Numerous inefficient hospitals are already threatened by closure. What characteristics must a hospital have in order to be able to operate efficiently today?

**LÜDER CLAUSDORFF:** Here, as everywhere else in the economy, it is a matter of customer relationship management. Since patients are rarely in a position to really assess the actual medical treatment, other criteria are important – in the following order, as research has shown: firstly, the friendliness of staff, secondly the quality of the

food and thirdly the quality of the spatial surroundings. To a certain extent this order is understandable. I myself have experienced behaviour in hospitals that I would not accept in a hotel. On the other hand for a hospital bed (in a multi-bed room and not including any treatment costs) you can easily spend 400 euros per night, whilst for 100 euros you can find an acceptable hotel room.

**PORTAL:** Do you see our health care system leading us down the road to two or multi-class medical care?

**LÜDER CLAUSDORFF:** This observation is certainly correct. Whether the dividing line between the facilities will run along the border between private patients and those with just the statutory health insurance, cannot as yet be predicted. At the moment the number of those with statutory health insurance is still high so that for a normal hospital - except perhaps beauty clinics - concentrating exclusively on private patients is not worthwhile.

**PORTAL:** A trend often forecast is the conversion of hospitals to centres for preventive medicine and wellness. Can conventional hospitals really achieve this or wouldn't it be better to call on entirely new institutions?

**LÜDER CLAUSDORFF:** I do not see any real trend towards redesignation because already in terms of their location wellness centres are expected to meet entirely different requirements. Hospitals that are no longer viable, are frequently converted to old people's or care homes, occasionally also to hotels. The Rhone clinics, for example, pursue another concept. They set up portal clinics offering

**PROFESSOR LÜDER CLAUSDORFF**

born in Wesermünde in 1946

1966-1970 Student of wood technology and engineering as well as interior design in Hildesheim

1970-1975 Student of architecture at the Institute of Technology Berlin

1976-1993 Manager for Hospital Construction, College University Construction, construction measures for listed buildings at the university planning authority Marburg

since 1993 Professorship at the University of Applied Sciences Gießen/Friedberg,

Faculty of Hospital and Medical Engineering

Member of the Association of German Architects – Task Group Hospital Construction and Healthcare as well as of the International Union of Architects, Public Health Group

1998-2001 Member of the Special Committee for Hospital Construction, DIN German Institute for Standardization, Berlin

since 2000 Founder member of the International Academy for Design and Health, Stockholm

since 2005 Member of the GUPHA – Global University Programs in Healthcare Architecture



partial in-patient diagnostics, but with no in-patient care and no costly technical equipment. A further interesting development: nearly all major hospital operators buy so called "Kassensitze", i.e. licences for registered doctors in private practice at a specific location. This licence is transferable and can be sold. As a consequence, so called health clinics or medical care centres are set up which are mostly located in the vicinity of the hospitals to which the patients are referred.

**PORTAL:** Can you cite an example of a hospital that has successfully extended its "care package" and with it its physical structure towards preventive medical care and wellness?

**LÜDER CLAUSDORFF:** A good example is the clinic in Starnberg, where a health centre housing facilities of various service providers and offering interdisciplinary medical care has developed from a traditional hospital. It extends from a health clinic to out-patient facilities and a rehabilitation unit through to child-care and a facility in which older patients without relatives can be taken care of post-operatively until such time as they can look after themselves again at home.

There is also an extreme development in the opposite direction: a few years ago in the Netherlands a competition of ideas on the subject of the hospital of the future took place. The central issue here was which facilities must a hospital absolutely retain in order to function. The outcome was that only 50 per cent of the area is really necessary if,

for instance, operations such as laundry and sterilization and also the administration are farmed out. If we think this through to the end it means that hospitals could return to the city centres, from where they have withdrawn almost completely due to the high cost of land. So far here in Germany these concepts have not been implemented but there are other models - such as Public Private Partnerships or Leasing Models - in which the hospital operators are no longer the owners of the land and building.

**PORTAL:** If the "hospital of tomorrow" is to be characterized by opening itself up to its surroundings and to the community, then the clinic in Aachen is probably a textbook example of a "hospital of yesterday". What are your feelings about this building?

**LÜDER CLAUSDORFF:** The clinic in Aachen marked the zenith of the development in the 60s where the aim was to bring all functions under one roof. However, this idea did not come from the architects but was politically driven. The building's appearance, somewhat reminiscent of a refinery, can be attributed to a subsequent tightening of the ventilation regulations during the construction phase. The shafts had already been set in concrete, so there was no alternative but to attach the new larger ventilation lines to the outside of the building. With today's, more efficient ventilation technology, the bulk of these systems could be dismantled again.

**PORTAL:** How far can hospital design get into a situation in which the public frequently perceives structural extras as a luxury?

**LÜDER CLAUSDORFF:** As I see it, good design is not connected with luxury. Natural stone claddings and "Freischwinger" (cantilever chairs) by Mies van der Rohe are not indispensable ingredients of structural quality but the patient perceives them of course to be expensive. In terms of the design of the facade, for example, greater attention should be paid to the constructional physics than to its image. It goes without saying that double facades are expensive – but hospitals with temperatures of 40 degrees are unbearable to be in and in such circumstances a thermally intelligent architecture is by far better and in the long-term more cost-effective than artificial air-conditioning.

**PORTAL:** It is often forgotten that hospitals must not only be pleasant places for patients to stay in but also pleasant places for doctors to work in too. How do German hospitals fare in this respect when compared with other countries?

**LÜDER CLAUSDORFF:** Compared with the situation, say in the USA, the space and equipment assigned to the rooms of hospital doctors can best be described as sheer luxury. Here in Germany the room of a senior consultant can as a rule boast as much as 24 square metres; even a junior doctor has 18 square metres to call his own! Yet these rooms are often used no more than three to four hours each day.

**PORTAL:** How many architect's offices in Germany today are able to design a larger hospital?

**LÜDER CLAUSDORFF:** In my view there are around 50 offices – but no more, since in order to maintain a certain continuity, the offices must always work on several projects at the same time. What's more, the offices specializing in hospital construction are getting increasingly larger. If these shrink, they jeopardize future orders as a result because also the clients prefer ever larger offices.

**PORTAL:** How must a design office be set up if it is to be successful in the hospital construction sector? Is it in the meantime indispensable to offer all the planning tasks as a general design from a single source?

**LÜDER CLAUSDORFF:** The office must constantly operate

in the hospital construction sector and be able to show current projects. It must be qualified to perform specific tasks, such as build operating theatres, and also furnish special proof of this. Basically, this is understandable. I also work as a surveyor and in the case of some poorly designed hospitals I cannot help but feel sorry for the operators. As a rule such facilities cannot be run cost-effectively.

General planning is always a two-edged sword. As long as I, as the architect, can cooperate with partners I have chosen, it is always a benefit. When, on the other hand, the client tries to persuade us to collaborate with partners we do not know, the matter becomes much more difficult. After all, general planners are responsible solely for the planning performance and if here an engineering office becomes insolvent, for example, the consequences can be fatal. For the builder-owner cooperating with a general planner is of course much easier. This means he has just the one contact.

**PORTAL:** Because they are obliged to furnish proof of previous projects in order to enter a competition, hospital architects in Germany have since become a "closed society". Do you agree?

**LÜDER CLAUSDORFF:** In principle, I do. Where competitions are concerned, however, and in as far as the builder-owner does not insist on cooperating with experienced offices only – there is a growing trend to also open the doors - via a kind of wild card - to a young, creative up-and-coming office which then as a rule collaborates with an experienced office. I think that forming a team in this way is an interesting approach which allows us to access new ideas. By letting experienced architects work in the team, a builder-owner can occasionally be persuaded to allow the up-and-coming architect to implement the planning. Exceptions here are, of course, really large-scale projects where safety considerations are paramount.

**PORTAL:** What half-life period does an average new hospital building have today – in view of ever changing technical requirements?

**LÜDER CLAUSDORFF:** In the case of departments with high operative costs in which innovations follow in quick succession - for instance in radiology - one can estimate an effective half-life of 10 years until first alterations become

Not only in terms of the (infra)structure but also as regards the external appearance, a lot of hospitals these days are in need of renewal. Here the design plan (bottom right) for the St. Josef Hospital in Dudweiler (architects: Arbeitsgemeinschaft Lüder F. Clausdorff, Marburg, and Willi Latz Arus, Püttlingen).

necessary. In other areas the guide value lies more in the region of 25 years. After that time the technical systems have more or less come to the end of their service life or must be adapted to meet new mandatory standards. Good hospital construction is based essentially on two factors: good architecture – both inside and outside – and functionality. Process optimization is the order of the day – that means: to achieve the best results using existing areas and existing staff. Here two trends presently dominate: firstly, increasing numbers of out-patient operations have led to OP areas being rebuilt. Over and above this, the number of out-patient treatments now being performed, is increasing in general. Here the same applies as in every good doctor's surgery: long waiting times are a thing of the past. However a lot of hospitals have not yet adapted to this new situation because their examination areas are still geared to in-patients.

**PORTAL:** How high do you consider the need for new hospitals, extensions and conversions over the next decades to be?

**LÜDER CLAUSDORFF:** In terms of hospital constructions, Germany presently shows a huge investment backlog. Entire federal states have reduced their hospital subsidies by more than fifty per cent. As a result, some of the hospitals must, just like any business enterprise, take out a loan from the bank in order to make investments possible. Many operators choose Public Private Partnership (PPP) models or similar forms of financing in order to finance urgently needed reconstructions or to build new facilities. The so called monistic model has been in discussion here in Germany for decades. According to this model hospitals not only get money for treatments from the health insurance schemes but also for investments. Basically, this approach makes sense because it would allow the hospitals reliable, long-term planning. However it is not supported by the politicians because the parties want to keep contributions to the health insurance schemes low. That the public investment contributions have now also been reduced, makes the situation doubly difficult. On the other hand, it can be seen from the success of the new financing models that money can obviously be made with hospitals - after all no joint-stock company would invest in real estate if it did not show any profit.



## CLINIC AT WOLFSBURG

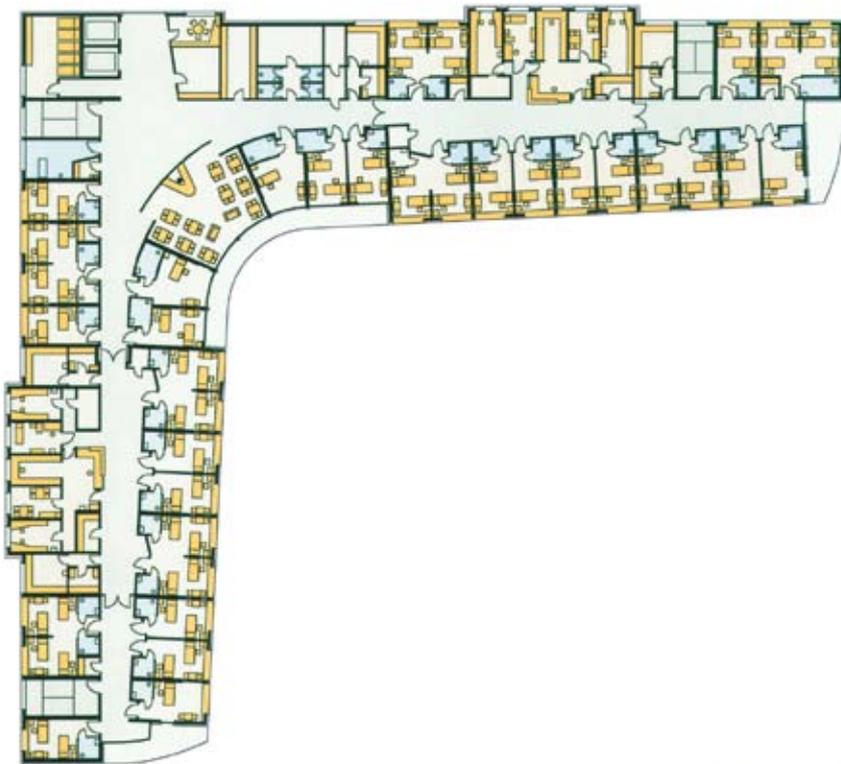
**The nursing care areas of the 40 to 50 year old clinic in Wolfsburg had not been up to standard for quite some time. The entrance area and routing also needed to be updated. With "House G" and a glazed linkway between the new and existing building, the architects Koller Heitmann Schütz and Rauh Damm Stiller Partner were able to rectify the situation. Light-flooded rooms ensure that the normally sterile hospital atmosphere is bright and friendly.**

As a teaching hospital of the University of Göttingen the clinic at Wolfsburg has 684 in-patient beds and 10 partial in-patient beds. As such it is one of Lower Saxony's largest hospitals and covers medical health care for a catchment area of some 180 000 inhabitants. The history of this hospital dates back to the 50s. Founded in 1953, it was already extended 10 years later to include a generously-sized building for the children's and women's clinic as well as the x-ray and radiology department with 200 beds. In the process, the former children's clinic was converted to a new ENT department. In 1984 the city hospital was given a new functional wing. Already some 15 years later the nursing care areas no longer meet presentday requirements. From 2000 to 2005 the clinic was therefore given a further vitamin boost. The new "Haus G" saw completion in July 2005 after a construction phase of some 29 months. The project team, made up of the local architects Koller Heitmann Schütz and Rauh Damm Stiller Partner from Hattingen, had already won the corresponding competition back in the year 2000. Investment in the new building amounted to 32.2 million euros. But this did not just generate more space and greater comfort – at the same time the planners used the opportunity to improve the clinic's entrance situation and the routing within the complex. The glass-covered main thoroughfare, a two-storey linear connection between the old buildings and "Haus G", separates the two key traffic routes: one serving visitors and out-patients on the ground floor and the other in-patients on the upper

floor. The eastern end boasts one particular accent in the form of a four-storey glazed atrium. It represents the new "face" of the clinic – which incidentally not only serves development and orientation but can be additionally used for exhibitions and events. In the direct and visible vicinity of "Haus G" on the ground floor the main entrance to the clinic is located. On the plot falling away to the south, the layout of the L-shaped building covers six floors. On account of the hillside location the "English basement" with kitchen, seminar, library and conference areas has been partly developed as a ground level design. The ground floor houses rooms for pastoral care and social services, the south wing the cafeteria with a generously-sized open space. The upper floors, each with two wards comprising 32 beds respectively, are dedicated to monitored Intermediate Care and General Care. Lifts, the stairwell as well as supply and disposal, patients' bathrooms, conference room and bed cleaning/preparation are centrally located. On the opposite side the architects placed large common rooms or so called patients' restaurants which are planned as communication zones and areas in which meals can be taken. Each ward comprises four 4-bed rooms, six 2-bed rooms and four single rooms. Two of the 4-bed rooms are designed in such a way that with very little effort it is possible to divide them into full 2-bed rooms. The total of two care centres per floor are located centrally within the wing. They offer space for the areas assigned to the personnel, such as the nurses' offices, the tea kitchen or the offices of the hospital doctors.



Typical ground plan of the upper floors in "Haus G",  
site plan of the new buildings (bottom).



EBENE PFLEGE



"Haus G", laid out as an equal-sided L-shape, opens up via large recessed balconies, on both the eastern and southern sides, to the green areas outdoors.

The hillside location means that along the longitudinal facade on the west it was possible to develop the basement as a ground level design (bottom).





At the eastern end of the so called main thoroughfare, the glazed reception area is open and inviting (far left). Secured by Hörmann sliding fire doors, the glazed, generously-sized communication zones between the wards allow light to flood the interior, even deep into the corridors (top). Two of the 4-bed rooms can be effortlessly converted into two 2-bed rooms (bottom right). The departmental care groups each comprising 16 beds are separated from each other by fire doors (bottom left).

**BUILDER-OWNER**  
City of Wolfsburg

**DESIGN**  
Project Group  
Koller Heitmann Schütz, Wolfsburg  
Rauh Damm Stiller Partner, Hattingen

**PHOTOS**  
Rainer Mader / Rauh Damm Stiller Partner  
Stephan Falk / baubild / Hörmann KG  
(p.17 top, bottom left)

**HÖRMANN PRODUCTS**  
Sliding fire doors T90 HG 18  
with wicket door; steel fire doors T30



## REGIONAL WOMEN'S AND CHILDREN'S CLINIC IN LINZ

**Following a discussion, planning and construction phase of some 25 years, Linz has finally got a new joint women's and children's hospital. The functional new facility, designed by the Atelier an der Schönbrunnerstraße in Vienna, offers spatial flexibility, short interconnecting routes and an understanding of economic efficiency, in which aspects such as the feel-good factor and a sense of achievement experienced by both patients and staff are integrated into the overall concept.**

The example of the new regional women's and children's clinic perfectly documents just what an enormous administrative act of strength building a new hospital even for a city like Linz means. A total of 25 years have elapsed from the initial idea to create a special medical centre for women and children up to the inauguration of the new facility this year. The longest phase was dedicated to discussing various locations and concepts. The building itself dating back to an application procedure initiated in 1999 and concluding with a competition took just 3 1/2 years to complete. The new facility built for around 100 million euros and designed by the architects Atelier in der Schönbrunnerstraße in Vienna offers 268 beds – 60 of which for Gynaecology and Obstetrics, 10 for a day-care clinic and just under 200 in the actual children's clinic. The Medical Director of the clinic, Prof. Dr. Klaus Schmitt explains that the concept of short routes that could be realized with the new facility, offers the advantage "that premature babies and sick newborn babies no longer need to be separated from their mothers should health problems arise but receive their treatment in the same facility". The architects add: "An essential feature of our project is condensing a relatively complex spatial and functional programme into a compact basic structure that is as universal as possible. Bed units, out-patients' departments and administration are no longer understood as construction volumes to be separated from each other. As a result, it is also easy to change the functional contents because the organizational changes in the health-care sector are not yet finalized." The new building extends the existing regional children's clinic by a

four-storey high, partly pile-elevated block receiving light from three inner courtyards. The newly designed hospital forecourt at the entrance to the clinic interrupts the street; it is no longer a public thoroughfare - only emergency vehicles are allowed to drive through.

A two-storey entrance rotunda with sloping glass walls acts as a reception area and distribution zone. Besides the reception area, this building structure houses a cafeteria as well as, on the upper floor, function rooms for events with corresponding side rooms. The second and third upper floors span the hospital forecourt and rest on the existing reception building of the regional children's clinic. Here too a new linkway on the roof of the reception building creates short routes between the old and new building. Also in the basement both parts of the building are interconnected; here in the new building the hospital's accident and emergency department has been set up. Thanks to a submerged planted courtyard and transom lights also these rooms receive natural light.

For their new building the architects partly redefined the concept of economic efficiency: "Ultimately economic efficiency should represent the sum of the construction costs, the operating and maintenance costs and the well-being and sense of achievement of those living and working there." This breaching of the gap between economic efficiency and comfort also characterizes the exterior of the new building. Its facades differ - above all through the use of colour (a deep orange) - from those of its neighbour. A glass facade has been attached to the longitudinal sides to reduce the noise pollution in the patients' rooms.

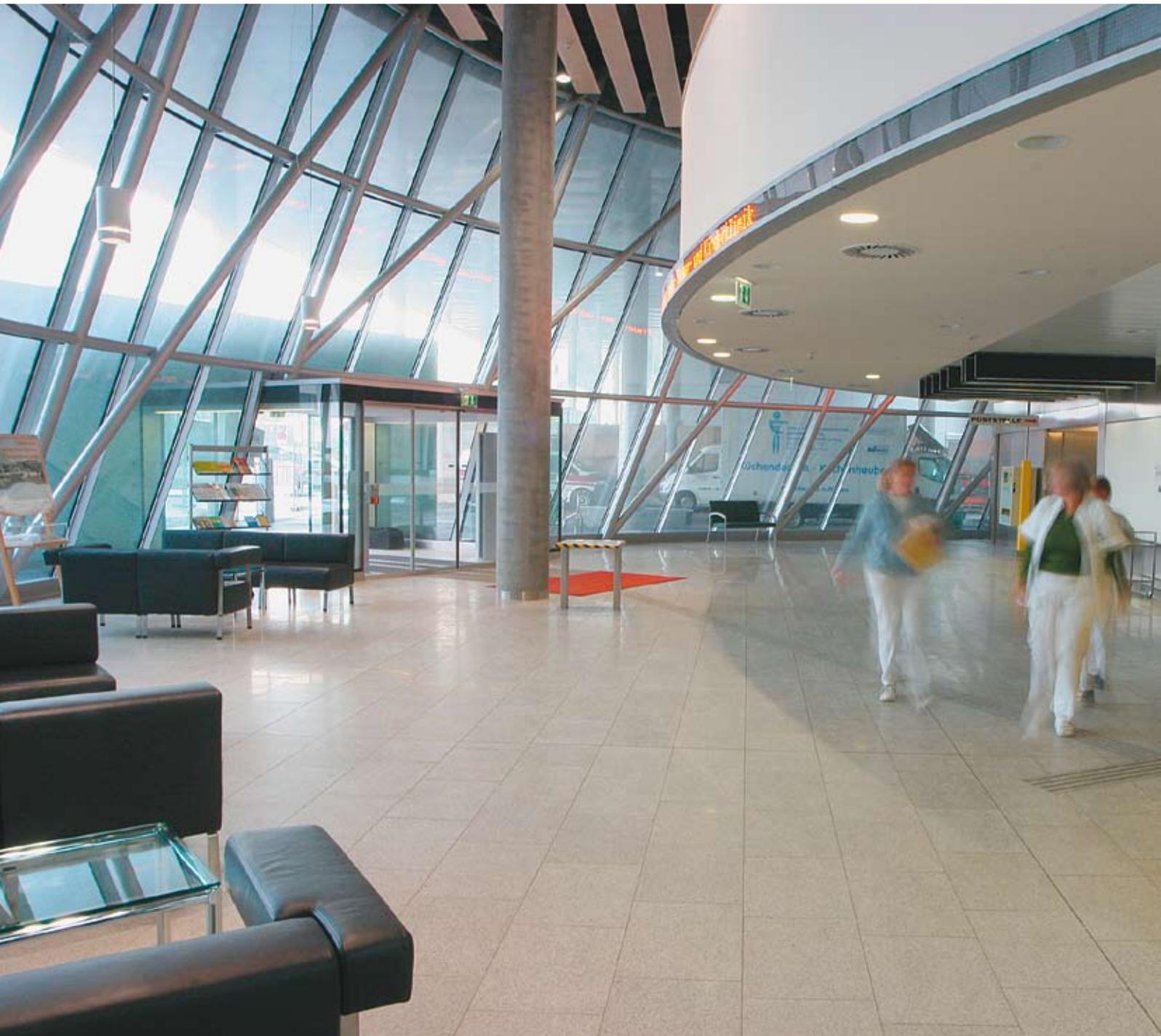


General view of the new building. The Regional Women's and Children's Clinic and the white plastered blood centre (right of the picture) were given curtain walls of glass which improve the sound insulation. The entrance rotunda (bottom) is located precisely at the point where the new building bridges the former "Krankenhausstrasse".





Reception and distribution room: the entrance rotunda.  
A neon sign shows the name of the day's newborn babies.



The artist Claudia Schumm was responsible for the artwork in the building. Large-scale coloured areas and photo motifs decorate the internal walls on the wards (centre right). In the hospital corridors coloured wall areas and doors provide accents of colour, at the same time as facilitating orientation (bottom right).

**BUILDER-OWNER**  
gespag, Linz

**PHOTOS**  
Stephan Falk / baubild / Hörmann KG  
gespag, Linz

**DESIGN**  
Atelier in der Schönbrunnerstraße,  
Vienna

**HÖRMANN PRODUCTS**  
Steel frames

**LOCATION**  
Krankenhausstraße, Linz

**FLOOR SPACE**  
13 000 sq.m.

**TOTAL COSTS**  
98.4 million euros



## KWA RETIREMENT HOME IN THE HOHENZOLLERNPARK BERLIN

**The demographical development makes it clear: the need for residential accommodation types specifically tailored to the elderly is constantly growing. Some operators of old people's homes endeavour to satisfy this growing demand with a comprehensive service package covering both accommodation and care. The somewhat better-off retirees in the KWA retirement home in the Hohenzollernpark Berlin, designed by the Berlin architects feddersenarchitekten, can therefore spend their twilight years in a "cultivated" atmosphere – in as much style, comfort and as independently as possible whilst also enjoying a high degree of assistance and care.**

The KWA retirement home at Hohenzollernpark was opened in 2002. It is located to the south-west of the city, roughly half an hour away from the centre using public transport and boasts excellent links to the city motorway. Here the elderly can enjoy what one could call "a well-earned retirement": residential accommodation and care of the highest standard. According to the concept of past decades the elderly have lived predominantly in old people's homes - an unwelcome development as we now realize today. Better by far are convincing overall concepts that no longer cut people off from their environment but allow them to live in the midst of things without having to forfeit safety and security to do so. Thus, the „KWA Retirement Home in Hohenzollernpark Berlin“ would like to see itself as a model representing a new generation of homes for senior citizens, into which the latest findings in gerontology (the science of aging), care, architecture and the "feel-good factor" are integrated. An in-house out-patient care service providing all forms of care (up to third stage nursing care in insurance terms), attends the residents in their own apartments and takes care of their individual needs. Whoever can afford this, will not have to worry about forfeiting luxury.

The architecture for this ambitious project was executed by feddersenarchitekten in Berlin. Their urban-planning concept comprises two "blocks" in a parallel arrangement extending from north to south, completed by a third block to form a U-shaped overall complex. One enters the building at an angle to be met by a spacious foyer with a small integral shopping zone. The sweeping line of the wall leads directly into the central tract that sees itself as the social centre of the retirement home housing the large entertainment hall, café/restaurant and various club rooms.

Available in addition: a swimming pool with sauna, a fitness area, a bowling alley, a library and a chapel. In total the KWA retirement home provides 143 apartments, each with a living space ranging between 40 and 85 sq. metres. Each of the 1 1/2, 2 and 3-room apartments includes a balcony or a terrace, a kitchen and a bathroom. Residents can achieve the personal touch by choosing their own furnishings; the bathroom offers flexibility: if necessary the shower cubicle or bath tub can be removed without entailing any conversion work, to provide a barrier-free shower. Thus, each apartment can be adapted to the needs of the individual occupant. It is even possible to modify the apartment's floor plan – involving minor structural changes. Out-patient care is decentralized: it is provided by so called "floor ladies", in other words there are no separate care rooms.

The building presents itself to the outside world with a noticeable vigour: from the first to the 4th upper floor the balconies are designed as an oscillating element in an attempt to counteract the massiveness of the six-floor high building and remove the "formality" of the interior so often characteristic for homes of this kind. Moreover, in this way the design blends in well with its surroundings and the existing stock of trees.

It is very much hoped that the concept of the KWA retirement home in the Hohenzollernpark Berlin will prove successful in the future. Initial approval came at the exhibition "Altenpflege 2004" (Care of the Elderly 2004), where it received a prize in recognition of its concept and architecture.



The KWA retirement home in Hohenzollernpark Berlin is a U-shaped building complex in which its park-like inner courtyard boasts a stock of mature trees and a pond.



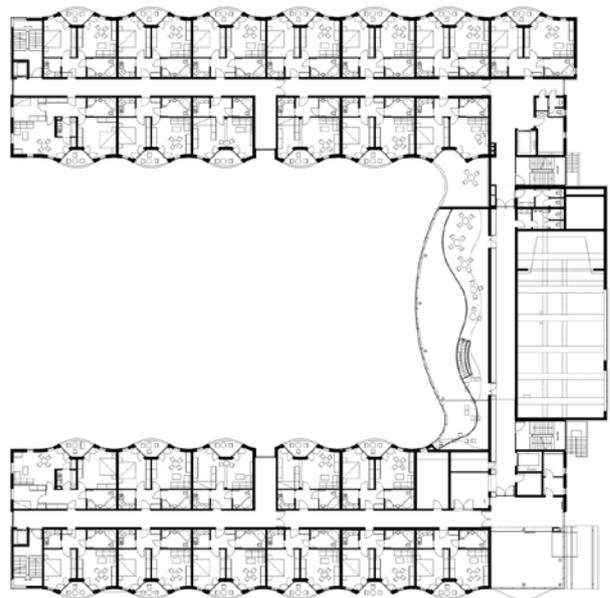
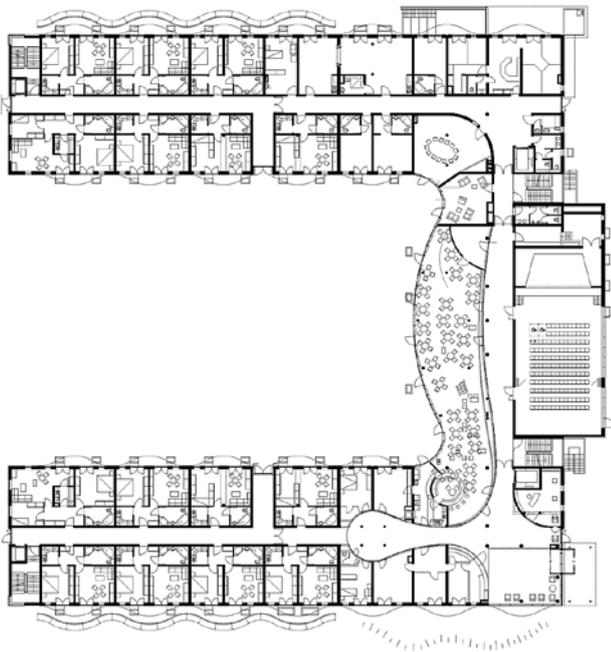
The ceiling-high glazed entrance hall has the charm of a spacious hotel lobby (top).

The first port of call is the reception, the counter of which is elegantly integrated into the sweeping line of the wall (bottom left).

Informal meeting points throughout the entire building, such as on the gallery above the entrance hall, provide ample opportunity for those seeking contact and conversation (bottom right).



Floor plan of ground floor (top left)  
Floor plan of first upper floor (top right)  
Regular public functions in the large entertainment hall turn the KWA retirement home into a meeting place and information centre (bottom left).  
In the common room areas the Hörmann fixed glazing allows light to flood in from the outside, penetrating far into the corridor.



The café/restaurant is located at the central point on the ground floor of the connecting horizontal block. Dining from here you can enjoy an exclusive view of the park landscape surrounding the complex.



Each of the 143 apartments has its own balcony with extra wide doorways tailored to the needs of the disabled (top right). The residents can choose their own furnishings, thereby affording each apartment an individual character (bottom right).

#### BUILDER-OWNER

KWA Kuratorium Wohnen im Alter,  
Unterhaching

#### PHOTOS

feddersenarchitekten, Berlin;  
Stephan Falk / baubild / Hörmann KG

#### DESIGN

feddersenarchitekten, Berlin

#### LOCATION

Hohenzollerndamm 150–152, Berlin

#### CONSTRUCTION PHASE

2000–2002

#### CONSTRUCTION COSTS

18 million euros

#### HÖRMANN PRODUCTS

Single-leaf T30 steel tubular framed doors HE 310; double-leaf T30 steel tubular framed doors HE320; fire-resistant glazing HE 330, single-leaf steel smoke-tight doors S/RS 100; double-leaf steel smoke-tight doors S/RS 200.



## 1. HÖRMANN TAKES OVER THE DOOR MANUFACTURER GADCO

With its acquisition of the American Door Company (GADCO), Montgomery/ Illinois, Hörmann consolidates its presence on the US market. The takeover of GADCO is the next step towards opening up the North American market following the founding of Hörmann Inc. in 2002 near Knoxville / Tennessee. With its garage doors specifically tailored to the needs of American consumers, GADCO extends Hörmann's product spectrum and as a result reinforces the company's market position in the USA. In addition, Hörmann expects to benefit from the synergy effects by using GADCO's sales and supply channels.

GADCO was established in 1961 and is known in the USA as a brand manufacturer of sectional garage doors in steel and timber as well as for industrial doors. At its headquarters in Montgomery / Illinois the company employs a 150-strong workforce and can boast an annual production capacity of around 75,000 doors. In 2005 GADCO recorded a sales volume of approx. US \$ 45 million. Sales are achieved via ten sales companies in America's West and Midwest.

## 2. HÖRMANN INDUSTRIAL DOORS AND SHEET STEEL DOORS COMPLY WITH THE ATEX DIRECTIVE

With immediate effect Hörmann industrial doors and sheet steel doors meet the requirements of the European Directive ATEX 94/9/EC (Equipment and Protective Systems Intended for Use in Potentially Explosive Atmospheres) and can therefore be used in potentially explosive environments. Industrial doors and sheet steel doors in particular with electrical optional extras are regarded, as defined by the ATEX Directive, as equipment with a potential ignition source. On sheet steel doors one possible cause for an

ATEX 94/9/EC is the abbreviation for the European Directive named after the French "ATmosphere EXplosible" whose requirements are met with immediate effect by all Hörmann sheet steel doors.



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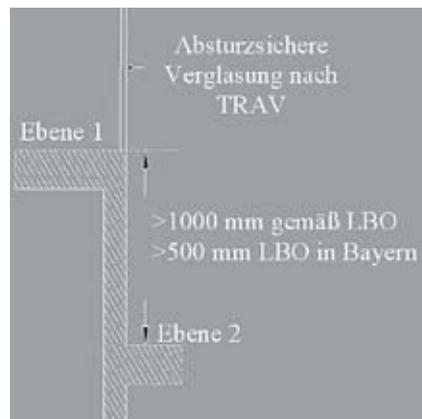
explosion is, for example, the spring hinge in the event of spring breakage. For reliable protection in potentially explosive areas doors must fulfil specific criteria. This includes, among other things, a certain paint coat thickness or the electrostatic conductivity. Hörmann guarantees this protection with immediate effect on all its sectional doors, rolling shutters, high-speed doors and sliding fire doors as well as for sheet steel hinged doors. Moreover, Hörmann's ATEX certification exempts the operator of a building from his responsibility in terms of ignition risks as stipulated in the industrial safety ordinance. However, as regards operation and maintenance, the operator continues to assume the responsibility. To be observed above all here are the maintenance intervals stipulated in the Operating Instructions. The documentation is handed over to the operator following installation of the doors. The installation as well as repair of doors holding ATEX certificates may only be carried out by specialist personnel specifically trained for that purpose. For this Hörmann offers its own seminars and training courses. In addition, Hörmann specialist consultants are available to answer any questions you may have concerning the ATEX certification.

3

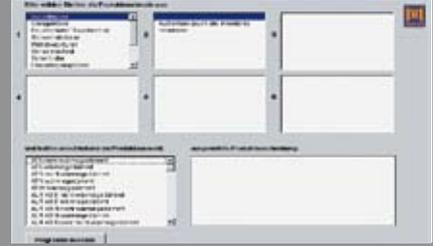


### 3. HÖRMANN CRASH-PROOF FIXED GLAZING

The fire and smoke-tight fixed glazings from Hörmann KG satisfy the guidelines of the "Technical Rules for the Use of Crash-proof Glazings" (TRAV). The redundancy of a handrail construction connected with it, saves the builder-owner of a project additional costs and opens up greater creative scope to planners and architects. The TRAV directives are intended for areas of use, in which glazings assume the function of a railing, e.g. on galleries, podiums or stairwells. Here persons in traffic areas should be safeguarded against a crash from the side. The "LBO" (state building codes) demand a crash safety device with a height difference of one metre or 0.5 metres in Bavaria. All Hörmann fire and smoke-tight fixed glazings G30, F30, F60, F90, including the F30 system wall, A/RS 350 and S/RS 300 satisfy the requirements of the TRAV directives. When ordering Hörmann fixed glazings the builder-



4



owner must state whether these are to be implemented according to TRAV.

### 4. PRODUCE SPECIFICATION TEXTS QUICKLY AND PROFESSIONALLY

More than 9000 planners have so far used Hörmann's architects' programme. An updated version featuring more product drawings is now available to you with immediate effect. The Hörmann architects' programme allows you to produce individually tailored specifications in GAEB and Word formats with just a few clicks of the mouse. The programme leads you quickly and precisely to the Hörmann products you are looking for and to the corresponding texts. These can be modified to meet your individual requirements, so you can be sure of producing an accurate and comprehensive project-related product description.

The architects' programme works with all the most frequently used versions of Microsoft Word under the operating systems Windows 98, NT 4, 2000 and XP. It is available for downloading in both the DXF and PDF formats (with or without drawings) in Hörmann's Architects' Forum at [www.hoermann.de](http://www.hoermann.de) or can be ordered on CD.

## ARCHITECTURE AND ART OLAF NICOLAI: CAMOUFLAGE / TORWAND

In Germany the "Torwand" (goal wall) enjoys cult status. It is part of the inventory on the weekly sports review "das aktuelle Sportstudio" on the ZDF TV channel in which the German premier football league comes under the spotlight. At the end of the programme celebrity guests compete against one another to see who can score the most goals at the goal wall.

In the installation "Camouflage / Torwand" there are three goal walls to shoot at. In contrast to the real goal walls the surfaces take up a camouflage scheme. Their colourfulness relates to the crosslinking of different contexts: they are reminiscent of Warhol's camouflage pictures as well as of popular textile prints. The names of the walls refer to the legendary goalkeepers Jürgen Croy, Wolfgang Kleff and Sepp Maier. A constellation emerges that in real life during the 70s, at the height of their sporting careers, would never have been possible. At that time Croy was the celebrated national goalkeeper of East Germany, at the same time Kleff and Maier were writing football history with their goalkeeping achievements in Western Germany.

Olaf Nicolai:  
Camouflage / Torwand 1-3  
[Croy, Kleff, Maier]  
2001  
Wood, metal, paint, soft balls  
each 183 x 270 x 40 cm  
Courtesy of Galerie EIGEN + ART Leipzig/Berlin  
Photo: FBM-Studio Zürich / Migros Museum  
© VG Bild-Kunst



**OLAF NICOLAI:**

born 1962 in Halle/Saale

1983 - 1988 Student of German Language and Literature (diploma)  
1992 Promotion (subject "Geste zwischen Expression und Kalkül. Zur Poetik der Wiener Gruppe")

**Living and working in Berlin**

2002 Art prize of the City of Wolfsburg  
2000 Fellowship at the Hanse-Wissenschaftskolleg, Delmenhorst  
Fellowship IASPIS, Stockholm  
1998 PS1 fellowship, New York  
1996 Fellowship Villa Massimo (residence 1998)

Individual exhibitions (selection):

2006 Galerie EIGEN + ART, Leipzig  
Leonhardi Museum, Dresden  
Kunstraum Dornbirn  
2005 "The Blondes",  
Galerie EIGEN + ART, Berlin  
Printed matter, New York, USA  
2004 "Odds and Ends", Projektraum enter,  
Kunstmuseum Thun, Switzerland

Contact:  
Galerie EIGEN + ARTT  
Auguststraße 26  
10117 Berlin  
www.eigen-art.com



Photo: Michael Kretschmar / Zwoacht.de



in the Next Issue of PORTAL:  
**The House of the Future**

Architectural visions of living in the future revolve for the most part around well known points of reference: form and flexibility, comfort and technology. Will the much propagated "intelligent house" ever become a reality? Or will architecture in future focus once more on the soft, emotional factors of living? Even our 8th edition of PORTAL will not be able to supply a definitive answer to these questions, but we will be taking a look at international architecture in the residential sector and the relationship between globalization and geographical reference, authenticity and eclecticism, fashion and sustainability.



Photo: Hörmann KG

# HÖRMANN IN DIALOGUE

## The House of the Future – Building with Hörmann

Only five per cent of all homes in Germany are planned by architects. At least that's what the statisticians claim. Nevertheless, we believe that this five per cent is still worthy of attention. Send us information about the single family homes and multiple dwellings that you have built using Hörmann products – as a short documentation with plans and photos, maximum A3 scale, by post or email to:

Hörmann KG Verkaufsgesellschaft, attn. Ralf Biegert  
Upheider Weg 94–98, 33803 Steinhagen / Germany  
r.biegert.vkg@hoermann.de

The names of all contributors will be entered into a raffle with the chance of winning one of 15 copies of the book "Olaf Ncolai. Arbeiten 2003-2006" (ISBN 3-938821-23-X), signed by the artist himself.

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