

Improving the Healthcare System in Kurdistan by utilizing Internal Architecture and Healthcare Administration

The healthcare aspect of Kurdistan is very well funded and staffed. There is an abundance of hospitals, clinics, equipment and workers. Although the hospitals and clinics have access to equipment and experienced professionals, they lack proper utilization of healthcare administration knowledge within the system and the interior architecture. The current state of the interior architecture of these buildings has includes separate rooms for certain patients, adequate waiting areas, and storage spaces. The problems affecting healthcare in the country today include integration of public and private sectors of healthcare without overall regulation, unevenly distributed staff, and patient overcrowding. Facilities are not always properly maintained or up to universal healthcare standards. All these problems can be solved with dedicated members and proper enforcement of the World Health Organization's (WHO) laws and regulations.

The solutions to this dilemma start with healthcare administration systems of family medicine within all districts that utilize electronic medical records. Contracts or laws regulating the public and private sectors along with the time spent working at a clinic before transferring hinders physicians from referring patients to their private clinics during public clinic hours. It also prevents staff from using the training they received at public sectors to transfer to a private one. Other approaches include a health care information system, free public education on general healthcare procedure to avoid overcrowding, confusion and exploitation of facilities.

Using these solutions to advance the interior architecture and better utilize spaces it is recommended that features need to be improved or added such as necessary portable storage and sanitation spaces like washer dryer areas are recommended. Other properties of the interior that can be updated is the division of each patient room and expansion of the common spaces. Organization of the flow of the patients and staff will be conducted with the use of electronic patient sign in and white boards for communication between staff. These interior architecture changes can be taken into account when redesigning a space which is needed for a large population as well as keeping the staff in a comfortable well-maintained environment.

All these resolutions can already be within budget and implemented healthcare administrative goals for the country. Focusing on what is already present and expanding would help speed up progression within the healthcare system of Kurdistan. By redesigning the interior of these buildings and implementing the new

organizational systems explained above, there will be a better flow to the medical services as well as improvement to the amount and quality of the treatment of patients. Doing so would eliminate the stress placed upon staff as well as patients. It would relive the overwhelming thought that providers would have to build a system from scratch and show them that they already have a foundation. It would be like building a house upward with the pillars already set instead of having to build from scratch.