

can Academy of Architecture for Health an AIA Knowledge Community

The Big 5

Healthcare Planning + Design Strategies for an Adaptable Future

April 14, 2020 Moderated by Gregg D. Ostrow, AIA



LOUIS MEILINK, JR. FAIA, FACHA, ACHE Senior Principal, Ballinger @LmeilinkA



ERIN NUNES COOPER AIA, ACHA, LEED AP Principal, Ballinger @cgdgreen



During today's presentation, we will pose questions to the audience. **To participate in the poll:**

TEXT BALLINGER TO 22333



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Healthcare Essentials

As part of the Academy's multi-channel, on-line approach, these sessions provide millennial members starting out in healthcare-centric practices exposure to healthcare design fundamentals and as a refresher course for experienced healthcare architects and planners.



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In order to receive 1 AIA LU/HSW credit, each attendee must complete the webinar survey at the conclusion of the presentation.

A link will be provided in the chat box and included in a follow-up email one (1) hour after the webinar to the individual who registered your site.

SPEAKERS



LOUIS MEILINK, JR. FAIA, FACHA, ACHE Senior Principal, Ballinger @LmeilinkA



ERIN NUNES COOPER AIA, ACHA, LEED AP Principal, Ballinger @cgdgreen

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THE BIG 5 Healthcare Planning + Design Strategies for an Adaptable Future

DURING TODAY'S PRESENTATION, WE WILL POSE QUESTIONS TO THE AUDIENCE. TO PARTICIPATE IN THE POLL:

TEXT TO **22333**

TYPE BALLINGER

THEN TEXT A, B, C, D, E or F OR SINGLE WORD WRITE-IN TO RESPOND TO QUESTIONS



Tell us about yourself. What is your background / profession (e.g. Facilities, Architect, Interior Designer, Product Vendor, Construction) ?

Learning **OBJECTIVES**

- 1. Explore the constant state of change in healthcare facilities and the impact on design.
- 2. Identify and understand the impact of 5 planning strategies on a healthcare facility's adaptable future:
 - floor to floor heights
 - column spacing,
 - fixed vertical elements
 - targeted zones of flexibility
 - resiliency
- 3. Apply the concept of targeted zones of flexibility in projects
- 4. Identify building resiliency measures that conceive of healthcare facilities as part of our national infrastructure.



THE EVOLVING HEALTHCARE LANDSCAPE

The Future of **HEALTHCARE**



The Future of **HEALTHCARE**





INGESTIBLE SENSORS



VR + AUGMENTED REALITY "Ultimately healthcare comes down to human-to-human interaction. So if you are going to go into artificial intelligence, machine learning, etc., it's got to be able to re-humanize, as opposed to de-humanize care."

Dr. Steven J. Corwin CEO, NewYork-Presbyterian

"It's going to be *bold, creative and maybe disruptive* approaches to figuring out the cost, access, patient experience and quality **issues we now face.**"

Stephen Klasko President and CEO, Thomas Jefferson University

CHANGE is the only constant in health care...

... in treatment and technology, in disease and patient demographics, and in reimbursement and regulation.

Therefore, master planning must accommodate what and how health care is provided today and changes that can't be imagined over the lifespan of the campus.

THE BIG 5







Floor to floor heights that support state-of-the-art and state-of-the-future technology



2. COLUMN SPACING

4

3

Column spacing + contiguous floor area that allows changes of use over time





3. FIXED VERTICAL ELEMENTS

Locations + capacities of elevators, stairs, shafts, and other fixed vertical elements using edges versus centers





4. STRATEGIC ZONES OF FLEXIBILITY

Targeted zones of flexibility to invest strategically and avoid over pre-investing



5. RESILIENCY

3

Resiliency measures that conceive of healthcare facilities as part of our community infrastructure





'THE BIG 5' SCORECARD

2







NYU Langone Health Ambulatory Care Center

TIMELINE 2012-2018

24 Stories 320,000 SF Total 20,000 GSF/Floor

New York, NY



Tower Health System Reading Healthplex

TIMELINE 2012-2017

5 Stories 500,000 SF Total 30,000 GSF/Floor (Beds)

West Reading, PA



Penn Medicine Chester County Hospital Lasko Tower and Procedural Platform + Inpatient Beds

TIMELINE 2014-2020

6 Stories 350,000 SF Total 80,000 GSF/Floor (Procedure) *West Chester, PA*



Designed through a collaboration between Ballinger, HOK, and Pei Cobb Freed & Partners NewYork-Presbyterian David H. Koch Center + Alexandra Cohen Hospital for Women and Newborns

TIMELINE 2011-2020

18 Stories 740,000 SF Total 42,000 GSF/Floor

New York, NY

What is the ideal floor to floor height for a new diagnostics and treatment floor?





NYU LANGONE HEALTH Ambulatory Care Center



320,000 SF Ambulatory Care | 1 Acre Site





















PRE-RENOVATION CONDITIONS: NORTH PLAZA



RENOVATION: GROUND FLOOR LOBBY





PRE-RENOVATION CONDITIONS: GROUND FLOOR LOBBY + RECEPTION
















EXISTING HVAC IN FRASTRUCTURE



NEW HVAC IN FRASTRUCTURE





















AWARDS

Adaptive Reuse Award, Symposium Distinction Awards 2015



NYU LANGONE HEALTH Ambulatory Care Center



Above Average

What is the ideal floor to floor height for inpatient beds in a new building?



Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app



TOWER HEALTH SYSTEM Reading Healthplex for Advanced Surgical + Patient Care



3.0 M SF CAMPUS | 46+ ACRES | 680 BEDS



500,000 SF

READING HEALTHPLEX **STATS**

72% of footprint is vegetative roof

24 ORs + 8 Procedure Rooms

150 Beds

100 11





Administrative



Tower Health System Historic Campus





Below Average for Inpatient Use







CAMPUS SECTION

HEALTHPLEX (2016)	N BUILDING (2005)	R BUILDING (1995)	

CAMPUS SECTION

HEALTHPLEX (2016)	N BUILDING (2005)	R BUILDING (1995)	

ENTRY LEVEL

11

2

- 1 Arrival/Entry
- 2 Surgical Waiting and Garden
- 3 Prep/Recovery + PACU
- 4 Surgery Suite
- 5 OR Staff Support

- 6 Psychiatric Treatment Unit
- 7 ED Expansion
- 8 Trauma Expansion
- 9 OR/Anesthesia Administration

GROUND LEVEL

-

-

10

10

- Prep/Recovery
 Short Procedure Suite
- 3 ED Administration
- 4 OR Staff Support
- 5 On Call

- 6 Protocol Offices
- 7 Pre-Admissions Testing
- 8 Public Conference Room
- 9 Trauma Administration
- 10 Healing Garden/Public Park






































AWARDS

International Academy for Design and Health, Highly Commended, Sustainable Urban and Built Environment 2017

Healthcare Design Architectural Showcase, Finalist 2017

healthcare design



DMAGAZINE COM







PENN MEDICINE: CHESTER COUNTY HOSPITAL Lasko Tower and Procedural Platform + Inpatient Beds



600,000 SF CAMPUS | 36 ACRES | 248 BEDS









PENN MEDICINE Chester County Hospital



Below Average for Inpatient Use

ADMINISTRATIVE CLINICAL











13' Beds 15' Procedure




























PENN MEDICINE Chester County Hospital



Above Average - Excellent

When are you likely to implement resiliency or emergency strategies in preparation for adverse weather events?

Already Implemented 00-02 Years 02-05 Years 05-10 Years 10-20 Years Never



New York-Presbyterian Hospital David H. Koch Center



734,000 SF | 42,000 SF Site | 1 Acre





16 Fixed Imaging Modalities

52'-0" Linear Accelerator Elev. Above Grade NewYork-Presbyterian Hospital STATS 102 Private Prep / Recovery Rooms

29 Procedure Rooms

HOSPITAL FOR WOMEN & NEWBORNS

AMBULATORY CARE

PUBLIC SPACE

734,000 SF NEW CONSTRUCTION

- 11 Mechanical
- 10 Mechanical

9

8

7

6

1112 1

Maille

RATASE

- Pre-Admission Testing + Digestive Diseases
- Endoscopy
- Shared Staff Support + Diagnostic Imaging
- Ambulatory Surgery
- 5 Interventional Radiology
- Radiation Oncology + Infusion

































- ConEd HT. Service N+2 on level 10
- Three emergency generator on 11
- 96 hour fuel oil storage
- Utilities street roll-up connections
- Air handling units on emergency power
- All heating equipment on emergency power
- Two chillers, cooling towers and associated pumps on emergency power
- Controllers to below grade equipment located above 1st floor
- Added shaft and medical gas capacity





























AWARDS

Healthcare Design Magazine, Healthcare Design Showcase, Award of Merit 2019

SALUS, European Healthcare Design Award, Healthcare Design over 25,000 SM 2019

SALUS, European Healthcare Design Award, Design Innovation for Quality Improvement

2019

Interior Design Magazine, Best of Year Honoree 2018

Engineering News-Record New York, Health Care Best Project 2018

Greater New York Construction User Council, Outstanding Healthcare Project

2018

healthcare design



VOL.19 NO.3 HCDMAGAZINE.COM





New York-Presbyterian Hospital David H. Koch Ambulatory Care Center





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Question Reminder

Submit your questions and comments via the chat box.



What is the ideal perimeter column grid for an inpatient bed floor?



Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app



Alexandra Cohen Hospital for Women and Newborns David H. Koch Ambulatory Care Center



 \bullet

60 NICU Positions Private Rooms

Over 7,000 Annual Births Alexandra Cohen Hospital for Women + Newborns STATS 75 Postpartum / Antepartum Rooms

16 LDRs + 5 C-Section / Operating rooms
HOSPITAL FOR WOMEN & NEWBORNS

AMBULATORY CARE

PUBLIC SPACE

220,000 SF NEW CONSTRUCTION

-	THE REAL PROPERTY	
11	18	Postpartum + Antepartum
THE STREET	17	Postpartum
THE	16	Postpartum
	15	Neonatal Intensive Care Unit
	14	Labor + Delivery
-	12	Maternal Fetal Medicine / Food Service
-		
-	11	Mechanical
	-	
	10	Mechanical
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56535C







32'















Alexandra Cohen Hospital for Women and Newborns David H. Koch Center

'THE BIG 5' SCORECARD

Overall Score

How does your facility or project you are working on stack up to The Big 5?

Excellent A Above Average **B** Average **C** Below Average **D** Poor **E**



LESSONS LEARNED

 We do not need to achieve the highest score on all of The Big 5 to have a successful project.

 It is reasonable to overcome 1 - 2 shortcomings with creative design solutions.

 Existing facilities that meet less than 3 may reach a tipping point with functional, design, and cost challenges and may not be appropriate for intense clinical use.

RECOMMENDATIONS

1. FLOOR TO FLOOR	2. COLUMN SPACING	3. FIXED VERTICAL	4. STRATEGIC ZONES OF FLEXIBILITY	5. RESILIENCY
Minimum 14'-0" New Beds 16'-0" New D+T Minimum 12'-0" Existing Beds 14'-0" Existing D+T	 32'-0" Perimeter Inpatient Beds Opportunities for ORs out of bed footprint 24'-0" – 25'-0" wide, 27'-0" – 30'-0" long standard ORs 100 – 120' Procedure Platform width 	Use edges versus centers Locate outside of clinical blocks	Large swatches of uninterrupted space Minimum footprint 20,000 GSF More flexibility on D+T Beds tend to be more static	Regional and local priorities Redundant feeds Independence from grid Dual fuel sources Surge conditions



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Time for Questions and Comments





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The survey closes at Friday, April 17 at 12:30am ET.

For questions, please email <u>knowledgecommunities@aia.org</u>



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Upcoming Webinars

Date	Series	Торіс
5/12	Beyond the Basics	Psychiatric Crises Centers and ED's: Trends, Drivers, and Examples
6/9	Master's Studio	Net-Zero Hospitals: A Path Forward
7/14	Master's Studio	Modular Construction and the IPD Delivery Method

Dates & topics are subject to change