

ArchitectureSOUTH

VOLUME THREE, NUMBER ONE

SEVEN-FIFTY



ARCHITECTURE AND HEALTHCARE

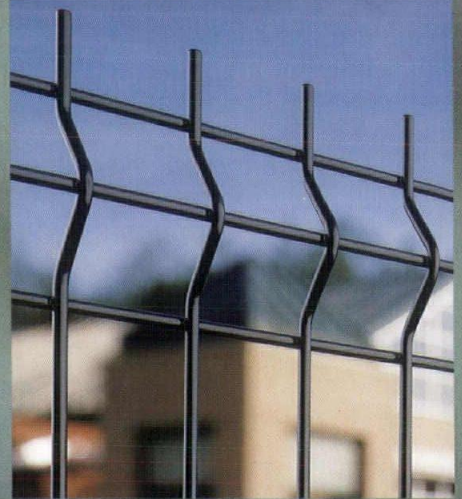
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TANGIPAHOA PARISH HEALTH UNITS
BURDIN RIEHL AMBULATORY CARE CENTER
ST. DOMINIC PARKING GARAGE
CLAY COUNTY MEDICAL CENTER
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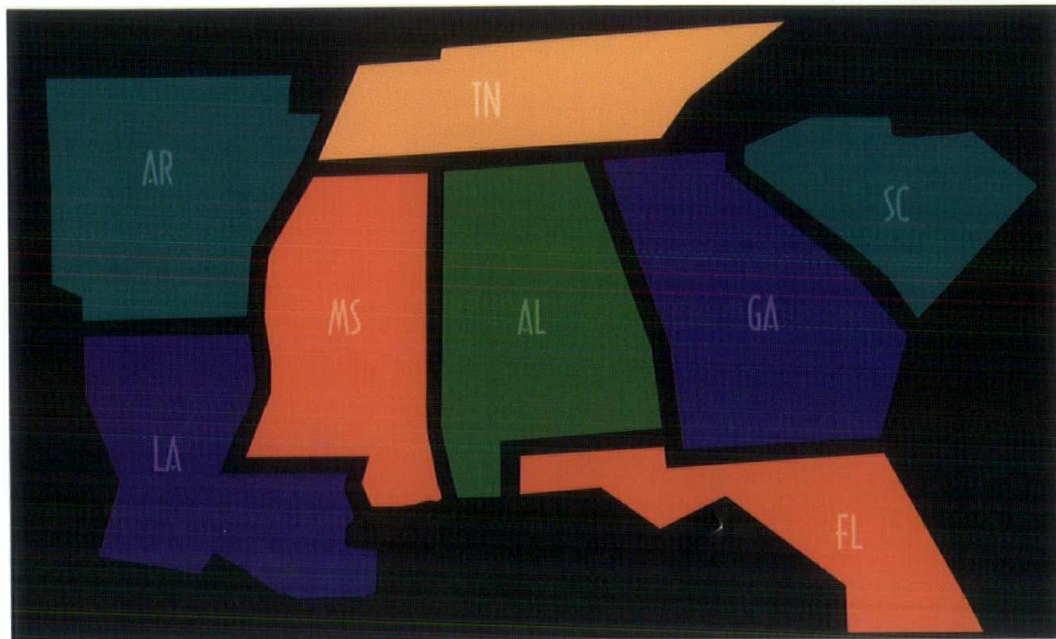
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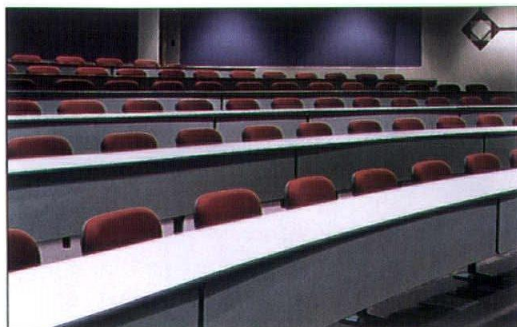
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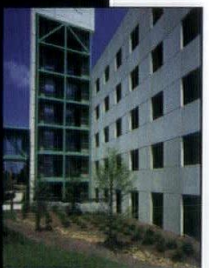
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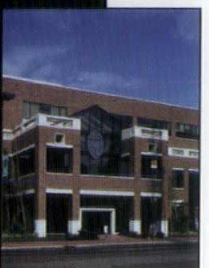
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On the Cover: Cullman Regional Medical Center, Cullman, Alabama. Photo by Timothy Hursley.

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A HOSPITAL LIKE HOME

CULLMAN REGIONAL MEDICAL CENTER
CULLMAN, ALABAMA
THE RITCHIE ORGANIZATION, ARCHITECTS
BY BERNDTETTE PETERS

How do you make a hospital like home? CRMC's architect, The Ritchie Organization, looked to Cullman County's heritage, rich with southern tradition. Their design is based on imagery of a comfortable southern plantation home.

TIMOTHY HURSLEY

Many of us have had bad experiences in a hospital. We have been lost in a hospital's cold halls and found little space to call our own, with few amenities to refresh the human spirit. While no hospital stay can be considered a vacation, Cullman Regional Medical Center (CRMC) tested the success of their vision by putting out the welcome mat in the winter of 1995. The management, board, and medical staff challenged the architect to make this new state-of-the-art facility more like home.

Measures were taken to break the design mold of the existing hospital. It had become obsolete, no longer able to keep up with a growing population's needs for maternity, outpatient, and emergency care. The solution was a 114-bed replacement hospital designed for convenience, flexibility, and efficiency.

The new facility was sited on 75-acres of former farmland atop the crest of a ridge. Similar to a shady approach to a plantation home, the circular loop drive at CRMC provides easy access to the front door of the hospital and to separate entrances for outpatient services and physician offices.

Much like the southern plantation, a strong visual link is established between the main highway entrance gate and the hospital front door. A grand tree-lined walkway directs all eyes forward. The north/south walkway escorts visitors along a pleasant walk to the front door from the parking lot. The path continues beyond the front door and foyer converting itself into a "grand hall", helping visitors find their way to the public elevators.

Above: The brick and stone facade of CRMC provides a sense of strength and security. Abundant glass promotes a healing environment and helps orientation while providing pleasant views of the Cullman countryside.

The southern front porch inspired the design of the building's front facade. A metal sloping roof over the main entry welcomes patients and visitors. Columns line the exterior with "branches" reinforcing the imagery of the shaded porch.

This welcoming "front porch" is connected to outpatient registration and the medical office building by a two-story "main street" or concourse running east-west along the ridge. Another corridor runs parallel to the main street on the north side of the building, providing a circulation space for inpatients separate from the general public.

The building materials used are similar to those used in substantial southern homes. Brick and stone provide a sense of strength and security. Abundant glass promotes a healing environment, helps orientation, and allows pleasant views of the



RANDY LOVOY

Cullman countryside. A landscaped interior courtyard and the main entry to the hospital can be seen from the main street corridor. From the lobby living room, a two-story atrium faces north overlooking the dining room and the courtyard beyond.

Private patient rooms and baths were planned to help preserve the dignity of each patient. Large windows in each room welcome natural light. The maternity center features single rooms with eight labor/delivery/recovery/post-partum suites, each with a stained glass interior window and natural, simulated hardwood floors. The critical care center is complemented by overnight guest quarters for the convenience of friends and family traveling from out of town.



TIMOTHY HURSLEY

Top: The cafeteria may also be used as a town meeting hall. Left: A landscaped interior courtyard and the main entry to the hospital can be seen from the east-west "main street" corridor of the hospital.

A HOSPITAL LIKE HOME

Although the hospital contains the comforts of a grand home, many departments have multiple uses and were planned for flexibility. The cafeteria may also be used as a town meeting hall. Clinic areas are often shared by different multi-specialist physicians and are strategically located next to emergency for overflow during local disasters.

The 220,000 square-foot hospital and its site were planned to accommodate expansion with little disruption to ongoing operations. Hospital departments may be expanded to include additional outpatient and diagnostic services. A remote part of the site with a quaint pond was selected for the development of retirement community, and other sites for physician office buildings.

Cullman Regional Medical Center was designed and built remarkably in a 25-month period to provide quality and efficient care to a rapidly growing area. The \$26 million facility encompasses state-of-the-art technology and operational efficiency, yet remains harmonious with southern roots and surroundings—a place like home. ●

Below: The southern front porch inspired the design of the building's front facade. It is connected to outpatient registration and the medical office building by a two-story concourse running east-west along the ridge.



TIMOTHY HURSLEY

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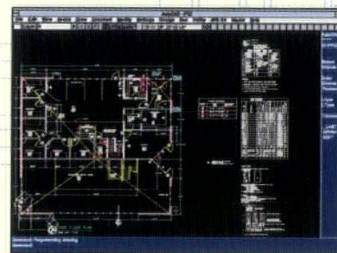
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PATIENT CONSIDERATION

TANGIPAHOA PARISH HEALTH UNIT
SOUTH TANGIPAHOA PARISH HEALTH CENTER
AMITE, LOUISIANA
HOLLY AND SMITH ARCHITECTS, INC.
BY DOUGLAS ASHE, AIA

Louisiana, like much of the Gulf States region, is dotted with small rural communities where the people make their living as farmers, fishermen or working in a variety of manufacturing plants. People do not have easy access to major medical centers nor do they have the financial resources for costly private healthcare. In these communities it is often the local public health unit that provides healthcare services at an affordable cost. The two projects presented here illustrate an approach to the design of these facilities where patient considerations, a sense of dignity and community pride are all of primary focus.

Above: Clarity of circulation and a clear separation of services were primary goals in the design of the South Tangipahoa Health Center. Below: The architects established a defined circulation pattern with a major patient waiting area located in a central atrium.



ALAN KARCHMER (2)

TANGIPAHOA PARISH HEALTH UNIT

In order to meet the healthcare needs of their rural community, the Tangipahoa Parish Council asked Holly and Smith Architects, Inc. to design a new 11,000 square foot public health unit in Amite, Louisiana. The program called for a full variety of health services with emphasis on efficiency, privacy and patient considerations. The site and program set up a strong axial plan where a dominate circulation spine becomes the organizing element of the building layout. Subwaiting spaces are located off this main corridor creating a clear separation of services and allowing efficient processing of patient needs. The circulation spine is architecturally expressed as a continuous peaked roof form terminating with a strong focus at the main entry. A variety of materials, color and light patterns provides a feeling of warmth and vitality to the interior.

SOUTH TANGIPAHOA PARISH HEALTH CENTER

In this project, Holly and Smith Architects were asked to design the centerpiece building for a twenty-one acre development planned for other public health related projects. This building is one of the largest public health facilities in the state; therefore clarity of circulation and a clear separation of services were primary goals. The architects established a defined circulation pattern based on the "circle within a square" concept with a major patient waiting area located in a central atrium. This central atrium is identified by a raised lantern protruding through the roof allowing natural light to flow into the area. Materials and finishes were selected for durability and to create an environment that is lively yet dignified and comforting. An extensive use of glass block allows natural light into all waiting areas thereby softening the interior. The concept of the floor plan is reflected in the exterior form where the square incised in a circle is reinforced through contrasting patterns of brick and block masonry.

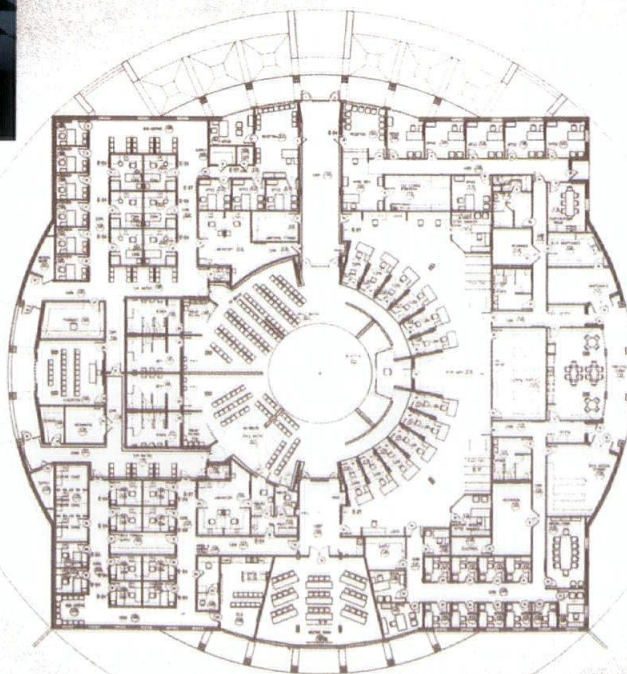
In both projects the architects have brought a sense of order and architectural enhancement to a difficult building type. Each project is successful in providing the needed healthcare services in a manner which combines dignity and delight and as such has become a source of pride within its community. ●



HOLLY AND SMITH ARCHITECTS (2)



Above: At the Tangipahoa Parish Health Unit in Amite, the main corridor is architecturally expressed as a continuous peaked roof form. Left: The extensive use of glass block allows natural light into all waiting areas, thereby softening the interior. Below: The architects based their approach on the "circle within a square" concept.



DESIGN FOR HUMAN EMOTION



ALAN KARCHMER (2)

BURDIN RIEHL AMBULATORY CARE CENTER, LAFAYETTE GENERAL HOSPITAL
LAFAYETTE, LOUISIANA
GUIDRY BEAZLEY OSTTEEN AND JMGR, INC., ARCHITECTS
BY DOUGLAS ASHE, AIA

Lafayette, Louisiana, located in the heart of Cajun country, offers a rich cultural heritage and strong economy combined with a lively college-town atmosphere. For these reasons Lafayette enjoys a steady influx of young people and new families to the area. To meet the healthcare needs of this growing population and to address today's changing delivery of healthcare services, Lafayette General Hospital recently constructed the Burdin Riehl Ambulatory Care Center to handle its outpatient services. The hospital selected Memphis-based JMGR, Inc. as prime architect, a regional firm with extensive experience in healthcare design, in joint venture with the local firm of Guidry Beazley Ostteen (GBO), local architects with a reputation for quality professional services.

The team was challenged with a complex program, a tight budget and a very restrictive site. Key design issues



Top: A monumental stair provides clear direction up to the main reception area, which is bathed in diffused light, filtered through a sculptural curved glass block wall. Above: The entrance facade is composed of a series of sculptural forms and colonnades constructed of a variety of materials and textures.



ALAN KARCHMER (2)

Above: The difficult site, an odd shaped piece of property bordering a major thoroughfare, dictated the layout of the building. Successful resolution of the siting dilemma has become the completed project's chief strength. Below: Patient service areas are made comfortable through colors, patterns and natural light.



included a desire to project a friendly image, provide flexibility for the future, and provide easy circulation for both cars and pedestrians. The difficult site, an odd shaped

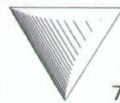
piece of property bordering a major thoroughfare, dictated the layout of the building. Successful resolution of the siting dilemma has become the completed project's chief strength.

The architects considered human emotion throughout the complex. The Center's main entrance, oriented across from the Hospital, provides a welcoming feeling, with its clear sense of arrival and convenient drop-off for patients and visitors. The entrance facade is composed of a series of sculptural forms and colonnades constructed of a variety of materials and textures. The scale of the building is comfortable; the composition, varied and vital. Native landscaping adds warmth and color. A second level bridge, connected to the Hospital, allows easy circulation for patients and staff. The long facade bordering the busy street is solid in appearance but its textured multi-colored brickwork and stepped-back forms provide an interesting and identifiable image to the passers by. A new multi-level garage adds convenient parking for visitors and staff.

Comfort extends into the interior of the four-story building. As one enters the building a monumental stair provides clear direction up to the main level. The main reception area located on the second level is spacious and bathed in diffused light that is filtered through a sculptural

curved glass block wall. Clinics and patient services are well planned and efficient, made comfortable through colors, patterns and natural light. The building is strategically planned for expansion: its structure can accommodate additional floors.

The Burdin Riehl Ambulatory Care Center has been well received since its opening in the Fall of 1994. Visitors enjoy the extra attention given to design and the staff appreciates the warm and comfortable working environment. Working in close collaboration with the Hospital staff, the team of two regional, complementary architectural firms, JMGR and GBO, has produced a well-designed building focused on the needs, convenience, and comfort of patients and their families.



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ALL THAT AND PARKING, TOO

ST. DOMINIC'S PARKING GARAGE
JACKSON, MISSISSIPPI
CANIZARO TRIGIANI ARCHITECTS
BY TOM HOWORTH, AIA

How can a garage become a work of art? Canizaro Trigiani Architects in Jackson, Mississippi, solved the problem and won a design award in the process.

St. Dominic Health Services, a major healthcare provider for the Jackson, Mississippi area, had outgrown its original site by 1991. The recent completion of a major medical office complex strained the parking supply. Building sites for future construction were difficult to find.

Because of these pressures, the hospital acquired property to the north across Lakeland Drive. Canizaro Trigiani Architects was selected to masterplan the property and to develop a solution to the parking problem. The property included an existing hospital facility and adjoined a residential neighborhood.

The architects developed numerous masterplan options for the new and existing campus. An 1100 space parking garage was a critical part of the masterplan. To preserve open space on the original campus, the parking garage became the first construction on the new campus—a highly visible symbol of growth and progress. A pedestrian skywalk connects the garage to the existing facility across Lakeland Drive.

Working closely with Hensel Phelps Construction Company, the architects designed the garage to be user-friendly and cost efficient. Using the natural topography of the site, the entry is located on the third level of the seven level garage. The structure is post-tensioned concrete. The project was designed and built in six months, a remarkably short time, at a cost of \$5,100 per car.

The building design takes its clues from its use. The building grid of precast concrete is set by the width of the parking spaces. The grids vary on



adjacent elevations and are held apart at the corners to reduce the apparent bulk of the building. Adjacent to the residential neighborhood, the building steps down to one level above grade, while the elevation facing the interstate highway becomes a large-scale pattern.

In contrast to the solidity of the garage, the skywalk is composed of small steel tubes. Transparency is emphasized. "Z"-shaped purlins (thin steel beams) form a sunscreen along the length of the walkway. The handsome structure, a building whose design is usually left to lowest cost and straightest lines, rises above expectations. In 1995, the Gulf States Region of the American Institute of Architects rewarded the designers' efforts with an honor citation. ●



TOM JOYNT (3)



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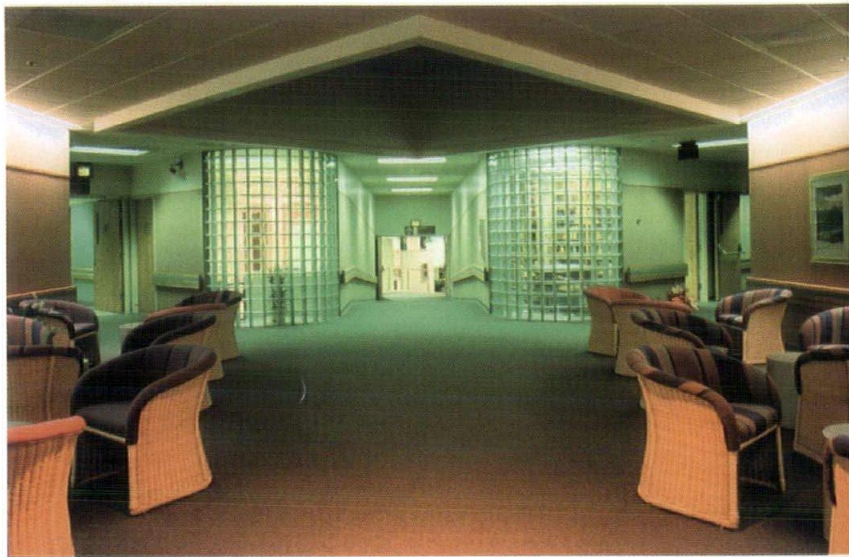


ENTERGY

A HOSPITABLE HOSPITAL

Why would a small rural community like West Point, Mississippi go to Little Rock, Arkansas to hire an architect? Partly because of family ties that date back to the turn of the century. Edwin B. Cromwell, FAIA, Chairman Emeritus of Cromwell Architects Engineers, grew up in this rural Mississippi town; his family returned here from the Philippines in the early 1900's.

(In the early thirties, during the



Great Depression, Cromwell practiced architecture in West Point for a short period of time with Dudley White. Cromwell quips, "We did a back porch or two; there wasn't much architecture being done those days; it was the Depression.")

However, the job wasn't just handed to Cromwell's firm. Cromwell had retired about ten years earlier and was practicing at a leisurely pace. Cromwell's experience did help the firm to get to the "short-list" in a field of six firms, which included three of the top ten health care design firms in the nation.

At the time, the firm had developed a sophisticated system of objective criteria to assist in site selection, which was a very important component of the services to be provided. This, plus the firm's design reputation, got the job for Cromwell, according to Mike Reid, President of Clay County Medical Center.

Five sites were evaluated. Even though the sixty bed hospital would

not require much land, a vision for future facilities was in place. A twenty-acre site was selected and masterplanned for a medical center campus, which included medical offices, medically-related retail and even high density housing.

The facility was designed to reduce the number of professional personnel required to an absolute minimum without sacrificing patient care. The requirements also dictated that the facility be responsive to the changes in the delivery of health care, such as the increasing need for outpatient services and ambulatory care.

The site—twenty acres, treeless, rolling farm land—had a natural "saddle back" land formation sloping from north to south. The "saddle back" and slope of the land permitted a split-level solution: a lower, partial story and an upper one, with on-grade access to both levels.

The main entrance at the lower level leads to the central atrium.

CLAY COUNTY MEDICAL CENTER
WEST POINT, MISSISSIPPI
CROMWELL ARCHITECTS-ENGINEERS
BY J. BRENT THOMPSON, AIA

Top: Glass blocks are one of a series of design elements intended to maximize lighting efficiency. Left: The overall design draws heavily on elements found at historic Waverly Plantation. Upper right: No artificial lighting is required at work areas within the atrium or at the nurses' workstations during daylight hours.

Here one finds all administrative functions and a generous, gently sloping ramp to the upper levels. At Ed Cromwell's suggestion, the design drew on elements of one of the most historically significant structures in the region, Waverly Plantation, just outside West Point and only a few miles from the hospital.

Like Waverly, the hospital's skylit atrium, with its clerestory monitors, is the central element around which all spaces are organized. All patient rooms either face it or are oriented to the outside with private balconies. The atrium's design demanded foresight; it preceded provisions of the NFPA Life Safety Code 101 for the allowance of atrium spaces in acute care hospitals. The



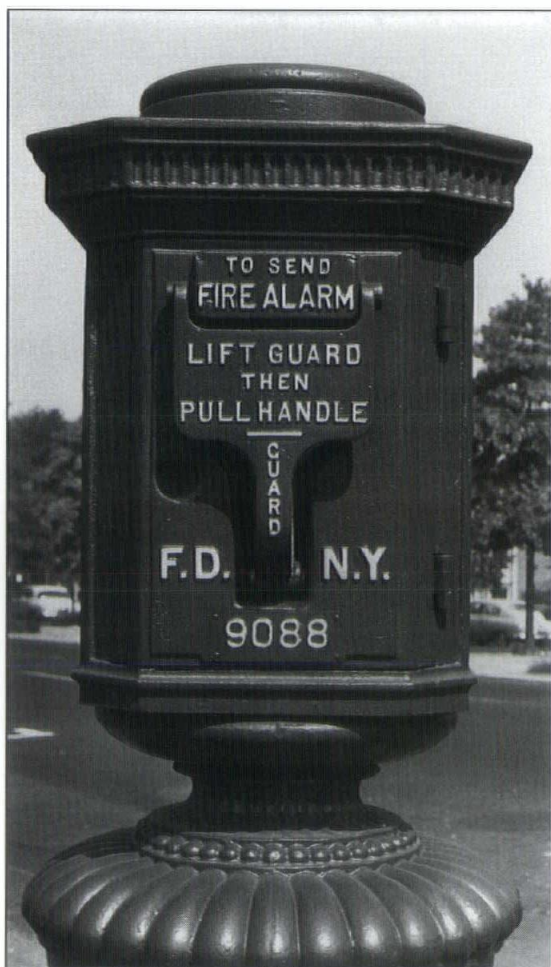
Mississippi Health Care Commission worked closely with the architects and engineers in the design of the space. The Commission realized that it would not only be a significant architectural element, but also an energy conserving device.

Natural daylighting is also provided to other public areas and to individual nursing modules through pyramid shaped skylights. The west and south pyramid faces contain translucent panels; the cooler north and east faces are glazed with clear

panels. As a result, no artificial lighting is required at work areas within the atrium space or the nurses' workstations during daylight hours.

This small, rural community with a population of

20,000 defies a national trend of closing small rural medical facilities. Design played a part. During the design process, constant attention was given to creating an inviting public environment in a community-oriented facility. Mike Reid: "The beauty, openness and patient-friendly design, the atmosphere, compactness and efficiency of the hospital are absolutely marvelous. People tell us the environment is uplifting and feels more like a resort or hotel than a hospital".



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THE ARCHITECT AS PATIENT ADVOCATE

MIM STUDIOS

Clarifying the role of the architect in healthcare design, Memphis architect David Rhodes, FAIA, says, "In the past, facilities have been largely provider-driven--what's the most efficient for the doctor or the nurse. Typically you don't have a patient on a committee, so the architect has to be the advocate for the real customer, which is the patient."

Rhodes, a principal in a large Memphis architectural firm, speaks from experience. The result of a merger in 1983, JMGR architects combined the expertise and regional interests of two major Memphis firms with well-established practices in healthcare. The firm's projects today extend from China to Germany, including work with consultants and joint ventures. Attempting to address the changing needs of healthcare, JMGR provides services in programming, planning, equipment planning, and engineering in addition to the architectural design of the project.

The J. Bennett Johnston Health and Bioenvironmental Research Building at Tulane University Medical Center in New Orleans, is a 280,000 square-foot laboratory research facility planned on a modular system organized on a grid which places utilities and service corridors clearly on each floor. The design includes an atrium and well-defined "wayfinding," an aspect the firm emphasizes for easy public accessibility to parts of the building. The top three floors were built but left unfinished for future use.

A second project at Tulane, the Ambulatory Care Center, presented a similar design challenge. Long-range plans hope nearly to double the height

of the existing building. As principal Walk Jones, AIA, describes it, "One of the problems was to design it...so it looks good now and will look good when it's finished. It's half a building but it doesn't look like half a building."

A 40,000 square-foot emergency room addition at Magnolia Hospital in Corinth, Mississippi, was programmed not only to provide additional birthing rooms but also to accommodate the growing rural population as a whole with an accessible ambulatory care facility. Combining a feel of modern medicine in the comfort of the existing medical center, a glass curtain wall across the front of the brick structure provides a reference point for patients day and night. Typical of the clear organization found in JMGR's work, the circulation for public and staff is a series of separate corridors and walkways.

**PROFILE: JMGR ARCHITECTS
MEMPHIS, TENNESSEE
BY ANGIE KING, AIA**



ALAN KARCHMER



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Three examples of JMGR's healthcare-related work. Top: The 40,000 square foot emergency room addition at Magnolia Hospital in Corinth, Mississippi. Middle: The Ambulatory Care Center at Tulane University Medical Center. Bottom: The J. Bennett Johnston Health and Environmental Research Building at Tulane.




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