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THE KENTUCKY ARCHITECT

Volume VII, Number 5

May, 1968

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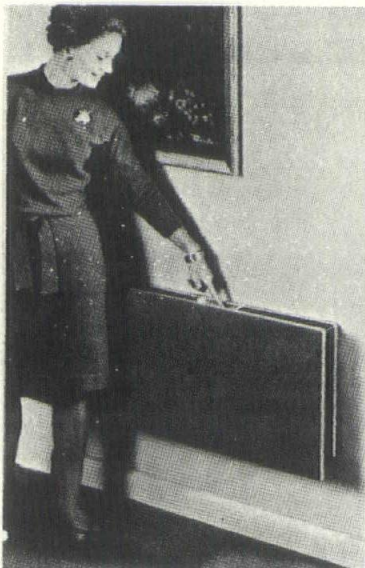
National Views

COVER:

Photograph of a "model" addition to the Methodist Evangelical Hospital, Incorporated. See page 5.

THE KENTUCKY ARCHITECT

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The Need for Flexibility in Health Facilities

by A. Kent Ballard

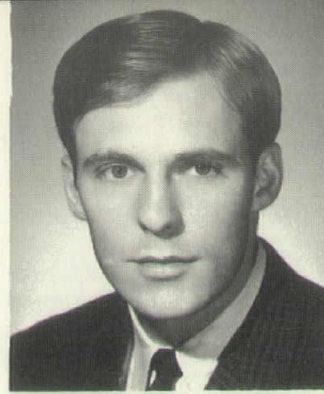
I want to briefly touch on a few points regarding the design and construction of health facilities that should be basic considerations when we view facilities as one means of accomplishing the elements of comprehensive health services.

The hospital has become the focal point of our health care system. As we look in retrospect, we realize that our design of this focal point has often times taken an approach that has been one almost comensurate to the description of the beloved country doctor of years passed. His era was described by some recently as the, "one ill, one pill, one bill", period of medical practice. I feel that our approach to the health facility problem has followed the same fashion. As we analyzed the facility needs of a community, it seems that the inevitable answer was to construct a hospital. This hospital ended up being a complete, self-contained, stereotype structure that provided facilities which could supposedly accommodate medical procedures ranging from a simple suturing of Johnny's cut finger to the most complicated, highly technical brain surgery. Needless to say, this facility was an excellent structure capable of accommodating an adequate service program if staff was available. Experiences have shown, however, that in many cases this facility was designed with only current needs in mind and, without the provisions for flexibility and expansion, it quickly became obsolete. This lack of planning, I must point out, is not in most cases the fault of the architect. We find many times that underlying requirements of grant-in-aid programs from the various levels of government practically eliminated innovative ideas in design and construction of our health facilities.

While the function of some buildings have remained unchanged for centuries, those of our health facilities are changing rapidly and radically. The new technical advances require responsible and imaginative changes in space, layout and equipment of the health facility. Our attempt to solve these problems by modernization either through renovation or construction of additional buildings have, in most cases, been short-sighted attempts that solved few problems, complicated others, and made it virtually impossible to adapt the facilities to subsequent needs. I am sure each of you can mention many personal experiences regarding the inadequacy of our health facilities. Planning for flexibility must be a major consideration of our design programs. This field will continue to expand in scope and technology, thereby demanding maximum flexibility in physical facilities to adjust to the emerging specialized concepts and procedures.

Kentucky is very fortunate to have been among those states that were recently recognized by the Appalachian Regional Commission and designated by this body as a participant in the demonstration health program provisions of the Appalachian Regional Development Act. This program in its design and content is sharply focused on the attainment of stipulated objectives which are established in terms of ends (for example, services) rather than in terms of means (for example, facilities). The Kentucky proposal which involves some eleven counties in the Appalachian area of Kentucky and is known as the Southeastern Kentucky Regional Health Demonstration Project offers a place for unique and innovative ideas in planning and design. Very favorable Federal matching funds are available with

A. Kent Ballard, the author, is a 1967 graduate of the Kentucky School of Architecture. He is now a staff member of the Health Facilities Division in the Kentucky Department of Health Frankfort.



sufficient latitude and maneuverability that will be required to reach the program goals and objectives. The program of the Kentucky project is focused on five broad objectives.

The first is the development and operation of a coordinated system of emergency care.

In this objective we have our first opportunity in Kentucky to concentrate on the needs of the remote, rural communities that for so long have been attempting to develop some type of facility to which local citizens can relate in times of medical emergencies. Each of you who are familiar with Kentucky quickly realize the problems of our rural areas and also understand that each of these areas cannot support a hospital within reasonable distance of the population. Therefore, under this demonstration program an important aspect will be not only the beefing up and improvement of major emergency centers which are associated with community hospitals, but also the development of emergency first-aid stations in remote and rural areas that in many cases may concern nothing more than a 24-hour telephone answering service, a small emergency room with adequate equipment to handle minor emergency treatment procedures and an ambulance that is fully equipped to provide emergency transportation on an on-call basis.

The second objective of the program relates to the development and operation of a coordinated system of home care services.

As you quickly realize, the only design implication in this objective might be the provision of additional space in the out-patient department of the facility to house the home care staff. The basic point here is however the shifting of emphasis and concern of the hospital to the delivery of

out-of-hospital services. It is anticipated that in many cases the hospital will become the organizational base for the home care services and this service, if properly coordinated with the other levels of care, can be a significant release valve for the pressure we are now feeling for the inpatient accommodations.

The third aspect of the demonstration project deals with the development and operation of the coordinated system of institutional services. The prime thrust of this objective will be focused upon the development of facilities for the various levels of care (for example, acute care, extended care, long-term care, etc.) and the attainment of balance among the various levels. In addition, key emphasis will be placed upon the development of functional relationships among the various levels to assure continuity of patient care and to achieve appropriate utilization of all facilities within the region. This objective focuses, of course, upon the well known term "the right patient, at the right place and at the right time." This objective also offers the maximum opportunity for innovative design since it is highly possible that a facility even though planned with the best possible vision, may as a result of a new highway, change from an acute care facility to one directed to long-term care or vice versa.

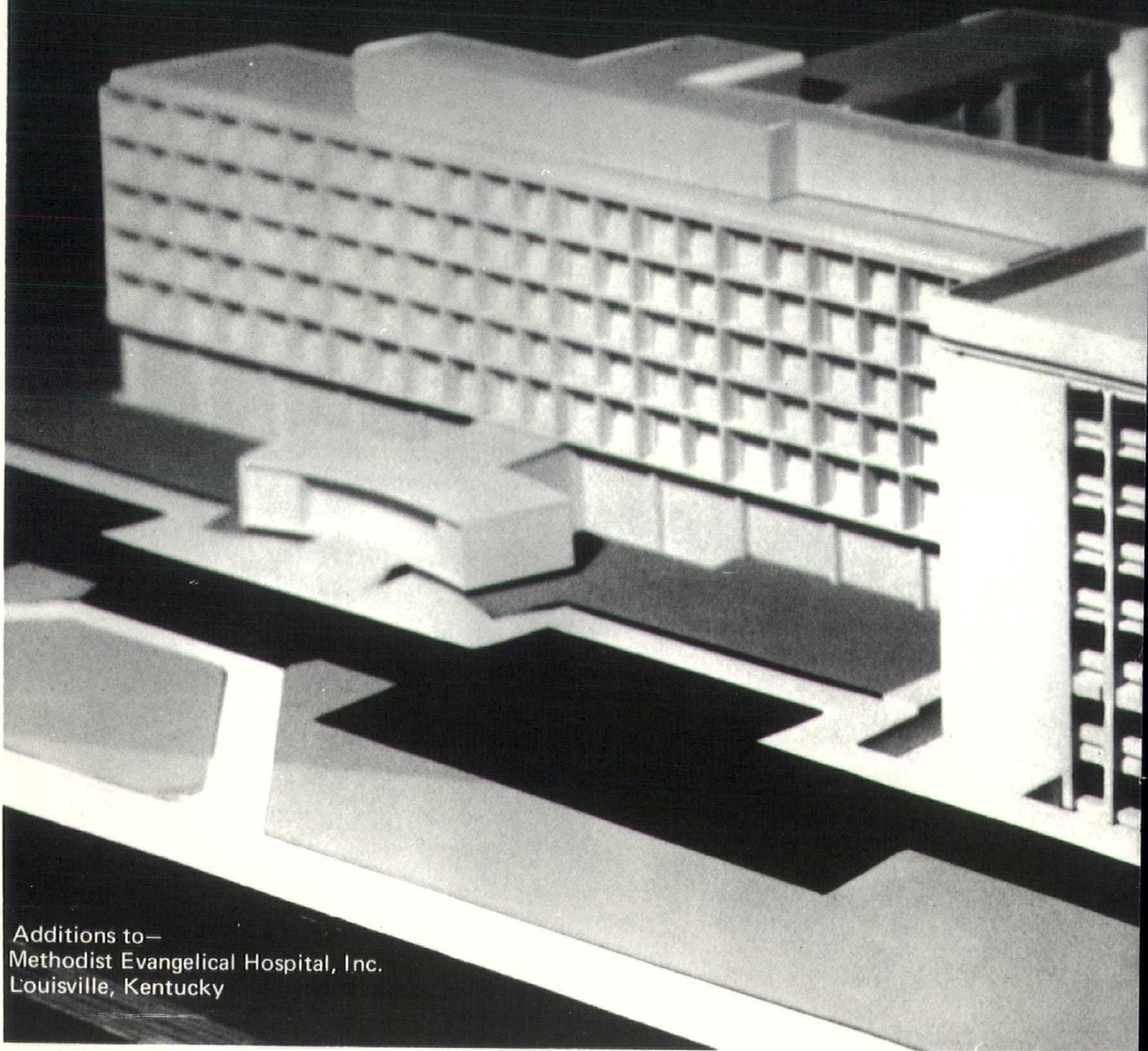
By the same fact, a facility, that again is designed with the very best vision and wisdom available to us, may be required to triple its size within the useful life of the physical plant.

The fourth and fifth objectives of this Demonstration project relate to those services that have traditionally been in the public sector. The first of these is the development and operation of a

(continued on page 15)

FOUR

This project for the expansion of the Methodist Evangelical Hospital consists of a 250 bed addition to the existing 300 bed facility. In most cases the existing ancillary facilities have been replaced to accommodate a future expansion of 280 beds in addition to the 250 beds included within the scope of this project.

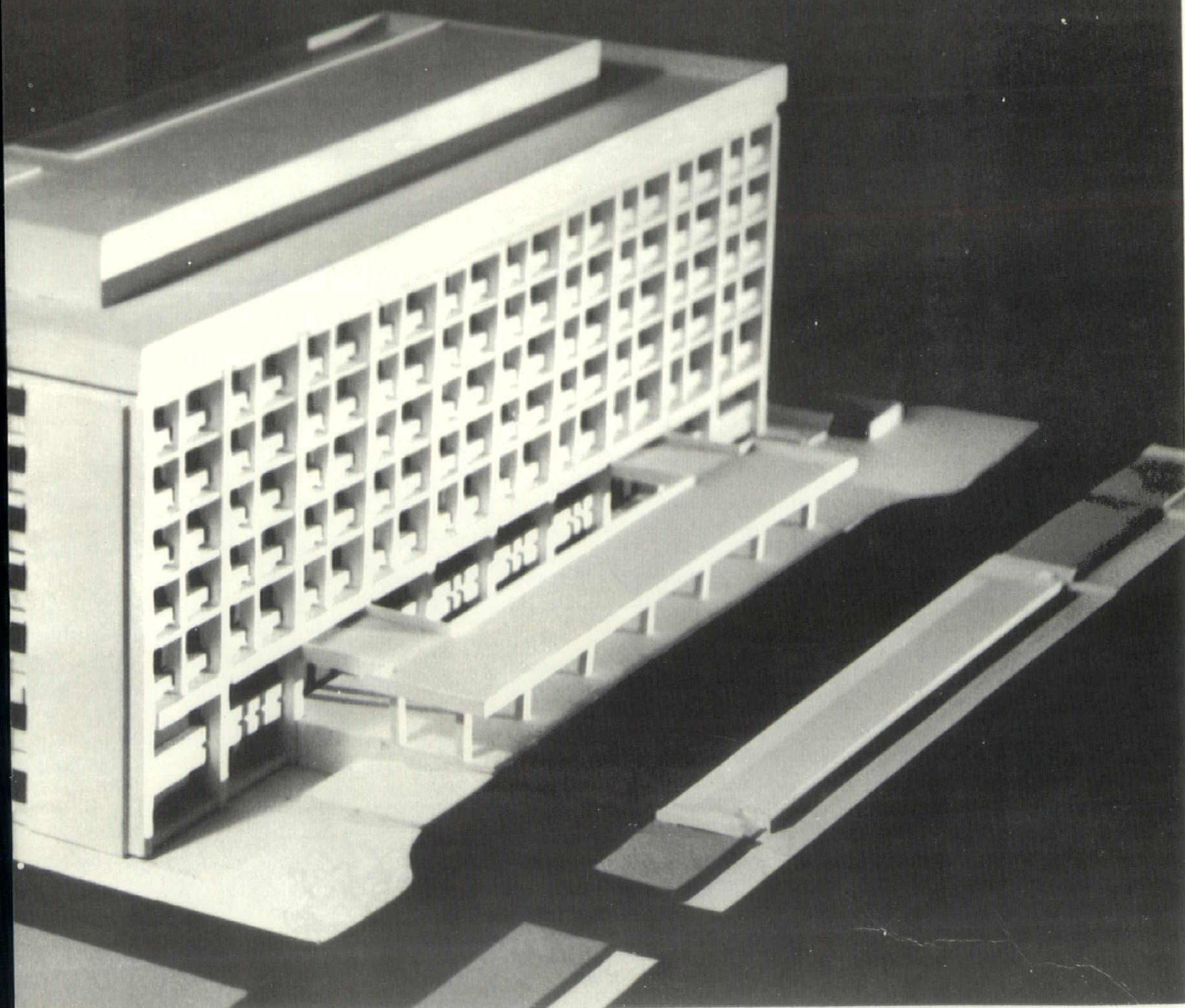


Additions to—
Methodist Evangelical Hospital, Inc.
Louisville, Kentucky

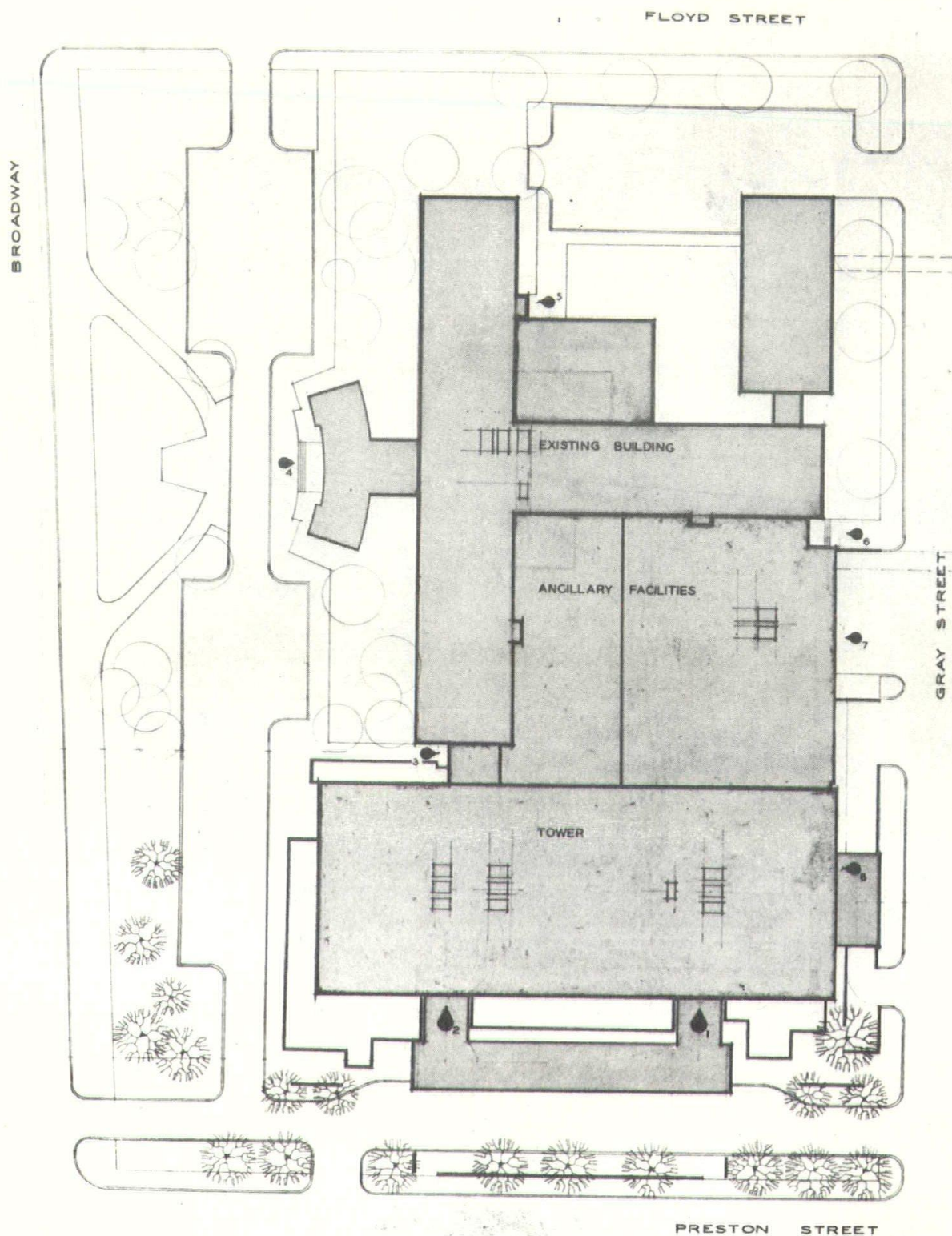
HOSPITALS

Automated systems are a major factor in the design of the new addition as well as the remodeling of the existing structure. Within the scope of this work a complete modernized hospital of 550 beds is accomplished with the potential of future expansion to an 830 bed unit without major renovation of ancillary facilities.

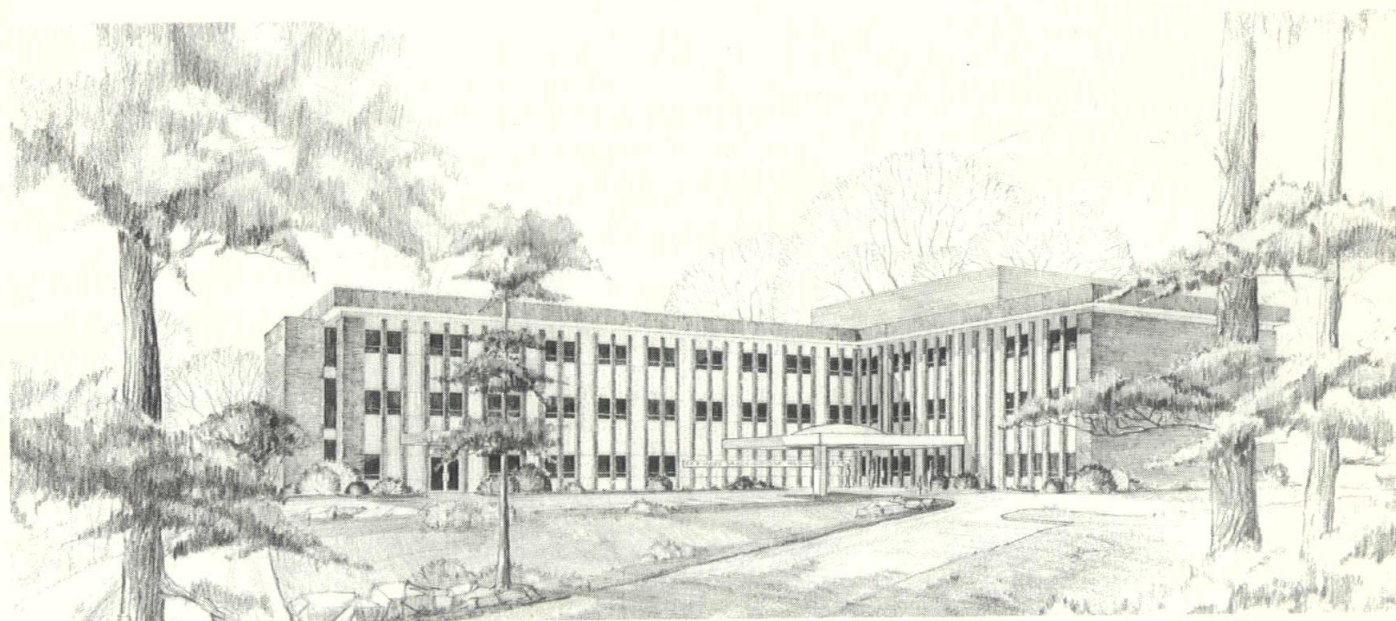
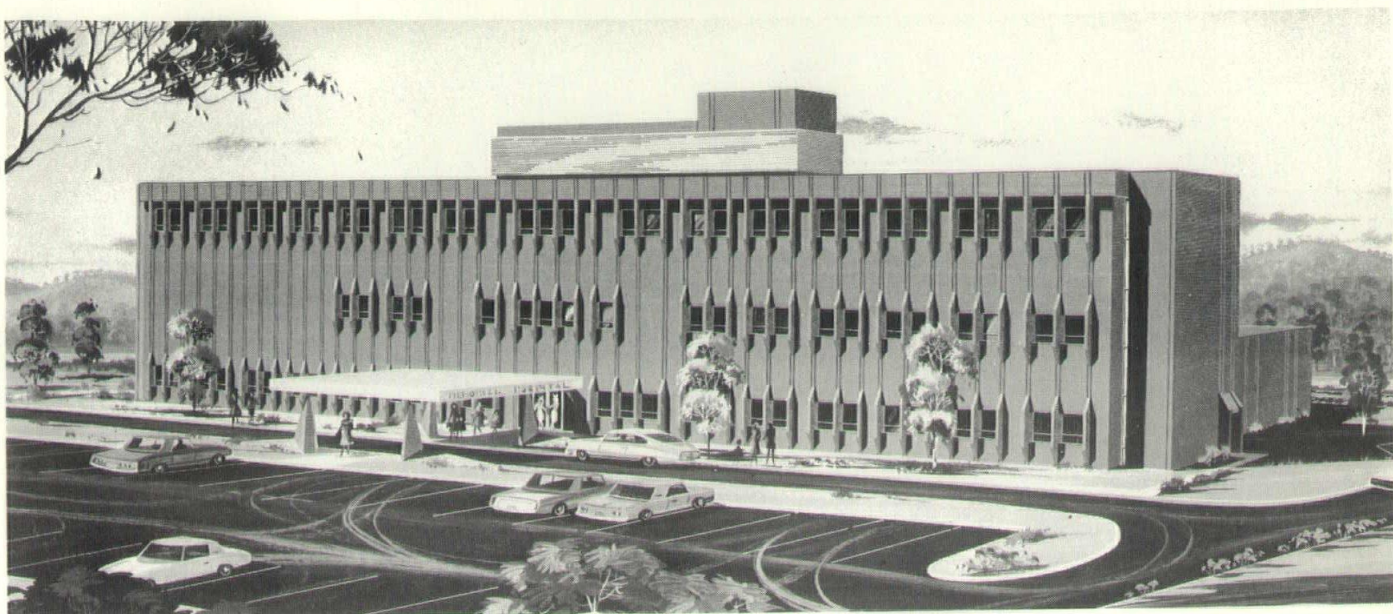
Architects: Arrasmith, Judd,
Rapp & Associates, A.I.A.
Louisville, Kentucky



FOUR HOSPITALS



Methodist Evangelical Hospital



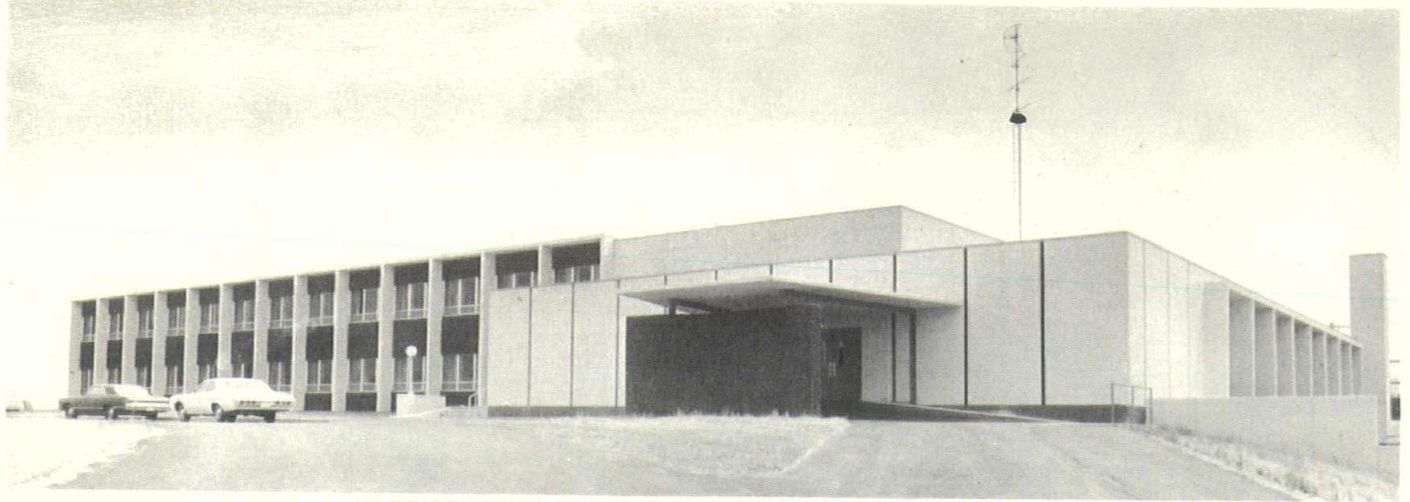
Architects: Watkins, Burrows and Associates, AIA
Lexington, Kentucky

(Top)

Memorial Hospital, located at Manchester, Kentucky, will be a multi-story structure designed for two future floor additions. The new hospital will have 63 beds with auxiliary services and will be constructed on a new site overlooking Manchester. Memorial Hospital is to take the place of Oneida Mountain Hospital, Inc. in Oneida, Kentucky, which was forced to move in anticipation of the impoundment of a lake.

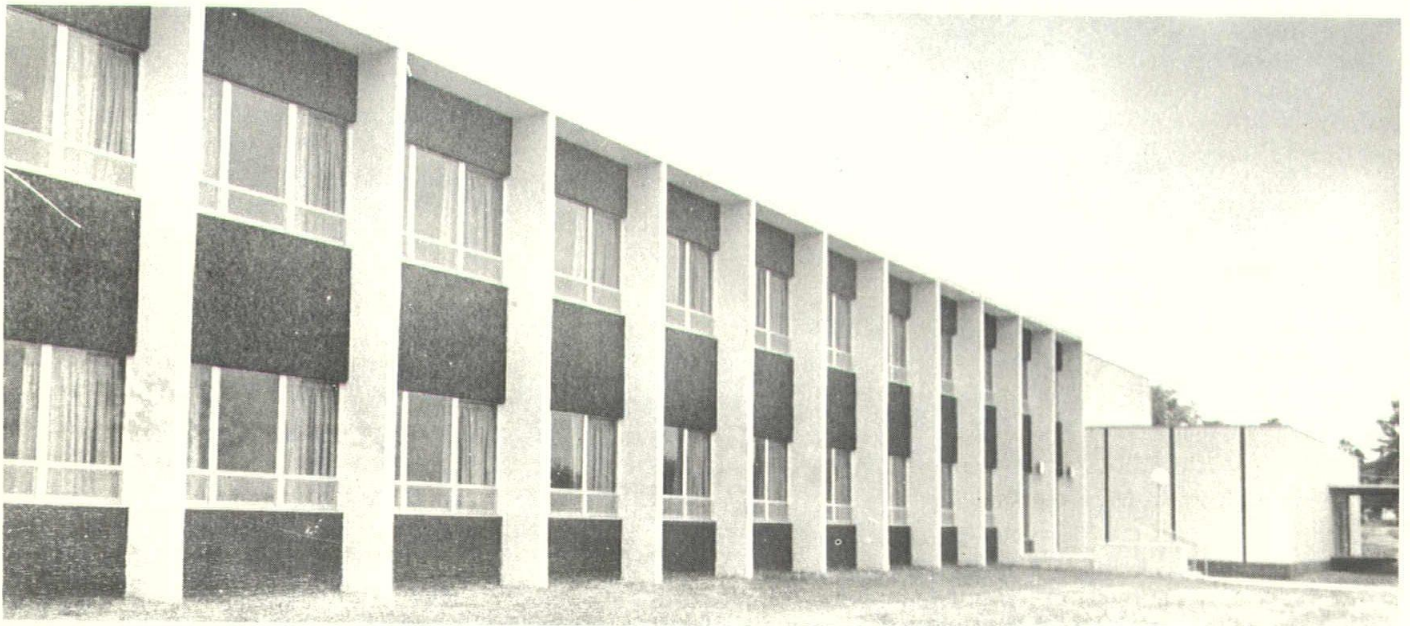
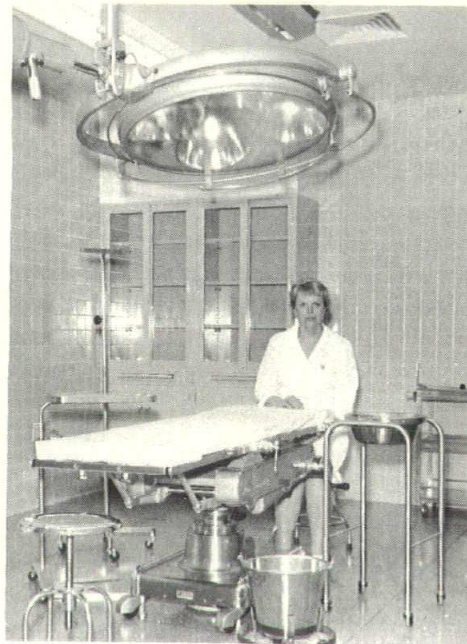
(Bottom)

The Mary Breckinridge Hospital will replace the present 27-bed hospital at Hyden which treats, on the average, 15,000 patients annually. In financing the new structure, the Frontier Nursing Service has embarked upon its first major fund drive in order to construct and equip a new hospital. Their new hospital will be a multi-story building with 44 beds and located in Hyden. It is designed for two future floor additions and will be located on a plot of almost level ground, a rarity in this section of Appalachia.



HARRISON MEMORIAL HOSPITAL, CYNTHIANA, KENTUCKY

Architects:
Thomas J. Nolan and Sons, A. I. A.
Louisville, Kentucky





Early in 1965, the Hospital Board was faced with the question of whether it was feasible to remodel and update the existing hospital, located in the center of town or to relocate in a suburban section. The existing structure was on a small site with little or no room for expansion, and with minimum parking area. Functionally, the existing structure was poor and needed extensive remodeling to alleviate the operational problems. After much deliberation, it was agreed to purchase a new site on the western edge of town, on Kentucky Highways 32 and 36. The land, geographically, is gently rolling with very little level ground available for inexpensive foundation construction. The design of the hospital, considering these facts, placed the approaches to service areas at the lower level, and main entrances and emergency entrances at the upper level. Test borings indicated, also, that rock was prevalent in certain areas so storage areas basically were above grade.

Service roads were so laid out that access to public parking would not interfere with that of ambulance service and general delivery by trucks.

On the lower level, or ground floor, were located the kitchen and dining room facilities, maintenance shop, help's locker and toilet facilities, central storage and boiler and electrical equipment rooms. The ground floor includes a small laundry for emergency use, however, a large percentage of this service is provided by outside contract with a commercial laundry. This floor is also serviced by an oilhydraulic elevator.

On the upper level, or first floor, are located the main lobby, business offices and the surgical suite consisting of two major operating rooms, recovery room and utility rooms. This first floor also contains the laboratory, medical records room and the X-ray suite consisting of two X-ray rooms, dark room, X-ray file room and emergency operating room. Here, also, are located an EKG and BMR room, plus doctors' and nurses' locker rooms.

The acute hospital wing on the first floor consists of a 22-bed nursing unit, nurses station, linen room, clean and dirty utility rooms and an obstetrical suite which contains a delivery room, sterile corridor and nurses' and doctors' lounges, nursery and work room.

The second floor contains twelve semi-private rooms and thirteen private rooms, for a total of fifty-nine (59) beds. Director of Nursing Offices and waiting rooms are also provided on this floor.

After construction of the acute hospital was 30 per cent completed, additional funds were obtained to add a Long Term Care Unit Wing. Until this time, there was no non-profit extended care facility available to the residents of Harrison County and adjacent areas serviced by the Harrison Memorial Hospital. It was recognized by the Hospital Board that there was an acute need for this type facility. It was also recognized that an extended care facility could be added in conjunction with the acute hospital, which would provide adequate service to the patients at a lower cost than a separate facility.

Extended care patients can use the services that are available to acutely ill, such as dietary, laboratory, X-ray, surgery and blood bank. Both physical and occupational therapy are made available. A small chapel is also provided in this area. This wing is a one-floor plan plus partial basement and contains facilities for a thirty-four (34) bed nursing unit with the supporting facilities, such as nurses' station, utility rooms, examining room, day room and dining room. This wing is built for the possible future expansion vertically with one more floor.

Building is of steel and concrete frame and load bearing construction. Exterior walls of brick veneer over concrete masonry units. Reinforced concrete foundations and footings, architectural projected classroom type windows, vinyl asbestos, terrazzo, ceramic and quarry tile floors. Concrete masonry unit wall partitions on nonload bearing walls. Built-up composition roof over rigid insulation on metal deck. Floor and roof construction steel bar joist with metal floor forms and reinforced concrete. Building is air conditioned throughout with a chilled water system. There are oxygen and suction outlets in all patient rooms.

This acute hospital contains 38,982 square feet of floor space and the extended care unit contains 13,544 square feet of floor space. The acute hospital unit cost \$1,159,400.00, while the extended care unit cost \$463,800.00.

Thomas J. Nolan and Sons, A. I. A.
Louisville, Kentucky



Pictured above are the April 19 student award winners at the University of Kentucky School of Architecture. They are, from left to right, first row, Michael Alcorn, Faculty Award and Hartstern, Schnell First Year Award, James Greenwell, Hartstern, Schnell First Year Award, Bill D. Mayne, Hartstern, Schnell First Year Award, and David R. Edrington, Producers Council, First Professional Year; second row, Mark G. Trumbo, Producers Council Award, Travel Award, A. I. A. Award, Thomas G. Allen, John D. Ray Award, John A. Meadows, Producers Council Award, Otmer A. Alexander, Jr., Charles P. Graves Award; third row, Larry McMahan, AIA Medal; Robert J. Koester, \$150 Award, Virginia L. Wyan, Phillip Noffsinger Architectural History Award, Carl D. Awsumb, \$200 Award, Mrs. Kit Duke, K. S. A. Design Award, \$500; fourth row, William L. Martin, AIA Scholastic Award and Certificate of Merit, Eric Shaffer, Kentucky Society of Architects, Second Year Award, \$50, David L. Arnold, Producers Council Award, Stanley Pouw, C. A. Coleman, Jr. Award, Clifford Curry, Ernst V. Johnson Award \$500.

A joint meeting of the Kentucky Society of Architects was highlighted by an address by Charles P. Graves, Dean of the UK School of Architecture, on the occasion of Student Awards Night held at UK School of Architecture, Friday, April 19.

Introduced by Norman Chrisman, Jr., President, Kentucky Society of Architects, Dean Graves traced the development of the UK School of Architecture in emphasizing the rapid transition of the school as an appendage of the engineering curricula to its present status as a nationally accredited school of architecture.

Dean Graves reflected justifiable pride in the school's curriculum which has shifted from the classical approach to an individualized and flexible style encouraging academic interests built upon the personal interests and aptitudes of the students.

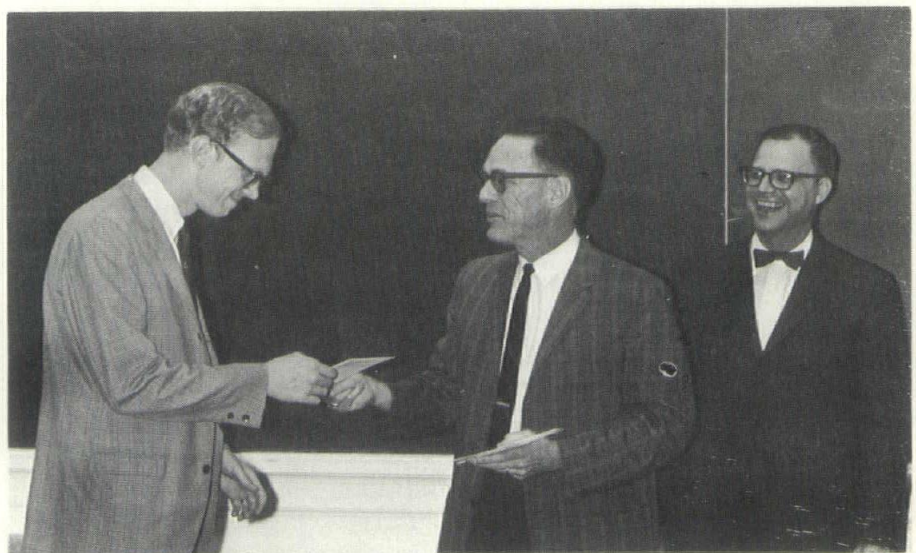
In the near future, the UK School of Architecture, according to Dean Graves, will initiate postgraduate courses in architecture and, hopefully, will eventually gain the capability of a graduate degree program.

Such a development will enhance the continuing education possibilities of the UK School of Architecture for professional practitioners, Dean Graves said, as well as strengthening the mission of UK as a national university.

The accelerated development of the UK School of Architecture was due to the influence of men such as William Gray, AIA, formerly a part-time faculty member with the College of Engineering and now with the School of Architecture, R. E. "Zeke" Shaver, former Dean of the UK School of Engineering, President John W. Oswald, and the dedicated efforts of the architectural faculty as well as the contributions made by part-time professionally practicing architects, Dean Graves said.



President Chrisman is pictured in hosting the joint meeting of the Kentucky Society of Architects, April 19, at the UK School of Architecture.



Norman Chrisman, A.I.A., President, Kentucky Society of Architects is shown as he presents Robert J. Koester a \$150 award. Watching is Dr. J. P. Noffsinger, faculty member, UK School of Architecture.

K.S.A. NEWS NOTES

Prior to his address, Dean Graves announced the confirmation of a six months study leave from UK. He and Mrs. Graves will spend six months in England. During that time, Dean Graves, under the sponsorship of a grant, will study new towns in England. Dr. Phillip Noffsinger has been appointed Acting Dean in the absence of Dean Graves.

Following Dean Graves' address, awards were made to UK students. Preceding Dean Graves's address, members of the Indiana A. I. A. chapter, the joint members of the Kentucky Society of Architects, student members and friends enjoyed a box lunch. The student exhibit was well received.

PR-Industrial Specialist Joins Hartstern, Schnell, Assoc., AIA, of Louisville

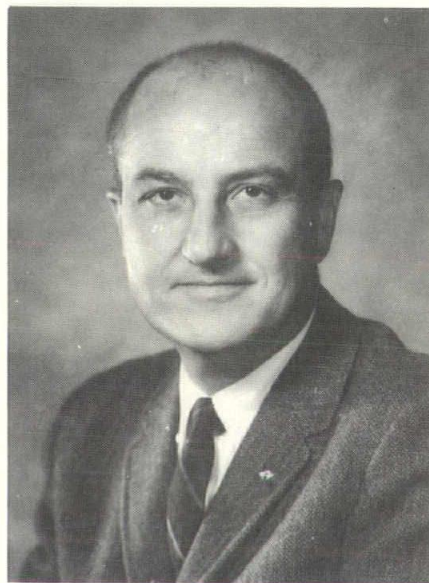
Jack Hoover, of Louisville, has joined Hartstern, Schnell, Associates, AIA, of Louisville, as Director of public relations and industrial development.

Mr. Hoover's background includes experience as an industrial agent and executive assistant to Miss Katherine Peden, former Commissioner of the Kentucky Department of Commerce. His present duties entail public relations, cost estimates for communities and industries on site preparation, building sketches and preliminary cost estimates, among other activities.

Please Note!

The September issue of The Kentucky Architect did not credit Shakertown at Pleasant Hill, Kentucky, Incorporated, as the owner of the property and the organization solely and totally responsible for the Shakertown renovation project. In August, 1961, Shakertown at Pleasant Hill, Kentucky, Inc., was organized as a nonprofit, nonstock educational corporation and soon thereafter established a Board of Trustees with

25 members. Early work in the restoration of Shakertown was headed by Mr. Isenberg, a merchant of Harrodsburg, in 1942. Early in the 1950, Mr. Hutton, editor of the Harrodsburg Herald, assumed leadership of the project. In 1956 and 1957, Mrs. William Goddard, of Harrodsburg, pursuant to Mr. Hutton's death, interested Mr. Barry Bingham who subsequently encouraged Mr. Joe Graves, Sr., and Mr. Earl D. Wallace in the project. Ultimately, the Shakertown at Pleasant Hill, Kentucky, Inc., was formed, and now carries forward the restoration of Shakertown under the leadership of its chairman, Mr. Earl D. Wallace, and director, Mr. James Cogar.



A. B. Ryan, AIA,
Regional Director

Design Professions Need New Approach Regional Director Says

We need to recognize that the mess created in our cities is, to a great extent, the result of lethargy within the design Professions. Due to our uninvolvedness, we have passively watched the industrial revolution consume our cities. Industrialists, businessmen, entrepreneurs, developers, among many others, have converted this country's abundance into urban disease and blight. Urban chaos is now a tragic legacy for future generations.

The same businessmen, industrialists, entrepreneurs and developers now recognize the negative aspects of technological and economic growth as well as positive aspects. Our politicians are charged with a mandate from the people of this country to "Do something with our cities." If the Vietnam War were ended tomorrow, there would be nothing in the newspapers but concern for our urban slums and the inadequate environment on which future growth must be based.

There has never been a period in American history more timely or more dramatic than the present for the Design Professions to speak up. We should be heard as not "voices in the Wilderness" but as forcefully articulated opinion. The Design Professions should not only be "heard" but they must individually and collectively fuse their interests to the political, business and industrial power structure. In order to be heard, the Design Professions must begin a new approach to involvement in the workings of society.

Opportunity Available In Field of Planning Roberts Says

There is a definite need for the design professional in the field of planning. In five years hence, at least 11,000 additional planners will be required. At the present, there are not enough faculty members to teach the required supply of planners. The scarcity of planners in teaching roles is explained by the relative newness of the planning profession and the constant absorption of planners into active roles concerning economic development, health services and manpower, environmental control and urban housing, among many others areas of need. There is a wide open opportunity for design professionals to fill the gaps in physical planning. We should act now in order to move design professionals into a significant relationship with planners and planning. Helm Roberts, AIA, Lexington, Kentucky.

PLAN FOR FLEXIBILITY

(continued from page 5)

coordinated system of community services for promotion and improvement of health, and the latter if for the development and operation of a system for improving environmental conditions in the area.

As I mentioned earlier, the requirement for facilities, for equipment and for financing of services in each of these objectives have been derived by projecting the program elements and the services to be accomplished and, therefore, have redirected our thinking to concentrate on the attainment of services rather than facilities as our prime objectives.

The combined efforts of architects, planners, and equipment and material manufacturers must be unified to achieve our objectives. To design health facilities today is a challenge to facilitate progress for the future. As professionals, it's our responsibility to provide the facilities capable of supporting the revolutionary concept of comprehensive health planning. Possibly the challenge of the future is to design and build flexibility into our health facilities. The way we use materials so as to provide for flexibility and expansion is a primary consideration.

In summary, I think the whole aspect of comprehensive health planning boils down to basically one issue—that being to provide a new stimulation for innovative design rather than stereotype procedures which may have produced the traditional hospital of the past.

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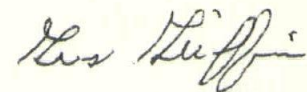
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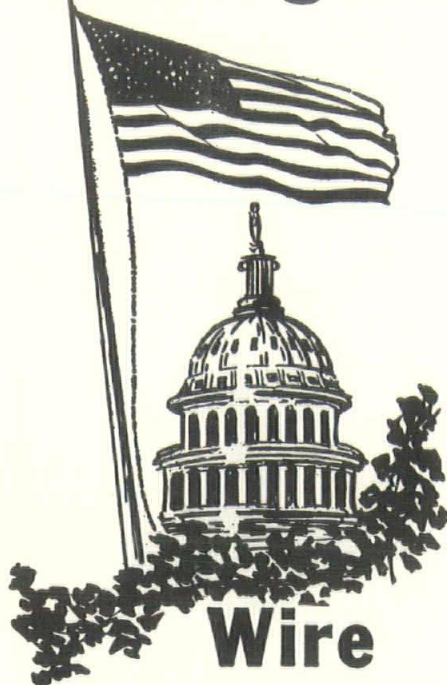
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WASHINGTON, D.C. April 7, 1968 — Miss Barbara Ward, internationally known author, editor and economic interpreter, will address the 1968 convention of The American Institute of Architects in Portland, Oregon, on June 25. The announcement was made today by Robert L. Durham, president of AIA, the national professional society for 22,200 of the nation's architects.

Regarded as one of the most influential writers in England, Miss Ward was formerly Foreign Affairs Editor of "The Economist" of London. Her most recent book is "The Rich Nations and the Poor Nations". In private life, Miss Ward is Lady Jackson, wife of Sir Robert Jackson, senior consultant to the United Nations Development Program. For a (continued on page 18)



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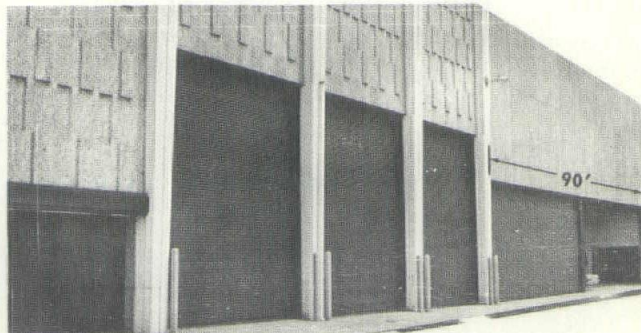
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number of years, she has been a visiting lecturer and research associate at Harvard University, and a Carnegie Fellow.

At the AIA Convention, she will present the Purves Memorial Lecture with an address titled "Hope for an Urbanizing World". The convention will be held in Portland, Oregon, June 23-27, and in Honolulu, Hawaii, June 28-29. This represents the first time in AIA's 111-year history that the convention has been held in either city and bridging such a vast area. "The precedent," Mr. Durham said, "is symbolic of the great changes and challenges facing the nation's architectural profession in meeting the urban crisis."

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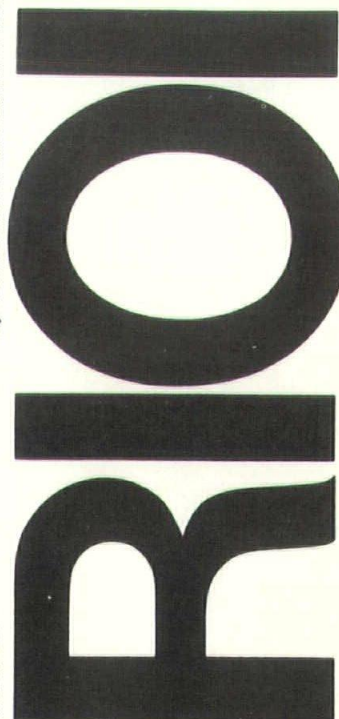
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