

Northwest Architecture

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Volume 8, Number 2



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Vol. 8, No. 2

NORTHWEST ARCHITECTURE

Comment

"...The Right Place At The Right Time..."

By Jud Marquardt

Whenever the expression "the right place at the right time" is used, there is implied a reasonable degree of preplanning augmented by a generous portion of good fortune. However, when the phrase is used in relationship to the Architects-Engineers Legislative Council (AELC), thorough planning is behind a great deal more of the expression than blind luck. But whether founded on planning or luck the result is essentially the same: That of being visible and effective in an arena where timing is extremely critical.

That may not be obvious to the average reader without an understanding of what AELC is and what it does. AELC is a council of six design disciplines whose professional emphasis is on the delivery of design services related to the built environment. Hence, the professions of architect; structural, mechanical, electrical and civil engineers; land surveyors; and landscape architects are members of AELC. Organizations, either statewide or regional in nature, which comprise AELC are the Consulting Engineers Council of Washington (CECW), the Washington Council of the American Institute of Architects (WCAIA), the American Society of Civil Engineers (ASCE), the Structural Engineers Association of Washington (SEAW), the Washington Society of Professional Engineers (WSPE), the Washington Council of Civil Engineers and Land Surveyors (WCCELS), the Institute of Electrical and Electronic Engineers

(IEEE), the Land Surveyors Association of Washington (LSAW), and the Washington State Chapter of the American Society of Landscape Architects (ASLA).

Each of these organizations designates a delegate/representative for a twelve month period beginning in July. Meeting frequency varies from weekly while the legislature is in session to monthly during the summer. All time is contributed voluntarily by the component representatives. Only lobbyist activities are funded by AELC which in turn is supported by annual contributions from the member organizations.

The purpose of AELC as stated in its articles of association is "...to provide an organization for association... of architects and...engineers...in Washington State to work cooperatively on legislative objectives and issues for the improvement of business conditions...". From a practical standpoint this involves either proactive or reactive responses in dealing with the legislature. The former relates to the furthering of AELC interests by *proposing* legislation, and the latter to the protecting of our interests from erosion by *opposing* legislation. This is done both in matters related to professional interests (e.g. code/design laws, regulations, etc.) as well as business interests (e.g. fees, taxes, business issues, etc.).

All of this is not accomplished without the help of professionals with experience in the legislative process. The legislative advocate or lobbyist for AELC is Bill Robin-

Comment

son assisted by Cliff Webster, both of the Seattle law firm of Carney, Stephenson, Badley, Smith, and Mueller. Additional visibility and coordination is provided by the executive directors of the various component organizations, which in the case of the AIA is Beth Willis of the Washington Council.

AELC itself is organized into several subcommittees covering such matters as A/E selection, codes, energy, landuse and environment, professional liability, professional licensing, budget and tax, and vary in response to the issues before the legislature at any given time.

The practicality of coordinating the above activity to achieve the stated purpose (particularly during the time the legislature is in session) virtually requires that AELC representatives be selected by each component organization from its membership in the Puget Sound area. This promotes regular attendance at AELC meetings and a high level of participation and involvement in evaluating the matters on the weekly legislative calendar.

Over the last several years the track record of AELC has been remarkably successful. In the past session over 4,000 issues were formally introduced and recorded in the legislature. Of these, 170 were screened by the lobbyist for AELC consideration and 80 were ultimately evaluated and ranked by AELC regarding both support/opposition and the relative strength of that position. The rating is done employing a weighted numerical formula which in turn ranks the issues in order of

priority for the lobbyist. Of the 80 bills rated, 15 were eventually signed into law by the governor. Close legislative monitoring and active participation in negotiation and bill modification resulted in the fact that only two bills of the 15 which became law contained matters opposed by AELC. One related to B & O taxes and the other to survey fee setting by the Department of Natural Resources. Taken in the context of the total number of issues initially considered, this in itself is a noteworthy achievement.

In recent legislative sessions AELC has been equally effective. AELC actively proposed and supported both passage and implementation of the A/E Selection Law which updates registration regulations and procedures. A similar bill regarding Architects Registration has been drafted by the AIA and will be actively supported by AELC in the coming session.

Beyond the immediate confines of the legislature, AELC played a supporting role in the recent filing of a Brief of Amicus Curiae which requested a reconsideration of the State Supreme Court decision which exempted school projects (and by inference other State work), from any statute of limitations regarding professional liability. (In its reconsideration the Court left stand its earlier ruling which in turn leaves legislative action in the upcoming session as the most appropriate avenue for remedy.) All of the foregoing are typical of AELC involvement in state government issues.

In summary, AELC involvement

provides direction and emphasis to those deliberating A/E legislative matters, musters support to promote or resist state government action, and generally promotes a professional presence in Olympia. As situations dictate this is most often accomplished in short, highly responsive time frames which one organization acting alone may have difficulty achieving let alone nine AELC members acting in concert. But it is this very combination of members and professional disciplines which provides a constituency power base whose effective presence has been recognized in Olympia. In this regard, AELC is truly the right organization, in the right place, at the right time.

Loschky Marquardt & Nesholm (LMN) was founded in the fall of 1979 by the existing partners, each of whom held senior positions in large Seattle A/E firms in design, management, and technical project implementation

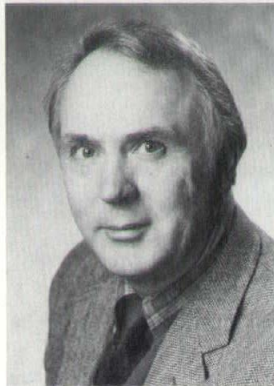
Since its inception LMN has grown from its three initial partners to a professional design firm which has provided services for nearly \$300 million worth of construction in eight states.

LMN provides professional design services for a wide range of project types from feasibility studies and urban design analyses through design and construction documents to the design and coordination of interior furnishings.

Loschky Marquardt & Nesholm is located at: The Norton Building, Fifth Floor, 801 Second Avenue, Seattle, Washington 98104 (206) 682-3460.

Five Elected Fellows, American Institute of Architects

Five architects from the Northwest Region were named to the College of Fellows, American Institute of Architects at the 1985 annual convention. Those invested were: from Washington - Arne Bystrom, FAIA, and Allen D. Moses, FAIA, both of Seattle; from Oregon - Robert E. Oringdolph, FAIA, Portland; from Idaho - Glen Edwin Cline, FAIA, Chicago; from Hawaii - Kenneth F. Brown, FAIA of Honolulu and Hans R. Rieke of Kahului, Maui.



Arne Bystrom



Allen D. Moses



Robert E. Oringdolph

Pike Place Market Wins AIA 1985 Honor Award

The Pike Place Market in Seattle, a revitalized building once threatened by urban development, was among the twelve winners of the American Institute of Architects 1985 Honor Awards. The architect for the rehabilitation and restoration of the main core market buildings was G.R. Bartholick, Architect/Planner, Seattle.

Seattle's Pike Place Market was cited by the jury as "one of the best mixed-use environments in the United States. The architect has done a remarkable job of reinvigorating one of the great social spaces of the city. By resisting the temptation to transform the eclectic jumble of buildings into a cute and contrived urban playground, the architect, through minimal visible architectural manipulation, has created a place for genuine interaction among all members of the Seattle community. One of its most ap-



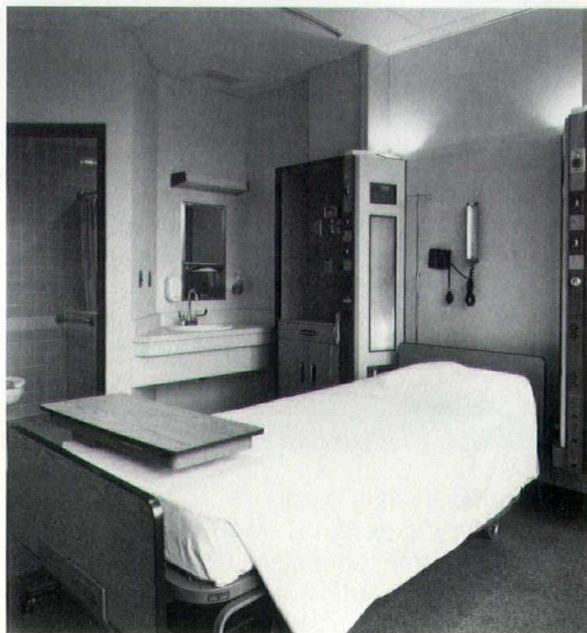
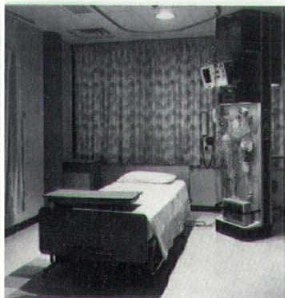
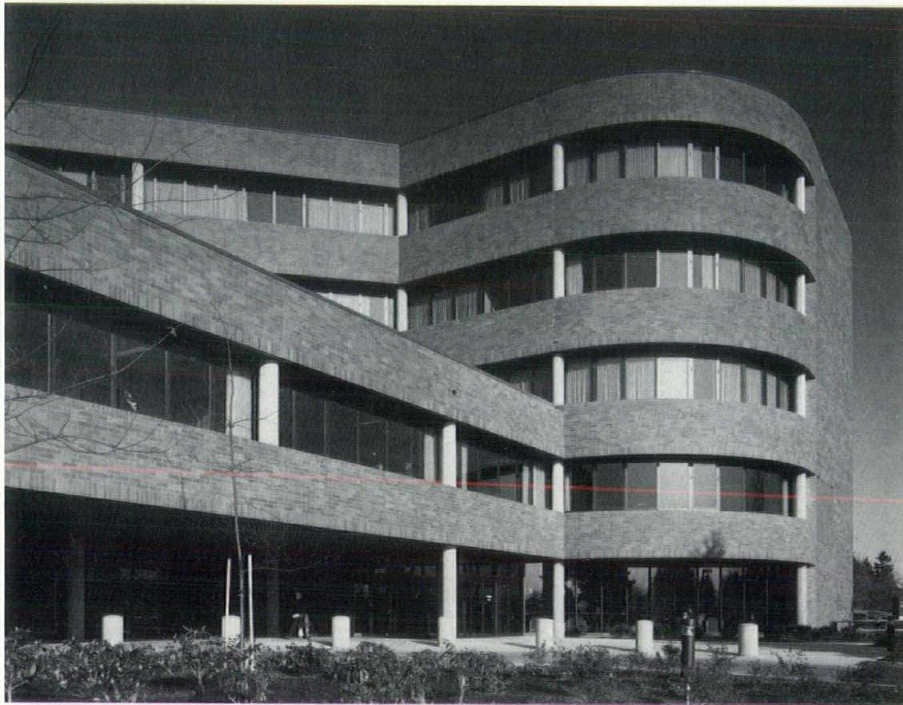
pealing aspects is a quality of authenticity; the design is clean, spare, handsome, consistently interesting, never predictable, always faithful to its long and colorful history. The market is social design in the best sense, allowing the architect to take a back seat to the people who thrive in its

warm and very human embrace."

Founded in the first decade of the 20th century, the marketplace includes 14 buildings in early 20th-century design. When the market was threatened by urban renewal 60 years later, comprehensive redevelopment was mandated.

Health Facilities

Northwest Hospital Additions, Remodel - Seattle, WA



At Northwest Hospital, a 20-year-old medical facility in Seattle, they didn't need more beds, but they did need a more efficient building. The rambling, single-story structure was comfortable in many ways, but had far outlived its original usefulness.

To solve the immediate problems and prepare for future growth, a full two years was invested in studies, conferences, planning and design work by the hospital staff, the architects and other consultants. All these efforts took place before any of the construction documentation was started.

The first stage in implementing the master plan was to design and build a five-story addition of 130,000 square feet. With 99 single-patient rooms, it doesn't represent a net gain in beds: existing beds will give way to business and support functions. In addition to the new medical-surgical nursing suites, the addition contains a complete ICU-CCU and post critical care unit; a relocated and expanded clinical laboratory; radiology; and roomier facilities for education, receiving and storage, lobbies and waiting rooms. The central mechanical plant is designed to accommodate growth over the next 25 years.

During the design and programming phases of the project, the architects went to great lengths to make sure communication with the staff was clear and constant. They literally moved into the hospital to hold intensive design sessions with the staff, produced and reviewed drawings on the spot, and worked with full-scale models

of patient rooms to let people evaluate how the space would function. All department heads participating in design development signed off the final drawings, as well.

This first phase, including site improvements and utility relocation to permit future expansion was originally budgeted at over \$16 million. Nearly two million had to be cut out of the budget and this

was achieved by using cost-effective alternatives without sacrificing square footage.

Jim Hart, Executive Director of Northwest Hospital, has worked on four major building programs in his career. He commented, "We have a building now that virtually no one has complained about. You always expect to have at least little problems, but that hasn't been true in our case."

Client

Northwest Hospital
Seattle, WA

Architects

Waldron Pomeroy
Smith
Foote & Akira,
Architects
Seattle, WA
Caudill Rowlett Scott
Houston, TX



Health Care Architecture

Kaiser Sunnyside Hospital and Medical Center Portland, OR



With the ever-increasing shifts in the delivery of health care due to the changing marketplace and continued advancements in technology, planning for an unknown future has become a prime factor in hospital design. A case in point is Kaiser Sunnyside Medical Center in Portland, Oregon, owned by the Kaiser Foundation Health Plan of the Northwest.

Prior to the start of the design of Kaiser Sunnyside Medical Center, Kaiser participated with their architect, Zimmer Gunsul Frasca Partnership, in the research of planning methods to accommodate, both programmed and unpredictable expansion. The result of this research was a publication titled "The Expandable Hospital."

The study recognized that each department of a hospital has a different rates of change, expanding in varying increments of space, and a different requirements for mechanical and electrical services. The study concluded that ideally, departments should be organized around a well-planned circulation system that would prove logical and convenient for both staff and visitors.

The planning solution provided a building arranged in three distinct parts, located along a pair of parallel corridors. The parallel corridors permit basic separation of visitor functions from diagnostic and treatment departmental functions. Inpatients and staff share a corridor which fronts each department, linking them together. This corridor is separated from a visitor/outpatient corridor by waiting and reception areas serving all ancillary departments.

This planning solution allows for internal change within a department without interruption to adjacent departments. It allows for the expansion of one or more departments without adversely affecting the internal operations of that department or other departments. It also allows the addition of new departments by expanding the circulation system and attaching the new department to it.

On the basis of "The Expandable Hospital," Kaiser and ZGF proceeded with the design and construction of Kaiser Sunnyside Medical Center. The original facility was completed in 1975 at a cost of \$11 million, consisting of 131-bed nursing wing, and a

24-physician outpatient facility along with diagnostic, treatment and support services, capable of expansion to serve 360 beds. In 1980, the emergency department was expanded, doubling the space. It also became apparent in 1980 that the Region would need additional beds by 1982. Kaiser, following the principles developed in "The Expandable Hospital" study, began planning for an addition of 113 beds.

Completed in 1983, this expansion consists of a 133,500 SF addition, plus 61,000 SF of remodeling. The addition of a second nursing wing included a new intensive care/coronary care unit, a progressive patient care unit, postpartum beds and additional medical and surgical beds.

The four-story nursing unit, with a perimeter visitor corridor accessing all patient rooms and a central nursing corridor with a direct private access to all rooms, was located perpendicular to the parallel corridor system. Future expansion plans will locate another nursing unit adjacent to the first two, providing courtyards containing trees and landscaping. A walled enclosure around the nursing

units ensures a visually and acoustically controlled zone for a medically beneficial environment. Central plant and service yard were located opposite the public entry. Parking is landscaped with ground cover and Douglas Fir which at maturity will extend the existing forest back onto the 26-acre site.

The ancillary expansion included additions and remodeling to accommodate a new labor/delivery suite, three new operating rooms, an expansion of recovery and creation of an outpatient surgery suite. In addition, a new admitting suite, radiographic procedure rooms including tomo, CAT scan, and angiography, a new lab, physical and occupational therapy and other support facilities were added.

This test of "The Expandable Hospital" not only demonstrated its flexibility, but also proved its cost effectiveness. A direct cost

savings of about 5% of the \$22 million project over that normally anticipated on projects of this type was achieved. Additionally, cost savings were realized due to the reduced construction time resulting from minimal interruption of day-to-day operations of both hospital and contractor personnel.

Since the validation of "The Expandable Hospital" planning study at Kaiser Sunnyside Medical Center, ZGF has incorporated the concept into four other hospitals, including Mercy Medical Center, a 106-bed facility, expandable to serve up to 240 beds, in Roseburg, Oregon, and most recently, Kaiser Permanente Medical Center — East Denver, Colorado, a 186-bed hospital and 36-physician outpatient clinic planned for future incremental or large-scale expansion to 380 beds and 72 physicians currently under design.

Kaiser Sunnyside Hospital and Medical Center (1975)

Contractor	Minden Construction, Inc.
Structural	Nortec, Inc.
Mechanical	C.W. Timmer Associates
Electrical	Grant Kelley & Associates

Kaiser Sunnyside Emergency Room Expansion (1981)

Contractor	Dillingham Construction
Structural	kpff Consulting Engineers
Mechanical	Carson Bekooy Gulick & Associates
Electrical	McGinnis/Kimmel Engineering

Kaiser Sunnyside Medical Center Expansion (1983)

Contractor	Donald M. Drake Co.
Structural	Zimmer Gunsul Frasca Partnership
Mechanical	Carson Bekooy Gulick & Associates
Electrical	Peterson Associated Engineers, Inc.



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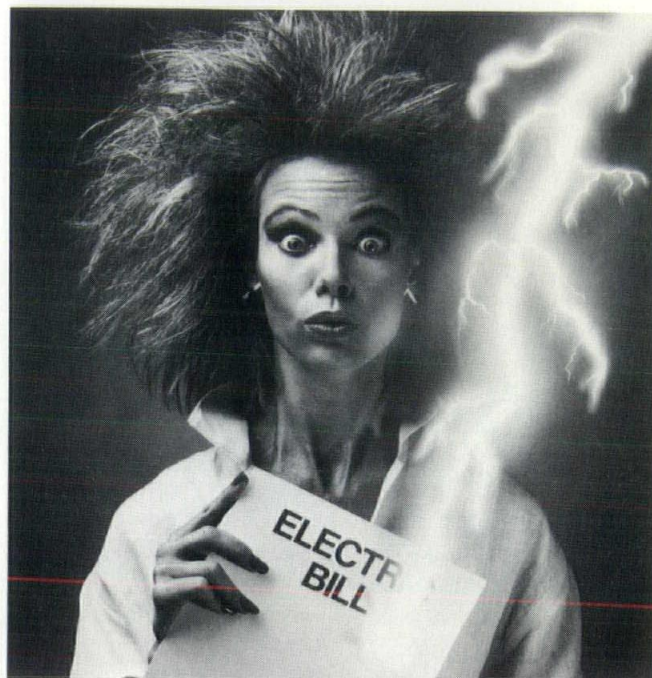
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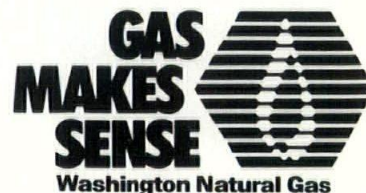
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Lewis Co./1419 Gold St. Centralia/736-3383



Health Facilities

Moritz Community Hospital - Sun Valley, ID

Mention Sun Valley, Idaho to a winter sports enthusiast and he or she will respond with — long ski runs, deep powder, exciting night life. To a doctor though, the response might well be — compound fractures, twisted knees and contusions.

As the popularity of Sun Valley increased, and skiing Baldy became a reality for many, the city of Sun Valley realized that a community hospital was essential for the health and welfare of tourist and residents. In 1956 the Moritz Community Hospital was built.

Nearly two decades later, with skiing vacations within reach of thousands, Moritz Community Hospital needed to expand to meet the needs of its users. A successful campaign was waged to raise \$300,000 equity towards the \$1.7 million in facility improvements.

The 50 percent remodel brought the structure up to all current building codes and state medical standards. In addition, the hospital was enlarged by some 25 percent although bed size remained at 28.

The remodel section contains new surgery and obstetrics suites and a new dietary unit. A new solarium for recuperating patients takes full advantage of a fantastic view of Mt. Baldy.

The phasing included changing the surgery to the kitchen, solarium/patient wing to surgery

and OR supervisor's office, and the old lab to examination room and respiratory therapy. The nurses station was enlarged and a new lab added.

The new clinic addition with separate entryway has a cast room in the space originally used for the reception area. The exterior of the addition, which is attached to the eastern elevation of the original structure, complements the existing stucco and hand split cedar shakes and carved wood beam doors and columns. The roof design uses ice-barring roofing underneath cedar shingles.

The key to the success of the project was that all remodel and additions were done in careful phases, allowing the hospital to be operational at all times — except for one weekend when the power was off.

Architect	CSHQA Architects/Planners, Project Architect - Allen E. Quintieri, AIA
Electrical	Willmorth Engineering
Mechanical	Engineering, Inc.
Structural	Rex Harrison Engineering
Civil	Sawtooth Engineering
Contractor	Schlekeway Construction, Inc.



Health Facilities

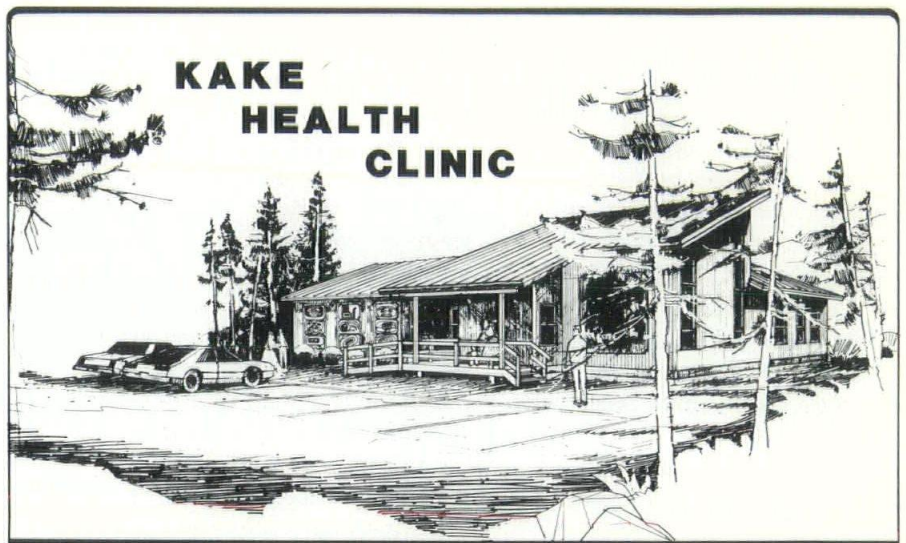
Kake Health Clinic - Kake, AK

The Kake Health Clinic is a 3200 sq. ft. wood frame structure on concrete foundation. Natural lighting via skylights was used in the Dental Clinic and Exam Rooms to take advantage of Alaska's long summer sun.

Energy Conservation was a key design factor as utility costs are very high in remote villages of Southeast Alaska.

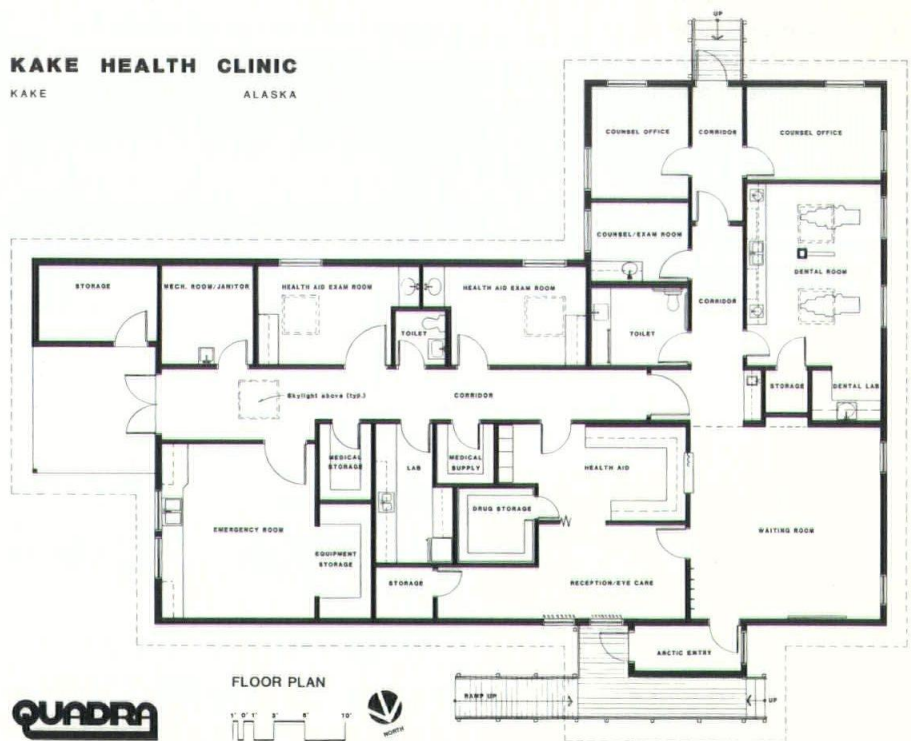
Native artwork has been incorporated to provide a sense of identity and community pride.

This project is particularly significant because of the extensive client/user input to the design process. QUADRA paid particular attention to assure all users have input to the process, including numerous agencies and councils with an interest in the functioning of a community health clinic. Scheduling was critical on this project as use of the facility is badly needed in Kake.



KAKE HEALTH CLINIC
KAKE ALASKA

Architect	Quadra Consultants, Inc. Juneau Gary H. Gillette, AIA Project Architect
Structural Engineer	Quadra Consultants, Inc.
Electrical Engineer	B.C. Haight Consulting Engineers Juneau
Mechanical Engineer	Kramer, Chin & Mayo, Inc. Juneau
Construction Management	Quadra Consultants, Inc. Juneau



Mastering Management

ON MENUS, IMAGE AND MARKETING

By William K. Bryant

My mother used to tell me, as I forced down another forkful of liver, "you are what you eat." At the time, I thought to myself, "who would want to be a piece of liver?" Since then, however, I've come to see how this wonderful little adage has subtle — but widespread — application to the management of architectural practices.

For a design professional, the daily diet consists of the type of design projects and clients they do work for. Yet too few practices pay enough attention to their "minimum daily nutritional requirements." Instead, they become junk food addicts, moving from pieces of cake to candy stolen from babies. Worse still, some architects get hooked on a particular cuisine which they can't seem to break away from — mainly because they didn't know how to cook anything else. And others are constant nibblers, taking a snack here, a morsel there, but never settling down long enough to enjoy a five course meal anywhere. What these firms forget is the need to maintain a balanced, healthy diet.

When I make the claim that architectural firms are what they eat, I'm speaking to the issue of image. Architectural services, more than any other kind of professional services, *are* image. Because the end product of design is so visible, what an architect provides is literally saturated with image. Unlike the services rendered by an accountant, therefore, architectural services become a reflection of or statement about the client.

Clients, consequently, make

judgments about architects based on the food they, the architects, are seen as habitually eating. They evaluate the design professional by examining their consumption patterns, by watching what the architect puts on their practice plate. If the client is in the mood for gourmet Italian, they certainly won't go to a practice serving Whoppers and milkshakes.

Architects can learn how to handle the menu selection problem by observing successful restaurants. First, flourishing restaurants tend to do one of three things regarding choice of cuisine served. Some serve a menu in great demand by many (like Chinese or Italian), and live with the presence of competition, secure in their knowledge that there is enough demand to go around and be shared with others. Some choose to offer a food type not in strong general demand, but which has a few aficionados and patrons (perhaps Norwegian, or the little Moroccan place up the street). The tradeoff here is that growth to a large size is not possible. Finally, some serve up an entirely new type of food that is just beginning to win adherents (sushi bars and Cajun fare come to mind here). I would suggest that these three guidelines apply equally to an architect considering choice of service and design area "cuisine."

Next, the successful establishments avoid a muddled image through specialization. Of course, food by its very nature tends toward specialized preparation. There are very few Chinese-Italian-Mexican-Greek places of critical repute, but there are a

number of excellent Szechuan Chinese or Northern Italian enterprises.

But notice that specialization in restaurants has two distinct qualifications. While all restaurants tend to emphasize a few limited main offspring, they also offer an appropriate balance. The steak house, for instance, also offers seafood and chicken dishes. Without being stereotypical, these restaurants operate on the principle that dad will order steak, mom a seafood item, and the kids will prefer chicken. Architects should view their clients in the same way, and accordingly offer those "menu" items (that is, design areas and services) which a client "family" might frequently order, to keep the entire family coming back to your establishment.

Also, restaurants do not *only* specialize in, or segment the market by, type of food offered. They also differ in average price, price range, portion size served, atmosphere and decor, service, wine list, and a host of other dimensions. What does this mean for architects? It indicates that the food which an architect serves up can be segmented in more ways than project or client type. The segmenting approaches might include mode of service delivery, style of working with client, size of project, and the service "garnishes" that accompany the main dish — basically, all the many dimensions important to clients as selection criteria.

If my mother was correct in noting that "you are what you eat," the implications for architectural firms are clear. Architects

Mastering Management

(Continued from page 13)

People

must become more image conscious, avoiding tasty but fattening junk food which can only lead to a needed diet or, worse yet, a terminal stroke. Architects must learn to eat a more balanced healthy diet which is specialized, but not to the point of turning away potential clients who don't happen to enjoy prime rib only, at least every time they dine out. And architects

must comprehend that there are more ways to compete besides on the food itself. How the food is prepared, served and priced can be equally important. As the good doctor would say, you will feel healthier, live longer, and attract new long-term patrons. But as my mother used to say, "the proof is in the pudding."

Robin Holt-Henry, Steven Kane, Marnie Nelson, Dole Stern, and Jamie Vanek have recently joined the staff of The Callison Partnership, Seattle.

David C. Hoedemaker, managing partner of The NBBJ Group, has announced the promotion of *Dorman D. Anderson* to principal. *Hoedemaker* also announced the merger of The NBBJ Group with Gresham Larson Associates of Phoenix and Tucson, Arizona.

Zimmer Gunsul Frasca Partnership, a Portland-based architectural, planning and interior design firm, has named *Ernest L. Grigsby*, an associate partner, *Dennis W. Destefano, AIA* and *Kenneth J. Mouchka, AIA*, as associates.

Stanley G. Boles, with the firm of BOOR/A of Portland, OR, since 1974, has been advanced to director by *Robert E. Oringdolph, John W. Broome, Heinz K. Rudolf* and *Dennis J. O'Toole*.

Glenn H. Martin has advanced to Associate Partner in TRA, Seattle-headquartered architectural, engineering, planning, and interior design firm. *Martin* joined the Firm in 1982 as Mechanical Engineering Manager.

Interior designer *Pamela Wachtler-Fermanis*, previously with her own Seattle design firm, has joined The McKinley Architects.

TRA/Farr, Anchorage-based architectural and planning firm, announces the promotion of *Dennis Gillespie* to Associate Partner and Planning Director. *Gillespie* joined TRA/Farr three years ago and has been responsible for developing the Firm's Planning Services.

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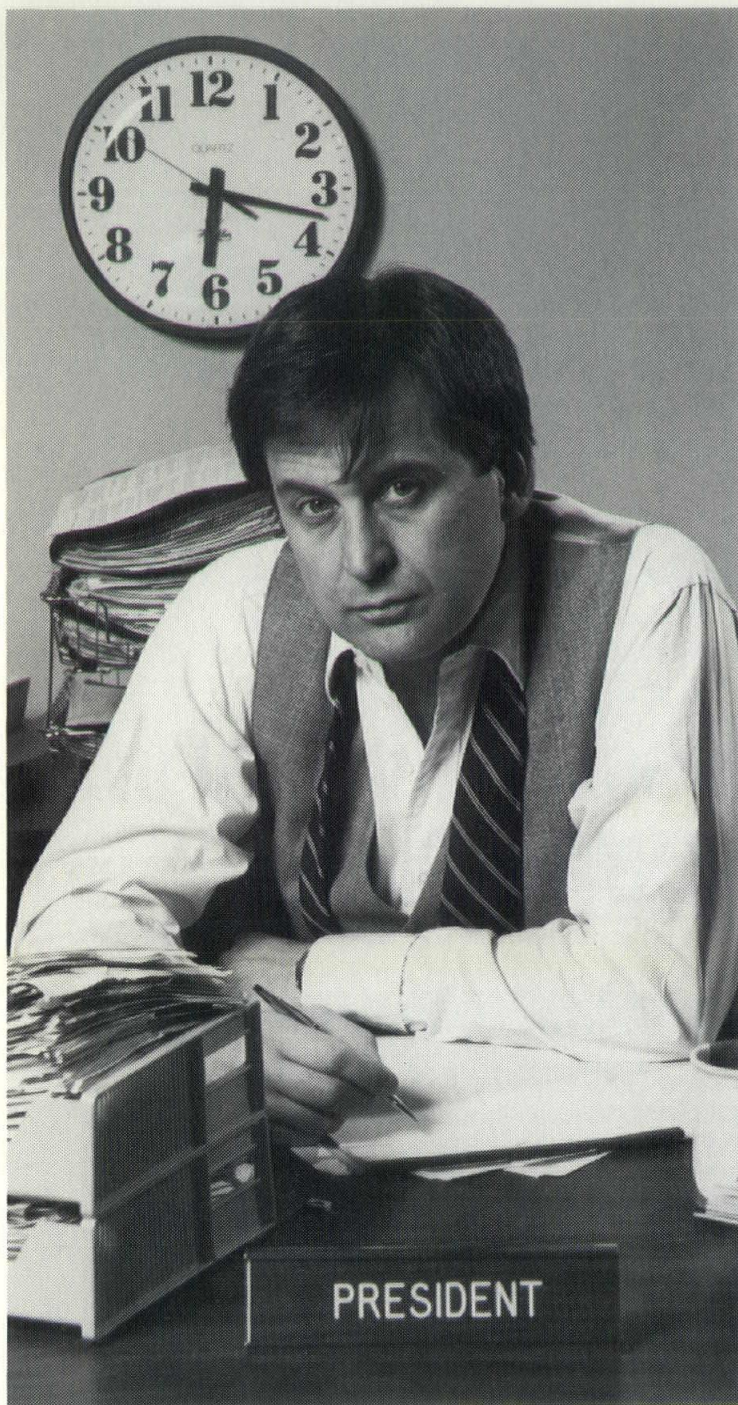
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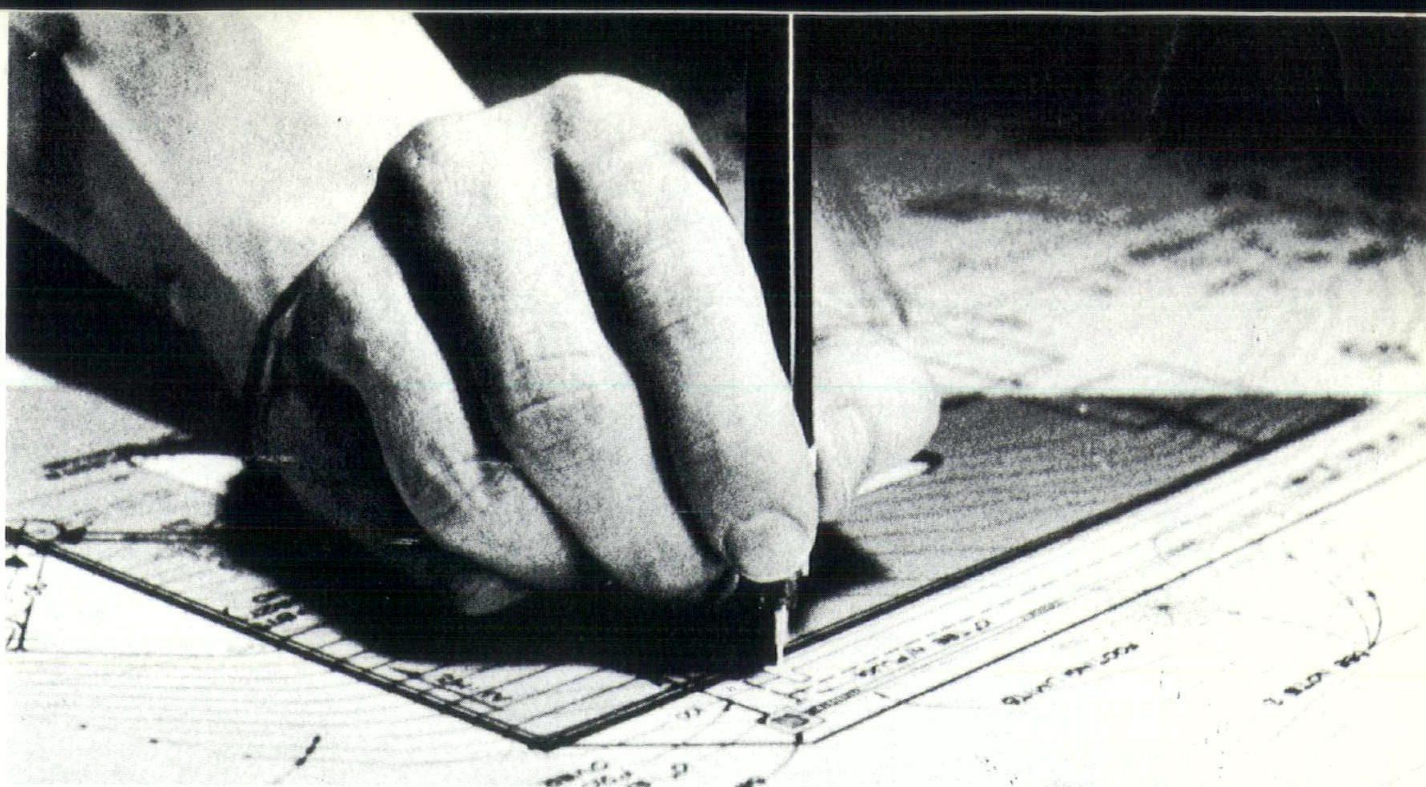
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