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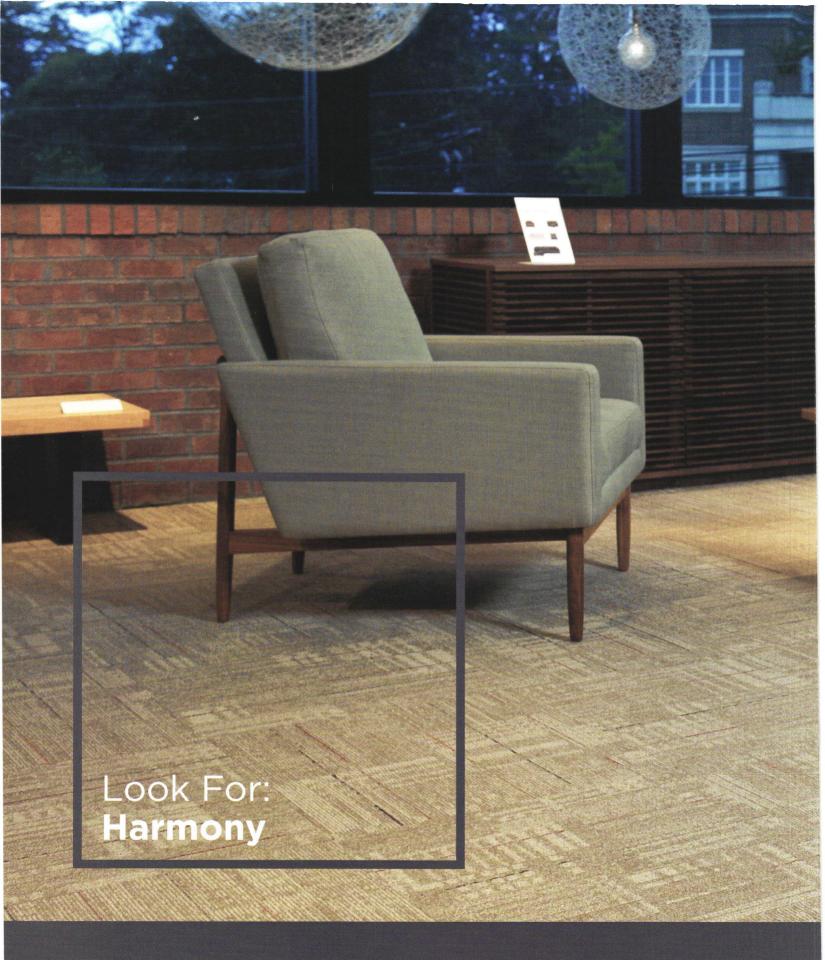


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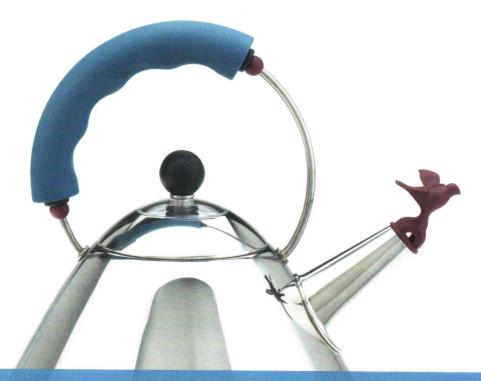
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cover: Butaro Hospital in Burera District, Rwanda. The hospital was designed by MASS Design Group. Photograph by Iwan Baan. See page 56.



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Hennes tells Contract about the design process

and issues confronted in the exhibition design of the National September 11 Memorial Museum. The museum is being constructed now and will open in September 2012.

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design: Liverpool Polanco, Mexico City, by FRCH Design Worldwide

A clean monochromatic backdrop is anything but dull at the Liverpool Polanco flagship in Mexico City. www.contractdesign.com/liverpoolpolanco

designing for health: Are Best Healthcare Design Practices Transferable to the Middle Fast?

Perkins+Will leaders discuss the cultural challenges involved with designing state-of-the-art facilities in this rapidly growing region.

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profile: Hospitality Designer Tony Chi

The founder and principal of tonychi and associates speaks at the Hospitality Design Boutique show on the evolving market and creating design "experiences."

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profile: Perkins+Will's Eileen Jones

The Perkins+Will Branded Environments principal and national discipline leader shares how designers can adopt a more holistic view of sustainability to create lasting impact.

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news: Architect Jeanne Gang Named Among 2011 MacArthur Fellows

The principal and founder of Chicago-based Studio Gang Architects will receive the \$500,000 award over the next five years.

www.contractdesign.com/jeannegangfellow

news: Avon Opens Sustainable United States Headquarters

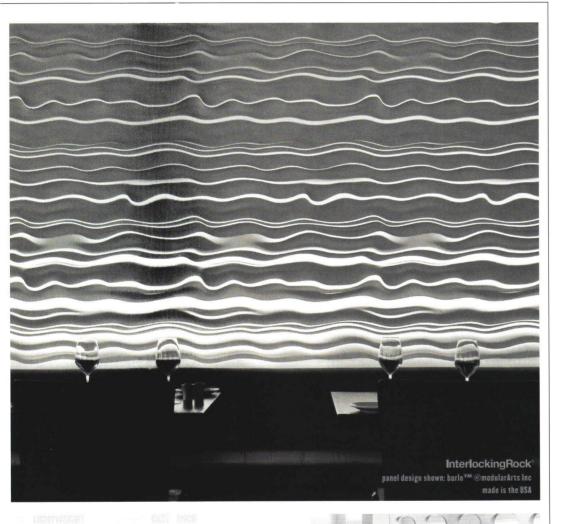
The beauty-product company toasts to its new, sustainable office in New York, designed by HOK. www.contractdesign.com/avonheadquarters

blog: Eyes on an "Empty Sky"

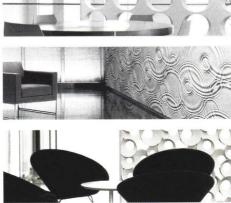
The Frederic Schwartz Architecture-designed memorial in Liberty State Park commemorates the 10th anniversary of September 11. www.contractdesign.com/emptysky

blog: Herman Miller's Design Experiment

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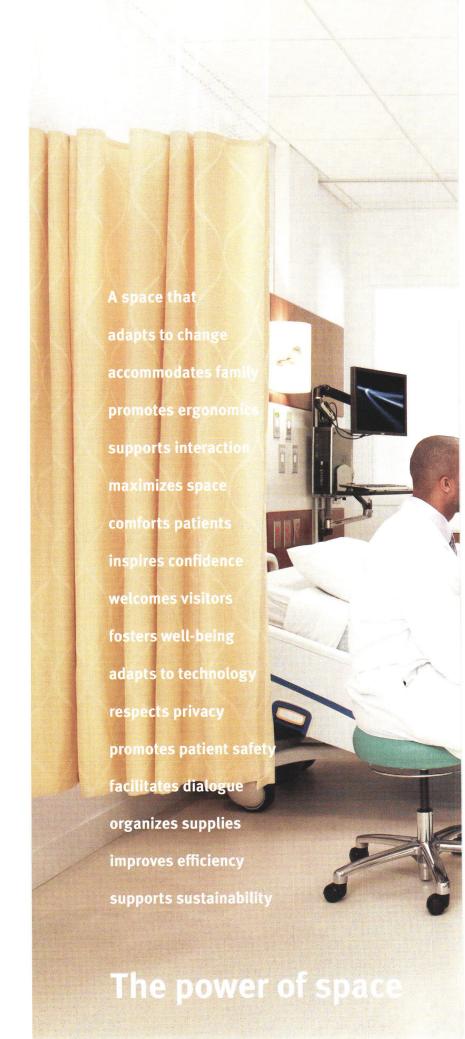


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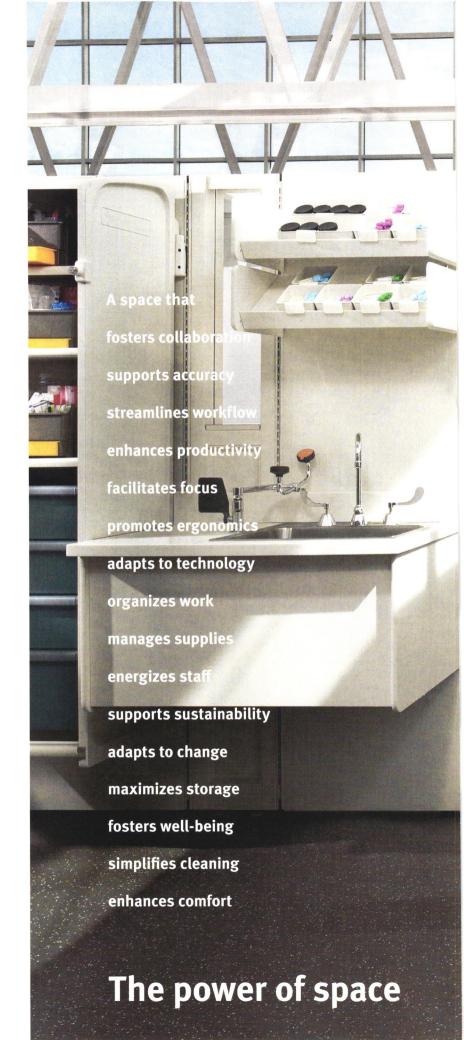




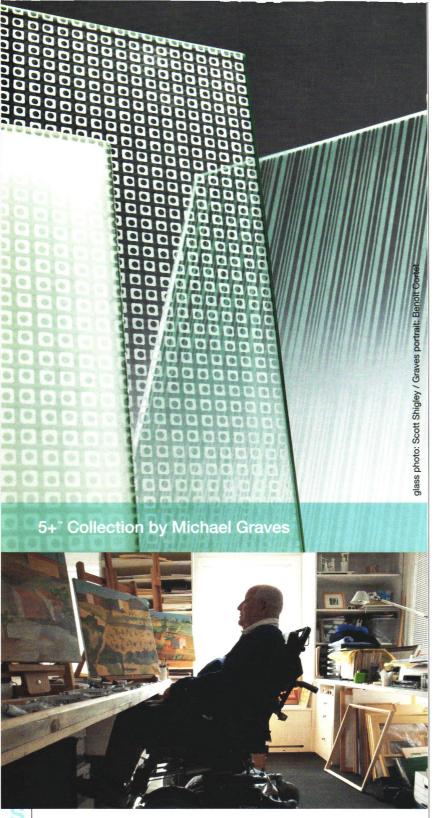


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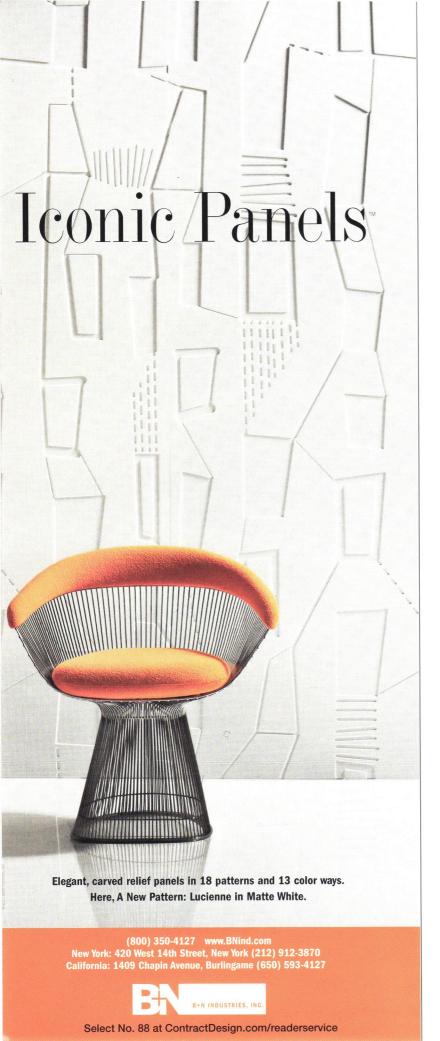


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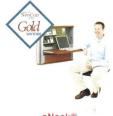




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Place Matters

Welcome to *Contract* magazine's annual issue focused on healthcare design. On the cover, you'll see the winner in the acute care category of our Healthcare Environment Awards—Butaro Hospital in Rwanda by MASS Design Group. That's right, one of the competition winners is a hospital in rural Rwanda. There, the healthcare delivery processes, issues confronted, and the places in which care has traditionally been provided are a sharp contrast compared to what we are accustomed to in the United States. I hope that the cover, and this remarkable project (page 56) will make you sit up in your chair and take notice, just as it did for the awards jury.

Knowing that I am still new to a number of *Contract* readers, I will take this opportunity to add a more personal touch to this editorial and continue my introduction to you. Healthcare and healthcare design is a topic that has been important to me since I began my career. While in graduate school for master's degrees in architecture and urban planning in the 1990s, I was working for a healthcare planning consultant on projects ranging from health policy strategic plans for cities and counties to long-term plans for healthcare and senior living facilities. Working side-by-side with thought leaders, including a former public health commissioner of a major city, I learned a great deal about the multifaceted nature of healthcare delivery and healthcare's impact on our lives, from policy to buildings. What was important? The human impact of the decisions that influence public health, as well as the places in which care is delivered.

In my previous capacity as acquisitions editor at the publisher John Wiley & Sons for eight years, I had built a substantial list of key healthcare design books written by practitioners for practitioners, including Sustainable Healthcare Architecture by Robin Guenther and Gail Vittori, and Design Details for Health by Cynthia Leibrock and Debra Harris. As Rosalyn Cama points out in her feature story on advances in evidence-based design (page 48), I initiated a conversation with her five years ago about writing a book on her expertise. That book, Evidence-Based Healthcare Design really is the title on the topic, and was prescient in its release in 2009. As Cama points out in her article in this issue, since her book published, "Those practicing [evidence-based design] have produced enough data to develop the

business cases necessary to show the benefits of particular design interventions' first costs revealing their health, organization, and economic return on investment."

All designers should care about healthcare design, even if this is not a building type one is engaged in. Advancements made in healthcare facilities have a broad impact on architecture and interior design practice for multiple building types. For example, evidence-based design emerged primarily in healthcare design, but evidence is now being readily applied to the design of many types of projects, including schools and even workplaces.

We all, individually, encounter healthcare architecture at points in our lives. For me, I personally became intimately aware of healthcare settings in the full continuum of elder care in recent years prior to when each of my parents had died. In those years, my siblings and I were immersed in being a part of that continuum with an elderly parent, from assisted living to subacute rehab to acute care to hospice care. I know many of you have had to do the same. I toured and interviewed more than a few assisted living facilities for and with my dad. What was clear was this: place matters. It matters to the patient, the caregivers, and the family members who are decision-makers for a patient's care.

Healthcare design impacts all of us, in all stages of life. The work presented in this issue—from a hospital in Rwanda, to a range of projects in New York, Seattle, and Houston, to the winners of the Healthcare Environment Awards (see page 86)—offers lessons for all readers about design for humanity.

Sincerely,

John Czarnecki, Editor in Chief

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The Big East (A&D style)

The ninth annual NeoCon® East is set to impress GSA professionals and designers in the Mid-Atlantic region

Catering to the East Coast-based architecture and design community, NeoCon® East returns to the Baltimore Convention Center for its ninth installment November 2 and 3. A sister show to NeoCon® World's Trade Fair at the Merchandise Mart in Chicago, the Baltimore exposition will be particularly appealing for government employees and facilities

More than 250 exhibitors will present their latest products and innovations, many of which debuted at NeoCon® in Chicago in June and competed in *Contract* magazine's Best of NeoCon® program. The winning products will be showcased in the first-ever Best of NeoCon® exhibit for the Baltimore show. Because the event is based near the nation's

capital, it is expected to attract U.S. General Services Administration (GSA) employees and will include the GSA Integrated Workplace Acquisition Center, where federal employees and exhibitors can navigate through the government procurement process.

NeoCon® East will feature two informative keynotes: Rocky Mountain Institute Principal Architect Victor Olgyay, AIA, will speak on November 2 about the positive aspects of retrofitting and building green projects, while designer Jhane Barnes will reveal her experiences in designing innovative products for contract interiors on November 3. In addition to the keynotes, the "State of the Design Profession" panel on November 2 will provide an informative platform for discussing opportunities and challenges for today's designers. Moderated by Contract Editor in Chief John Czarnecki, the event will feature five expert panelists: Bruno Grinwis, partner, BBGM; Bob Fox, principal, Fox Architects; Yves Springuel, principal, Mancini Duffy; Rich Fanelli, principal, Fanelli McClain; and Diana Horvat, principal, Envision. The Dream Team Excellence Awards winners will be announced immediately following the panel.

Other NeoCon® East programs include the International Interior Design Association Mid-

Atlantic Chapter's "Art and Architecture: Fitting a Team Together," with speakers Angela Adams, Public Art Administrator for Arlington County, and Valerie Hassett, AIA, IIDA, principal of her namesake studio; a presentation by the National Council for Interior Design Qualification on the organization's latest updates, 30 continuing education seminars, and show floor booth parties and giveaways at various exhibitors.

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designers, though it will still feature the heavy hitters of other contract design markets.

A testament to the health and stability of the government sector, the show is expecting about 7,000 attendees over the course of the two days, approximately 800 more visitors than in 2010. "The government is the forerunner when it comes to issues like sustainability, alternative workstyles, and efficiency," comments Mark Falanga, president and CEO of the show's producer Merchandise Mart Properties, Inc. (MMPI).

For more information or to register for NeoCon® East and its events and seminars, visit www.neoconeast.com.

-Stacy Straczynski

NeoCon® East 2010

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IIDEX/NeoCon® Canada featured exhibitors, office chair hockey

Nearly 15,000 architecture and design professionals gathered in Toronto for the annual show

The 27th annual IIDEX/NeoCon® Canada, presented by the Interior Designers of Canada (IDC), welcomed nearly 15,000 architects,

designers, and facility managers—as well as 350 exhibitors—to Toronto's Direct Energy Centre in September. Showcasing innovative

workplace, hospitality, healthcare, retail, and sustainable products, IIDEX remains Canada's largest design expo and conference, and the only full-scale design expo owned by a professional organization.

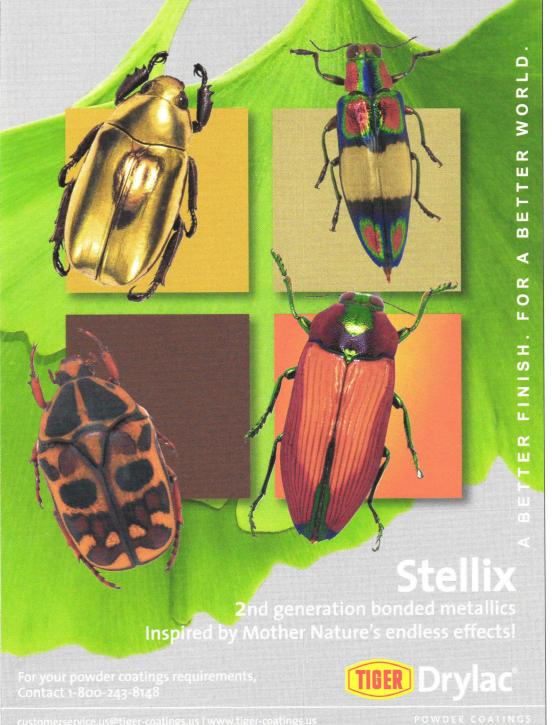
"The Canadian design community gathers each year in Toronto for inspiration, education, and networking," says Tracy Bowie, vice president, IIDEX/NeoCon® Canada. "It's an annual celebration that was a big success." Internationally notable keynote speakers were Brendan MacFarlane of Jakob + MacFarlane in Paris and Matthias Sauerbruch of Sauerbruch Hutton in Berlin.

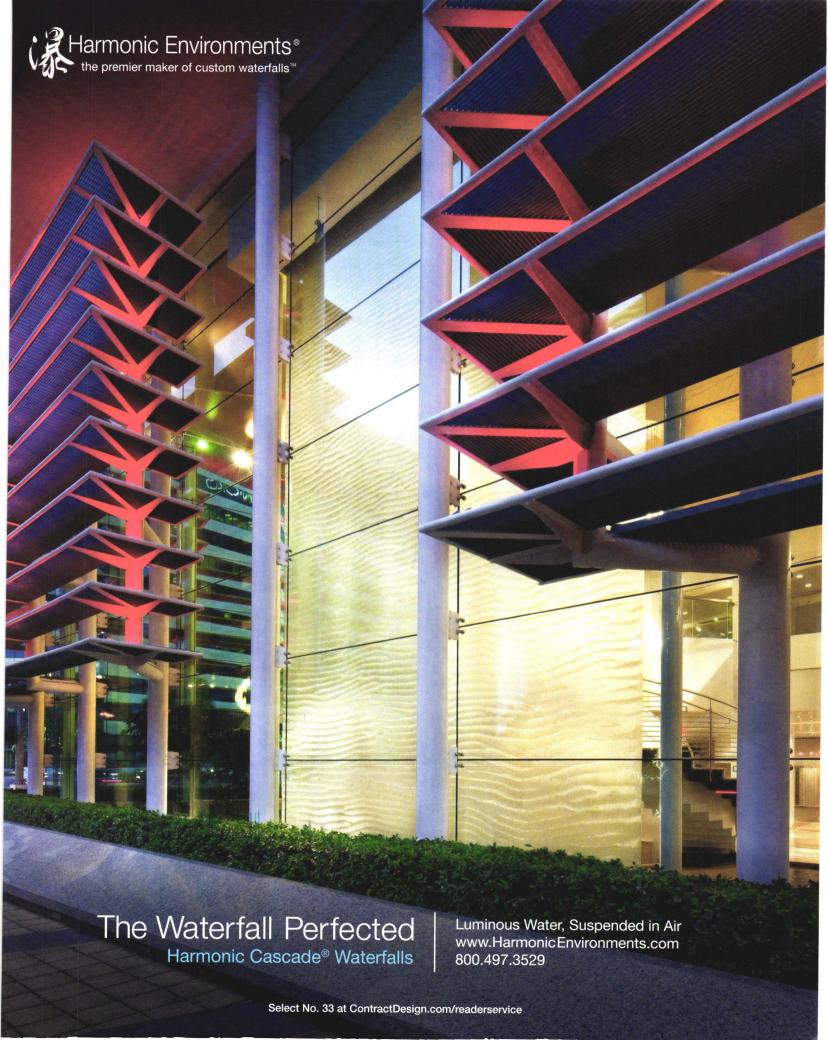
IIDEX kicked off festivities with a gala dinner where winners of the Association of Registered Interior Designers of Ontario (ARIDO) awards and IIDEX Innovation awards were announced (view the winners' lists at www.contractdesign.com). The ARIDO 2011 Project of the Year Award went to Yabu Pushelberg of Toronto and New York for Le Printemps Haussman in Paris.

In addition to exhibitor parties throughout the two-day show, a charity event put a twist on a favorite Canadian pastime—hockey. Benefiting Ronald McDonald House Toronto, the show's Office Chair Hockey Tournament drew teams of industry professionals into a lively face-off while seated in ergonomic task chairs, raising more than \$30,000 for the nonprofit.

New this year, IIDEX and IDC created the Hotel IIDEX entrance and concierge to mark their launch of Hospitality Canada, a show within a show focused on that sector.

Concurrently, IIDEX and Air Canada teamed up to present the first-ever enRoute Hotel Design Awards. The awards ceremony on September 22 honored international projects designed by Canadian firms, with the top prize of Best Overall Interior Design going to The Waikiki Edition, Honolulu, designed by Yabu Pushelberg. —Stacy Straczynski





Healthcare Design.11

The leading conference on healthcare design, planning, and research will be in Nashville next month

Approximately 3,600 healthcare architects, designers, and facility managers are expected

to descend upon the country-music capital next month for four days of seminars, net-

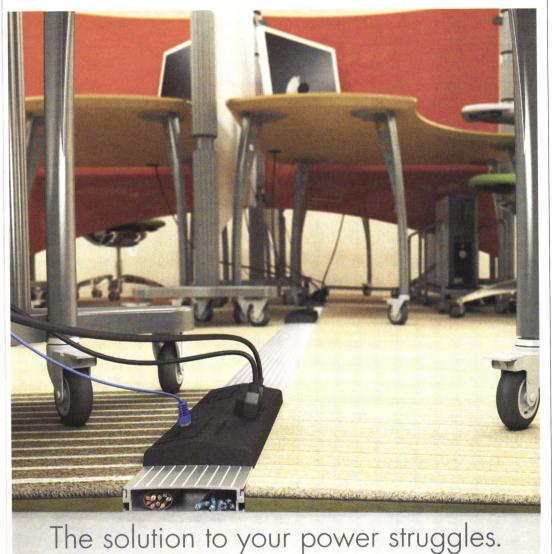
working, and product perusing at Healthcare Design.11. With a program tailored to professionals dedicated to enhancing the quality of care through design, the annual conference and exposition will be held from November 13 to 16 at Nashville's Gaylord Opryland Resort and Convention Center.

A host of pre-conference events on the evening of November 13 will kick off the show: The American Academy of Healthcare Interior Designers will host a networking reception for its members, and the Pebble Project will host its Institute for Patient-Centered Design reception to provide additional networking opportunities for all attendees and to discuss hot-button health topics. The official opening night reception and exhibit hall opening, however, takes place on November 14, offering previews of exhibitors' latest products.

HEALTHCARE DESIGN

The show's three keynotes will include Dr. Ezekiel Emanuel's first-hand perspective on healthcare reform; the market's trends with a panel moderated by *Healthcare Design* and *Healthcare Building Ideas* Editor in Chief Todd Hutlock; and applying lessons learned at HCD.11 in the real world.

At a luncheon on November 15, Contract Editor in Chief John Czarnecki and Rosalyn Cama, chair of the board for the Center for Health Design (see the feature story by Cama, page 48), will honor the winners of the Healthcare Environment Awards (see the winners, page 86) and the Nightingale Awards. Both programs are co-sponsored by Contract, The Center for Health Design, and the Vendome Group. Additional information on these annual awards is available at www.contractdesign.com. —Stacy Straczynski



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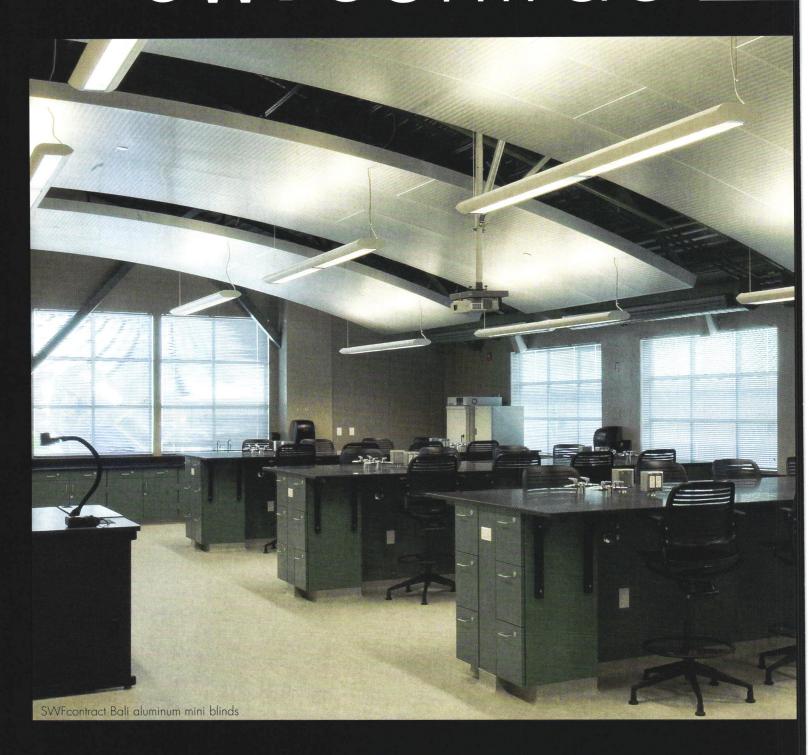
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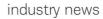




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Coming Events

NOVEMBER

NeoCon® East

November 2–3 Baltimore Convention Center Baltimore www.neoconeast.com

Hotel Interior Design – The Decision Makers' Forum

November 10–12 Sheraton Saigon Hotel Saigon, Vietnam www.hidesign-asia.com

International Hotel/Motel & Restaurant Show

November 12–15 Jacob K. Javits Convention Center New York www.ihmrs.com

Healthcare Design.11

November 13–16 Gaylord Opryland Resort Nashville, Tennessee www.hcd11.com

Healthcare Environment Awards/Nightingale Awards

November 15 Gaylord Opryland Resort Nashville, Tennessee www.contractdesign.com

JANUARY 2012

Heimtextil

January 11–14, 2012 Messe Frankfurt Frankfurt, Germany heimtextil.messefrankfurt.com

Surfaces 2012

January 24–26, 2012 Mandalay Bay Convention Center Las Vegas www.surfaces.com

IDS11

January 26–29, 2012 Metro Toronto Convention Centre Toronto www.interiordesignshow.com

Contract Interiors Awards Breakfast

January 27, 2012 Cipriani New York www.contractdesign.com

FEBRUARY 2012

Australian International Furniture Fair

February 1–3, 2012 Sydney Exhibition Center Melbourne, Australia www.aiff.net.au

GlobalShop

February 29–March 2, 2012 Sands Expo and Convention Center Las Vegas www.globalshop.org

APRIL 2012

i Saloni 2012 (Milan Furniture Fair)

April 17–22, 2012 Milan Fairgrounds Milan, Italy www.cosmit.it

Kitchen & Bath Industry Show (KBIS)

April 27–29, 2012 McCormick Place Chicago www.kbis.com

MAY 2012

HD Expo

May 15–17, 2012 Sands Expo and Convention Center Las Vegas www.hdexpo.com

AIA National Convention and Design Exposition

May 17–19, 2012 Walter E. Washington Convention Center Washington, D.C. www.aia.org



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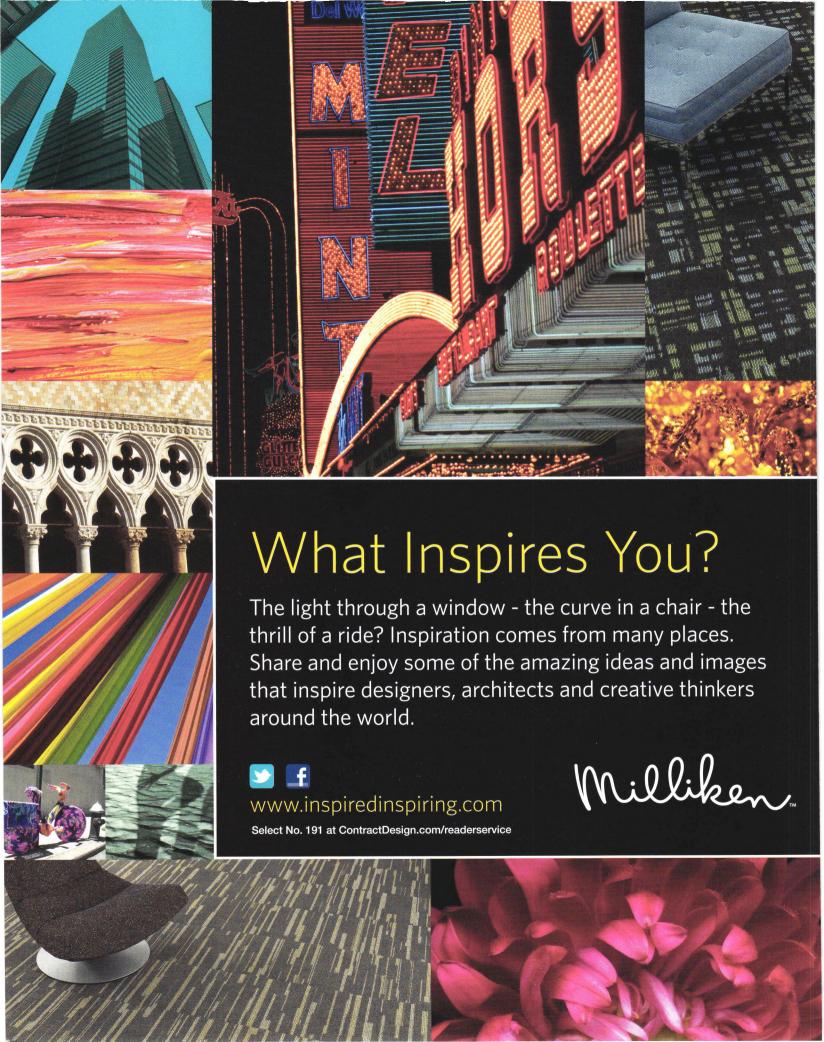
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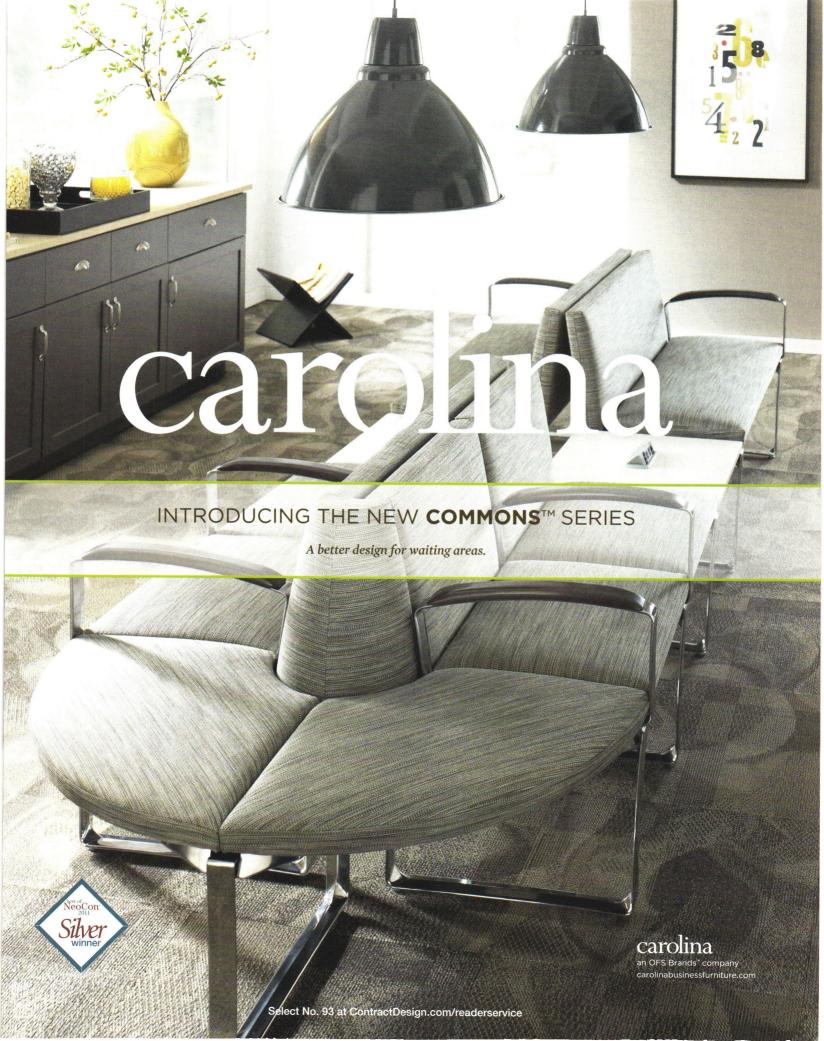
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Nemschoff

Steps transforms institutional waiting areas into animated ones with its curvaceous, serpentine configurations. The modular segments—one straight and two wedge shapes—feature varying-height backs to meet privacy or openness preferences, and to compose a creative undulating design. Integrated table options eliminate the need for additional furnishings, though complementing freestanding tables are also available.



KnollTextiles

Part of the high-performance Vista collection,

Grandview is an upholstery fabric that plays both on geometric and striped textiles. Seemingly random circles of varying sizes form a bubble-like ground and sport a striped infill of high- and lowsheen yarns to add dimension. Composed of polyester and solutiondyed nylon, Grandview is offered in seven colorways and is Greenguard® certified for low chemical emissions.

www.knolltextiles.com

Reader Service No. 220

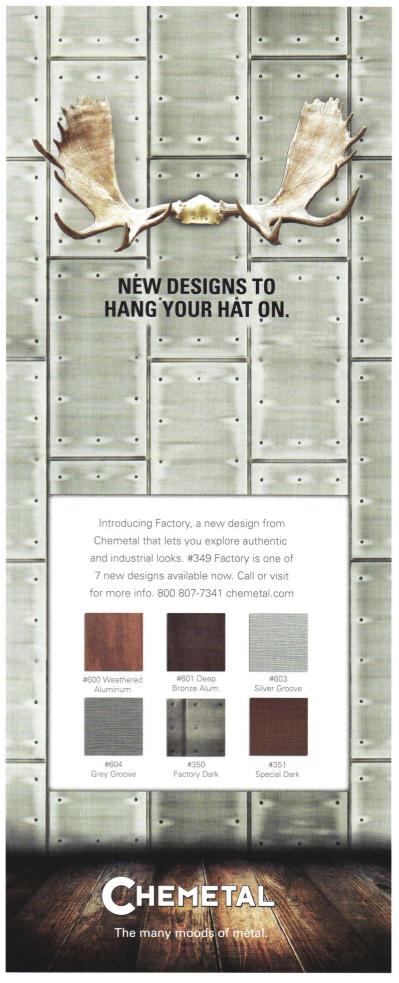




sero

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Mannington Commercial and Pallas Textiles

Breaking down boundaries between manufacturers, the **Vivendi** collection for healthcare comprises flooring by Mannington and fabric by Pallas, both of which were designed by HOK. The heterogeneous resilient flooring resembles carpeting with its textural, organic, or geometric patterns, as opposed to the typical speckled floors seen in most healthcare settings. A winner of Best of NeoCon® Gold this year, the flooring features a wear-layer with an aluminum oxide topcoat for extra durability. The Pallas fabric can work independently of or together with the flooring, as it's been designed in coordinating—not matching—patterns and colors. The privacy curtain, composed of 100 percent polyester, appeals to the eye both inside and outside the patient zone. Both products were the result of patient-centric design research and a focus on the luxury trend in the healthcare sector.

www.mannington.com; www.pallastextiles.com Reader Service No. 224



Stylex

The seating manufacturer has taken the clean lines of its popular Foundation series and combined them with more patient-friendly attributes to create Foundation Healthcare. The collection features a rectilinear tubular frame in chrome, satin chrome, or powdercoated finish, and a more upright seating angle that caters to a broad class of patients and the immobile. Launched this summer, it includes a loveseat, guest chair, and bariatric chair, all of which have been tested to safely hold up to 1,000 pounds, and can be upholstered in any of Stylex's fabrics.

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Veneer-Art creates a more welcoming, spa-like setting for clinics, waiting rooms, and lobbies thanks to its natural-wood appearance, but it's actually as durable as high-pressure laminate. The wood veneers—specifiable in American walnut, European ash, brown annigre, or Bubinga—are impregnated with a melamine resin, making it scratch-resistant and low-maintenance. The latest finish in the series, **Rift-Grain™** sports matte-finished narrow ridges inspired by the coarse, linear texture of rift-sawn wood.

www.laminart.com

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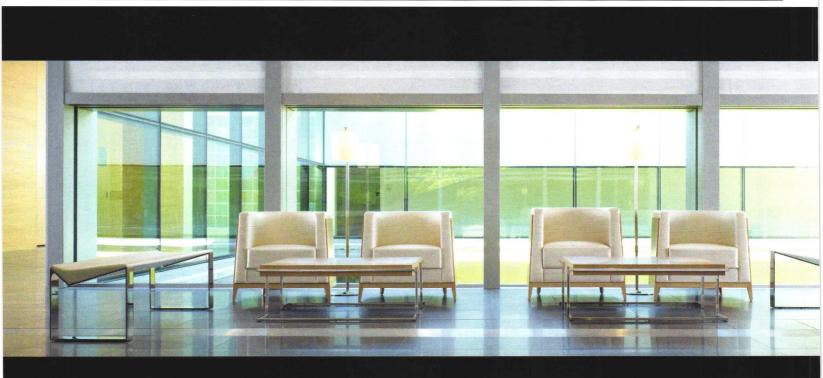




Humanscale

Giving healthcare facilities and their staff equal consideration, the **V6 Wall Station** provides ergonomic support for computing, whether standing or sitting. Able to accommodate up to two monitors, the aluminum-and-steel product has a surprisingly compact design with a track width of less than five inches and a customizable track length to fit any space. Easy positioning isn't the only benefit for caregivers: V6 can reduce the chance of hospital-acquired infection through internal cable management, sealing of all exterior cracks and crevices, and minimal surface area for easy cleaning.

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caregivers need care, too

Nurture by Steelcase's Empath recliner attempts to address both patient and caregiver safety

In healthcare environments, the patient always comes first. But caregivers' invaluable service will sometimes lead to their own injuries. Nurture by Steelcase sought to help remedy this through design, beginning with more than 2,000 hours of observing caregivers in action. This became the foundation for **Empath**, a recliner being launched at the Healthcare Design.11 conference in Nashville, November 13 to 16, that gives maximum consideration to patients and caregivers alike.

The Nurture team witnessed the caregivers straining their backs during bed-to-chair transfers and other motions required for operating recliners. At the same time, patients themselves would sometimes sustain hip bruising during the transfer.

"The chair becomes an awkward obstacle causing clinical assistants to lean over while trying to help the patient have a soft landing," says Alan Rheault, Nurture's director of product design. "We also observed extreme reaching where the assistant balanced on one foot to prevent tubes from getting tangled or run over by the chair wheels."





To make a better and safer product for the staff user and patient, Nurture created a quality steel-construction product with all the bells and whistles. The most critical improvement is a central lock mechanism—activated from either side of the chair by foot—to prevent chair movement during transfer and eliminate bending for

the caregiver. Optional folding arms for both sides allow for easy transfer of more immobile patients, and the brand's "I-skin" urethane softarm material reduces the chance of patient injury. Patients have better control of the angle at which they recline thanks to long and easy-to-reach reclining paddles located on both arm exteriors. And an optional push bar and pullout footrest facilitate moving the patient.

The chair also features an adjustable headrest, tablet surface, heat and massage options, an IV pole and drainage bag, quiet and smooth-rolling casters, and a Trendelenburg mechanism. But perhaps the crowning achievement is delivering all these in a compact and elegant package. Rheault comments, "Simple isn't easy. The chair in its final form looks so clean that the insights, invention, hard work, empathy, and passion behind the design will not be obvious to its users." —Sheila Kim

www.nurture.com Reader Service No. 210

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product focus

above + below

Armstrong's ceiling and flooring companies each introduce solutions for the healthcare sector

Armstrong Ceilings and Armstrong Commercial Flooring are both introducing products addressing challenges within the healthcare design market, though one is hidden from the eye and the other is visually prominent.

Next month, Armstrong Ceilings is unveiling the **Prelude SingleSpan™ Suspension System**, which targets congested corridors encountered in



hospital settings. Such projects often have limited room to drop hanger wires that suspend the droppedceiling grid, forcing contractors to trapeze the components below other structural members. This not only creates more plenum interference but increases cost

and materials used. Armstrong's solution incorporates the company's PeakForm Plus bulb, uniquely shaped to increase the load-bearing capacity of the beams without affecting the number of hanger wires that suspend them. The resulting system can support over 10 pounds per square foot, thus offering more installation options and better access to plenum space.

Underfoot, Armstrong's Rejuvenations collection offers the durability of vinylsheet flooring in a much more attractive package. Ideal for areas where infection control is a concern, the product boasts a UV-cured polyurethane coating that helps maintain sanitary conditions with its easy-to-clean and improved impermeable attributes. Introduced in September, it offers three categories: St



September, it offers three categories: **StoneRunTM** mimics the look of travertine and concrete; AmbiguTM takes inspiration from fashion styles and textures; and TimberLine® recreates wood species such as oak, walnut, and bamboo. All three categories come in a subdued yet sophisticated color palette with staying power. "The bulk of what people select isn't the more trend-driven 'wow' colors but what gives the best design solutions over the long term," comments Armstrong Principal Designer Di Anna Borders. —*Sheila Kim*

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Carnegie



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product focus

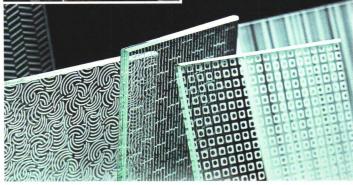
glass for health

Michael Graves creates an architectural glass collection for Skyline Design

Whether it's the simple fact that it comprises five patterns, or that its creator was dubbed one of the New York Five in 1967 by the Museum of Modern Art, 5+ refers to a new architectural glass collection by legendary architect Michael Graves for Skyline Design. This healthcare-geared line is near to his heart. Paralyzed from the waist down since 2003, the architect became familiar with healthcare environments and quickly noted the lack of beauty and accessibility in these settings. This led to a passion for designing to elevate the patient experience.



"I love working in healthcare," says Graves. "It's my way of giving back." And his contributions to the market are indeed elevating. The collection's five initial designs are modern, abstracted versions of familiar patterns with different trans-



parency options to meet privacy needs: Running Bond pays homage to stonemasonry with a staggered-grid pattern; Swirl loosely references patterned terrazzo floors of historic buildings in Italy using a composition of arcs; Herringbone mimics the brick pattern of colonial walkways; Avenue depicts the energy of city streets with variegated stripes; and Circle in the Square recalls historic Roman piazzas.

In keeping with the company's commitment to sustainability, the patterns are created using its Eco-etch® technology, which utilizes aluminum oxide instead of acid for, overall, a cleaner process. The glass comes in three thicknesses and in sheets as large as 48-by-130 inches, or 44-by-126 inches if applying a translucent etch to the second side. —Sheila Kim

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HAWORTH[®]



advancements made in evidence-based healthcare design

Rosalyn Cama, an expert on evidence-based healthcare design and a former ASID national president, points to gains in designing with evidence

By Rosalyn Cama, FASID, EDAC

About five years ago, I met with John Czarnecki in his previous capacity as acquisitions editor at John Wiley & Sons to discuss writing a book about evidence-based design. At that time, evidencebased design was still relatively vague. Healthcare administrators were beginning to understand that they needed to ask for evidence-based design services and responding design firms knew they had to deliver, but few understood what evidence-based design was, let alone how

to incorporate it into practice. The field was ripe for an explanation about the evidence-based design methodology.

In Evidence-Based Healthcare Design (Wiley), which was published in early 2009, I wrote that the naysayers expected this process would stifle creativity, the lack of baseline evidence could not fuel its adoption, and the underlying fear of the unknown would manifest itself as a prescriptive concept that would self-destruct. Time has proven the naysayers wrong, in fact those practicing this methodology have produced enough data to develop the business cases necessary to show the benefits of particular design interventions' first costs revealing their health, organizational, and economic return on

investment. This has proven to be a powerful tool for health regulators and hospital boards of directors.

Today, the skepticism toward evidence-based healthcare design has dissipated as familiarity has grown into widespread adoption. The concerns are less about justifying its validity and more about how it can assist in streamlining and improving efficient and effective models

within organizations that are being driven toward the operational leanness of government-sanctioned health reform.

A body of knowledge

To that end, the evidence-based design methodology that is outlined in my book, as well as Evidence-Based Design for Multiple Building Types (Wiley, 2009) by David Watkins and Kirk Hamilton (see inter-

> view with Watkins, page 104), The Center for Health Design's EDAC study guides, and in other subsequent publications have been studied and commonly adopted by many healthcare project design teams.

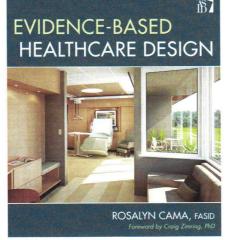
Today, nearly 800 people from many disciplines have earned The Center for Health Design's Evidence-Based Design Accreditation and Certification (EDAC) designation. Nurture by Steelcase launched a nationwide training program to support the EDAC test. Anjali Joseph, Ph.D., director of research at The Center for Health Design, says, "The development of the EDAC program has made great strides in stan-

dardizing definitions and terms, and making the

evidence-based design process accessible to a

larger group of people. It has helped to clarify and strengthen the need

for evidence-based design in healthcare design and provides a path forward for those interested."



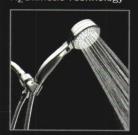
As interest grows, so does the evidence-based design body of knowledge. And as more design teams contribute to this body of knowledge, (continued on page 50)



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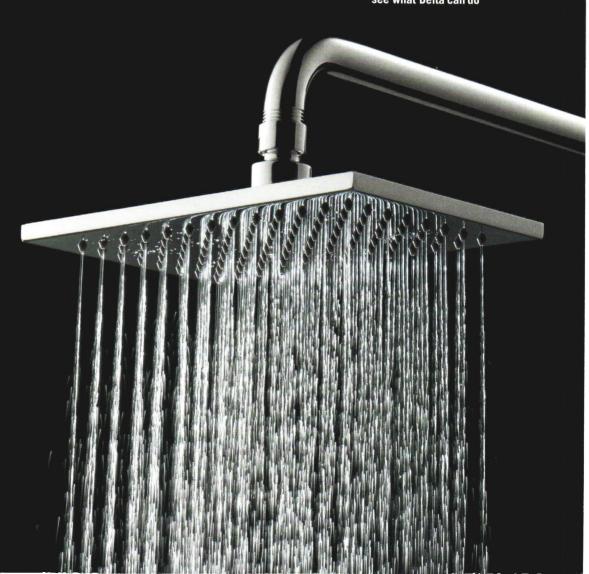
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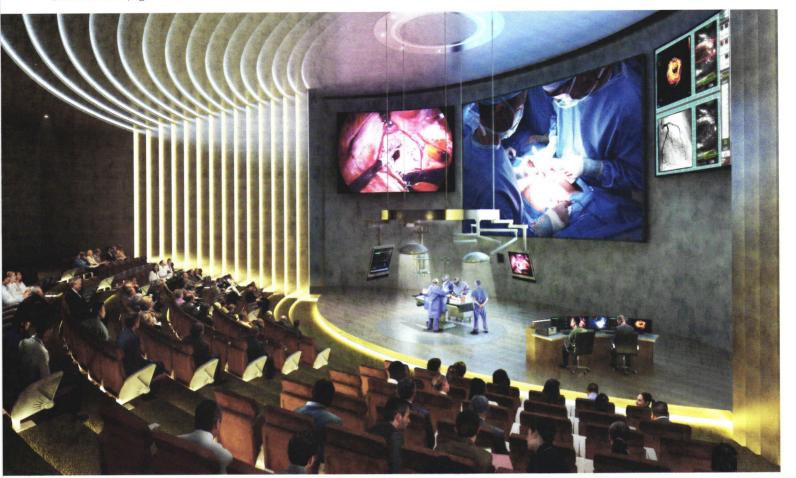
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the opportunity to share new and creative evidence-based design interventions has propelled the advancement of more effective health-care delivery through better building design. In fact, many healthcare RFPs now expect design teams to launch innovation from the baseline of intelligence embedded in evidence-based design checklists where clues exist to achieve the most effective outcomes. "Most large health-care design firms now employ researchers who translate research and make it accessible to architects and designers. They also conduct

Healthcare simulation involves the use of technology and other resources to create highly realistic participatory learning experiences without actual patients. The Mid-Continent Regional Center for Health Care Simulation (left) is being planned for construction in Wichita, Kansas. It will include a simulation theater (above) to stage learning scenarios.

research on key design issues and contribute to the knowledge base," Dr. Joseph says.

The most substantial advancement in the adoption of evidence-based design has been in the broader acceptance of the integrated multidisciplinary team. The evidence-based design process prescribes that the entire team responsible for designing, building, and utilizing the new project space be brought together early and include thought leaders from all areas of interest armed with, at minimum, baseline data in their given field of expertise. The due diligence taken in

these early design phases with all stakeholders allows for a group to build momentum and reach common goals much earlier than traditional design methodologies. This allows for a clear vision statement acceptable to all with design guidelines that create successful project measures developed collaboratively, not just from the corporate perspective.

(continued on page 52)



As the design process begins, innovative design interventions are hypothesized to maximize the achievement of strategic goals and objectives. The EDAC community committed to this process has also worked collaboratively through The Center for Health Design and its affiliates, particularly The Pebble Partners, who openly share incremental progress so that the flow of proven and, more importantly, disproven design interventions are shared. Although the methodology has not changed since my book was published, this important piece of the process has become much more acceptable allowing for timeefficient consensus building and shorter innovation cycles.

Innovation cycle spurs radical changes

It is in the foreshortened innovation cycle that the progress is being made and the domino effect engages. For example, once we recognized the evidence-based design advantages of the single-bedded room, the like-handed room was hypothesized to reduce errors. That gave way to the positioning of the headwall bathroom to reduce the incidence of falls. Evidence-based driven healthcare project teams now feel comfortable discussing radical changes in the design of the environment of care using this methodology.

The body of knowledge is advancing rapidly and is most clearly organized around outcomes related to safety, workplace performance, market share improvement, and customer loyalty. When all are in alignment, then the customer experience improves and coveted hospital ratings rise. Thus, the impact is felt beyond the level of the design studio and beyond the hospital administrative levels to state and federal regulatory agencies.

Evidence-based design has also fueled advancements in regulatory standards that are aligning with this growing knowledge base. "Key industry organizations and universities such as the American Institute of Architects Academy of Architecture for Health, The Center for Health Design, and Facilities Guidelines Institute of the American Society for Healthcare Engineers are increasingly collaborating to pool their "Today, the skepticism toward evidencebased healthcare design has dissipated as familiarity has grown into widespread adoption. The concerns are less about justifying its validity and more about how it can assist in streamlining and improving efficient and effective models within organizations that are being driven toward the operational leanness of government-sanctioned health reform."

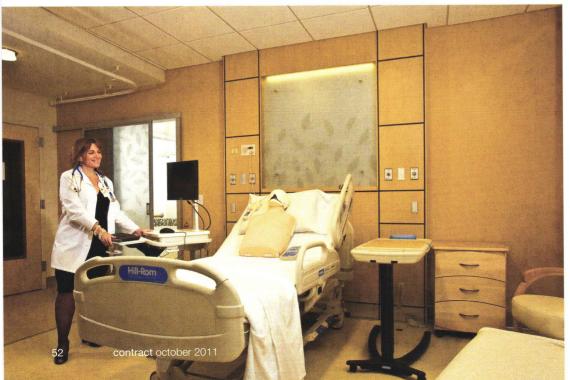
resources to focus on research topics that are high priority for the industry. The Facilities Guidelines Institute is actively supporting guideline changes to be more evidence-based and is funding research studies that will help inform guideline changes," says Dr. Joseph.

The pressure for advancement has also reached the level of the Centers for Medicare & Medicaid Services requiring healthcare providers to comply within the guidelines of certain performance measures in order to maintain payment for such performance. Providers are ripe for any tools to mitigate risk of failure to perform. Evidence-based design is proving to have a significant payoff.

Advances in technology are another catalyst for evidence-based design advancement. Technological advances generally require significant adjustments to infrastructure. These adjustments open the door for radical shifts in the operational models as well as the design of the built environment. Evidence-based design goes hand-in-hand with these adjustments. With a growing base of knowledge about how to improve outcomes, an arsenal of new tools exist for performance

> and advancing regulations that lead to payment for performance. Small groups of innovators like those engaged in The Pebble Project will spur each other on to develop more efficient, effective, safe, and equitable environments of care. These advancements are now moving to the classroom. New models for educating future health clinicians are using a multidisciplinary approach in environments that are keeping pace with newer

(continued on page 54) The University Medical Center at Princeton of Plainsboro (UMCPP) hypothesized that patient room design with familiar orientations would reduce errors, falls, and the spread of infection while improving the quality of care delivery based upon evidence-based design interventions. Pictured is Dr. Susan Lorenz, UMCPP CNO, who is conducting interim research in UMCPP's functional mock-up patient room.



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building models and advanced technologies. This will undoubtedly break age-old models of clinical operations, adding even more fuel to the fire to advance a healthcare delivery system of the future.

All of this scrutiny about an institution's performance measures can be clearly linked to culture and operational efficiencies, but those of us in design know that without the best work environment the effort is encumbered. The evidence-based process shines a light on



Artwork, such as the painting "Dahlias" by Cynthia Packard in the Smilow Cancer Hospital at Yale-New Haven in New Haven, Connecticut, helps to calm and add a sense of familiarity for patients that may otherwise be feeling anxious.

the value that this base of design knowledge has on improved outcomes, and on a more philosophical discussion about how design of the built environment affects who we are and the way we behave in a healthy, holistic way. To this end, the current and future gains in this design methodology will be in the development of more holistic envi-

"It is in the foreshortened innovation cycle that the progress is being made and the domino effect engages."

ronments—what I like to call "Place of Wellbeing." I look forward to the next iteration of evidence-based design advancements, those that will inform wellness models and a very different attitude about hospitals of the future.

Rosalyn Cama, FASID, EDAC, is the president and principal interior designer of the evidence-based planning and design firm CAMA, Inc. in New Haven, Connecticut. CAMA, Inc. partners with its clients in support of their strategic plan, and the creation of interior environments that promote wellbeing. Cama served as the 1998 to 2000 national president of the American Society of Interior Designers (ASID) and currently serves as chair of the board for the Center for Health Design. Cama is the author of Evidence-Based Healthcare Design (Wiley, 2009).



Helios Treatment chair

The Helios Treatment Chair is the result of a collaboration between IoA, ZGF and Memorial Sloan Kettering, leading to a new standard design for MSK Oncology clinics. The Helios chair features motorized movements on a swivel chair fixed to the floor. An interactive TV screen brings nurses call, programming, internet and telecommunication right to the patient with a triple articulating arm. All data and power cables are neatly channeled to the floor through its base.

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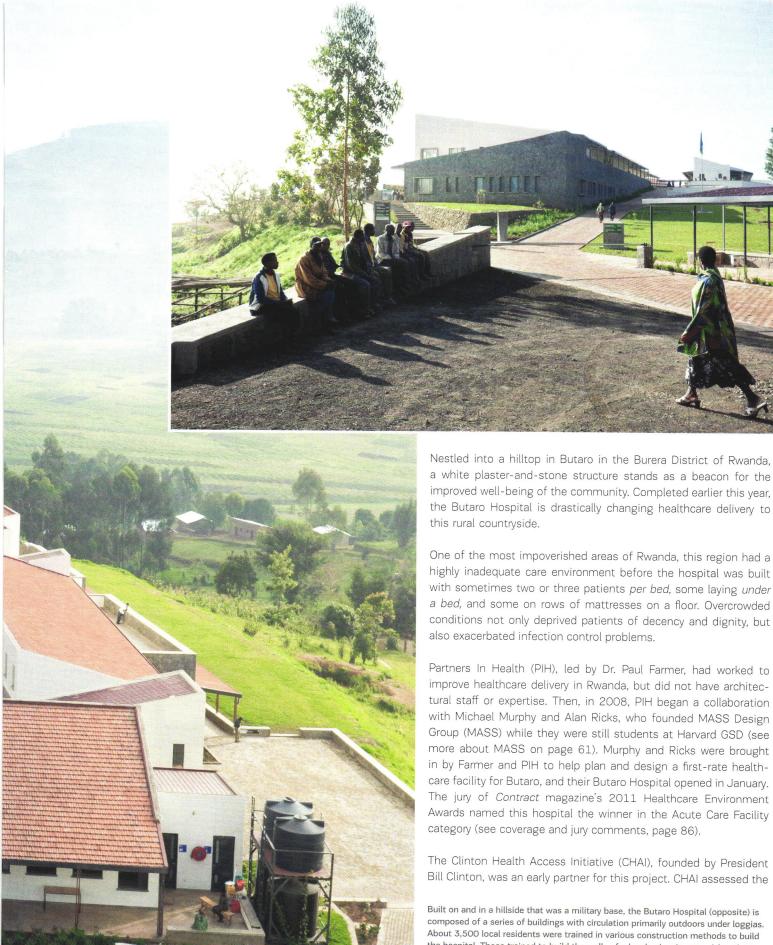
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the power of design

In rural Rwanda, the Butaro Hospital by MASS Design Group redefines the region's healthcare delivery paradigm

By John Czarnecki • Photography by Iwan Baan



improve healthcare delivery in Rwanda, but did not have architectural staff or expertise. Then, in 2008, PIH began a collaboration with Michael Murphy and Alan Ricks, who founded MASS Design Group (MASS) while they were still students at Harvard GSD (see more about MASS on page 61). Murphy and Ricks were brought

in by Farmer and PIH to help plan and design a first-rate healthcare facility for Butaro, and their Butaro Hospital opened in January. The jury of Contract magazine's 2011 Healthcare Environment Awards named this hospital the winner in the Acute Care Facility

The Clinton Health Access Initiative (CHAI), founded by President Bill Clinton, was an early partner for this project. CHAI assessed the

composed of a series of buildings with circulation primarily outdoors under loggias. About 3,500 local residents were trained in various construction methods to build the hospital. Those trained to build the walls of a local volcanic stone (above) are now highly sought-after for their construction skills.

Rwandan regions and national need, and brought expertise to understanding the scope of required work. CHAI identified Burera to be the most underserved district.

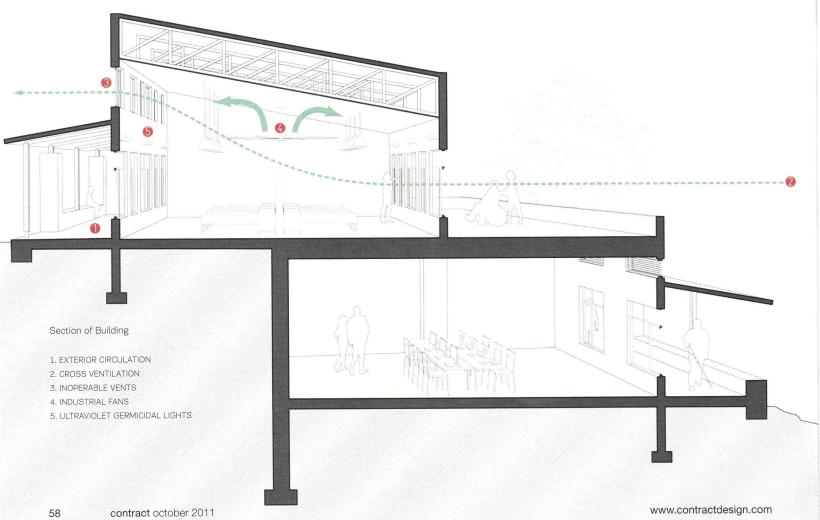
A new model for architectural practice

"At the most basic level, this project represents the will of a few groups who are committed to providing top medical care to communities in need, no matter what the constraints," Murphy says. "To me, it represents a new practice model in architecture, where we seek clients and communities that have not benefitted from the value of architectural service, and do whatever it takes to make that commitment a reality."

The 140-bed hospital wraps around and is embedded in a hilltop that had been used as a military base. It is designed as a campus of buildings—separate structures to help isolate and limit the possible transmission of disease—connected by outdoor circulation and loggias. The campus includes an emergency room, two operating rooms, internal medicine ward, maternity ward, intensive care unit, and pediatric clinic.

Air circulation was highly considered in the design, maximizing air mixing. Six huge 24-foot-diameter ceiling fans, produced and donated by Big Ass Fans, pull air up within the wards to then escape through louvered clerestory vents. Natural air ventilation, with a mix of operable and inoperable windows, helps to both reduce energy costs and lower the risk of infection. MASS worked with experts in infection control at the Harvard School of Public Health, namely Dr. Edward









Circulation between buildings (left and above) is primarily outdoors around a central courtyard. Beds in the wards (below) are organized near the center of the room. With this configuration, the windows can be as large as possible. Industrial-sized, 24-foot-diameter fans pull air up and out through the upper clerestory vents. Natural ventilation is maximized to have approximately 12 air changes per hour to reduce transmission rates of airborne diseases. Germicidal ultraviolet lights (wall-mounted) help to sanitize air filled with tuberculosis particulates.





Site Plan: Lower Level

Key Healthcare Design Highlights

- Significantly improves baseline healthcare delivery for one of the most improverished regions of Rwanda. The Burera District, with 340,000 residents, previously had extremely poor health indicators, no functioning district hospital, and no doctors.
- Transmission of airborne disease is mitigated through a layout of separate buildings, exterior circulation routes for patient and staff, and natural ventilation.
- Air circulation is maximized with approximately 12 air changes per hour in the wards. Industrial fans pull air in and up within each ward.
- The use of a non-permeable, continuous epoxy floors provides a durable, easy-to-clean surface devoid of joints prone to bacterial growth.
- \bullet In terms of the broader impact, the doctors will train 1,500 volunteers to serve as healthcare professionals in this rural region.

Nardell, a pulmonologist, to plan for this. With Nardell, MASS strategized a natural ventilation concept that would get enough air changes per hour to reduce transmission rates of airborne disease, and additionally implemented germicidal ultraviolet lights to inactivate microbes and sanitize air that is filled with tuberculosis particulates.

Without enough trained healthcare staff to have individual rooms for patients, open wards are the norm in Rwanda. In the Butaro Hospital, beds are positioned at the center, against a wood-paneled wall that has electrical outlets. With this configuration, the exterior windows can be larger than if beds were placed against the perimeter walls. Floors are a continuous single epoxy surface, which is best to mitigate the possible spread of infection. Renowned graphic designer Massimo Vignelli donated his graphic design services for the hospital's signage.



About MASS Design Group

MASS Design Group (MASS) is a 501(c)(3) pending, not-for-profit firm, which currently operates under the fiscal sponsorship of Partners In Health (PIH). MASS originally was an acronym for Model of Architecture Serving Society, but MASS is also in reference to the critical mass needed to make positive change in the built environment.

Cofounded by Executive Director Michael Murphy and Chief Operations Officer Alan Ricks, MASS has 15 full-time employees and three other staff members, with a presence in Rwanda, Haiti, Boston, and Los Angeles. And it is growing, with at least six projects currently in development primarily in Rwanda and Haiti.

According to the organization, "MASS works to deliver the highest possible impact at the lowest possible cost to the groups we serve. MASS creates well-built environments using appropriate design, local investment, and innovation to break the cycle of poverty. We collaborate with governments, NGOs, private sector firms, and healthcare experts to advocate for the most underserved and provide scalable models of community-based development and training. MASS Design Group has shown that innovation, driven by interdisciplinary research and immersion in the field, can deliver well-built environments that are efficient, effective, and empowering."

Murphy and Ricks were classmates at Harvard Graduate School of Design when they founded MASS in 2008. After seeing a presentation by Dr. Paul Farmer of Partners in Health about that organization's work in Rwanda, Murphy talked with Farmer about partnering to add a level of architectural design sophistication to PIH projects. —John Czarnecki

The exterior is composed of hand-built stone walls and plaster walls. Signage was designed and donated by Massimo Vignelli.

Significantly, the process to build the \$4.4 million, 65,000-square-foot hospital involved the training of 3,898 laborers, including about 3,500 local residents who worked in shifts around the clock. Those trained as masons built the volcanic stone wall by hand and are now highly sought-after in the area after gaining incredible skills. Other walls of the buildings were constructed with CMU blocks, a reinforced frame, and a plaster coating. All rainwater is collected and reused.

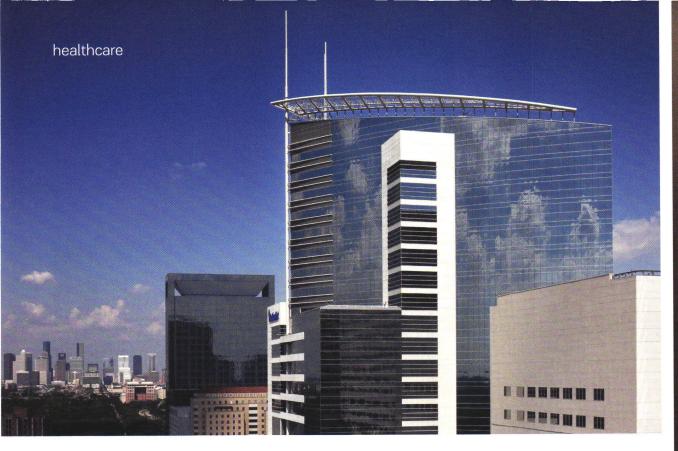
Ricks points to this project's wider lessons for the role of architects. "For me, this project demonstrates the instrumental role that architects provide as translators and planners," Ricks says. "Architects are uniquely capable of studying and interpreting what the problem is, as well as how the well-built environment plays a role in addressing it."

MASS now has 10 architects in Rwanda and is building housing for the medical staff. "The hardest challenge was in executing this, realizing that drawings alone wouldn't be enough to provide complete architectural service in this community," Murphy says. "That is why we moved to site and established a team there to complete the project."

Butaro Hospital. Architect MASS Design Group. Client Rwandan Ministry of Health, Clinton Health Access Initiative, Partners In Health. Where Butaro, Burera District, Rwanda. What 65,000 total square feet on two floors. Cost/sf \$70. For a full project source list, visit www.contractdesign.com.

61

www.contractdesign.com contract october 2011



less clinical, more hospitable

WHR Architects designs a centralized outpatient facility, already an icon in Houston's skyline, that can stand up to fine hotels

By Sheila Kim . Photography by Joe Aker/Aker Imaging

Healthcare designers recognize that they have the power to implement design as a healing tool, whether to improve efficiency and outcomes or to soothe anxiety through an attractive, calming environment. The Methodist Hospital Outpatient Center, part of the Texas Medical Center campus, is a 27-story building in Houston that accomplishes this with ease. Designed by Houston-based WHR Architects (see interview with David Watkins, FAIA, WHR's chairman and founding principal, page 104), the outpatient center houses state-of-the-art facilities within a hotel-like setting that deviates from an institutional aesthetic. For starters, its towering height and crowning "tiara" have rendered it an iconic part of the city's skyline since it opened, and that's something few hospitals can boast.

Responsible for the interiors as well, WHR was tasked with consolidating outpatient services—from cardiology to imaging—that were previously based in disparate locations, while beautifying healthcare design to elevate patient

A fixture of Houston's skyline, the Methodist Hospital Outpatient Center is crowned with a steel "tiara" sporting three spires (top) that reference the Holy Trinity—since the hospital system is faith-based—and the trio of science, research, and education. A two-story-tall water wall (opposite) offers soothing sights and sounds in the first-floor lobby; its iridescent mosaic tiling creates a sparkle effect.



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experience before, during, and after procedures. The design team rose to the challenge through extensive research, strategic planning, and thoughtful selection of palettes and furnishings.

Because the dense campus is home to massive medical buildings and very few through-streets to bypass them, the area had previously been difficult to navigate. By expanding the four-lane John Freeman Boulevard to cut through the base of the Outpatient Center, the Methodist organization and the City of Houston created an artery connecting Main and Fannin Streets, alleviating the area's traffic congestion. The project team used this to patient and client advantage, creating direct access from the street to the drop-off zone, main entry, and ramps to onsite parking and loading.

Programming using evidence-based design

Knowing that circulation and wayfinding are key to efficiency, WHR positioned the six-cab main elevator bank in one location that, on all floors, coincides with each level's waiting lobby. With the exception of the sterile processing floor, every floor features a dedicated perimeter corridor for visitors to enjoy views and light, and to avoid colliding with gurneys. Dedicated visitor and staff passageways also ensure quicker and safer patient transport.







Key Healthcare Design Highlights

- Patient experience is enhanced through spa- and hotel-influenced materials and lounge furnishings, as well as well-appointed amenities.
- Small groupings of lounge seating and tables, floor lamps, and other accessories create intimate areas within the expansive public areas.
- Dedicated corridors for visitors and staff not only facilitate smoother operation, but also detract from a sterile hospital feel.
- Infusion bays are positioned along a glazed corridor to offer natural light and views that are pleasant to take in compared to a hospital wall.
- Shell floors and flexible layouts allow for department expansion in the future.
- Wide corridors, entrances, ramps, and elevator cars make the center fully accessible.
- A corridor links the center to the existing hospital, should an overnight stay be necessary.

With the help of equipment coordinator Genesis Planning, the project team outfitted operating rooms with cutting-edge technology such as a touch-panel control system that routes endoscopy, ultrasound, and x-ray visuals onto a screen—from and to any OR. The integrated system can even pull up information that's on the hospital network such as lab results.

Flexibility for the future was important to the client, so the facility was designed to obtain a hospital license should Methodist decide to house inpatient services. The building includes shell floors to allow expansion of surgery, radiology, and other treatment zones. Knockout panels and optimized mechanical and technological systems all contribute to future plug-and-play functionality. And most department layouts allow adjustment of square footage.

Deinstitutionalizing healthcare

"No one wants to go to the hospital," says Randy Kirk, MS, project specialist for The Methodist Hospital. "So let's make it feel a little less clinical and more like a comfortable

The infusion bays can be accessed separately by staff on one side (opposite, top) and by patients on the other side (top). On the patient-entry side, lounge furniture allows patients to socialize with fellow patients or to simply enjoy the views outside. Waiting lounges (left) offer a comfortable setting outside exam rooms. Wood veneer paneling lends warmth to public waiting areas (opposite, bottom), where seating is both visually appealing and easy to clean.

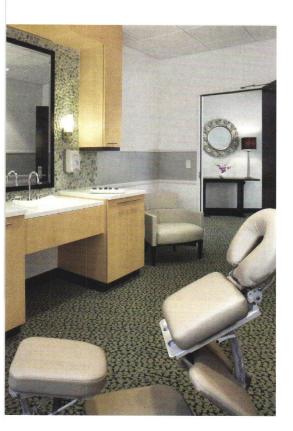




The second level looks out onto the ground-floor lobby (above), its clean-line furnishings, and mix of carpeted and granitetiled floors. Backlit etched glass (left) adds another hospitality design element to the ground floor lobby. Lounge seating is upholstered in durable polyurethane that mimics luxurious leather, with fabric used on some back cushions as an accent.

home." Visitors encounter a tranquil atmosphere in the expansive lobby set by furniture, color, and material selections. Wengé-composite veneer covers walls in waiting areas. Instead of linoleum, floors are covered in flame-brushed granite, with carpet in the seating areas for intimacy and acoustical control. And rather than uniform rows of seats, small groupings of lounge furniture establish a cozy feel. To meet durability requirements, the seating is upholstered in polyurethane, with fabric used sparingly on backs. WHR installed a two-story, iridescent mosaic-tiled water wall by the lobby's escalators, where visitors ascend to reach the main elevator bank, public and dining spaces, and patient amenities.

The influence of hospitality is especially evident in the oncology department on the 21st floor. Cancer

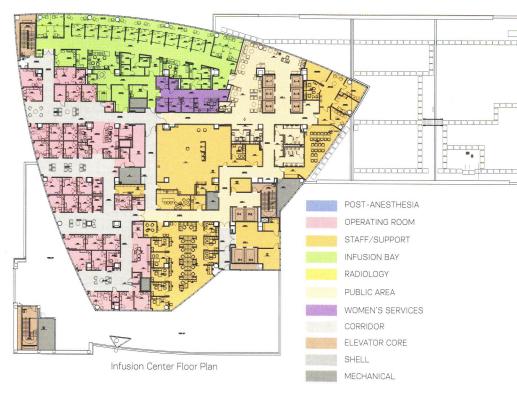


Among patient amenities, the chair-massage rooms (above) feature soft aqua pebble mosaics, decorative sconces, and a custom carpet with an organic pattern, all of which contribute to a spa-like setting.

treatment is notorious for taking a toll mentally, emotionally, and physically on patients, and sometimes infusions can take all day. The design team lined the floor's windowed corridor with 10 private rooms and two group rooms accommodating four, equipped with sliding glass doors that still allow for light and city views when closed. Lounge seating in the corridor itself encourages socializing between patients and family, or even other patients. "This area was inspired by a relaxing seaside porch under a beach house's canopy," says WHR Associate Lori Foux, IIDA, who points to abstracted references including slatted-wood ceiling panels, light sconces, sheet flooring that resembles whitewashed wood, and sparkling blue-and-green-glass mosaics.

It's personal, not just business

A goal of this project was to add a high level of personalized care and services. At pre-registration, patients receive smart cards that contain their information for access points such as the parking garage, as well as for charging any purchases made at the center. Waiting rooms are "resource centers," offering multimedia, computers for online medical research, and portable audio devices ready to download preferred music. Based on the client's idea, exam rooms have tranquil-word names like Faith and Serenity, as opposed to a number, while active recreational spaces like the staff gym have upbeat names, such as Revitalize. Finally, the second floor's meditation area and massage rooms are quiet oases for patients to clear their minds.





The Methodist Hospital Outpatient Center. **Architect** WHR Architects. **Where** Houston. **What** 824,000 total square feet on 26 floors. **Cost/sf** \$149. For a full project source list, visit www.contractdesign.com.

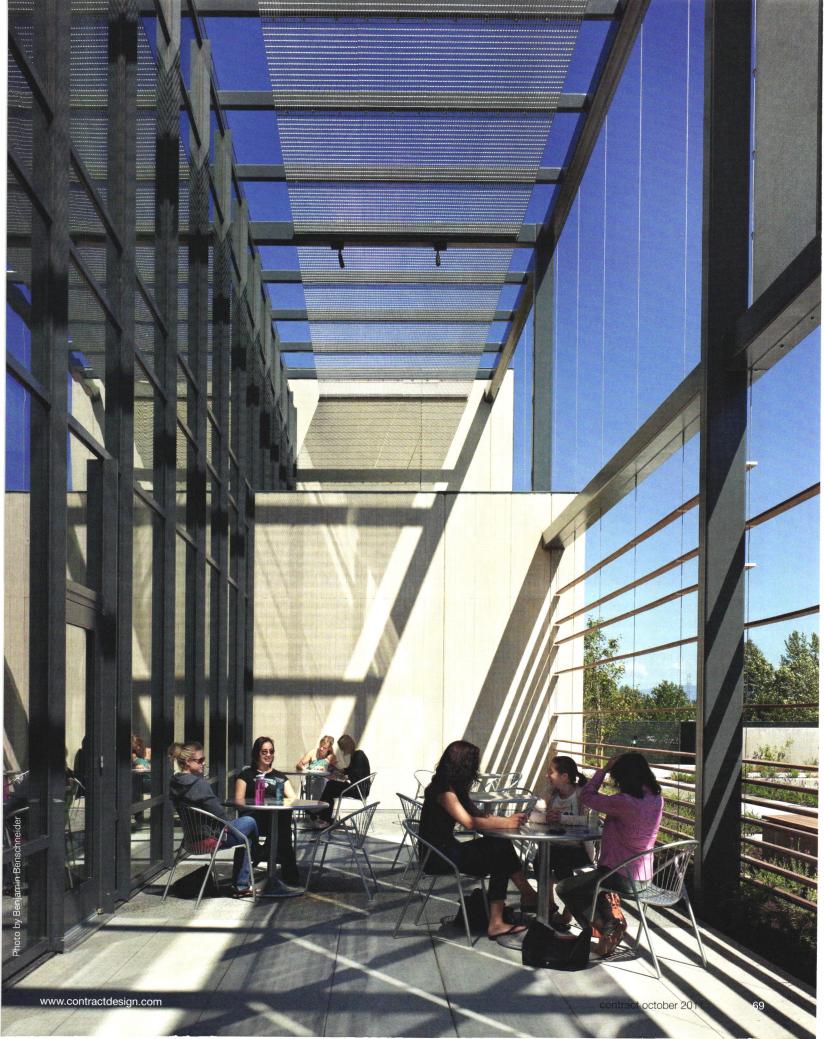


beautifully lean

NBBJ implements Continuous Performance Improvement to create a lean design rich in human experience for Seattle Children's Bellevue Clinic and Surgery Center

By Sheri Olson, FAIA • Photography by Benjamin Benschneider and Sean Airhart of NBBJ







A café terrace and colorful lobbies are obvious giveaways that Seattle Children's Bellevue Clinic and Surgery Center in Bellevue, Washington, is special among the cluster of medical buildings adjacent to the I-405 freeway. A prototype for a series of ambulatory surgical care centers planned around the region, this clinic is a welcoming presence amidst the more institutional-appearing neighbors for young patients. The American Institute of Architects (AIA) agrees, having awarded the center a 2011 AIA Healthcare Design Award.

The team behind the innovative clinic hails from the Seattle office of NBBJ, a firm that's been honored for numerous healthcare projects through the years. For this facility, NBBJ embraced the client's commitment to Continuous Performance Improvement (CPI), a practice of reducing waste and increasing efficiency through continuous small adjustments. The result is a lean design that is still rich in human experience for patients and staff.

Thoughtful programming

Even before entering the building, approaching families spot welcoming qualities from a steel-framed, mesh-screened zone running the length of the clinic's glazed facade. This outdoor space houses a café as well as a healing garden, with views out over a green roof. Inside, a bright orange wall draws attention to the patient check-in area of the

light-filled lobby. Farther in, different hues are used for each examroom corridor to facilitate wayfinding.

There's more to navigating the center besides color cues. A key CPI concept identified early in the design process was separation of patient circulation from staff and equipment. Most facilities use the

Key Healthcare Design Highlights

- Patient circulation is separate from staff, improving wayfinding and creating quiet, uncluttered corridors.
- Exam rooms sandwich common teaming areas where physicians and staff can work more efficiently and enter the rooms without using the patient corridors.
- Sliding doors replace traditional ones so that space is not lost to door swings.
- Grouping related facilities together and creating dual-purpose rooms reduces walking distances and wait times for patients. Efficiencies for the staff translate into more time with patients.
- Attaching induction rooms to operating rooms allows families to be with patients during sedation, and increases patient safety by eliminating travel through unsanitary corridors to surgery.
- Patients and their families connect to the calming benefits of the natural world and sunlight through ample glass, sheltered exterior spaces, and skylights.







The check-in area (opposite) of the main lobby incorporates a youth-friendly bright and cheery aesthetic. Sliding doors (above, left) reduce the width required to accommodate swinging doors in the corridors, while wall colors are used as a wayfinding and navigating device. The colorful wall mural (top, right) depicts Northwest flora and fauna next to the surgery entrance. Staff collaboration areas (above, right) feature doors to double-loaded treatment rooms, freeing up corridors for public use only, as well as enhancing treatment efficiency.

same halls and room doors for both patient and caregiver, creating bottlenecks. NBBJ double-loaded the exam rooms with patients entering from a dedicated corridor and staff entering from a common teaming area that's sandwiched between the rooms. Separate circulation systems imply increased footprints, but the 80,000-square-foot building is almost 30 percent smaller than originally planned, thanks to minimized circulation and increasing efficiencies. For example, doctors collaborate with staff at rolling workstations with equipment close at hand in the teaming areas, and that efficiency leads to shorter wait times which, in turn, allow for smaller lobbies—now 1,650 square feet compared to the programmed 5,000 square feet.

NBBJ challenged conventional ideas about room size requirements by researching via full-scale mockups of exam rooms, surgical suites, and waiting areas built within a vacant office building. Doctors, staff, and patients role-played different scenarios to test operational flows and room layouts with the results fed back into the design. For instance, stretcher storage is traditionally outside operating rooms, but the mock-up experiment enabled NBBJ to configure rooms that incorporate the stretchers within, leading to a reduction in room size from 635 to 550 square feet. "The use of prototyping and departmental mock-ups dramatically improved healthcare flow," says Cindy Evans, vice president, ambulatory and regional services for the hospital.

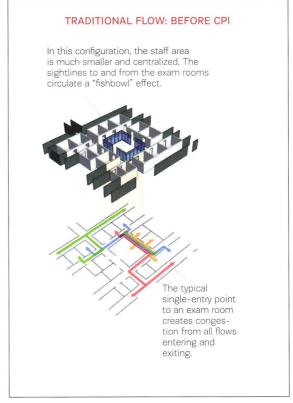
One of the most significant outcomes of CPI was the decision to connect induction rooms to operating rooms. "When we recreated the path of gurneys we realized that every turn reduces efficiency, so we designed straight shots between induction and surgery," explains project architect Reeve Elliott. It also increases patient safety since they don't move through an unsanitary corridor to surgery. Pairing two induction rooms with one surgery allows quicker breakdown and turnaround time. More importantly for families, parents can stay with a child during sedation.

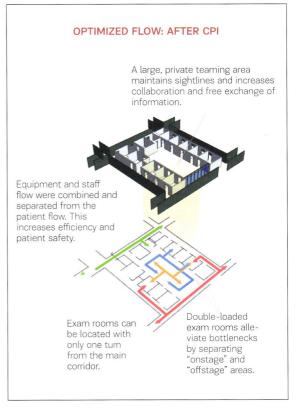
NBBJ also used Integrative Project Delivery (IPD) to foster collaboration between team members. Early on, the architects met with the local electric company to identify incentives and ways to lower energy costs using turbo-chillers, lighting control, and shading. Sustainability was not necessarily a client goal at the start of the project, but the architects tracked LEED points as decisions were made and the efficient building has achieved Gold certification. Natural materials and textiles were selected, including perforated wood for ceiling sections and rubber cork



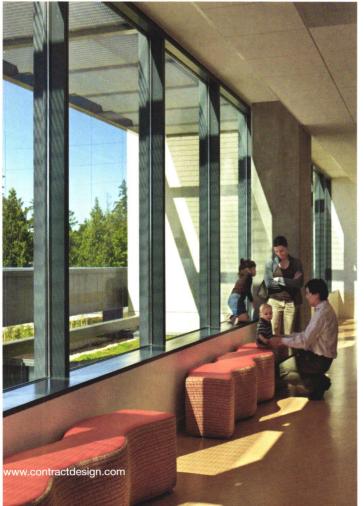


Ground Floor Plan









Large windows outside the induction rooms (above) flood the corridors with ample light. Casual seating areas along the windows (left) allow families with children to comfortably see views outdoors while waiting in the center.

flooring, and green roofs were incorporated on top of the entry canopy, vestibule, parking, and sports medicine gym.

While sophisticated in appearance, the facility also boasts family-friendly design. Vibrant color on the first floor is just a start. The second level's surgery check-in area offers cushiony, colorful seating and windows looking into a playroom. A glazed corridor brings in light and assuages any ideas of medical centers as dungeons. Outside doors leading to surgery is a cheery mural depicting local flora and fauna. And as patients undergo sedation, they literally see stars—in the good sense—thanks to a backlit ceiling that mimics a nighttime sky.

National recognition

Significantly, this was the only completed, built project to win a 2011 AIA Healthcare Design Award. According to the AIA, this award is intended for projects that "exhibit conceptual strength to solve aesthetic, civic, urban, and social concerns as well as the requisite functional and sustainability concerns of a hospital."

Seattle Children's Bellevue Clinic and Surgery Center. Architect NBBJ. Where Bellevue, Washington. What 80,000 total square feet on two floors. Cost/sf \$ 337.

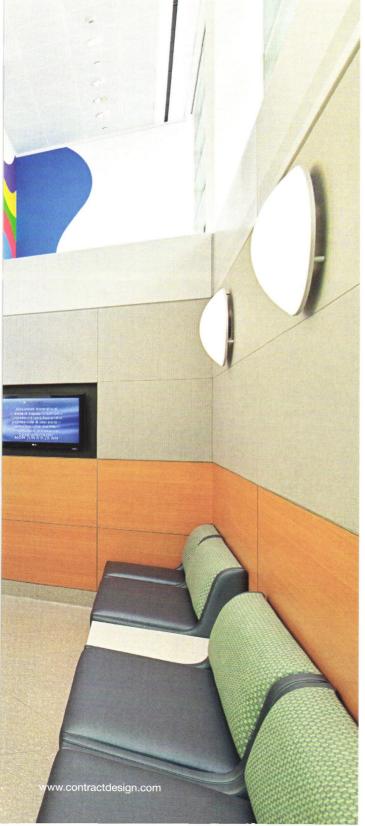
For a full project source list, visit www.contractdesign.com.

raising the bar



Designed by Aedas, New York-Presbyterian Hospital's new pediatric emergency department brings high-tech, family-friendly care to upper Manhattan

By Jean Nayar Photography by Paúl Rivera/archphoto





Just a few months ago, the pediatric emergency department of New York-Presbyterian Hospital was hard-pressed to adequately serve its burgeoning community in the Washington Heights neighborhood of Manhattan. The facilities were fragmented, limited in space, and, because it was situated within an 80-year-old building, it also lacked the systems required to efficiently provide the critical care it aimed to deliver. But thanks to a new design by the New York office of Aedas in collaboration with associate architect Poltronieri Tang, the department operates on a whole new level.

The new \$50-million facility—the Alexandra and Steven Cohen Children's Emergency Department—opened this June in New York-Presbyterian's Morgan Stanley Children's Hospital (see coverage of the hospital's center for prenatal pediatrics, page 78). At 25,000 square feet, it more than quadruples the size of the former pediatric emergency department, enabling it to meet the increasing demand for pediatric emergency services in the years ahead. The inviting state-of-the-art facility—one of only three Level I pediatric trauma centers in New York state—also stands as proof of the positive impact of evidence-based design.

Community and caregivers chime in

"The project is the result of a collaborative effort among the design team along with input from hospital staff, patients, and families," says

A swirly rainbow-like mural (left) by Sol LeWitt wraps a double-height lobby wall at New York-Presbyterian Hospital's new Alexandra and Steven Cohen Children's Emergency Department (above).

Allison Lyons-Ankerny, division administrator for the children's emergency department. According to David Williams, AIA, Aedas partner and a lead architect on the project, "The staff outlined for us what works and what doesn't, from making the most of their limited budget in terms of life expectancy of materials to work flow to color selection. And the parent advisory committee provided input on what would make both patients and their extended families comfortable." As a result, the facility is technologically equipped to provide the highest

level of care for acutely ill and injured children while emphasizing comfort of its young patients and their families through a home-like, hospitality-inspired ambience. These are not just vital in offering top-notch healthcare, but also attracting patients in the competitive New York marketplace.

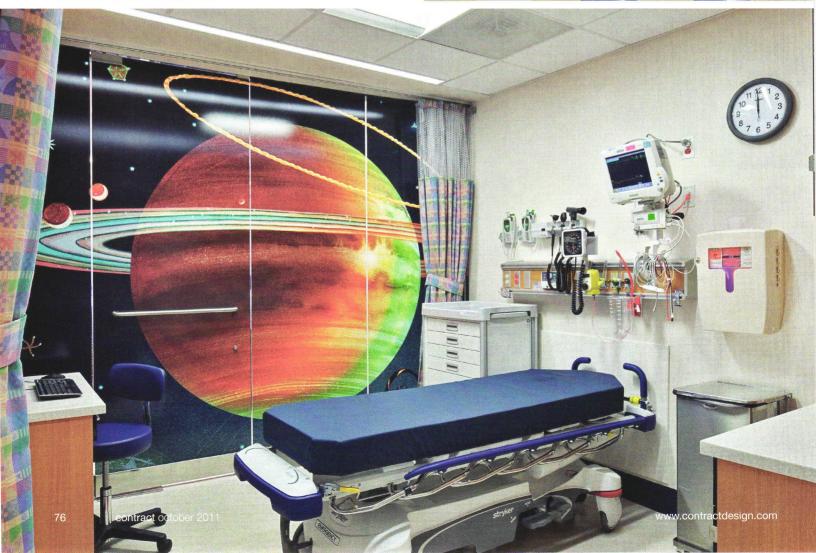
The department's welcoming and engaging appeal is evident immediately on approach to the street-level entrance and foyer, which

Key Healthcare Design Highlights

- Private treatment rooms with glass fronts and curtains for privacy.
- Public spaces with nooks and niches containing residential-like seating groups, artwork, and interactive electronic game tables and televisions to accommodate extended families.
- In-house lab, radiology capability, and pharmacy that eliminate transportation to other facilities and limit wait times for results, and therefore reduce throughput times.
- Universal treatment bays with identical equipment positions that ease function for clinicians.

16

The nurse station allows for visual access to multiple treatment rooms and patient bays (right). Glass walls in a treatment room (below) feature floor-to-ceiling illustrations from children's literature.

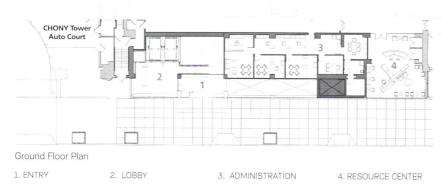




Basement Floor Plan

- 5. WELCOME DESK / CHECK-IN
- 6. WAITING AREA
- 7. TRIAGE
- 8. ASTHMA TREATMENT BAY
- 9. PROCEDURE ROOMS AND TREATMENT BAYS
- 10. NURSE STATION

- 11. IMAGING
- 12. TRAUMA
- 13. MRI
- 14. AMBULANCE BAY





Catering to families

Intimate groups of varied types of PVC-free upholstered seating and tables bring a living room-like quality, rather than typical institutional rows of chairs, to nooks in the double-height portion of the reception area. These furniture groupings not only break up the space for individual families, but also limit the spread of germs by adding sufficient distance between seating clusters.

finding to key lobby features such as check-in kiosks. Guests can also

access the reception via a glass-enclosed elevator.



Clerestory windows from the first floor and a glass-enclosed elevator (above) help maximize natural light for this belowgrade clinic.

Aimed at easing the anxiety that results from hospital visits, quiet reading areas, a body-controlled multimedia interactive wall (joystick-free to prevent the spread of germs), and electronic game tables provide ample modes of distraction. The public areas feature glass walls emblazoned with colorful floor-to-ceiling illustrations from familiar children's literature. Visible from both sides, the imagery also faces most of the 26 private treatment rooms.

In addition to the private rooms, the treatment zone contains two trauma rooms, four triage rooms, and a nine-chair asthma treatment area—a response to the community's demographic. The facility is equipped with its own onsite radiology capacity, as well as a dedicated laboratory and pharmacy, eliminating the need for patients to shuffle to other hospital departments and about town.

"Our holistic approach to the design of this facility sets a new standard for pediatric planning and care in New York City," says Williams. "It also establishes a best practice standard in terms of infection control, privacy, and confidentiality, patient flow, and pain management for the rest of the country," adds Lyons-Ankerny. Comfortable and outfitted with state-of-the-art medical equipment, the new facility, which includes a special fast track department that speeds treatment for less-urgent conditions, was also designed to improve flow of patients through the department to reduce wait times and enhance the important business of taking care of one of the community's most vital assets—its children.

Alexandra and Steven Cohen Children's Emergency Department.

Architect Aedas. Client New York-Presbyterian Morgan Stanley Children's Hospital. Where New York. What 25,000 total square feet on two floors.

Cost/sf Withheld at client's request.

For a full project source list, visit www.contractdesign.





new life

Perkins+Will designs a nature-inspired, spa-like environment for New York-Presbyterian Hospital's Carmen and John Thain Center for Prenatal Pediatrics

By Jean Nayar Photography by Eduard Hueber/archphoto



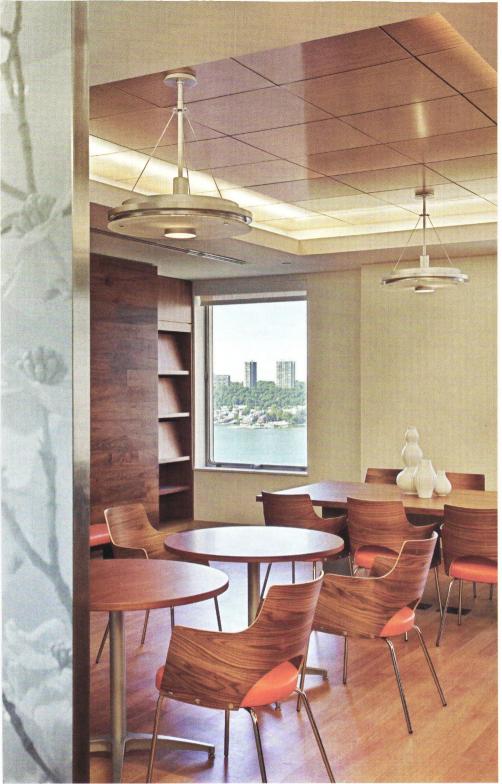
Expectant parents face many challenges, and doubly so when the mother-to-be is at risk for a complicated pregnancy. With that in mind, the New York office of Perkins+Will drew upon environmental studies that point to nature as a powerful stress reducer when designing New York-Presbyterian Hospital's Carmen and John Thain Center for Prenatal Pediatrics. The result is a spa-like backdrop imbued with natural light and materials, as well as nature-evoking imagery.

A major hurdle for this project was actually a byproduct of an advantageous partnership. The hospital system joined forces with Columbia University Health Sciences in 2008 to establish a new model for

Tree motifs (opposite) appear in various patient and public spaces of the Thain Center to instill a sense of calm. Filled with natural light, the center's waiting area (above) affords scenic views of New York's Hudson River.

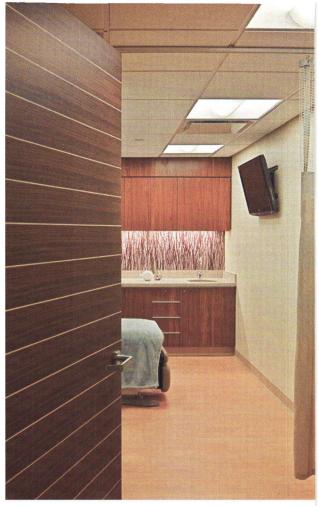
prenatal pediatric care, specializing in treating pregnant women at high risk for complications, ranging from genetic conditions to anomalies. But both entities delivered services through a wide range of specialists in a mélange of poorly equipped facilities and disparate locations.

"Before we had this facility, our patients had to go to multiple locations to see many healthcare providers and it would often take weeks to find out what a sub-specialist thought about a condition," says Lynn





- Spa-inspired color and material palettes establish a serene environment.
- Avoidance of products containing known or suspected health risks or toxicity.
- Treatment rooms were placed strategically in areas with windows that open onto views and natural light.
- The plan allows for comprehensive care by multiple specialists in one setting to reduce wait time and improve efficiency.
- Nature-evoking graphics on select vertical surfacing help reduce stress.

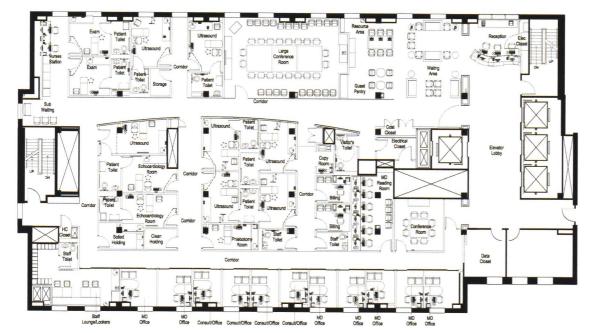


A vinyl alternative gives the public zone floors (left) the appearance of wood that's more akin to spa settings. A windowless treatment room (above) still references flora and fauna through decorative surfaces.

Simpson, MD, associate professor of clinical obstetrics and gynecology for Columbia University Medical Center. Thanks in part to a generous donation from John Thain, CEO of CIT Group, and his wife Carmen, the department gained a new 12,000-square-foot center to bring together specialists, visiting physicians, and dedicated staff under one roof, easing anxiety for patients and medical staff alike. "Today, our patients can have an amnio, see a neonatalogist, and talk to a surgeon in one place," says Simpson.

Emphasizing serenity

Perched above the hustle and bustle of the city streets on the 12th floor of the complex's Morgan Stanley Children's Hospital building (see coverage of the hospital's pediatric emergency department, page 74), the center sets a soothing tone right off the elevators using earthy neutral hues and recycled-teak paneling. The reception area affords inspiring views of the Hudson River, an exterior courtyard, and the cityscape of low-rise buildings beyond. "The idea was to create a spa-like atmosphere through a calming palette and nature-inspired imagery, especially trees," says Chris Youssef, the lead designer on the project.



Enclosures (below) with sliding glass doors allow natural light to filter to the corridors from the windows in both offices and consultation rooms.

Floor Plan

The windows also serve a purpose of flooding the center's spaces—from reception and hallways to meeting rooms and offices—with daylight. In areas devoid of outdoor vistas, such as a conference room and exam spaces, blossoms and branches are visually referenced in printed glass and eco-resin surfaces.

The design team enhanced the relaxed, restorative environment by introducing carefully considered low-VOC materials, too. "To reduce known carcinogens or developmental toxins in the environment, we avoided products that included elements on Perkins+Will's precautionary list of materials and substances that have known or suspected health risks," says Perkins+Will Principal Carolyn BaRoss. Instead of

covering upholstered benches and chairs with vinyl, for example, they used a leather-like polyurethane material that stands up to the hospital's rigorous cleaning protocols. They also selected a vinyl alternative for the floors that mimics wood flooring of spa-like settings while meeting durability standards. Another appointment that contributes to the spa ambience is detailing that evokes wooden mullions of Japanese paper screens for the glazed walls of office spaces. In lieu of using metal or hollow doors on enclosed spaces, the designers installed solid walnut doors with wood frames to add warmth.

The fruits of labor

Incorporating seven ultrasound rooms, two echocardiogram rooms,

and space to conduct prenatal diagnostic and therapeutic procedures in addition to the multiple exam rooms and doctors' offices, the new facility has advanced the delivery of healthcare on multiple levels. Not only does the soothing environment reduce anxiety and enhance the comfort of both patients and staff, it also eases the workflow and improves efficiency.

"The process is a lot faster, which is key when time is critical," says Simpson. Since its inception, the center's volume of patients has increased significantly, according to the physician. "When we started in 2004, we saw five to six patients a month. Now we see 40 to 50 per month or more than 500 families per year." And thanks to its thoughtfully designed space, the Center for Prenatal Pediatrics—the only facility of its kind in New York City—is now ideally poised to serve this growing population of patients with an emphasis on holistic, patient-focused care.



Carmen and John Thain Center for Prenatal Pediatrics,
Architect Perkins+Will. Client New York-Presbyterian Hospital/
Columbia University Medical Center. Where New York,
What 12,000 total square feet on one floor. Cost/sf \$290.
For a full project source list, visit www.contractdesign.com.



urban sanctuary

ZGF creates an unexpectedly serene chemotherapy treatment center in Brooklyn

By Murrye Bernard • Photography by John Bartelstone Photography and Chun Y Lai

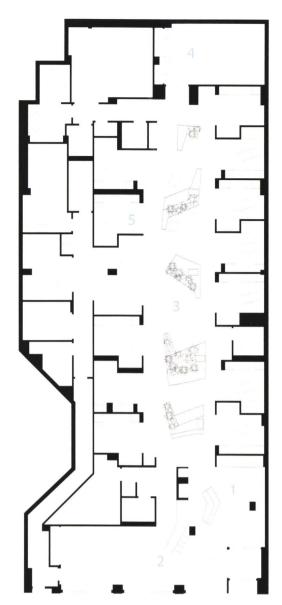
Cancer treatment carries a certain stigma. Until drugs that lessened side effects became available in the mid-1990s, patients were relegated to hospital beds while receiving chemotherapy. Even now, the standard infusion process is typically a stressful day-long event for patients who spend most of it packed into waiting rooms.

Memorial Sloan-Kettering Cancer Center (MSKCC) in New York recognized the inefficiency of this model and examined the treatment process from the perspectives of patients, staff, and families. MSKCC

created the Brooklyn Infusion Center (BIC), designed by Zimmer Gunsul Frasca Architects (ZGF) of Portland, Oregon, as a prototype facility that eliminates waiting time while providing patients with personalized care close to home. The center operates on a "chemo-ready" model: patients first visit MSKCC's Manhattan headquarters for blood work and screening and, once cleared, they schedule treatment at BIC. "It allows patients to live as full and normal lives as possible," explains Jan Willemse, partner at ZGF. "They're not stuck in a waiting room, but instead can visit with their grandkids or go to a movie."



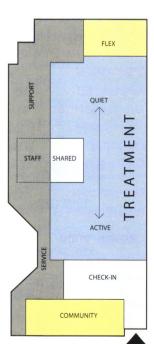




Ground Floor Plan

- 1. CHECK IN
- 2. COMMUNITY GALLERY
- 3. GARDEN
- 4. FLEX TREATMENT
- 5. TREATMENT POD

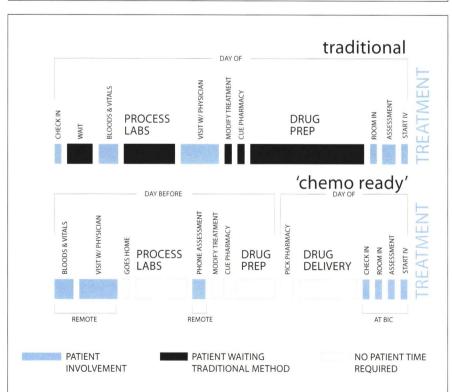
Corian® planters have integrated seating (opposite). LED rope lights lining the bases set planters aglow against bamboo flooring. Treatment pods (top) feature custom IOA chemotherapy chairs equipped with multimedia touch-screens. Beyond the storefront glazing (left), the center's inFUSION gallery rotates works by local artists.





Key Healthcare Design Highlights

- Treatment pods feature accent walls in saturated colors like teal, red, and orange. Staff did not anticipate how popular these options would become with patients, who request particular pods depending on moods or preferences.
- Casual lounge areas encourage staff and patients to develop personal relationships, making
 patients more likely to ask important health-related questions than they would in a more clinical
 environment.
- The flex treatment room in back accommodates alternative therapy treatments including Reiki massage, acupressure, and yoga—stress-reducing activities that patients appreciate.



A stainless-steel and mesh water feature (top) adds to the tranquility of the central garden space. Backlit translucent panels (center) utilize color-changing LEDs, drawing attention to the white-oak reception desk. Slatted-wood ceiling panels lend warmth to the space. Patient waiting time is minimized in the "chemo ready" treatment plan (above) implemented at this center.

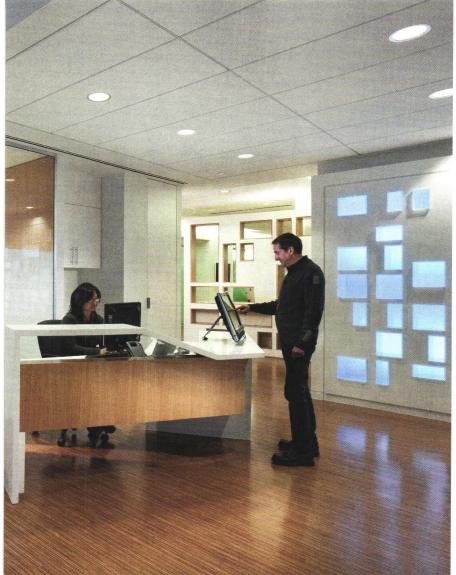


The team selected a 7,745-square-foot storefront space on Atlantic Avenue, a busy thoroughfare near downtown Brooklyn. The location was chosen based on the density of patients living in the borough, as well as its proximity to multiple subway lines. From the street, the center appears to be an inviting neighbor to the surrounding shops, and is not at all institutional; with its minimal signage, passersby often mistake the space as a gallery or spa. In fact, it does contain a gallery: the lobby serves as an exhibition area for work by local artists.

Indoor pocket park

Upon entering the front door, patients are promptly greeted by a staff member or they can choose to check themselves in. Then they proceed directly to one of the 12 unique treatment rooms, referred to as "pods," situated along the edges of a light-filled "Central Garden" lounge zone. "We spent a lot of time with the idea of sanctuary," explains Willemse. "New York is intense, as is therapy, so we created a variety of spaces that allow patients to choose whether to interact and be social or to remain more private."

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A table with chairs (top) provides a guest seating option for eating or playing board games, and connections between treatment pods are emphasized by diagonal lines of dropped-ceiling panels. Glass sliding doors (above) meet health codes, thanks to custom ZGF-designed handles.

Modeled after New York's pocket parks, this central space provides an area for patients, staff, and caregivers to mingle and relax. Lush tropical foliage spills from custom-designed planters with integrated upholstered seating and cozy throw pillows. Lounge chairs provide a view of a soothing water feature. A "farm table" accommodates meals or a game of bridge or chess. For those who crave a quieter experience, a library and reading nook are at the rear of the space.

Though the central garden is truly an interior space and lacks windows, some light filters in from the lobby through a millwork element punctuated by openings. Indirect illumination mimics natural light, softly emanating from coves and recesses beneath the planters.

Customized treatment pods

Instead of standard hospital curtains, the treatment pods are separated from the central garden by sleek sliding glass doors. A custom fritted pattern provides some privacy, but maintains a visual connection. Each pod features a unique color scheme with painted accent walls and built-in banquette seating that accommodates several guests. Material cues invite the patients to make themselves at home: the woodtone portions of the millwork are meant for storing their belongings, while the white Corian® areas are intended for staff use and conceal chemo supplies.

The custom chemotherapy chairs are covered in padded yet durable vinyl, and outfitted with fold-up desks and swiveling touch-screens that allow patients to check email, shop online, watch television, listen to Pandora internet radio, play games, order lunch from local restaurants, or even chat with doctors via Skype. From the chair, patients can also control the pod's lighting, selectively dimming fixtures.

The design of the Brooklyn Infusion Center provides patients with the power of choice. While receiving treatment, one can stay in the pod or engage with others in the central garden. "Patients own this facility and design their own experience," says Wendy Perchick, chief of strategic planning and innovation at MSKCC.

The best testament to the success of this new model for cancer treatment? Perchick says, "A patient told me that he felt the healing intensified here because he was so relaxed."

MSK Brooklyn Infusion Center. **Architect** ZGF Architects LLP. **Client** Memorial Sloan-Kettering Cancer Center. **Where** Brooklyn, New York. **What** 7,745 total square feet on one floor. **Cost/sf** Withheld at client's request. For a full project source list, visit www.contractdesign.com.

the 2011 healthcare environment awards

The entries for *Contract* magazine's 2011 Healthcare Environment Awards were a clear indication that industry practitioners are more heavily focusing on evidence-based design and patient comfort. Recognizing excellence in healthcare facility design, the annual awards program—co-sponsored by *Contract*, The Center for Health Design, and Healthcare Design.11—identified seven standout projects in the categories of Acute Care, Ambulatory Care, Long-Term Care/Assisted Living, and Student proposals.

Three winners and four honorable mentions were selected by a jury of architecture and design industry professionals: Rosalyn Cama, FASID, president and principal, CAMA, Inc.; Bobbie Fisch, CID, LEED AP, principal, Tom Eliot Fisch; Randy Guillot, AIA, principal, Cannon Design; and Sue Firestone, founder and chair, sfa design. The judges evaluated the entries on visuals, response to the program statement, partnership between designer and client, and client feedback.

"Healthcare is one of the most hotly discussed areas of design today. It is ripe for a multidisciplinary approach," says Guillot. "The designer's role in this process is to be an active participant, if true success is to be achieved. Any design prioritizing process over humanity will fail."

The judges are excited to see what future competitions will bring to the table, as the continuing recession forces more designers to rethink accepted cultures and work around cost limitations. According to Guillot, true success in healthcare design will involve the participation of design professionals from the start, rather than a dressing of the space after the fact. "Challenge your clients to think like this and your potential for true innovation will be there," he says.

A luncheon ceremony with *Contract* Editor in Chief John Czarnecki on November 15 at the Healthcare Design.11 conference in Nashville will recognize the winners. —*Stacy Straczynski*

(continued on page 88)



University of Minnesota Amplatz Children's Hospital



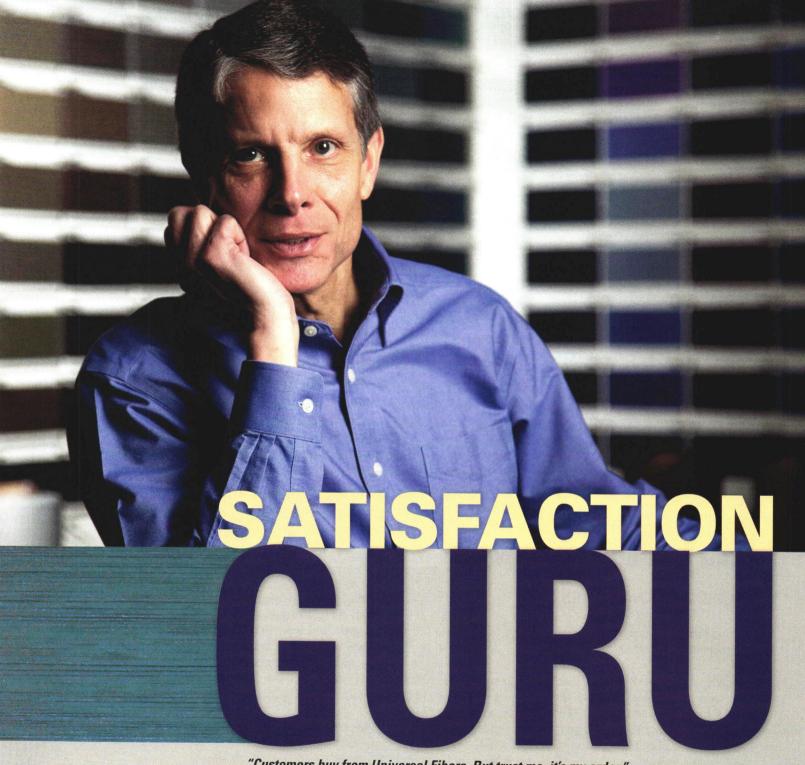
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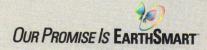
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healthcare environment awards (continued from page 86)



ACUTE CARE FACILITIES

Winning Project: Butaro Hospital, Burera District, Rwanda

Designer: MASS Design Group

Summary: Among all of the award entries, with binder after binder of projects built primarily in the United States, the jurors were stunned to see this project by MASS Design Group. But they were immediately impressed by the design quality, as well as the scope and execution from programming to construction. The building design clearly enhances delivery of healthcare in this area of Rwanda (see the complete project coverage of Butaro Hospital, page 56). "The completion of a district hospital is an ambitious undertaking in any community, in any country," Fisch says. "It is even more worthy of praise in Rwanda because of the simple, beautiful solution crafted by local workers with local materials. The simplicity and honesty of this project on every level resonated with the all of the judges."

While designing and building in this part of rural Rwanda does not afford the luxury of advanced technology and construction materials and practices that one would have in other parts of the world, Butaro

Hospital draws on sound evidence-based design principles. "This project represents evidence-based design in its purest form with a tangible and immediate effect on the users," Guillot says. "The spaces are beautiful and community-focused while promoting a spirit and environment of well-being that is unique to this part of the world. It is a true balance of regionalism with great design principles." —John Czarnecki

Honorable Mention: University of Minnesota Amplatz Children's Hospital, Minneapolis

Designer: Tsoi/Kobus & Associates

Summary: Tasked with creating an environment catered to children, Tsoi/Kobus approached a Parent Advisory Board for input. The result is a six-story building that integrates the hospital's previous 96 in-patient units and pediatric programming. The 231,500-square-foot facility also includes a sedation/observation unit, dialysis unit, pediatric emergency department, surgical suite, as well as a family resource center, gift shop, and underground parking. Colored glazing sets a lighthearted tone on the exterior. Inside, child-friendly (continued on page 90)





(continued on page 92)



AMBULATORY CARE FACILITY

Honorable Mention: Whittier Clinic, Hennepin County

Medical Center, Minneapolis

Designer: HGA Architects and Engineers

Summary: Located in a culturally diverse neighborhood, the two-story Whittier Clinic sits on an adapted industrial brownfield that now includes a public plaza and community gardens. HGA designed a modern glass, brick, and metal building to fit the context of the neighborhood's structures, and added a branding twist through a programmable exterior lighting system that displays the hospital's four logo colors in the evenings. These colors continue inside on a two-story focal wall in the lobby and are repeated throughout the facility for aesthetics and wayfinding. "It's a vibrant neighborhood addition that uses contemporary materials with

design takes the shape of habitat themes—playful graphics depicting "animal storytellers." Different for each floor, they're introduced on elevator lobby walls and then carried out through the rest of the level's surfaces and fixtures. The judges appreciate how "the judicious use of color, pattern, and form create an overall balanced feeling of tranquility and order." Rooms accommodate family and sleepover guests, while two family lounges were added to each floor—one for quiet contemplation, the other for entertainment. Amplatz also addresses efficiency through a decentralized floor plan, arranging patient rooms into six clusters of 24 units, with each cluster having a dedicated team station and medication areas. This plan reduces nurses' walking distances, enabling timely staff response. —Stacy Straczynski





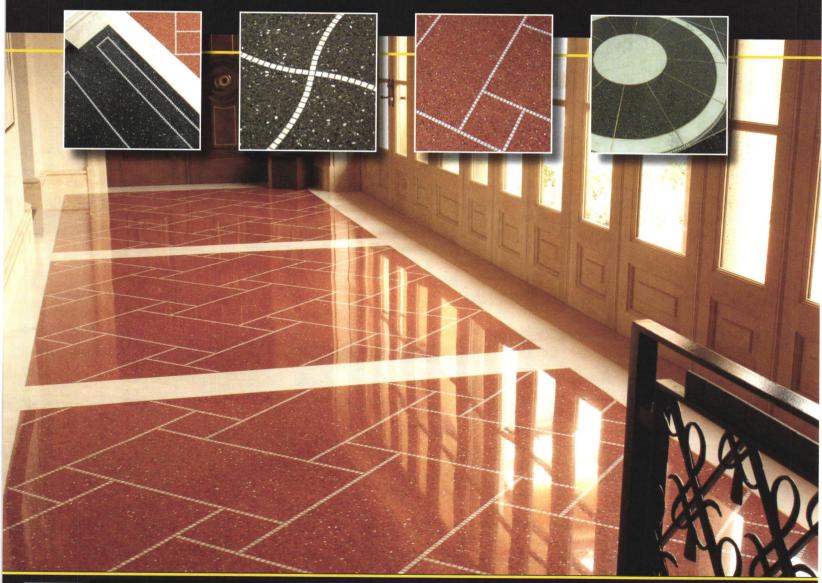
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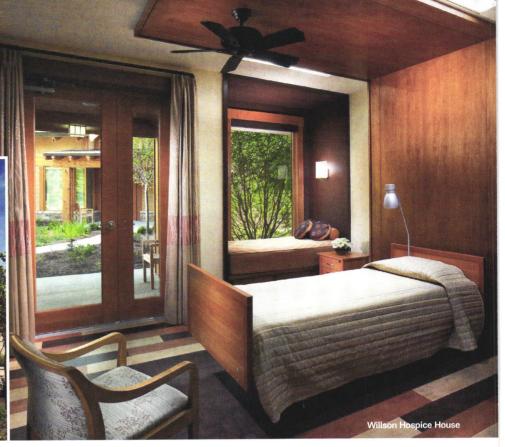




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healthcare environment awards (continued from page 90)





traditional notions. It is as inviting as it is inspiring," the judges say. Clinical spaces are based around a central teaming area where physicians and nurses can efficiently work together and have visual access to all patient rooms in that module. Flexibility is addressed by favoring freestanding and modular furniture, and through shell spaces designed to adapt as the hospital expands. With abundant daylighting, low-flow fixtures, low-VOC finishes, rain gardens, and FSC-certified materials, Whittier earned LEED® Silver certification. —Stacy Straczynski

and conceals medical equipment. All rooms are grouped around a central family living space for dining and interaction. A chapel, sunroom, music room, and children's playroom are onsite. While the project is pending LEED® Silver certification, it already lays claim to being the only healthcare facility to obtain a Certified Silver Audubon International Signature Sanctuary designation. —Stacy Straczynski

Honorable Mention: The Leonard Florence Center for Living,

Chelsea, Massachusetts **Designer:** DiMella Schaffer

Summary: About 100 elderly persons call this 10-unit building home. The residentially inspired center is the country's first multi-story facility

(continued on page 94)

LONG-TERM CARE/ASSISTED LIVING

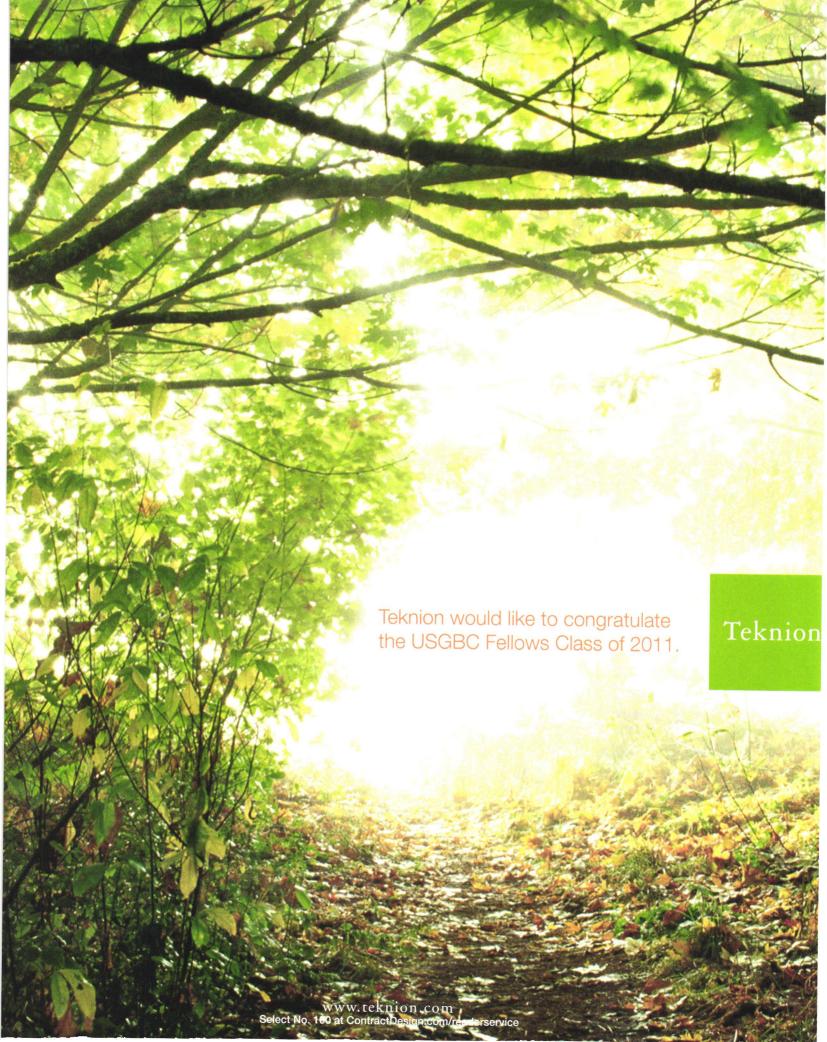
Winning Project: Willson Hospice House, Albany, Georgia

Designer: Perkins+Will

Summary: Featured in *Contract* (April 2011), this 31,000-square-foot project wowed judges with its authenticity. "The attention to detail shows respect for users and the seamless meshing of architecture and interiors truly blurs the lines" between healthcare, hospitality, and residential, they say. All the traditional hospice functions are implemented into this luxury retreat lodge-type setting, courtesy of Perkins+Will. Designed to shelter the terminally ill in their final days

of life, the complex features three house structures with rustic stone walls and wood beams that frame and enhance views to the outdoors; the interiors' earthy tones and extensive use of wood additionally bring the outdoors in. Each of the 18 private rooms (six per house) boast a window-seat bed in addition to the sleep bed, and millwork that not only lends a warm residential feel but also neatly tucks away





that exemplifies Dr. William Thomas's Green House® model, which calls for a cultural shift toward community and interaction in nursing homes. Each of the 10 "households" are five-stories tall and approximately 7,000 square feet in area, and contain 10 private apartments, a common living room with fireplace, den, and dining space for up to 16. A chapel, salon/spa, kosher deli, and cafe with garden terraces encourage socializing. To not detract for the center's homey feel, Schaffer discretely integrated into the plan medicine rooms, nurses' stations, and other service areas. Judges note, "They have tried and succeeded in creating an environment that feels more like a home." —Stacy Straczynski



STUDENT

Winner: Prototype Critical Access Hospital

Designer: Lindsey Wagener, Clemson University (now at LS3P)

Honorable Mention: The Daylight Imperative

Designer: Eva Behringer, Clemson University (now at Cannon Design)

Clemson University's architecture and health program demonstrated its strength with two of its students garnering the two awards in the student category. Lindsey Wagener won top honors and Eva Behringer earned honorable mention. The students entered their masters' thesis projects, which both offer a comprehensive analysis on the importance of daylighting in a wellness setting.

Wagener's "Prototype Critical Access Hospital" is an "ambitious proposal that captured our imagination," judges say, citing its (continued on page 96)





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multilayer design that seeks to visually connect with its surrounding landscape while providing a state-of-the-art facility for the underserved residents of rural Edgefield, South Carolina. The Cor-Ten AZP steel and glass exterior is integrated into the site's sloped landscape via a similarly tilted roof, making the building stand out "as a beacon of public interaction," Wagener details. The 50,000-to 58,000-square-foot hospital houses up to 25 inpatient beds, emergency care, surgery, imaging, rehabilitation, and a pharmacy/lab. The site is meant to be a "health park," and has plenty of trees.

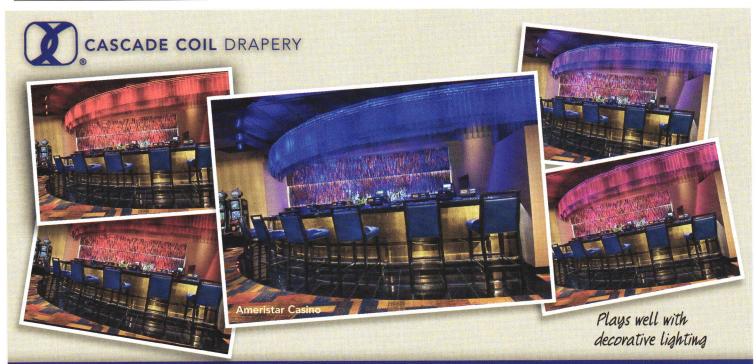
"Research into solid healthcare planning principles is seen throughout 'The Daylight

Imperative," according to the judges. "The scale of spaces and the use of courtyards creates a very organic composition" that calls on designers to create healthier hospitals by means of daylighting strategies, along with other proven sustainable building typologies. Behringer's case study replaces the Perkins+Will-designed threestory Montgomery Hospital in Norristown, Pennsylvania, with a 146-



bed community hospital. The overall footprint is divided into smaller pavilions that create pockets of green space, maximize exterior views, and allow sun penetration from multiple angles. The central courtyard is fully accessible, and a main circulation spine connects all pavilions.

Having graduated this year, both are currently employed by notable design firms. — $Stacy\ Straczynski$



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1. 9Wood: EcoGrille

www.9wood.com Reader Service No. 230

In healthcare, we try to deinstitutionalize the interiors. Wood-slat ceilings in key areas—like nurse stations or registration desks—go a long way to help with wayfinding and warming up a space. The line creates a nice detail and is FSC-certified.

2. Shaw Contract Group: 18x36 in Overlay www.shawcontractgroup.com Reader Service No. 251 This carpet tile has a simple pattern of clean lines to create dimension without confusing older adults who are visually impaired. It's also Cradle-to-Cradle-certified, PVC-free, and low-VOC.

3. Krug: Solis

www.krug.ca Reader Service No. 232

The Solis seating group is a great new option because the mesh back substantially lightens the look of the seating, which is important in tightly planned healthcare spaces. And it also has removable seat covers, detachable components, and a crumb sweep in the rear.

Barbara J. Huelat, AAHID, FASID, EDAC, IIDA

4. Philips Color Kinetic Lighting: iW Fuse Powercore

www.colorkinetics.com Reader Service No. 233
We are using this product to create a faux water feature in a behavioral healthcare setting. This simulated water feature will provide a positive distraction and soothing environment for the visitors.

5. 3form: Varia Ecoresin Bios

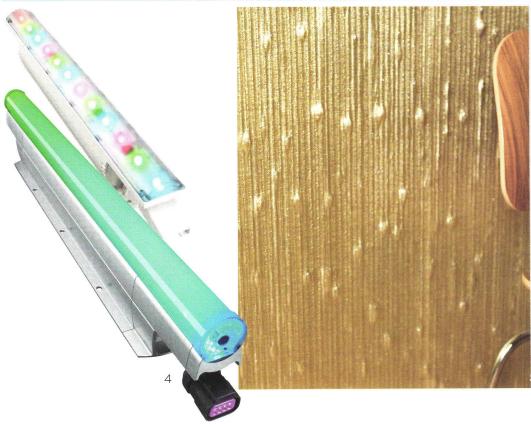
www.3form.com Reader Service No. 234

Together with the Philips lighting, we specified these panels for a faux water feature in an environment where real water is not an option. The Bios pattern simulates water very well and has a positive effect.



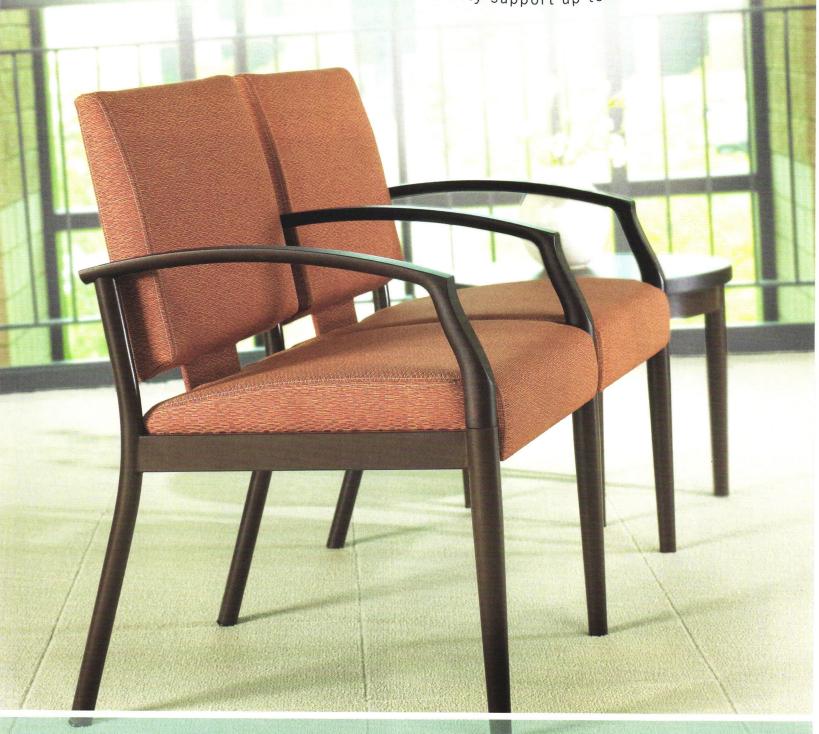
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Two designers tell *Contract* readers about their favorite new products suitable for healthcare environments



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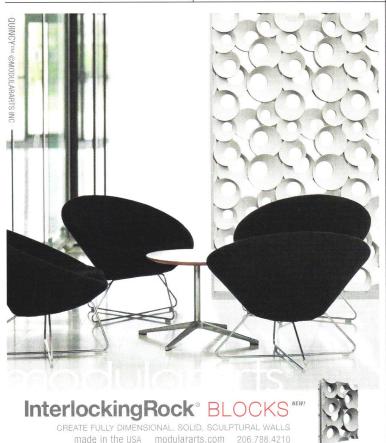


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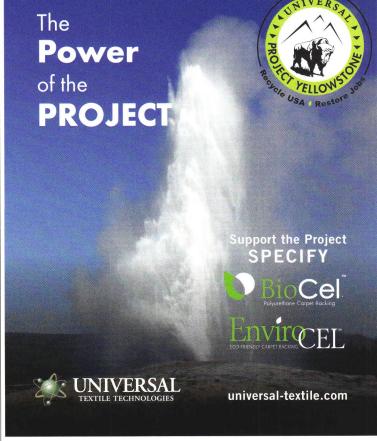


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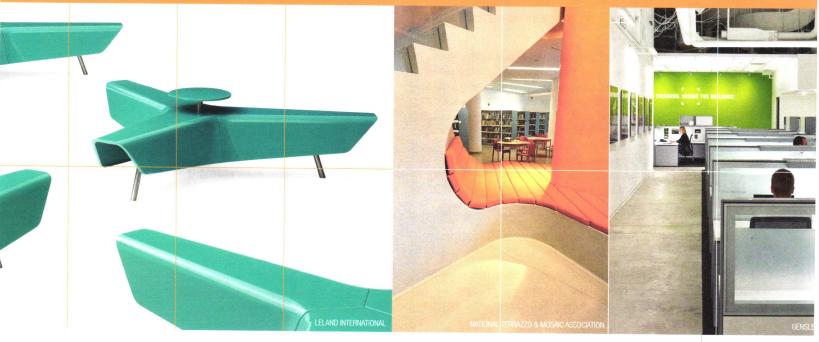
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David's viewpoint...

David Watkins, FAIA, Chairman and Founding Principal WHR Architects Houston

A founding principal of WHR Architects, Inc. in Houston, David Watkins, FAIA, has been a leading advocate for evidence-based design as demonstrated in his firm's projects such as The Methodist Hospital Outpatient Center in Houston (page 62). Watkins is the co-author, with former WHR principal D. Kirk Hamilton, FAIA, of Evidence-Based Design for Multiple Building Types (Wiley, 2009).

Do you have a particular approach to a dialogue with a client in a project's early stages to understand what they want in the project?

Most projects occur within the context of something else: a campus, a department, a business plan. Understanding that context is critical to better understanding the role of the project. We like to get a feel for the client's overall vision, strategy, priorities, and measures of success. I frequently tell our younger designers to "listen" for what the client isn't saying, try to read between the lines, and ask probing questions to draw them out. For laypersons not accustomed to discussing built environments, it can be challenging. We need to recognize that when we engage in early dialogue with our clients.



based design has been "mainstreamed" by many healthcare design firms. The unfortunate reality is that most firms are referencing the same data and generating very few new high-quality studies. There is nothing wrong with referencing the same data, but the shelf life of those studies is limited. What I hope to see is a more robust research environment based on partnerships between practitioners, the academy, and the healthcare industry.

economically viable. It is encouraging to see how quickly evidence-

What advice would you give to design students or those starting out in the field?

I have become increasingly attracted to young professionals who I refer to as hybrid professionals—people who have more diverse, multidisciplinary backgrounds. An understanding of design is still important but someone like our director of research, whose experience includes careers in respiratory therapy, interior design, and design research, is the kind of hybrid professional who can offer a combination of skill sets that give them a broad and more credible perspective on our industry. I would encourage our next generation to find ways to build those "hybrid" credentials and capabilities.

Given the economy and changes with healthcare reform, what is the biggest challenge for healthcare architects and designers today?

Uncertainty seems to be the common denominator for most of our healthcare clients these days. Despite the best of intentions, healthcare reform has created uncertainty in how the new business model is supposed to work. When you add to the equation the economic downturn, increasing cost of medical technology, aging populations, and a shortage of physicians and nurses, these variables can dramatically impact healthcare providers' bottom lines. It simply isn't possible to predict the financial and regulatory environment that far into the future. So we encourage our clients to incorporate as much flexibility and adaptability as possible, and to approach larger projects more incrementally.

What are the next steps for evidence-based design in the next five to 10 years?

What I hope to see in the next few years is the emergence of an infrastructure for better generation and sharing of data, as well as a financial framework that makes firm-based research more

What would be your dream project?

The physician/educator/researcher is our "dream client" because they are mission-oriented, inherently curious, risk-takers, and creative. A "dream project" involves more than just a dream client, however, and we have been fortunate to have a few of those. The kinds of projects that fit into the dream project category require not only great clients and a talented team of designers, but also smart builders and a process that empowers everyone on the team to operate at their maximum potential.

What interior space—anywhere in the world, designed by anyone—inspires you?

There are quite a number of spaces around the world that inspire me but the Kimball Art Museum in Fort Worth by Louis Kahn is a building that never fails to both inspire and impress me with its timelessness. The scale of those interior galleries, flow of spaces, quality of light, and appropriateness of the design to its intended function goes beyond inspiration. Its understated reference to what architecture is capable of achieving—without resorting to stylistic tricks, convoluted geometry, or trendy materiality—is timeless. In my view, it's as though everything he learned in his career was distilled into that one elegant solution.