

# Project Design

“Now You’ve Been Hired, What’s Next”

**Topics Today:**

- Ambulatory Care Facilities and HealthParks
- Cancer Care and Oncology Centers

**Presentation By:**

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 HFR Design – Kansas City, MO and Brentwood, TN  
**Hosam Habib, Architect and AIA Member in KC**  
 Hoefler Wysocki Architects



# Self Introductions

Who’s Here Today?

(Name, Employer, Role, Why Are You Here and Hope To Achieve?)



## This Year We Have Been Hired To Conduct A Campus Plan and Design...Congratulations!

Session 5: Outpatient Clinic and Cancer Centers Planning

Summary:

1. Special Project Developments for the Future? Looking at A Cancer Center Project and Future Needs for Special Populations
2. Case Study Illustrations (Cancer Care and Ambulatory Care + Community)
  - Building a Children’s Cancer Center in Cairo, Egypt
  - Building a Series of Health Parks in a Suburban Community
3. Steps That Were Followed and Elements Of The Process
4. What’s the Crystal Ball Reveal for the Future of Healthcare Architecture?
5. Why is Design So Important?

## Part Of Our AIA CEU Efforts

Learning Objectives

- O1:** Learn About USA Trends Moving Toward Physician Practice Transition From Independent Practitioner to Employee and/or Contract Agent for Major Overview of Dynamics In Current ACO Marketplace With Vision for The
- O2:** Discuss The Steps One Would Follow To Justify, Plan, Program and Design Specialty Care Cancer Hospital For Children In Cairo, Egypt (How Does to A USA Program).
- O3:** Why is Specialization In Healthcare Architecture So Important to Important to The Architectural Profession As Well?
- O4:** Quality Design Is Not A Universal Truth. Learn How Great Design “Understanding The Client” and “Understanding The Technology” Around”

Health Park

Cairo Egypt

UTMB Campus MP

**This Year In 2012, We Intend To:**

1. Review The History From 2011 With This **TEAM**.
2. Discuss The Program Carefully To Determine **SCOPE AND BUDGET**.
3. Discuss An **Appropriate SITE** For This Ambulatory Care Center of Excellence (ACC or HealthPark).
4. **Master Plan (MP)** This Site (Together Tonight).
  - A Health Park Concept (From 2011)
  - Gained Traction Through ACO Efforts
5. **Master Zone (MZ)** The First Phase: A Free Standing **CANCER CENTER**.



HEALTHCARE ARCHITECTURE & PROGRAMMING SERVICES

**First**, I've done my homework on ambulatory care and I understand the basics, what would this **FUNCTIONAL PROGRAM** include, where do I start?

**Design Guidelines Link Are Very Important**

- What's In Part 3: Ambulatory Care Facilities (Cancer too)?
- What Are The Ten Most Frequent Questions Asked By Hospital Clients?
- What is A Master Plan As The "Road Map"?
- What is The Function Program and What Are Guideline Implications?

**Second**, Now I've completed the **GUIDELINES RESEARCH** and studied some good illustrations from other projects, what should I do next on these subjects of Ambulatory Care and Cancer Care?

- Yes, you made the short list and you won the planning contract.
- No, you only get to do the **planning and programming**, you still have another stage of selection after the pre-design to obtain the A/E contract.
- Yes, you can win the entire project but you have to deliver on the pre-design.
- Now, we must understand the attributes of **PROGRAMMING** and convince the client that this is the best approach to follow (extra expense and sometimes they don't want to "do the work-up correctly") Be patient and go slow.

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERVICES

**Third**, we must do more pre-design **RESEARCH** on these topics and we should Focus our efforts on the Owner's expectations. You made the RFP site visit and you submitted your RFP response and now you must focus on the **PROGRAM**.

This is a very easy project involving two aspects of one service. The service is cancer care and the project includes both the **INPATIENT FACILITIES** and the **OUTPATIENT CLINICS** supporting the program. Where do we go from here, what do we do next and who should do it? Tasks to get you rolling:

1. Work Plan With Tasks, Responsibilities and Time Frames.
2. Interviews With Leaders and Directors.
3. Traditional Programming Steps Taught in Architecture School:
4. Steps Are What, I Forgot, It's Been Awhile Since College Days:

✓ Goals	✓ Form
✓ Facts	✓ Function
✓ Concepts	✓ Economy
✓ Needs	✓ Time
✓ Issues	✓ More Issues

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERVICES

**The Work Plan Keeps Us Rolling**

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERVICES

**Project Work Plan & Schedule**

The MP Is Our Starting Point, We Hired A Top Notch Consultant, **Don Pierce and Hosam Habib!**

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERVICES

**Remember, This Is Not A Standardized, Static Process**

Campus Plans Are Designed to Adjust With New People, Improve Processes and Augment Evolving Programs over Time.

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERVICES

**The Cancer Center and Ambulatory Care Are Our Emphasis!**

Implications of Both IP and OP  
 Conducting More Research  
 Selecting The Site  
 Completing The Site Plan  
**Gaming the First Phase – Cancer Center**

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### What is Programming in a Traditional Sense?

A PROGRAMMING MATRIX FOR HOSPITAL PLANNING

What are these factors and how do they apply to determine "project feasibility"?

- Goals
- Facts
- Concepts
- Needs
- Function
- Form
- Economy
- Time
- Issues and Opportunities

### What is Programming in a Traditional Sense?

A PROGRAMMING MATRIX FOR HOSPITAL PLANNING

FUNCTION	GOALS	FACTS	CONCEPTS	NEEDS	ISSUES
People	To create a more efficient hospital	Statistical Data Financial Resources Market/Community Adjacent Tenants User Characteristics Community Local Code Transit/Access Studies Historical/Regulatory Space Availability	We prefer the <b>Planetree Concept</b>	Space Requirements Room to Room Equipment Specialty Services Parking Outdoor Spaces Building Envelope Furniture/Partitions	Users and represent Functional needs But will ultimately determine service and building design  The existing building is historic, which is relevant
FORM	Site Elements Land Use Height/Use/Intensity Height/Use/Intensity Accessibility Access/Quality Image Quality Level	<b>Zoning</b> requires a 50' set back with a 5 story max. height	Emphasize/Highlight Climate Control New Design/Color Quality Specialty Functions Security Interconnectivity Using Green Materials/Access	Quality Control Emphasize and the Value/Use for Cost	<b>What does LEED gain our community, building users and staff?</b>
ECONOMY	Initial Budget Operating Costs Life Cycle	<b>We've converted to CM, now we must downsize</b>	Cost Statements Maximum Budget Time/Cost Factors Market/Market Historical/Market Energy/Resource Construction Competition Historical/Current Historical/Problem Cost Estimating	Cost Control Allocation Of Resources Risk/Contingency Interconnectivity Disincentive Energy Contribution Coordination Program Design/Market Group Capital Cost Pass Through	<b>The budget is \$50 M total project cost.</b>  <b>Doesn't it Cost more to achieve the LEED status?</b>
TIME	Preparation Master Plan Design/Construction Construction Occupancy Date Revenue Stream	Significance Development Space Requirements Market/Market Program Local Schedule Historical/Current Market Factors	<b>Use a CM and prepare early release packages will help us open quicker</b>	Execution Phasing Plan Market	Implications Of Change, Growth on the need for a large performance of service  Leadership is key Cooperative leadership today

What is The Statement Of The Problem...Opportunity?

### How Does The Program Evolve?

A PROGRAMMING MATRIX FOR HOSPITAL PLANNING

FUNCTION	GOALS	FACTS	CONCEPTS	NEEDS	ISSUES
People	Value Added Architectural Attributes... <b>Winners Are Productive!</b>	Statistical Data Financial Resources Market/Community Adjacent Tenants User Characteristics Community Local Code Transit/Access Studies Historical/Regulatory Space Availability	<b>Integrated Project Delivery For The Future!</b>	Space Requirements Room to Room Equipment Specialty Services Parking Outdoor Spaces Building Envelope Furniture/Partitions	Users and represent Functional needs But will ultimately determine service and building design  The existing building is historic, which is relevant
FORM	Site Elements Land Use Height/Use/Intensity Height/Use/Intensity Accessibility Access/Quality Image Quality Level	<b>Zoning</b> requires a 50' set back with a 5 story max. height	Emphasize/Highlight Climate Control New Design/Color Quality Specialty Functions Security Interconnectivity Using Green Materials/Access	Quality Control Emphasize and the Value/Use for Cost	<b>What does LEED gain our community, building users and staff?</b>
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What is The Statement Of The Problem...Opportunity?



Master Plan Program Design Build Operate

### What is Programming?

Understanding the Healthcare Client First and Foremost...

Facts **Goals Concepts** Needs Issues

The **Goals** are generally developed by the client early in the process and may vary from operational, to systems, to building design. Ideally, the planner/architect gets involved early in the goal setting phase.

Yes, LEAN applications may be one concept.  
Yes, Planetree operations and design is a concept.  
Yes, the Greentree concept may be considered.

## Goals Are Special

- Getting started.
- Setting a Vision.
- Building A Relationship.
- Listening.

## The Essence of Architecture

### What is Programming?

Understanding the Healthcare Client First and Foremost...

**Facts** Goals Concepts Needs Issues

Gathering the **Facts** begins with the first RFP, The follow up conversations with the Client, A Site Visit, Gathering Client Information Carefully, Understanding The Assignment, Preparing the Proposal and Submitting the Proposal.

# FACTS Plus...Plus...Plus

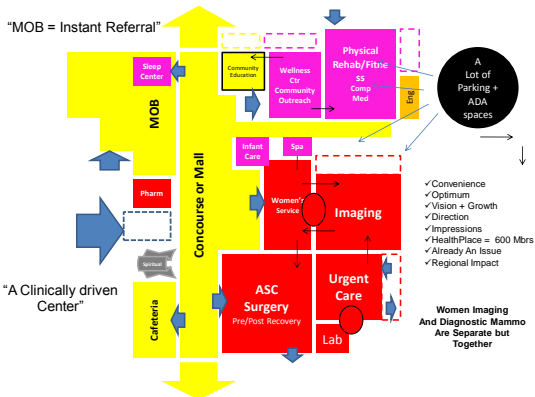
- Service Area
- Historical Trends
- Population Mix
- Incidence
- Age, Sex, Ethnicity
- Socio/Economic Factors
- Community Needs Assessment
- Cost/Benefit and ROI Factors



HEALTHCARE ARCHITECTURE & PROGRAMMING GROUP

## Now, We're Ready, Maybe?

Show Us The **CONCEPTS** for this Ambulatory Care and Cancer Center Site (What Site?)



Mr. Owner,

Can you afford a **\$25M** project?  
Do you have a **30 acre** site nearby?

Yes, it's affordable.

No, we need the best site available.  
Site cost isn't an issue.

### What is Programming?

Understanding the Healthcare Client First and Foremost...

Facts Goals Concepts **Needs** Issues

The **Needs** are fundamental to a successful programming process, for example;

1. What are the **space requirements**?
2. What are the **"quality/value"** factors?
3. What is the total project **budget**?
4. What is the project **schedule**:
  - The Production Schedule
  - The Design Schedule
  - The Construction Schedule
  - The Commissioning and Grand Opening
  - The Post Occupancy Evaluation



**What is Programming?**

Understanding the Healthcare Client First and Foremost...

Facts Goals Concepts Needs **Issues**

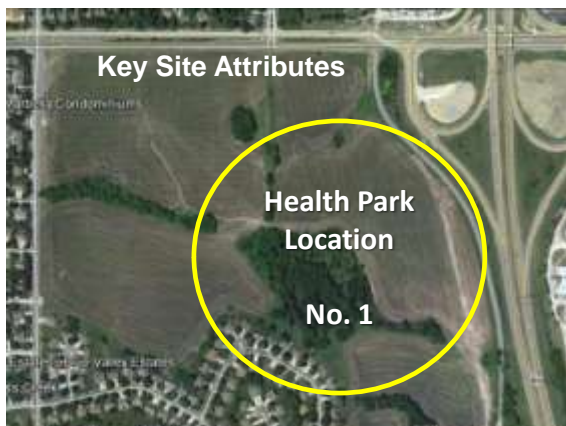
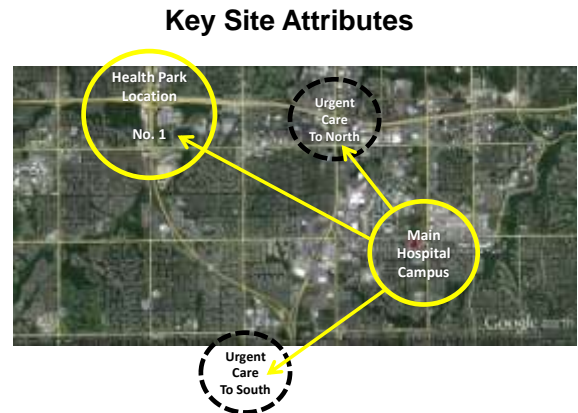
**Yes, 2012** Remains  
 A Fundamentally Stressful Period...  
 Economy Is Improving, Though!

Healthcare Is About Money and Human Needs

# Now We Can Begin Our Campus Master Plan

(Remember Teamwork)

"Build Consensus and Empower Leadership"



## Place Site Plan On Large Table.

## Layout Program Pieces.

(Hosam Habib and Don Pierce, Team Captains)





# Hands on Process



Everyone is an architect!  
People love to draw.

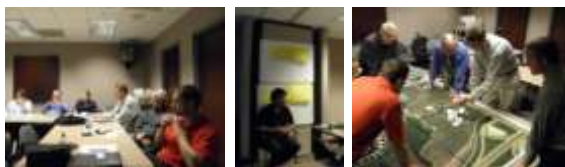


Images of Existing  
Hospital and Site  
Design. Designed  
By HKS Architects

Open, airy and  
Very pleasant  
Spaces.



Special thanks to our host, Rob Jones, Director,  
Facility Operations at Menorah and to Patrick  
Leahy and Hosam Habib for logistical support  
And coordination efforts.



Trends – Issues – Regulations - Guidelines – Introductions – Goals and Objectives





HEALTHCARE ARCHITECTURE & PROGRAMMING SERIES

# Lasting Impressions and Final Design

## Insert Work Session Images and Photos

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERIES

### Illustration of HealthPark Zoning

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HEALTHCARE ARCHITECTURE & PROGRAMMING SERIES

### Illustration of Cancer Center Zoning

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