TEACH DISCOVER HEAL

CONTRIBUTORS

STEVEN W. ANSEL, AIA, ACHA
PRINCIPAL
ansel@slamcoll.com

KATHY BELL, AIA, ACHA
ASSOCIATE
bell@slamcoll.com

STEVEN R. DOHERTY, AIA
PRINCIPAL
doherty@slamcoll.com

DANIEL J. FENYN, AIA
HEALTHCARE MARKET SECTOR LEADER
fenyn@slamcoll.com

KARRIE FRASCA-BEAULIEU, IIDA, EDAC
ASSOCIATE
frasca@slamcoll.com

WILLIAM H. KARANIAN, AIA, ACHA
PRINCIPAL
karanian@slamcoll.com

DOUGLAS W. MAYNE, AIA
ASSOCIATE
mayne@slamcoll.com

DAVID D. NEAL, AIA, ACHA
PRINCIPAL
neal@slamcoll.com

ROBERT C. PETRY, AIA, ACHA
ASSOCIATE
petry@slamcoll.com

RICHARD POLVINO, AIA, LEED™ AP
PRINCIPAL
polvino@slamcoll.com

JEFF SPENARD, RA
SYRACUSE PRACTICE LEADER
spenard@slamcoll.com

The S/L/A/M Collaborative is a 150-member planning and design firm with offices in Atlanta, Boston, Glastonbury and Syracuse. A fully integrated, multi-discipline practice, SLAM offers architecture, planning, interior design, landscape architecture and site planning, structural engineering, and construction services. The firm has four decades of experience designing buildings that help our clients fulfill their missions to teach, heal and discover.

Ranked among the top 100 design practices in the United States, SLAM’s work, while broad and comprehensive, is particularly notable for a depth of expertise in the healthcare, health sciences and some of the most current and diverse medical education and research design experience in the country.

SLAM is Redefining Architecture by designing facilities to be integral components of our clients’ world, conceived to achieve specific future outcomes, and defined by the change they promote.

SLAM
TEACH HEAL DISCOVER
Healthcare Facility Transformation:
Positive Change for the Rapidly Evolving Future

POINT OF VIEW
Riding the Wave
Facing Challenges Head-on

THE VALUE OF LONG-TERM RELATIONSHIPS TO THE TRANSFORMATIVE PROCESS
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CREATING A REGIONAL NETWORK FRAMEWORK
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HEALTHY THOUGHTS
Interview with Stephen J. Carbery, Vice President, Facilities, Design and Construction, Yale New Haven Health Care

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Mounting economic pressures, increased demand and rapid pace of medical innovation will continue to create physical requirements that pose significant challenges for hospitals and healthcare systems. They will be driven to adapt, modify and convert current hospital buildings into more efficient, economical and holistic patient-focused networks. For nearly 40 years SLAM has supported our clients as they experienced ongoing transitions and redirections.

SLAM has successfully assisted many hospitals, healthcare systems and medical education institutions control their evolution and the necessary transformational process. Since the mid-1980s, we’ve been at the forefront of patient-centered care as a pioneer in developing the Planetree® strategy. SLAM designer, Karrie Frasca-Beaulieu, IIDA, EDAC is one of the founding members of the Planetree Visionary Design Network and a co-author of the Planetree book, “Putting Patients First: Designing & Practicing Patient-Centered Care – First Edition.”

In the following pages we will visit a variety of past and current SLAM healthcare clients, describe the challenges they’ve faced, and how they effectively addressed these opportunities and turned them into positive outcomes.

Riding the Wave

Healthcare is becoming increasingly competitive and providers need additional resources to survive. The “bottom-line” matters more than patients and the general population realize. While patients understand healthcare is costly, they are not fully aware that it’s no longer about going to the most convenient hospital or institution, and physicians relying on word-of-mouth referrals. It’s about healthcare providers becoming more efficient and more attractive to maintain, and hopefully, increase profitable market share.

The “bottom-line” is critical to organizational survival and “marketability” matters. Patients — Customers — have many options and can choose where they want to go for care. These issues are made more complicated if that’s possible by increasingly sophisticated marketing efforts and greater transparency regarding cost for treatment. Recently, the Federal government released information comparing the cost of services among hospitals. Hospitals and healthcare organizations will be blatantly scrutinized by consumers for what they charge. This is all new territory in the world of healthcare.

Someone recently asked me, “what keeps you up at night?” As a planner and architect who has supported the healthcare industry throughout my career, I find that I worry about the same issues that keep you, our healthcare clients, up at night. More than ever, healthcare organizations are increasingly under pressure to drive down the cost of providing services, while simultaneously improving quality of service and patient satisfaction.

At SLAM, we are acutely aware of the increasing pressure our clients face to transform healthcare facilities to accommodate an exploding patient population driven by two forces: the nation’s growing aging population and the Patient Protection and Affordable Care Act (PPACA). Currently, individuals over age 65 account for approximately 14 percent of the U.S. population, and it is projected that by 2030 more than 20 percent of the country’s population will be over 65 — this is a demographic tsunami. As those of us who are deeply involved in healthcare realize, the utilization of healthcare services triples with a population over the age of 65.

Combine this rapidly increasing demand with the impact of the PPACA of 2010 — which mandates the addition of approximately 35 million newly covered users to the country’s healthcare system — along with changing service delivery paradigms, a shortage of providers and increasingly complex technology, and we have a proverbial “perfect storm” in the making. And, just to throw a bit more gasoline on this fire, let’s not forget that the results of Press Ganey and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) patient satisfaction surveys matter. Patients’ perception of their hospital experience can affect each hospital’s reputation and will be used in calculating Value-Based Purchasing payments. Achieving anything less than superior approval ratings from patients on HCAHPS, will be unacceptable.

Facing Challenges Head-On

Since 1976, The S/L/A/M Collaborative (SLAM) has helped healthcare institutions anticipate and respond to the changing demands of the marketplace. Long before the PPACA was passed into law, healthcare institutions began to feel pressured to increase their focus on ambulatory care, preventive medicine and improvement in community and population health.

SLAM’s long-term relationships with our hospital clients, most which pre-date the PPACA, reach across many borders and include institutions such as Danbury Hospital (part of the Western Connecticut Health Care System) Griffin Hospital, Middlesex Hospital, and Greenwich Hospital (part of the Yale New Haven Health Care System) in Connecticut, Northern Westchester Hospital, State University of New York (SUNY) Upstate and SUNY Stony Brook in New York, and UMass Memorial Health Care and Steward Health Care Systems, both with multiple locations in Massachusetts, along with many other healthcare clients and medical education clients throughout the United States.

We are finding that healthcare systems and hospitals are gradually transitioning from expensive high acuity/high technology impotent focused environments to a more balanced integrated network of facilities. Moderately paced, progressive and evolving healthcare systems are expanding to include multi-specialty centers, primary care practices, medical office buildings, and urgent care clinics in strategic locations, referring patients to high-tech inpatient hubs for the most serious medical cases. Additionally, the successful outcome of acute-care treatment begs for a seamless approach for follow-up at rehabilitation facilities, and senior- and home-care that will improve outcomes and help healthcare systems avoid readmissions, and the financial penalties imposed on readmissions by the PPACA.

The truly successful hospitals of the future will be fully integrated systems coordinating healthcare services predicated on the most cost-efficient way of delivering focused, appropriate, patient-centered healthcare services.

To survive this continually evolving economic reality, hospitals and related healthcare systems are compelled to continually transform themselves to stay competitive — while being the most efficient, effective, affordable, and user-friendly facilities possible — to deliver rapidly improving value-based services. Case in point: two decades ago outpatient care accounted for between 10 and 15 percent of hospital revenue. Today it is projected that outpatient care accounts for more than 60 percent of a hospital’s revenue.
Thirty years ago, Griffin Hospital, located in Derby, CT, found itself in a precarious position. It was one of the oldest facilities of its kind in the state, rapidly losing market share, and having difficulty recruiting both medical and nursing staff. Ironically, the hospital's losses were also making it difficult to invest in facility improvements.

A community perception survey confirmed hospital administrators' fears – nearly one-third of the community listed Griffin Hospital as the one to avoid. That's how the story starts; today that same hospital is the flagship facility for the Planetree™ model of patient-centered care, and one of the most respected healthcare institutions in the country. It is visited by hospitals from around the world to see the components of the Planetree™ model in practice and is named as one of the nation's top performers on key quality measures by The Joint Commission. The hospital continues to receive multiple awards for leadership in healthcare, innovative healthcare facility design, and for many years has ranked among the “100 Best Companies to Work for in America” by FORTUNE Magazine. It is consistently ranked by national quality measurement firms as among the top five percent of hospitals nationwide. The American College of Healthcare Architects recently bestowed its coveted, inaugural Legacy Award for, which according to one of the judges, “... successfully demonstrates how a project can directly and positively influence human behavior.”

Most important is how this small regional underdog was able to transform a deteriorating facility considering closure into a prime example of forward-thinking healthcare excellence.

Choosing the Right Approach

That initial perception survey triggered a journey of cultural transformation within the hospital and set it on a path to becoming a consumer-driven, patient-centered organization.

This is when The S/L/A/M Collaborative entered the story. In 1984, the hospital knew it had to do something to differentiate itself among competitors. The firm was selected to design a new 4,000 SF birthing center. “This was a strategic decision for the hospital, which had limited resources,” William H. Karanian, AIA, ACHA, SLAM principal explained. “This is an area where people can make a conscious decision about care.”

“Together we identified things that would make the birthing center unique,” Patrick Charmel, Griffin’s president and CEO, and, at the time the organization’s vice president, said, “We realized that the first differentiator was treatment that brought families together. At the time, this was a novel concept.” The project was a success.

The hospital realized they had to differentiate themselves in a bigger way. Charmel led the effort to fully commit to the cultural and philosophical change required to become a consumer-driven, patient-centered organization. The hospital's mission was to provide personalized humanistic healthcare and empower individuals to be actively involved in decisions affecting their care and well-being.

SLAM continued to work with Griffin on multiple projects over the years. One of these projects was renovations to the East Wing surgical units. These were used as prototypes for concepts that would later be more fully realized in the award-winning new North Wing.

The hospital's profound change in philosophy ultimately drove dramatic changes to the facility. SLAM continued to work side-by-side with the hospital to design environments that supported the new philosophy. In 1992, after much research, Griffin chose the newly emerging Planetree™ organization, dedicated to patient-centered healthcare reforms, to help advance its vision.

Ahead of the Curve

The hospital's most significant transformational project was the 1994 addition of the new North Wing – 96,000 SF of new and 56,000 SF of renovated space. By then, SLAM had worked with Griffin for a decade on a variety of projects, and had earned the hospital's trust and respect. “We always worked as a team and were able help them to realize their vision,” SLAM principal and healthcare market sector leader, Daniel J. Fenyn, AIA, said. “We didn’t always agree, but our history together gave SLAM the credibility needed for Griffin to trust our judgment to make good decisions.”

SLAM and Griffin worked with Planetree professionals to design the North Wing. “Planetree was still very new at the time,” Karanian added. “Designing to the Planetree philosophy was virgin territory.”

During the early phases, Griffin leadership organized numerous workforce retreats, focus groups and surveys to discuss goals and ideals necessary to create a patient-centered environment – and included the design team. SLAM arranged for hospital leaders to visit medical facilities across the country to identify best design and operational practices. “This effort galvanized the design team and staff, building strong relationships and establishing a sense of ownership and teamwork among staff that carried throughout the design process,” Charmel explained. “As a result, there was a greater than normal consensus among staff and more clearly defined project objectives.”

One of the logistical decisions was to provide space within the hospital — a “War Room” — for the architects during design to allow seamless interaction with staff and the campus.

Mockups were developed for patient rooms in a warehouse adjacent to the campus with staff encouraged to participate, comment and react. The surgical suites constructed in the East Wing several years before became live on-site mockups. “This is where we learned what worked and what didn’t,” Karanian said. This staff, patient and clinician engagement resulted in greater staff empowerment and a sense of ownership that hospital administrators say continue to provide dividends.

According to Karanian, SLAM was in a truly unique position to implement innovative healthcare design approaches that drove operational characteristics, including decentralized nurse stations with central conference areas for support staff, a community resource center to help patients with self-education; compact, but effective, private and semi-private rooms that enable families to have overnight stays or larger groups of visitors. “These suites weren’t overly large,” Karanian explained. “Healthcare today has become supersized, which creates its own problems. The smaller room we designed then used 50 percent less space and accomplished the same things. They are still viable today.”
The most unique of the approaches was creating separate corridors for staff and visitors in the ICU to ease circulation and allow more flexibility for family visitations. “At the time we weren’t sure if we could afford the double corridor solution. It turns out it’s the best thing we ever did,” Charmel offered.

Many of the operational objectives and planning and design solutions for the North Wing may be considered ordinary in today’s healthcare market,” Charmel further explained. “At the time, the efficiencies, which resulted in improved staff response time and reduced movement and are now incorporated as part of a LEAN environment, were an outgrowth of the institution’s vision for a patient-centered environment,” Karanian added. “The design has held up over time because it represents an alignment between that vision and real patient needs.”

The past 15 years most successful in the hospital’s history

The past fifteen years have been the most successful in Griffin’s history as the benefits of the Planeteer philosophy and approach continue to resonate with those Griffin serves; locally it has become the hospital and employer of choice. According to Charmel, the high level of design realized in the North Wing Addition has provided a physical environment that aligns with the strategic objectives of the institution, and has enhanced patient outcomes and satisfaction through safety, efficiency and staff effectiveness, and morale. Staff training sessions including simulation and discussing ideas for improvement and enhancements are ongoing.

In 2006, more than a decade later, Griffin took another transformational step, developing a new Ambulatory and Cancer Center. “Griffin asked us for a repeat performance an award-winning building like you gave us the last time,” SLAM principal David D. Neal, AIA, ACHA, SLAM’s project manager said. “As you can imagine, these many years later, others had jumped on the bandwagon and design approaches and applications we worked on together were becoming industry standards, so the bar was much higher — we jumped at the challenge.”

The team took an extensive tour of cancer centers across the country, and added trips to successful hospitality environments, such as casinos, hotels and restaurants, alternative healing environments and added trips to successful hospitality environments, such as casinos, hotels and restaurants, alternative healing environments and other comfortable spaces, to seek outside-the-box ideas for providing comfort and service. We wanted to design the experience; everything was open for discussion,” Neal said.

Patient-occupied spaces are designed to maximize the connection to the outdoors and healing potential. “The added value of the natural environment,” he added, “is that it is constantly changing. The patients are usually visiting throughout the seasons. Exterior building features created with brick patterns harness the beauty of changing shadows throughout the day.”

“The interior is specifically designed to avoid a typical in-your-face medical environment,” SLAM associate Karrie H. Fruca-Beaulieu, IDDA, EDAC, project interior designer said. “It features soothing colors, comfortable furnishings and ambiance and medical equipment that is subtly placed or camouflaged.” The 70,000 SF facility was completed in 2008.

Griffin Hospital Today

Today, competing for patients is the norm. They are now seen as consumers. “A patient-centered approach is not a choice if a facility wants to survive, it’s a necessity,” Charmel explained. “Quality care is always where we start, how we deliver that care is where we can differentiate ourselves.” SLAM continues to work on the campus and has both informally and formally engaged in post-occupancy evaluations.

Twenty-five years after its first engagement, SLAM continues to support Griffin. While there have been minor program changes over time, the facility operates much the same way as it was originally intended. Bi-annual community perception surveys show Griffin as the hospital of choice among the eight hospitals in the region, and the most improved hospital by a three to one margin in recent surveys. Patient satisfaction has averaged 97/98 percent for the past eight years.

Griffin was transformed during the past two decades using a patient-focused model, and continues to stay true to that vision today.

Mock-ups:
The Ultimate Reality Check

Animated, three-dimensional explorations of spaces greatly enhance clients’ understanding and perspective of interior spaces such as operating rooms, patient rooms or nursing stations. However, there is no substitute for the full-scale experience of a real, live room mock-up.

A mock-up has enormous value as a reality check. It’s only when hospital staff, potential patients and family can touch, see, move around in, and respond to a space can they see fully understand it. A mock-up gives everyone involved or affected by the process an opportunity to respond to design decisions and give valuable input. Mock-ups can vary in size, scope and expense.

Most important is that the prototype mirror reality enough for people to immerse themselves in the space. One of its greatest advantages is it helps people fully experience the size and scale of a space. The scope of an operating room expansion may be incomprehensible until the staff gets a fresh perspective from that hands-on experience.

A mocked up space also helps designers make adjustments for important details like height for outlets or the position of a sharps-disposal container. Eliminating waste in operational inefficiencies, material and medical waste, overstocking of supplies and optimized building operations are integral to the LEAN process of improvements that SLAM conducts throughout planning and design.

The Griffin Ambulatory and Cancer Center building is configured to wrap the healing garden on three sides and pull it visually into the interior space. The sound of the water feature is transmitted into the lobby extending the water’s calming effect. The meandering stream starts at the top of a ridge, flows into the courtyard, travels into the lobby and continues on to form the entry walkway that connects the main vehicular access with the front door. The feature’s landscaping is replete with stone boulder edging salvaged from the site.
It’s no secret that some 50 percent of hospital inpatients are admitted through Emergency Departments, that ED patient visits are rising, that ED departments are competing for patients, that technology keeps changing, and that to get the biggest bang for the buck EDs must be streamlined, efficient and patient-friendly. Despite the need to juggle myriad issues, there are sound long-term solutions for each, and those solutions typically differ for every distinct facility.

The following three projects illustrate how SLAM’s team of healthcare architects, programmers, planners, and interior designers employed seamlessly integrated project delivery approaches to produce optimal results for each client.

Middlesex Hospital Healthcare System
ED Expansions
Connecticut

The new Middlesex Hospital Shoreline Medical Center represents a rebirth of a beloved existing facility that has provided emergency, imaging and lab services to the shoreline community since 1975. Having outgrown its current location, the new center addresses projected growth and new technologies, and establishes a new environment that fully supports patient care goals.

The new freestanding 50,000 SF facility — double the size of the current facility — features a modern emergency department, expanded radiology services with dedicated women’s imaging, a state-of-the-art lab, and infusion therapy suite, all are carefully arranged to enhance the delivery of the already great service for which the facility is known. An additional 25,000 SF of second floor shell space allows for future services that will introduce a new level of integrated care.

Situated immediately adjacent to I-95, the Shoreline Center benefits from much greater visibility, providing a unique branding opportunity for the hospital and more convenient access. According to SLAM designer, Douglas W. Mayne, AIA, “a distinctive architecture derived from a blend of elements established at the main hospital campus such as brick panels and precast concrete banding, along with local shoreline influences such as natural stone, wood accents, and native plantings, defines the new center and reinforces a more identifiable, system-wide aesthetic.”

To address a significantly growing geriatric population, a closely coordinated site and building planning effort incorporates senior-friendly access and amenities. Straight forward, easy to navigate parking is arranged to serve clearly defined entry points, and distributed along the length of the building to help reduce walking distances from parking areas. Handicapped parking and drop-offs are located directly adjacent to the entries and are flanked by generous canopies to provide covered access for the elderly or infirm. Benches under the canopies and small seating groupings inside are placed at regular intervals to provide rest stops. Distinctive gardens provide memorable reference points for clear wayfinding and are flanked by reception and waiting. Short north / south corridors connect the waiting areas to exam / procedure rooms to minimize travel distances and are separated from long east / west corridors that facilitate the movement of staff and materials between departments.

The new Shoreline Center is the most recent result of the hospital’s master plan. “The master plan was a dynamic process directly involving hospital staff to identify areas that needed the most attention and had the greatest possibility for success,” Steven R. Doherty, AIA, SLAM’s project manager, said. “The most pressing need that came out of the master plan was the expansion of the main hospital’s emergency department, which was completed in 2008.” The project included “right-sizing” the emergency department to accommodate current medical- and behavioral-patient volume, providing adequate space for projected future volume, and correcting identified problems with the delivery/service entry and parking. It includes a new, two-story (plus basement) addition that houses the new emergency department on the first floor, with 35 stations and support spaces capable of handling volumes of 60,000 visits annually, 28 private rooms, one trauma room, six private express care rooms, and eight private behavioral healthcare rooms. Shell space on the second floor was created for a new ICU and in the basement is a garage for ED parking. Site work included patient parking and seven ambulance slots as well as a new helipad and improvements to the service loading dock.

An important part of the SLAM process is research and benchmarking. Site visits to similar institutions ensure projects reflect the latest best practices. For this project, the team took the extra step of participating with the Middlesex management team in a Harvard Business School Executive Education program. The information acquired was an enormous benefit, according to Doherty. “The most influential activity was having the architects and administrators attend a four-day class called ‘Planning the Emergency Department of the Future.’ It created a partnership and provided a forum to discuss many current design theories,” he said, “The client could thoroughly discuss the processes and strategies they have found to be the most effective for their practice, and we could relate it to the architecture.”
Northern Westchester Hospital (NWH) Mary & David Boies Emergency Department
New York

NWH's emergency department struggled with increasing demand for services and was falling short of patient and staff expectations. In response, this mid-sized community hospital, with SLAM's help, re-invented itself under the Planetree™ model of patient-centered care.

The initial step for the project design team, in which the client was an active participant, was to research the newest best practices in ED design. The team's research included focus groups, classes in designing emergency departments for the future, and group visits to top hospitals around the country. In 2013, the NWH ED cared for approximately 30,000 patients, up 20 percent since the project was planned. The facility is now widely known as "the Planetree ED" and has sustained Press Ganey patient satisfaction scores in the top five percent of the nation.

The design solution for the new 28,000 SF, two-floor facility comprises an innovative system of "streets" and "avenues" developed to balance the practicalities of patient flow (streets) and staff distribution (avenues). Among the new features are dedicated adult and pediatric family rooms to accommodate families’ bedside needs and universal private rooms with a 90-degree bed orientation to offer greater patient privacy without sacrificing the staff’s ability to observe. Important features include an adult avenue, a pediatric avenue, a fast-track avenue for non-emergency cases, a behavioral health suite for psychiatric care, and a centrally located nursing station and three satellite stations to enable greater oversight and increase response times. Amenities include views to tranquil gardens, a dedicated family room and pediatric waiting room, a refreshment court and dedicated valet parking.

Generous windows, unusual for ED settings, provide daylight infused spaces and views to the private perimeter gardens. Window placement and landscaping strategies provide a soothing environment, but also add to the hospital's sustainability goals: a 12,000 SF sedum roof and perimeter gardens work together to detain and slow stormwater discharge. Not typically part of ED planning, specific daylighting strategies leverage the department's southern exposure and enhance building performance as well as patient experience. Deep-set windows and entry canopies shade the building during the summer, and extended curtainwall mullions function as light shelves during the winter, providing glare-free daylight. Glass corridor walls allow light to penetrate deep into core areas.

Steward Health Care System Emergency Departments Massachusetts

Steward Health Care System is one of New England's largest community-based hospital networks. SLAM was engaged to provide comprehensive design services for five of its Massachusetts hospitals simultaneously, with contract documents delivered within an aggressive six-month schedule. A significant project goal was to improve brand identification.

For this $56 million endeavor, SLAM's approach included multiple team bootcamps. Three of the five projects — Saint Anne's Hospital in Fall River, Good Samaritan Medical Center in Brockton and Holy Family Hospital in Methuen — included emergency departments, each required trauma rooms, isolation rooms, dedicated toilet rooms, rooms for behavior health patients, and GYN rooms, and waiting areas, among other specialty spaces.

A universal exam room concept was devised that could be effectively replicated for each hospital. All exam rooms are primarily the same size and include hands-free sink operation and a specialty cart system that enables any type of exam process i.e., an ear, nose and throat (ENT) exam can be performed in any room with an ENT ‘cart. Nurses' stations were designed for visibility and flexibility to accommodate fluctuations in staffing levels and patient acuity.

Creating a standard ED configuration for the three hospitals streamlined the design process, and succeeded in providing an improved quality of patient care, a more efficient working environment, and welcoming waiting areas for triage, families and children.
Danbury Hospital began its physical transformation with the addition of the new 316,000 SF Peter and Carmen Lúcia Buck Pavilion, an 11-story tower which will enable greater operating and medical care efficiencies. From its inception, it’s been seen by hospital administrators as a catalyst intended to transform the performance, experience and perception of the overall institution, and reflect the hospitals’ mission of “a higher level of care.”

The new addition includes right-sized critical care and medical/surgical private patient rooms, a new 40,000 SF emergency department, also with private rooms, and space for future expansion. “Additionally, the new tower will enhance the hospital’s image and reinforce its brand: the entry will be clearly defined, vehicular access and parking will alleviate awkward existing site conditions and leverage existing site opportunities,” Ansel said.

A healing garden is the new centerpiece to a distinctively landscaped entry sequence, organizing the new main entry elements including the drop-off canopy, lobby, accessible parking and garage access. According to Doherty, this ‘Oasis’ is the new first impression for arriving visitors, establishing a positive welcoming experience as soon as people arrive at the campus.

Rising above the new main entry and ED are four floors dedicated to creating new inpatient beds, central to the hospital’s transformation. The new bed tower has 30 new ICU / CCU beds and three new 35-bed medical/surgical units. “The most profound aspect of this effort is to enable the entire facility to convert to all single-bed, private rooms — a critical element to delivering healthcare safely and effectively. The right-sized private rooms address the needs of the patient, family and staff and help to support the full potential of the patient-centered core values of the hospital;” SLAM healthcare planner, Kathy L. Bell, AIA, ACHA noted. Dedicated family space on each floor includes comfortable sitting areas, private consult space and nourishment areas to complement the family experience and create a true on-floor respite.

This project marks a major step forward in the development of the facility and will enable Danbury Hospital to support many of its long- term goals. The size, location and arrangement of departments and services will have a profound impact on the overall institution, providing needed space for an array of modern technologies. “Strategic connections back to the existing facility will create a greater synergy between new and existing departments, and enhance overall campus connectivity,” Ansel said.

### Shaping the Future

In 2011, Western Connecticut Health Network proceeded with a facilities master plan to analyze the opportunities the hospitals’ affiliation provided, looking beyond the completion of the tower addition. They considered what Danbury had, what they needed and how best to optimize the ambulatory services associated with the overall organization. “At this point we stepped back to get our arms around who we are. The master plan gives us a roadmap and strategic approach for how best to use our available on-campus space and create the same patient experience throughout,” Morris Gross, vice president – facilities for Western Connecticut Health Network, explained. “It is also helping us determine the optimal direction for the best use of off-campus facilities and the New Milford Hospital campus.”

Dr. John Murphy, the hospital’s president and CEO, summed it up best at the 2010 announcement for the expansion. “We are aligning multiple healthcare organizations to create a regional healthcare system. It will strengthen each hospital financially and provide better healthcare for our patients throughout the system.”

Dr. John Murphy
President and CEO
Danbury Hospital
Creating A Regional Network Framework

Greenwich Hospital and Yale New Haven Health Care: Creating a Regional Framework

Today’s healthcare industry is patient-driven, increasingly technologically dependent, and politically volatile. How do you keep up with its increasingly competitive and costly nature? According to Stephen J. Carbery, Yale New Haven Health System’s (YNHHS) vice president of facilities, design and construction, you just have to just keep moving forward and do what’s right for you! unique circumstances and patient base. "The real question is do you have the resolve to make the investment!"

YNHHS has consistently invested in strategic approaches long before the Affordable Care Act was passed. More so than ever and nationwide, healthcare has been the primary catalyst for many political firefights during the past two decades. Despite this, life goes on.

In 1996, the YNHH System was formed. Driven by a goal to position itself for a successful future through greater system-wide integration and consolidation, cost and value positioning, and innovative and strategic initiatives, the network has grown to include Yale New Haven Hospital, Bridgeport Hospital, Greenwich Hospital, the growing Northeast Medical Group, and as of 2012, expanded its reach, capability and capacity to affect market share growth in both the ambulatory surgery center. "SLAM’s first project was to design a connector between the Main Building and the South Building, which Greenwich Hospital was going to use for swing space while constructing the new Watson building," SLAM associate and project manager for Greenwich Hospital projects, Robert C. Petry, AIA, ACHA, recalled, “Between 1999 and today, we have completed a number of other projects including the Bendheim Cancer Center, which is an affiliate of the Smilow Cancer Hospital at Yale New Haven Hospital, and numerous renovations and additions, among them new physicians’ offices, a wellness center and an off-campus ambulatory surgery center.”

By 2010 Greenwich Hospital had grown significantly. How to best deliver healthcare was being nationally debated and morphing daily. The need to analyze how change was going to affect Greenwich Hospital’s operations and physical environment was critical. It was at that point that Greenwich engaged SLAM to provide space planning and conceptual design services and prepare a functional space programming report, which defined a variety of development scenarios for the main campus and off site properties. The plan addressed volume and growth statistics, programmatic needs, and external forces among other issues and reached a recommended development strategy that supported achieving the goals set forth in what was the hospital’s recently completed strategic plan.

SLAM’s charge was to carry out a detailed analysis of current space demands at the main campus, identify shortfalls, and determine which departments could be relocated and how. Among the topics reviewed were forces that could affect market share growth in both primary and secondary markets; the need for an additional 15 beds by 2015 and 26 beds by 2020, a forecast of outpatient market share growth for the subsequent decade and how adding and absorbing private physician practices could best be facilitated.

The plan meticulously documented the space demands for each department in the hospital, such as how and where to distribute departments to allow for additional single rooms in the main hospital, consolidations necessary to address accessibility for patients and cost efficiencies for the hospital, an analysis of multiple available properties surrounding the hospital, and evaluations of viable solutions in a dozen scenarios, with a final recommended solution that addressed critical needs.

The plan was completed and delivered in five months in early 2011. The detail provided in the Facility Master Plan has given the hospital the flexibility to modify its priorities, as necessary. This approach accommodates rapidly changing healthcare dynamics, while still working toward the ultimate goal to provide an efficient patient-centered healthcare network that makes ambulatory care easy and accessible for patients and consolidates high acuity inpatients, and their associated needs, in one place.

Staying Ahead of the Curve

The S/L/A/M Collaborative (SLAM) began working with Greenwich Hospital in 1999. “SLAM’s first project was to design a connector between the Main Building and the South Building, which Greenwich Hospital was going to use for swing space while constructing the new Watson building,” SLAM associate and project manager for Greenwich Hospital projects, Robert C. Petry, AIA, ACHA, recalled, “Between 1999 and today, we have completed a number of other projects including the Bendheim Cancer Center, which is an affiliate of the Smilow Cancer Hospital at Yale New Haven Hospital, and numerous renovations and additions, among them new physicians’ offices, a wellness center and an off-campus ambulatory surgery center.”

By 2010 Greenwich Hospital had grown significantly. How to best deliver healthcare was being nationally debated and morphing daily. The need to analyze how change was going to affect Greenwich Hospital’s operations and physical environment was critical. It was at that point that Greenwich engaged SLAM to provide space planning and conceptual design services and prepare a functional space programming report, which defined a variety of development scenarios for the main campus and off site properties. The plan addressed volume and growth statistics, programmatic needs, and external forces among other issues and reached a recommended development strategy that supported achieving the goals set forth in what was the hospital’s recently completed strategic plan.

SLAM’s charge was to carry out a detailed analysis of current space demands at the main campus, identify shortfalls, and determine which departments could be relocated and how. Among the topics reviewed were forces that could affect market share growth in both primary and secondary markets; the need for an additional 15 beds by 2015 and 26 beds by 2020, a forecast of outpatient market share growth for the subsequent decade and how adding and absorbing private physician practices could best be facilitated.

The plan meticulously documented the space demands for each department in the hospital, such as how and where to distribute departments to allow for additional single rooms in the main hospital, consolidations necessary to address accessibility for patients and cost efficiencies for the hospital, an analysis of multiple available properties surrounding the hospital, and evaluations of viable solutions in a dozen scenarios, with a final recommended solution that addressed critical needs.

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Healthy Thoughts: An Interview with Stephen J. Carbery

Vice President of Facilities, Design & Construction
Yale-New Haven Health System

Stephen J. Carbery is Vice President of Facilities, Design, Construction, and Real Estate at Yale New Haven Health System. He began his healthcare career at Greenwich Hospital in the late 1980s. As Director of Facilities, he worked with a multi-disciplinary team on the development of the Hillwood Medical Building, followed by the Watson Pavilion. As VP of Facilities at Greenwich Hospital, he spearheaded the development of a new facilities master plan in 2010. He was promoted to his current position with Yale New Haven Health System (YNHHS) in 2012. He is now leading the effort to reorganize ambulatory facilities for YNHHS, Yale Medical Group and the Northeast Medical Group, in addition to system-wide facility responsibilities.

Since the mid-1990s, the Yale New Haven Health System has grown in both size and sophistication. During this time, this growth strategy has positioned it to focus on upgrading facilities and incorporating new technologies and greater efficiencies. SLAM has assisted Greenwich Hospital, the former Hospital of Saint Raphael, Bridgeport Hospital, and Yale-New Haven Hospital for a number of years on multiple projects.

Daniel J. Fenyn, AIA is an Associate Principal for the S/L/A/M Collaborative and the firm’s Market Sector Leader for Healthcare. He is a registered architect with more than 20 years of experience in all phases of hospital planning and design, having directed efforts on both large and small, complex, multi-phased medical facilities in both the United States and overseas. He is responsible for overall client contact, contract negotiations, quality assurance, and client satisfaction throughout all phases of the planning and design process.