Nomination for Advancement to Fellow of American College of Healthcare Architects

Jennifer Aliber, AIA, ACHA, LEED AP
15 June 2014

Ralph Hawkins, FAIA, FACHA
Chair: Fellowship Committee
American College of Healthcare Architects
18000 W. 105th Street
Olathe, KS  66061-7543

RE: ACHA Fellowship Sponsor Letter for Jennifer Aliber AIA, ACHA LEED AP

Dear Ralph and Members of the Fellowship Selection Committee:

I am honored to sponsor my friend and colleague, Jennifer Aliber, for elevation to the Fellowship of the College of Healthcare Architects. I have collaborated with Jennifer in leadership and service activities at the national level in our industry for ten years, a credential that alone establishes her as a deserving candidate for Fellowship recognition.

Jennifer has well stated her qualifications within her submittal. Following are highlights of her professional capacities and focus that I believe distinguish her as a Fellowship member from a certificant.

Jennifer has a deep passion to innovate in her work and for our industry. Her highly successful and recognized project work for her clients and her firm exemplify this energy and focus, and the outcomes in the buildings she has influenced clearly reveal her acumen as a leader and role model among healthcare architects.

As a responsible healthcare architect, Jennifer is driven to establish a metrics-based practice for her firm and our industry. She has worked diligently to garner beneficial metrics that lead to the development of reliable planning and design resources, enabling her clients to make better design decisions based on evidence of successful outcomes, and helping our industry to achieve greater consistency in the quality of service we provide.

Jennifer has sought to elevate others through education and critical dialogue in her quest for better decision-making tools for design. Her “Real Numbers” series, and her regular speaking engagements at national industry conferences obviates her emphasis on sharing knowledge and learning from challenging exchange of ideas.

Finally, Jennifer is a strong industry advocate and leader within our healthcare design community. For more than a decade she has been an articulate and productive participant on Boards and Committees of the AAH, ACHA, FGI and CHD. She is a positive activist, and a demonstrated leader within her highly successful firm as well.

It is with enthusiasm and confident expectancy that I recommend Jennifer for elevation to Fellow with the American College of Healthcare Architects. This recognition is long overdue.

Best Regards,

Thomas E Harvey, Jr FAIA, MPH, FACHA LEED AP
Principal
1. Summary

ACHA Fellowship application

Nomination
Jennifer Aliber, AIA, ACHA, LEED AP
Shepley Bulfinch
2 Seaport Lane, Boston, MA 02210
857.383.4157 / JAliber@shepleybulpinich.com

Nominated by 5 ACHA Fellow or Fellow Emeritus Reference letters

Category of Nomination:
2. To advance the art of planning and building by advancing the standards of architectural education, training and practice.

Practice

Nominee’s Education

<table>
<thead>
<tr>
<th>Name/location</th>
<th>Number of Years</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princeton University School of Architecture/Princeton, NJ</td>
<td>3</td>
<td>M. Arch</td>
</tr>
<tr>
<td>Amherst College/Amherst, MA</td>
<td>4</td>
<td>B.A summa cum laude</td>
</tr>
</tbody>
</table>

| nominee is licensed to practice architecture in: |

| Arizona | Connecticut | Georgia | Illinois | Iowa | Maine | Maryland | Massachusetts | Michigan | New Jersey | New Mexico | New York | North Carolina | Ohio | Pennsylvania | Texas | Wisconsin |

| nominee is engaged in the profession of architecture as: |

Firm Principal

Sponsor
Tom Harvey, AIA, MPH, FACHA, LEED AP
HKS
1919 McKinney Ave. Dallas, TX 75201
214.969.3117 / tharvey@hksinc.com
1. Summary

ACHA Fellowship checklist

Nomination
☒ The application binder and CD of the Adobe.pdf version of the application postmarked by July 1 of the application year and sent by a traceable service such as Federal Express

Section 1: Summary
☒ Category of nomination indicated (one Area of Expertise).
☒ Sponsor’s name, address, and e-mail address
☒ Signed letters by 5 FACHA certificants.
☒ Automatic candidate nomination.
☒ Completed all questions.
☒ Summary limited to one page, including 25-35 word synopsis.

Section 2: Accomplishments
☒ All significant and notable contributions supporting the Area of Expertise.

Section 3: Exhibits
☒ Exhibit corresponds to submitted projects/photographs.
☒ Original photographs submitted in the binder.
☒ Name of architecture firm of record, synopsis, and declaration of responsibility certification for each project submitted; placed in binder before photo/exhibits of project described.
☒ Recent work supporting the Area of Expertise on nomination included.

Section 4: References
☒ List of references with names and e-mail addresses.
☒ References’ identified (AIA, FAIA, ACHA, FACHA, etc.).
☒ Sponsor to follow up to see that reference letters are prepared and included in the application binder and the CD of the Adobe.pdf version of the application.

Miscellaneous
☒ Checklist completed and signed by sponsor.
☒ One black-and-white 4” x 6” or 5” x 7” portrait of nominee; nominee’s name appears on the back of the photo.

Nominee: Jennifer Aliber, AIA, ACHA, LEED AP
Sponsor: Tom Harvey, AIA, MPH, FACHA, LEED AP
Signature: , Date: June 30, 2014
June 5, 2014

ACHA Jury of Fellows
American College of Healthcare Architects
18000 W. 105th St.
Olathe, KS 66061-7543

Reference for: Jennifer Aliber, AIA, ACHA

Distinguished Members of the Jury of Fellows:

I am deeply honored to recommend to you Jennifer Aliber, AIA, ACHA for elevation to Fellowship.

Jennifer is a widely recognized leader in healthcare planning and design --- and I can state with confidence that she is the "poster child" for the proposed new guidelines for ACHA Fellowship.

I have had the pleasure of working closely with Jennifer over the past decade on the ACHA Exam Committee, as faculty for the ACHA Planning and Programming Workshops in multiple cities, and on the Board of the AIA Academy of Architecture for Health.

She truly exhibits the characteristics that you seek: as an accomplished thought leader, active participant in our professional organizations, and as having a significant body of publications and presentations relevant to healthcare planning and design --- all in addition to her contributions to some of the most successful healthcare projects in the nation.

Candidly, this recognition of her contribution is long overdue, and I highly recommend Jennifer Aliber for elevation to Fellow.

Sincerely,

Peter L. Bardwell, FAIA, FACHA
Principal

2703 East Broad Street   Columbus, Ohio 43209-1844
tel. 614-239-1639   mobile 614-562-3061
pbardwell@bardwellassociates.com
www.bardwellassociates.com
June 18, 2014

Mr. Ralph Hawkins, FAIA, FACHA  
Chair, Fellowship Committee  
American College of Healthcare Architects  
P. O. Box 145-48  
Lenexa, KS 66285-4548

RE: Ms. Jennifer Aliber  
ACHA Fellowship Application  
(Letter of Support)

Dear Ralph:

It is with great enthusiasm that I support Ms. Jennifer Aliber for consideration of elevation to Fellow status in the American College of Healthcare Architects. Jennifer is a Founding Member of the ACHA and has served on the Examination Committee for 8 years. As you know, our exam is vital to maintaining the level of expertise our candidates need to establish for membership. Jennifer’s focus on the development of metric-based programming stands out as a commitment to the betterment of our industry. This approach and its innovative results, advances the science and art of healthcare planning. It also advances standards for an evidence based planning process. Jennifer has also lent her expertise to leadership of the AIA Academy of Architecture for Health as the Board member (2009-2011) overseeing the Codes and Standards activities of this Knowledge Community as well as speaking at symposiums and conferences on a wide variety of topics relevant to our work.

Jennifer’s genuine enthusiasm for the fundamental planning processes of programming, using metric-based methods, as well as transferring that knowledge on to our college candidates thru our examination advances the ACHA. Speaking, teaching and sharing this knowledge is vital as the foundation of the ACHA in the healthcare community – Jennifer’s efforts are inspiring and qualify her to be considered for the highest level of ACHA member.

Thank you for your consideration of this worthy candidate.

Sincerely,

/Rebecca J. Lewis, AIA, FACHA, CID  
Partner, DSGW Architects  
Director of the Healthcare Studio

RJL:jl
June 17, 2014

2014 Jury of Fellows
American College of Healthcare Architects
PO Box 14548
Lenexa, KS 66285-4548

Members of the 2014 Fellowship Jury:

It is a privilege and an honor to support the nomination of Jennifer Aliber for Fellowship in the American College of Healthcare Architects. Jennifer is a leader in our field. Her work with clients, colleagues, and emerging healthcare architects is exemplary and a model for us all. She is relentless in her pursuit of excellence in healthcare planning and has been a major influence on the overall design excellence of healthcare through her national leadership roles.

Jennifer is what every architect/planner should be – a consummate professional, one who understands the imperatives of collaboration of client and architect, and through work together, the collaboration of architect/planner and architect. For more than eight years, serving together on various AIA and ACHA committees, she has always demonstrated the leadership skills, healthcare planning expertise, and tireless advocacy for design excellence that has earned Jennifer her extraordinary reputation. Among her distinguishing characteristics are her ceaseless commitment to quality, representing the profession at its best in serving our nation’s healthcare programs. As an advocate for patient-centered design, she has raised the standard of planning and design for healthcare architecture and systems that are humane and effective models for providing care. The world of healthcare architecture is relatively small – comprised of experts doing very sophisticated and complex projects – and we all tend to know one another’s work. Within that community, Jennifer is considered a leader, recognized for her exceptional work and her generosity to her fellow professionals.

Jennifer represents the finest in our profession. I urge her elevation to Fellowship to signal to our membership, and to all those outside the profession, the effectiveness that can be achieved in bettering the architecture we see and use by the efforts of a single outstanding dedicated architect. For having influenced the way architecture for healthcare is practiced, for her work, and for her leadership, it is my honor to recommend Jennifer Aliber as a Fellow of the American College of Healthcare Architects.

Sincerely,

Philip E. Tobey, FAIA, FACHA
Senior Vice President
June 23, 2014

ACHA Jury of Fellows
American College of Healthcare Architects
18000 W. 105th Street
Olathe, KS  66061

Subject:  Recommendation for Fellowship: Jennifer Aliber, AIA

Dear Members of the Jury:

Jennifer Aliber is among the most distinguished healthcare architects in America. She has been a go-to person for many of us. Jennifer has unselfishly shared information to the benefit of all healthcare architects. As an example, Jennifer’s “Real Numbers” presentation, a metrics-based evaluation of planning factors, is a piece of reference material that permanently resides on my hard drive, is consulted numerous times a year, and is a key element of our in-house training for programming and planning of all types.

Jennifer’s service to the profession includes leadership positions on the Academy of Architecture for Health’s Board with specific responsibility for the direction of the Codes and Standards Group. On her watch, that Group proactively engaged a broader range of architects in a systematic examination and evaluation of the FGI Guidelines and proposed significant and meaningful changes to the Guidelines. Through her leadership architects had the opportunity to make a significant difference in the 2014 edition of the Guidelines.

Jennifer has also been a key member of the ACHA Exam Committee; a group that has been responsible for understanding what our work is as a specialized architect and then assuring that the exam reflects that knowledge need.

Her many projects and the education programs that grown out of her project-based research have both been venues for contributing to repositioning healthcare planning as a process that is central to our collective work in improving healthcare delivery.

I commend Jennifer to the Jury and suggest that they join their peers in similarly attesting to the value of Jennifer’s service and contribution by elevating her to Fellowship.

Very truly yours,

Francis Murdock Pitts FAIA, FACHA, OAA
25 June 2014

Ralph Hawkins FAIA, FACHA
Chair: Fellowship Committee
ACHA
18000 W. 105th Street
Olathe, Ks  66061-7543

RE: ACHA Fellowship Reference Letter for Jennifer Aliber AIA, ACHA LEED AP

Dear Ralph,

It is my sincerely pleasure to write you in support of Jennifer Aliber’s application for Fellowship in the American College of Healthcare Architects. I have known Jennifer for over 25 years as a healthcare architect practicing out of Boston, MA. Though we have always been in competing firms and have not worked on projects together, I am very aware of her work on many successful healthcare projects, and we have worked together on multiple initiatives throughout our careers with professional organizations such as the BSA, AIA-AAH and ACHA.

Jennifer has been a consistent advocate for continuing education of fellow design professionals and has been involved in organizing and planning many conferences as well as being a regular speaker at healthcare conferences with ASHE, the Center for Health Design, Health Facilities Management, and the AIA-Academy of Architecture for Health. Her professional organization involvement also includes serving on the ACHA Exam Committee, the CHD Environmental Standards Committee and the AIA-AAH Board.

In terms of her professional practice as an architect and planner, Jennifer has had an impressive career completing projects for clients such as Yale New Haven Hospital, The University of Michigan Health System, Duke University Medical Center and Children’s Hospital of Wisconsin.

I think Jennifer ticks all the boxes for ACHA Fellowship including approaching 30 years of successful professional practice that has advanced healthcare planning and design, her commitment to educating fellow professionals and her giving back though her service in professional organizations. If you have any questions please do not hesitate to contact me.

Sincerely,

Kurt Rockstroh FAIA, FACHA
President and CEO: Steffian Bradley Architects
1. Summary

sponsored by achievements

Jennifer Aliber’s leadership in the development and advancement of a metrics-based approach to space programming and planning has elevated a shared understanding of building multipliers and standards across the practice of healthcare architecture.

At a time when healthcare costs are under unprecedented scrutiny, Jennifer Aliber’s contributions to the development of accurate space planning metrics are paying off as an essential element in efficient capital project management.

As a young healthcare architect, Jennifer realized the numbers used in programming and planning didn’t add up and set out to do something about it. She has set in place a virtuous cycle of research, data collection and capture, education, and leadership to make reliable planning and programming metrics a vital element of contemporary healthcare design. Her focus on standards, benchmarks, and innovation has enhanced the built environment and improved patient outcomes while fostering a culture of education within the profession.

Jennifer’s leadership has given healthcare architects new ways to elevate the quality and reliability of healthcare delivery. Her work establishing these planning metrics was contemporaneous with the 2005 study at Clemson and Texas A&M, as they sought to improve accurate program scope definition and project estimates by giving architects tools that let them take responsibility for the quantification of space.

Education and certification: all boats rise

Not content with developing metrics, Jennifer has also worked to provide tools for healthcare planners to maximize their use. She knew that doing so would give architects, programmers, and owners the capacity to make predictive estimates on size and relative efficiency early in project development. She has shared this in her “Real Numbers” series, beginning with ‘The Real Numbers: Understanding Square Footages and Building Multipliers That Work.’ In this call to action she offered her point of view and challenged healthcare architects to respond with a more comprehensive evaluation of these issues. Subsequent “Real Numbers” presentations built on that foundation. As an acknowledged thought leader, she speaks widely on the subject, making a particular effort to engage the next generation of healthcare planners at the university level.

Advocate and leader

Jennifer leads by example, elevating the practice of healthcare architecture on a national level. Jennifer has worked assiduously to define the appropriate knowledge base for ACHA certificants; contributed to the Center for Health Design’s promotion of design research and design standards; and helped re-engage the Academy of Architecture for Health with the FGI Guidelines.

Practicing what she teaches

In her own practice at Shepley Bulfinch, Jennifer has focused on programming and planning that improves the delivery of care through innovation. She led the 2014 submission of Dartmouth-Hitchcock Medical Center to the ACHA Legacy Project Award, articulating the aspects of that project that demonstrate the best in healthcare planning over time. Jennifer has also assumed practice and corporate leadership roles at the firm, where she chairs the Board of Directors.

Jennifer Aliber embodies the ideals and principles of the American College of Healthcare Architects and its mission to advance certification, education, and standards. She has elevated the ACHA exam certification process and, in doing so, enriched the healthcare design community with her commitment to sharing ideas and practices.
Jennifer Aliber, AIA, ACHA, LEED AP
## 2. Accomplishments

### SIGNIFICANT WORK

<table>
<thead>
<tr>
<th>Hospital/Location</th>
<th>University/State</th>
<th>Services/Projects</th>
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</thead>
<tbody>
<tr>
<td>Bridgeport Hospital, Bridgeport, CT</td>
<td>Connecticut</td>
<td>Facilities Assessment</td>
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<tr>
<td>Park Avenue Campus Outpatient Center</td>
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<tr>
<td>Bronson Methodist Hospital, Kalamazoo, MI</td>
<td>Michigan</td>
<td>New Replacement Healthcare Campus</td>
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<td>Carle Foundation Hospital, Urbana, IL</td>
<td>Illinois</td>
<td>Heart and Vascular Institute, Backfill Plan</td>
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<td>Emergency Department and Radiology</td>
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<td>Children’s Health System/Children’s Hospital of Wisconsin,</td>
<td>Wisconsin</td>
<td>New West Tower</td>
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<td>Milwaukee, WI</td>
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<td>Cooley Dickinson Hospital, Northampton, MA</td>
<td>Massachusetts</td>
<td>Master Campus Development Plan</td>
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<td>Addition and Alterations</td>
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<tr>
<td>Confidential Oncology Projects</td>
<td>Virginia</td>
<td>Facilities Assessment and Renovation</td>
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<tr>
<td>Danbury Hospital, Danbury, CT</td>
<td>Connecticut</td>
<td>Master Plan</td>
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<tr>
<td>Duke University Medical Center, Durham, NC</td>
<td>North Carolina</td>
<td>Hospital Master Plan, Analysis and Backfill Planning</td>
</tr>
<tr>
<td>Eastern Virginia Medical School, Norfolk, VA</td>
<td>Virginia</td>
<td>Campus Master Plan</td>
</tr>
<tr>
<td>Massachusetts General Hospital, Boston, MA</td>
<td>Massachusetts</td>
<td>Neurosciences ICU, CTICU, ICU, and MICU</td>
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<td></td>
<td></td>
<td>12th Floor Neurosciences Master Plan</td>
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<td></td>
<td></td>
<td>NICU/PICU Planning Study</td>
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<td></td>
<td></td>
<td>Universal Room Study</td>
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<td>McLean Hospital, Belmont, MA</td>
<td>Massachusetts</td>
<td>North and South Belknap, New Construction and Renovation</td>
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<tr>
<td>M.D. Anderson Cancer Center, Houston, TX</td>
<td>Texas</td>
<td>Clark, Love &amp; Lemaistre Clinics Programming and Redevelopment Plan</td>
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<tr>
<td>Mid Coast Health Services, Brunswick, ME</td>
<td>Maine</td>
<td>Mid Coast Hospital</td>
</tr>
<tr>
<td>Mount Auburn Hospital, Cambridge, MA</td>
<td>Massachusetts</td>
<td>Stanton Building Fit Out</td>
</tr>
</tbody>
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2. Accomplishments

- **Partners Healthcare, Danvers, MA**
  - Mass General/North Shore Medical Center for Outpatient Care

- **Rhode Island Hospital, Providence, RI**
  - Davol Tower Study
  - Pediatric Hospital Study

- **Resurrection Health Care System, Chicago, IL**
  - New Inpatient Building

- **Roswell Park Cancer Institute, Buffalo, NY**
  - Facilities Master Plan

- **Sherman Health Systems, Elgin, IL**
  - Sherman Hospital

- **SSM Health Care and Dean Health System, Janesville, WI**
  - St. Mary’s Janesville Hospital and Dean Medical Building

- **Universidad de los Andes, Santiago, Chile**
  - New Hospital Campus, La Clínica (Hospital)

- **University of Louisville Hospital, Louisville, KY**
  - Facilities Master Plan

- **University of Maryland Medical System, Baltimore, MD**
  - Conceptual Master Plan

- **University of Arizona Health Network - University Campus, Tucson, AZ**
  - Academic Medical Center planning and renovation
  - Clinical Pathology Master Plan
  - Hybrid OR Project
  - Radiology Master Plan and Modifications
  - Surgical Services Master Plan

- **University of Michigan Health System, Ann Arbor, MI**
  - Ambulatory Care Center Conceptual Study
  - New Cardiovascular Center

- **Yale-New Haven Hospital, New Haven, CT**
  - Smilow Cancer Hospital
  - The Children’s Hospital
  - Major Addition and Alterations
  - Primary Care Center Renovation
  - South Pavilion ICU Renovation
  - Ambulatory Care Master Plan
  - St. Raphael Campus (SRC) Master Plan
  - Musculoskeletal Center Planning at SRC
  - Musculoskeletal ORs at SRC
2. Accomplishments

PRESENTATIONS AND PAPERS

- **ASHE Planning, Design and Construction Conference, March 2014**
  “Pillow talk: US inpatient bed needs in 2020”

- **Healthcare Design ‘13 Conference, Nov 2013**
  “No one answer: Decision points and strategies in planning two major cancer centers”

- **Healthcare Design ‘12 Conference, Nov 2012**
  “1,001 more planning mistakes to avoid” (roundtable moderator)

- **Health Facilities Management Magazine, September 2012**
  “Safety zone: Exploring the trade-offs when designing the danger out of patient bathrooms”

- **Healthcare Design ‘11 Conference, Nov 2011**
  “Don’t try this at work: 1,001 planning mistakes to avoid” (roundtable moderator)

- **Health Facilities Design & Development Conference, Spring 2011**
  “Flexible healthcare design strategies that support future modification and expansion”

- **ASHE Planning, Design and Construction Conference, March 2010**
  “Singing the patient bathroom blues”

- **“Healing by Design in Critical Care”**
  featured essay in Design for Critical Care by Mardelle Shepley and Kirk Hamilton

- **Tradeline Academic Medical Centers Conference, 2009**
  “Rationale and successful strategies for integrating medical education with clinical work”

- **Healthcare Design, June 2009**
  “The first fifteen feet: Evaluating priorities where the corridor meets the patient room”

- **ASHE Planning, Design and Construction Conference, March 2008**
  “The Real Numbers: The cost of flexibility”

- **Tradeline Academic Medical Centers 2007**
  “Integrated flexibility plans for multi-user, high-technology imaging investments”

- **Healthcare Design ‘07 Conference, November 2007**
  “Single room/big hospital”

- **Health Facilities Management Magazine, March 2007**
  “Real Numbers: Understanding square footages & building multipliers that work”
2. Accomplishments

ASHE Planning, Design and Construction Conference, February 2007
“The Real MEP Numbers: Understanding MEP systems in square footages and building multipliers”

ASHE Planning, Design and Construction Conference, February 2006
“Real Numbers: Understanding square footages & building multipliers that work”

AIA Academy for Health Conference, 2006
“The technologically sophisticated healthcare environment”

ICU 2010: A Critical Care Design, Chapter Author
“Case Study: Comparison of neurosciences intensive care unit, cardiothoracic and medical ICUs at Massachusetts General Hospital,” published by Center for Innovation in Health Facilities 2000

ICU 2010: A Critical Care Design Symposium, Speaker
May 1999, Texas A&M University

PROFESSIONAL ACTIVITIES AND GUEST LECTURES

American College of Healthcare Architects,
Certificant
Examination Committee

American Institute of Architects
Academy of Architecture for Health,
Board Member 2009 - 2011
Codes and Standards Committee

Boston Society of Architects
Healthcare Facilities Committee

Boston Architectural College
Guest Lecturer and Studio Instructor 1986 - 1994

Build Boston
Panelist

Center for Health Design
Environmental Standards Committee

Texas A&M
Guest Lecturer

Tufts University/Museum of Fine Arts
Guest Critic
3. Exhibits

Exhibit List

1. **Carle Hospital**
   Heart and Vascular Institute
   Urbana, IL 2013
   Photographer: Kathryn Nania
   Architecture firm of record: Shepley Bulfinch

2. **Yale-New Haven Hospital**
   Smilow Cancer Hospital
   New Haven, CT 2010
   Photographer: Anton Grassl
   Architecture firm of record: Shepley Bulfinch

3. **Partners Healthcare**
   The Mass General/North Shore Center for Outpatient Care,
   Danvers, MA 2009
   Photographer: Kathryn Nania
   Architecture firm of record: Shepley Bulfinch

4. **University of Michigan Health System**
   Cardiovascular Center
   Ann Arbor, MI 2007
   Photographer: Michael Collyer, Richard Mandelkorn
   Architecture firm of record: Shepley Bulfinch

5. **Universidad de los Andes**
   La Clínica
   Santiago, Chile 2006
   Photographer: Kathryn Nania
   Architecture firm of record: Shepley Bulfinch

6. **Bronson Healthcare**
   Bronson Methodist Hospital
   Kalamazoo, MI 2000
   Photographer: Esto Photographics
   Architecture firm of record: Shepley Bulfinch

7. **Massachusetts General Hospital**
   Critical Care Unit Renovations
   Boston, MA 2000
   Photographer: Richard Mandelkorn
   Architecture firm of record: Shepley Bulfinch
The Heart and Vascular Institute provides patients with convenient, comprehensive, and technologically sophisticated cardiovascular services in a new facility, an integrated part of Carle Hospital. Outpatient and inpatient cardiovascular programs are housed in the Institute with a dedicated entrance and parking. Ambulatory cardiovascular clinics and non-invasive diagnostics, including nuclear cardiology, are located on the first floor for easy patient access. A new interventional suite on the second floor has patient elevators providing a direct and private connection to the Emergency Department, cardiovascular ICUs, and other cardiovascular nursing units.

The Interventional Suite is a model of flexible design that minimizes the differentiation of sub-specialty interventional services and promotes continuity between interventional and invasive procedures. Its 10 labs, arrayed around a central core, support cardiac catheterization, EP and interventional radiology procedures. They were planned as interchangeable “smart boxes” that allowed Carle to wait until specific equipment purchases were required to determine the mix among the three interventional sub-specialties. The central core is an inventory and supply repository that reduces the size required for each lab and the total inventory of catheters and supplies while increasing the unit’s efficiency. The interventional suite is horizontally adjacent to the hospital’s existing surgical suite, allowing for centralization of neurosciences interventional and invasive procedures. The labs are supported by 24 private prep/recovery rooms and a dedicated sheath-pull recovery area.

Four upper floors of the Heart and Vascular Institute house a total of 139 private patient rooms. Each floor comprises two wings of 20 (ICU) or 24 (acute care) beds each. The module of each room is identical and has allowed the hospital to transform acute care rooms into intensive care rooms during design, construction, and after opening. A ninth floor initially built as shell space is now being planned for an additional 48 beds.

“The floor is designed around a clean core, which is a typical layout for surgery. But it works well for procedure, too. It keeps supplies in the middle of the floor and helps maintain a good flow of clean supplies in and out of the labs, which really improves efficiency.”

– “Planning for Integrated Healthcare,” Surface + Panel, Q4 2013

Jennifer Aliber programmed the Heart and Vascular Institute, led the planning team, and served as Principal in Charge for the project.

PUBLICATIONS

“Planning for integrated healthcare,” Surface + Panel, Q4 2013

This 14-story facility reinforces the Hospital’s reputation as a top-ranking Comprehensive Cancer Center as designated by the National Cancer Institute. Consolidating services previously scattered throughout the campus, the project focuses on making connections within the Cancer Hospital and Yale-New Haven Hospital. The new hospital offers integrated inpatient and outpatient services, with 168 private rooms, 12 operating rooms, radiation therapy, a women’s cancer center, pediatric oncology, and imaging technologies. Sustainable design elements include a terracotta rain screen exterior wall, light-filled interiors, and a mid-level rooftop healing garden. The hospital is LEED certified.

The majority of exam rooms are located on three floors, where they are arrayed around a central teamwork core, each with separate doors for patients (off the corridor) and clinicians (from the core). This separates circulation flows; restricts confidential patient information to the core and exam rooms; and promotes an effective and efficient teaching model.

“Riding the elevator between a floor dedicated to sarcoma patients and one for pediatric oncology cases, one can appreciate the center’s organization. There is a physical understanding embedded in the schematic of the hospital that each patient and each case demand personalized and focused attention.”

- “Smilow Cancer Hospital is cutting edge,” Yale Herald, October 15, 2010

Most of the infusion stations are arranged in groups of four to maximize nursing efficiency and are co-located with exam rooms. Waiting areas look out on the healing garden, where infusion patients may opt to be treated.

Jennifer Aliber was responsible for programming and planning, which included integrating the hospital into the academic medical center. She addressed two key programming challenges: determining the appropriate size for growth and programming without clinical or administrative leadership yet in place.

I have personal knowledge of the nominee’s responsibility for the project listed above. That responsibility included:

☐ Largely responsible for design
☐ Project under direction of nominee
☒ Nominee’s firm executed project
☐ Other: Explain

Responsible for programming and planning

Signature: [Signature]

Your title/typed name: Executive VP & Chief Operating Officer, Norman G. Roth
Your relationship to project: Client

PUBLICATIONS + AWARDS

“The last detail: nature’s power,” Health Facilities Management, October 2011

“Advancements made in evidence-based healthcare design,” Contract magazine, October 2011

“Green building award for Smilow Cancer Hospital,” Medical Construction + Design, September 2011


“Code green: examining the prognosis for sustainability in healthcare,” Eco-Structure, August 2010

Finalist, 2011 Design & Health International Academy Awards

Award of Merit, Green Building Awards 2011, Connecticut Green Building Council

First Place (New Construction), Project Team Awards 2011, Connecticut Building Congress

Green Business Award (New Construction) 2010, Connecticut Business Journal
Within Partners Healthcare, Massachusetts General Hospital (MGH) and North Shore Medical Center (NSMC) developed this suburban ambulatory care center and medical office building to bring together academic medical center advancements and access to clinical trials and the convenience and comfort of a community-based practice. An ambulatory care center can mean many things: here, it is a high-intensity/high-tech model that is similar to a cancer hospital without beds. The Ambulatory Care Center includes four radiation treatment vaults, eight large operating rooms designed as if they were on the MGH campus, as well as a sophisticated imaging and cardiology services.

The buildings are arranged around a central lobby, creating a sense of one integrated center. All departments are designed for expansion while allowing for future flexibility within the footprint. The program takes advantage of the site, with views of an adjacent salt marsh and river from patient zones such as infusion areas, prep/recovery bays, and surgery waiting rooms, which are located along the building’s perimeter. The central lobby and café share similar views, as well as access to a roof terrace.

“...We know what services will be in the building, how big the departments will be and are now working on how all the pieces will fit together... We're looking closely at space configuration and critical adjacencies between services to provide care as efficiently as possible and to deliver the best possible experience to the patient.”

– Roxanne Ruppel, Director of Planning and Strategy, North Shore Medical Center

Jennifer programmed the facility and led the planning efforts. As the first joint effort between MGH and NSMC, the development of care models, shared principles and assumptions, and user groups all had to be established in a very limited time frame and with individuals from several campuses and organizations who had not necessarily known one another before this process began. The difference in space between the program and the working drawings was less than 1% of the total building square footage.

PUBLICATIONS + AWARDS


“MGH, North Shore to unveil state-of-the-art facility,” Lynn Item, May 14, 2009

“Creating a model facility,” NSMC Now, September 2006

Merit Award, Best of New England Awards 2009, AGC (Assn of General Contractors) of Massachusetts
Partners Healthcare: North Shore Center for Outpatient Care, Danvers, MA | 2009
The Cardiovascular Center (CVC) provides comprehensive cardiovascular clinical care while supporting the University’s medical education and research missions. It was designed to integrate advanced medical technology in procedure space while also creating an inclusive learning and healing environment for patients, visitors, and medical staff; and to make connections through medicine, art, and the natural world.

The CVC incorporates a number of innovations in planning, including the location of two endovascular procedure labs within the surgical suite, immediately adjacent to the two Vascular ORs (one of which is a hybrid), to create a true interventional/invasive vascular procedure area. Three team collaboration work rooms are embedded within the ambulatory exam suite to support clinical education, while additional team work rooms and faculty offices are strategically co-located to promote cross-specialty collaboration.

The CVC is designed to fit a steeply graded site. After parking in a garage embedded into the hillside, patients and families enter on the third floor, at the Center’s mid-point. Public elevators open onto a five-story, glass-enclosed atrium that is a hub for the Center, providing orientation and a sense of ease, and encouraging patients and families to use the winter garden and “heart healthy” café. The atrium offers access to outdoor gardens, an auditorium and patient resource area. Skybridges and tunnels connect the CVC to University Hospital and Mott Children’s Hospital.

“We didn’t want to have a stroke area in one place and a cardiology area in another; we wanted the doctors to have to see each other. One of the challenges for the architectural team was to create office and clinical spaces that would bring people together.”

– Linda Larin, Chief Administrative Officer, Cardiovascular Center “Structure and Function,” CAM Magazine, Fall 2007

Jennifer Aliber led the planning of the CVC, which involved extensive modeling of optimum departmental adjacencies for patient safety, migration of technology and care delivery, and multidisciplinary collaboration among physicians and physicians in training. It was designed with shell space, and Jennifer and the team developed a number of conceptual options to ensure that whatever programs were eventually constructed would fit into designated areas.

I have personal knowledge of the nominee’s responsibility for the project listed above. That responsibility included:

- □ Largely responsible for design
- □ Project under direction of nominee
- □ Nominee’s firm executed project
- □ Other: Explained Provided overview of the entire planning design

Signature: __________________________
Your title/typed name: Chief Administrative Officer, Linda R. Larin, FACCA, FACHE, MBA
Your relationship to project: Client

PUBLICATIONS


“Structure and function,” CAM Magazine, Fall 2007


“Center gets to the heart of cardiac care,” Detroit Free Press, May 30, 2007
This new academic medical center in the foothills of the Andes was planned as a major component of a rapidly growing university, designed with an American model of healthcare delivery in the context of cultural and religious norms. Designed as three integrated facilities with distinct infrastructure and building requirements, the inpatient wing, diagnostic and treatment building, and clinic and support services structure may each develop individually over time. Phase I includes 80 beds with a planned build-out of up to 300 beds. The facility is being built on a steep site that offers dramatic views and multiple access points and a 700-car garage beneath it.

The hospital is an expression of the client’s vision of a community committed to excellent medical practice, teaching in a deeply religious context. The design interpreted the importance of spiritual awareness and commitment to the patient experience in sickness and health through:

- cleanliness, orderliness, and organization
- an emphasis on privacy, including complete separation of patient, service, and visitor circulation
- careful separation of kitchen and laundry facilities from clinical operations
- a prominent, central, and accessible chapel
- attention to accommodating family members in patients’ rooms

To establish agreed benchmarks and to assimilate individual cultural characteristics, the core project team toured healthcare facilities in the US, Spain, and Chile to develop a common set of references for all aspects of the design from conceptual organization of the hospital to detailed layout of clinical spaces.

“It was... essential to design for flexibility and growth: patients arriving at the new hospital had to be presented with facilities and a façade that were complete, while flexible... for expansion to meet projected increased demands over a 15-year period.”

― “Multicultural Fusion,” Healthcare Design, October 2007

Jennifer Aliber led the programming and planning of La Clínica, an effort that included substantial discussion about which aspects of US healthcare delivery would be appropriate to this new facility.

PUBLICATIONS

― “Multicultural Fusion,” Healthcare Design, October 2007

I have personal knowledge of the nominee’s responsibility for the project listed above. That responsibility included:

☐ Largely responsible for design
☒ Project under direction of nominee
☒ Nominee’s firm executed project
☐ Other: Explain

Signature: ____________________________

Your title/typed name: President, Carole C. Wedge, FAIA, LEED AP
Your relationship to project: Principal
3.6. Exhibits

Bronson Healthcare: Bronson Methodist Hospital, Kalamazoo, MI | 2000

Designated one the first Pebble Projects by the Center for Health Design, this replacement hospital is regularly cited as a model of evidence-based design. Its benchmarks offer compelling evidence of dramatically improved care and patient satisfaction, as well as clinical excellence and operational efficiency.

Its horizontal continuity facilitates patient access: each level is devoted to a specialty, allowing easy transition from parking to medical office, ambulatory services, and inpatient care. The campus is zoned by activity for critical care (north), ambulatory care (south), and mixed programs (middle). Bronson incorporates innovative operational initiatives, such as the aggregation of eight ambulatory diagnostic sub-specialties into a single Multi-Specialty Diagnostics unit with one entrance, registration and waiting area, enhancing wayfinding and convenience, increasing staff efficiency, and decreasing costs. An adjacent open, staffed resource area helps patients navigate their health concerns (and predates the contemporary available of health information online.)

Bronson understood that the opportunity to plan and design a new hospital was an opportunity to transform the delivery of healthcare. An operations team that mirrored each user group worked throughout the process to promote efficiency for staff, patient convenience, and long-term flexibility without compromising the qualities of a healing environment. This project’s success led to the subsequent redevelopment of part of the north campus.

“The new Bronson is designed for the next 100 years as a flexible facility that can continuously be reshaped to meet the changing needs of healthcare in the future.”

– Mary Ann Eldred, Senior Vice President, Patient Care Services, Bronson Healthcare Group, The New Bronson, December 2000

KSA provided programming services for Bronson. Jennifer Aliber was the liaison between programming and planning and then led the programming effort.

PUBLICATIONS + AWARDS

“ICONic investigations” (Hospital ICONs project), Health Facilities Management, September 2010

“Hardwiring excellence: Bronson Methodist Hospital,” Hospitals + Health Networks, September 2009

“Designs matter in healthcare facilities,” AIA Architect, April 2004

“This mortar cures,” Modern Physician, February 2003

“Healthy hospital designs,” Wall Street Journal, November 27, 2002

Environmental Leadership Award 2005, Hospitals for a Healthy Environment Program, AHA

Vista Award 2003, American Society for Healthcare Engineering / AIA Academy of Architecture of Health

Honor Award, Healthcare Facilities Design Awards 2001, Boston Society of Architects/AIA
As Mass General began to infill an existing building, they chose to dedicate three floors to three distinct critical care units: a neurosciences ICU; a cardiothoracic ICU for post-surgery patients who typically bypassed the PACU; and a medical ICU. In many cases this would call for one model to serve all three. Given that these patients are among an academic medical center’s most fragile populations, the requirements for specificity of design outweighed the desire for uniformity. Because several aspects of the plans were constrained by the existing building, comparing the three ICUs helps distinguish their differing requirements:

**Neurosciences ICU:** This patient population is relatively immobile and can be sufficiently monitored with technology, limiting the need for direct visualization by nursing staff. As a result, this 17-bed unit was planned around a central work core that allows the many specialists and clinicians involved in care to work together steps away from patients. A mobile CT that can be used in each room and an MRI on the floor reduce patient movement to imaging diagnostics.

**Cardiothoracic ICU (CTICU):** An 18-bed unit for critically ill post-surgical patients, many of whom arrive directly from the operating room, the CTICU was designed to maximize staff visualization of and access to patients during this crucial point in the healing process. Patient rooms were designed to maximize space and integrate technology and infrastructure such as medical gases and electrical power at the patient’s head and foot.

**Medical ICU (MICU):** Infection prevention was a primary concern for this 18-bed MICU. Design elements such as sliding doors between rooms that allowed staff quick access from one patient to another in the CTICU were eliminated here to reduce cross-contamination. Visualization by clinical staff is of primary importance.

“While the design of Massachusetts General Hospital’s intensive care unit successfully utilizes state-of-the-art technology, it does not compromise on maintaining a patient-centered focus.”

-- Design for Critical Care: An Evidence-Based Approach*, 2010

Jennifer Aliber programmed and planed the Neurosciences ICU and set the agenda for the two additional critical care units.

**PUBLICATIONS**

“Case Study: Comparison of neurosciences intensive care unit, cardiothoracic and medical ICUs at Massachusetts General Hospital”, ICU 2010: ICU Design for the Future (Kirk Hamilton). Center for Innovation and Health Facilities, 2000

“Healing by design in critical care”, Design for Critical Care: An Evidence-Based Approach (Mardelle Shepley and Kirk Hamilton). Routledge, 2010
4. References

list of reference letters

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