

[REDACTED]

American College of Healthcare Architects
Attn: ACHA Application Review Board
P.O. Box 14548
Lenexa, KS 66285

Re: Letter of Recommendation for [REDACTED]

To whom it may concern

I am writing this letter in support of [REDACTED] and his application for certification to the American College of Healthcare Architects. I have known [REDACTED] for almost twenty years; including from October 2013 to November 2017 as a lead healthcare architect and medical planner as part of my studio. I know [REDACTED] to have a thorough knowledge of healthcare facilities, a dedicated relationship to his clients, and a passion for resolving complex healthcare issues in the built environment.

[REDACTED] has a strong background in healthcare and architecture, starting with a Master's Degree from [REDACTED], and then working with firms focused on Healthcare facilities, including [REDACTED] and most recently with [REDACTED], where he is the Regional Director of Healthcare Planning. Throughout my relationship with [REDACTED], I could always rely on him to be earnestly focused on developing the best solutions tailored to the needs of the client and the specific condition at hand.

His experience with [REDACTED] included both renovation and new construction for various healthcare space types including oncology, neurology and pediatric spaces. [REDACTED] worked with many clients, but was most impressive in his work for [REDACTED]. [REDACTED] has a challenging series of interconnected buildings, and [REDACTED] handled multiple project roles for the client, including Medical Planner, Project Architect and Project Manager.

Because of [REDACTED]'s abilities, enthusiasm and dedication to healthcare architecture, I give my highest recommendation to the college to consider him for membership to the ACHA.

Sincerely,

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

American College of Healthcare Architects
Application Review Board
P.O. Box 14548
Lenexa, Kansas 66285

Re: Letter of Reference for [Redacted]

To whom it may concern:

I am writing to recommend [Redacted] as an applicant for certification to the American College of Healthcare Architects.

I have had the pleasure of knowing [Redacted] for over 20 years both personally and professionally. I met [Redacted] in graduate school at [Redacted] and have been fortunate to work with him several times over the course of our careers. We previously were colleagues at [Redacted] and are currently working together on a large masterplan project on [Redacted] that is a joint venture between our offices. [Redacted] role on this project is the senior healthcare planner focusing on the inpatient floors, ambulatory surgery center and mother baby programs, which total over 600,000 sf. He has led many clinical workshops during the SD phase of the project and has facilitated a successful collaboration between our firms.

[Redacted] is an extremely knowledgeable and skilled healthcare planner and architect. He approaches design problems thoroughly and thoughtfully, and works with clients and end users to provide design solutions that meet their facilities' needs.

Please accept this letter of recommendation in support of [Redacted] application for Board Certification in the American College of Healthcare Architects. I believe his leadership skills, professionalism and expertise in healthcare architecture will make him a valued member of the ACHA.

Sincerely,

[Redacted]

[Redacted]

[Redacted]

[Redacted]

American College of Healthcare Architects
Attn: ACHA Application Review
P.O. Box 14548
Lenexa, KS 66285

Re: Application for Certification of [Redacted]

I have known [Redacted] for almost twenty years and have the highest regard for him both personally and professionally. He is a strong architect who is extremely knowledgeable in complex healthcare design and planning who I highly recommend for certification in the American College of Healthcare Architects.

[Redacted] and I worked together at [Redacted] for many years on a wide variety of projects from local master planning to departmental layouts and detailed room by room design on multi-million-dollar projects overseas. During this time, [Redacted] held the position of Architect and Senior Medical Planner, and had many roles, from leading user groups, coordinating with consultants and tackling key design issues with hospital administration. [Redacted] was always regarded as a trusted collaborator by clients and design team members alike- respected for his knowledge, kindness, and creative solutions to complex problems.

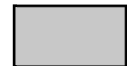
Since leaving [Redacted] [Redacted] has become the [Redacted] Director of Healthcare Planning at [Redacted] where he continues to lead his team to further healthcare design from both an aesthetic and functional standpoint.

Please accept this letter in strong support of [Redacted] acceptance into the ACHA, where I have no doubt he will become a valued member.

Sincerely,

[Redacted]

[Redacted]



[Redacted]

American College of Healthcare Architects
Attn: ACHA Application Review Board
P.O. Box 14548
Lenexa, KS 66285

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Sincerely,

[Redacted signature block]

[Redacted]

[Redacted]

[Redacted]

American College of Healthcare Architects
Application Review Board
P.O. Box 14548
Lenexa, Kansas 66285

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Sincerely,


[Redacted Signature]





[Redacted]







American College of Healthcare Architects
Attn: ACHA Application Review
P.O. Box 14548
Lenexa, KS 66285

Re: Application for Certification of 

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Please accept this letter in strong support of  acceptance into the ACHA, where I have no doubt he will become a valued member.

Sincerely,



Education Department
Office of the Professions
REGISTRATION CERTIFICATE

License Number:

is registered

LICENSEE/REGISTRANT

COMMISSIONER OF EDUCATION

EXECUTIVE SECRETARY

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit

State Board of Architects

Certifies that

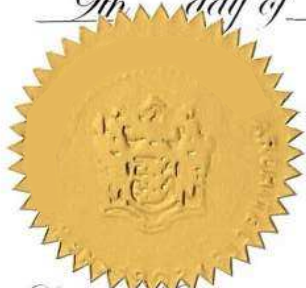
has provided satisfactory evidence of competency and fitness to practice Architecture in the State of
Therefore, the *Board of Architects hereby issues a license to practice as an*

Architect

in the State of *subject to the powers of revocation vested in the Board by*
45:3-1 et seq., an act to regulate the practice of Architecture in the State of

Issued and attested by the seal of the *State Board of Architects, this*

9th day of June, 2017.



License Number

[REDACTED]

[REDACTED]

American College of Healthcare Architects
Application Review Board
4400 College Blvd., Suite 220
Overland Park, KS 66211

Reference: [REDACTED] ACHA Recommendation

To whom it may concern:

It is with great pleasure that I write to recommend [REDACTED] for credentialing through the American College of Healthcare Architects. I have had the good fortune to work with [REDACTED] on several projects for almost a decade now; and most recently as his client at [REDACTED]. I believe [REDACTED]'s expertise and devotion to improving environments of care in today's complex healthcare institutions are laudable, and well represent the values of the ACHA.

[REDACTED] excels at many aspects in envisioning and delivering healthcare projects – planning, design, technical coordination, team formation and management. His most valuable resource is his own empathy for the patient and caregiver experience. As long as I've known him, he's always been a reliable voice-at-the-table promoting greater understanding of the value of the human condition on the intersection of design and planning.

I've enjoyed working with [REDACTED] over the past several years here at [REDACTED] Health, and I am grateful that we have his voice advocating for well rationalized planning and design on our 600-bed campus transformation project. His work successfully accommodates both the complex intricacies of the [REDACTED] environment as well as a sense of simplicity so invaluable to the journeys of our patients and staff.

These values were on full display as he coordinated a series of workshops among our key stakeholders in the midst of the Covid-19 era. [REDACTED] combined his thoughtful approach with new technological strategies to create an atmosphere of real collaboration to advance the planning of our project – with no two people in the same room.

[REDACTED] is a registered architect in [REDACTED] and [REDACTED], and has worked both domestically and internationally, focusing exclusively on healthcare for his most of his career. Besides [REDACTED], other significant projects including planning and design for: [REDACTED].

Please accept this letter in enthusiastic support of Dan's acceptance into the ACHA. [REDACTED]'s approach to his work is exemplary of what is so important in our field today and you will be well served to count him among your peers.

Sincerely,

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

American College of Healthcare Architects
4400 College Blvd. Suite 220
Overland Park, KS 66211

RE: Letter of Recommendation for [Redacted]

Dear Membership of the Board,

As an Architect with [Redacted], I have been fortunate to work closely with [Redacted] on the design of a new Patient Tower at [Redacted] University Hospital. It will be a 220,000 SF project, with 10 ORs, a new Endoscopy Suite and three floors of acuity adaptable single bedded patient rooms. A unique facet to this project is it's positioning on campus, with a series of bridges and walkways connecting patient, staff and material flows between the new pavilion and two existing, fully operational buildings.

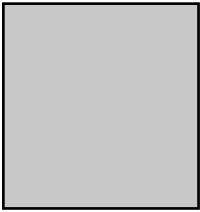
[Redacted]'s role on this project was as a senior healthcare architect. He was a lead liaison with our office and helped the clinical team to come up with design solutions that met their clinical needs of today and anticipate their needs for tomorrow. He demonstrated excellent subject knowledge and design and technical expertise throughout the process.

As the pandemic began and clinical priorities and social distancing reshaped our timetables, the project team quickly adapted to keep momentum moving. He and I worked tirelessly to develop a new workplan and series of online workshops so, despite the new virtual environment, all clinicians continued to feel engaged and the design of the hospital continued with all key stake holders involved. These virtual work sessions began as early as April 2020 and successfully continued to achieve the design that we have to date.

With this, I believe that [Redacted] has demonstrated the professionalism and character fitting for acceptance to the ACHA and I happily recommend him for membership to the American College of Healthcare Architects.

[Redacted]

[Redacted]



[Redacted]

American College of Healthcare Architects
Attn: ACHA Application Review Board
P.O. Box 14548
Lenexa, KS 66285-4548

Re: [Redacted] | Application for Certification

Dear College Members,

It is my pleasure to write this letter of recommendation in reference to [Redacted] application for membership to the ACHA.

[Redacted] was a standout member of the design team for Hospital for Special Surgery's new [Redacted] project. At approximately 100,000 square feet, the building is a complex, approximately \$225 million project that will be built over the [Redacted] River Drive and connect to our existing campus buildings in multiple locations. Our [Redacted] is the lynchpin of our main campus modernization and includes physician practice space, inpatient units, and a new imaging suite.

[Redacted] impressed both our facilities and clinical teams with his deep healthcare knowledge while leading numerous key meetings during the design process. He added considerable value to not only the design of our new Tower, but through the project work, [Redacted] assisted us in developing standards that have already been integrated into other projects across our enterprise locations. His approach was adaptable to our operational needs, consistently developing flexible solutions.

I highly recommend that the College complete his certification for membership to the ACHA. Please do not hesitate to reach out with questions at [Redacted].

Sincerely,

[Redacted]

[Redacted]



AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

PORTFOLIO

01

ACHA SPONSOR
INTRODUCTION

02

PROJECT
LIST

03

SELECTED
PROJECTS

ACHA SPONSOR LETTER

PROJECT LIST

[Redacted]

[Redacted]

American College of Healthcare Architects
4400 College Blvd., Suite 220
Overland Park, KS 66211

RE: Letter of Recommendation for [Redacted]

Dear Membership of the Board,

It is my pleasure to write this letter of recommendation on behalf of [Redacted] ACHA applicant. I have known [Redacted] professionally and personally for more than six years. [Redacted] and I both worked for [Redacted] when I first joined the firm in 2015 and have continued to touch base since he took the Regional Director of Healthcare Planning role with [Redacted] in 2017.

[Redacted] is experienced and passionate about improving healthcare environments – from pediatrics to masterplans to acute care settings. We worked together for a large regional health system where he demonstrated his qualifications for ACHA certification in multiple capacities including health planning and project management. Since our coworker days, [Redacted] has continued to grow his portfolio of healthcare expertise and has focused his skills on developing relationships with local hospitals in the greater [Redacted] market. He has been able to positively influence a variety of health projects ranging from small-scale renovations to high-profile masterplans.

His inclusive nature and design sensitivity makes him a solid leader in the workplace, and in the healthcare community. He is a strong mentor for fellow planners and has always made sharing his experience a priority. As a healthcare planner, I've always valued [Redacted]'s professional feedback and know he will be a great addition to the College.

I enthusiastically recommend [Redacted] for membership to the American College of Healthcare Architects.

Sincerely,

[Redacted Signature]

[Redacted]



Italicized Projects have been included in the Selected Projects section which follows.

[Redacted Project Title]

Date of Project Completion: 2024
Total Cost of Project: \$12.4M

[Redacted Project Title]

Date of Project Completion: 2025
Total Cost of Project: Confidential

[Redacted Project Title]

Date of Project Completion: 2021
Total Cost of Project: \$225K Fee

[Redacted Project Title]

Date of Project Completion: 2022
Total Cost of Construction: \$272.0M

[Redacted Project Title]

Date of Project Completion: 2022
Total Cost of Construction: \$152.0M

[Redacted Project Title]

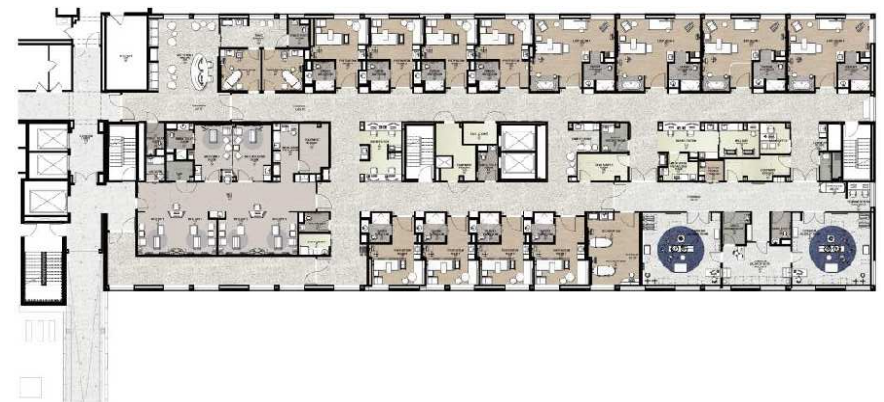
Date of Project Completion: 2020
Total Cost of Project: \$14.9M

[Redacted Project Title]

Total Cost of Construction (c) and Project (p):
\$52.4M (c) \$79.7M (p)

[Redacted Project Title]

Date of Project Completion: 2021
Total Cost of Project: \$1.6B



SIZE
21,500 SF

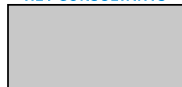
COST
\$14.9M

SCHEDULE
2017 - 2020

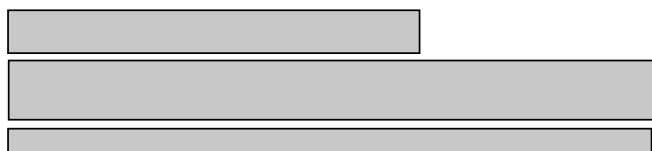
PRINCIPAL-IN-CHARGE



KEY CONSULTANTS



CONTRACTOR



[] saw an opportunity to create the premier maternal and newborn care program in [] while simultaneously upgrading the Center for Sleep Medicine.

This renovation project fused contextual hospitality design with patient-centered care. The design of the 16,700 SF Mother Baby department maximizes daylight and brings in varying timeless materials to welcome exploration of the unit while

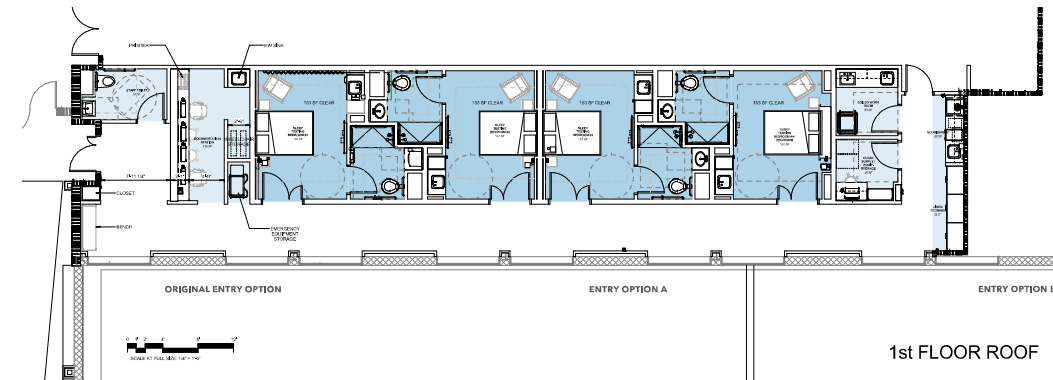
enhanced privacy and security features are maintained throughout the maternity zones. Nurse stations were decentralized in the LDRP and PP zones to remove patient access barriers, increase visibility, and provide immediate clinical access.

A central family lounge and several resting spots provide moments of respite for mom, caregivers, and staff. Modern spa-like amenities such as a pain management tub and large walk-in shower help create a soothing environment for childbirth.

In his role as Healthcare Planner, [] led the design effort with the clinical

teams from early programming studies and benchmarking through schematic and design development to physical full-scale mock-up reviews. In an existing shelled space on campus, Dan and his team constructed OR, LDRP and NICU rooms to observe and record clinician needs and adjacencies to

specific patient care scenarios to encourage adaptable design. An engaging collaboration process through experience and flow mapping, maternity visits, case study evaluations, and interactive mock-ups with all stakeholders resulted in a new operational model for the hospital.



The 4,800 SF Center for Sleep Medicine provides a home away from home for those patients who are being tested and treated for sleep disorders.

Although designed as an outpatient treatment center within the hospital, the four testing bedrooms and adjacent support provide a welcoming hospitality environment for their overnight stay.

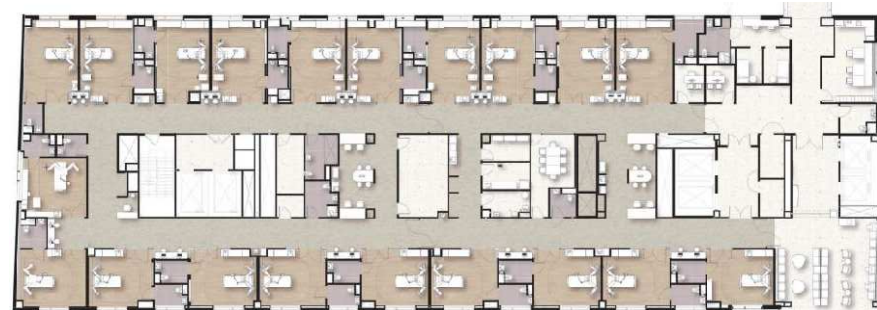
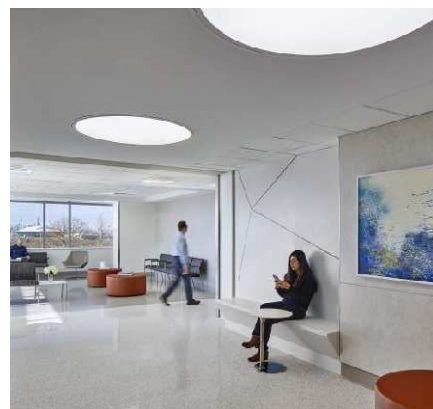
The design includes a full-size millwork bed in three of the rooms and one millwork murphy bed to

accommodate EEG studies (services which had been accommodated previously in dated inpatient rooms on the second floor.

Constructing the Sleep Center with a dedicated entrance on the third floor allowed full operation during construction and is the first of several decant projects upgrading two floors of the main hospital. The transformation starts at the reception desk where you are warmly greeted and guided into the comfortable testing rooms with

private en-suite bathrooms and advanced diagnostic equipment. Supporting spaces such as Clean, Soiled, Equipment and Nourishment help sustain the mechanics of care while supporting additional amenities to enhance the sleep testing experience.

Strategic decanting of the adjacent sleep center and maternity support services to the floor above allowed the program to expand without hindering the level of care during construction.



SIZE
68,500 SF

COST
\$52.4M

SCHEDULE
2017 - 2020

PRINCIPAL-IN-CHARGE



KEY CONSULTANTS



CONTRACTOR



sought to upgrade and expand its ICUs and create a new amenities-level medical/surgical unit with single patient rooms in accordance with Planetree principles.

serves one of the most racially and ethnically diverse populations in the world. Over 160 languages are spoken in the Borough of Queens; only 38% of service area population speaks English in the home.

The challenge of this project was to design a series of ICU and Med/Surg Amenities floors that tailored care to everyone according to the language and cultural norms of his or her loved ones.

The patient floors were designed in accordance with Planetree principles for patient-centered care. This approach to care is characterized by providers partnering with patients and their family members to identify and satisfy the full range of their needs and preferences.

- Through architectural detailing and artwork, clear and understandable wayfinding provided clear direction for patients and visitors to their destination.

- Discrete passageways for patient transport preserved patient dignity and modesty

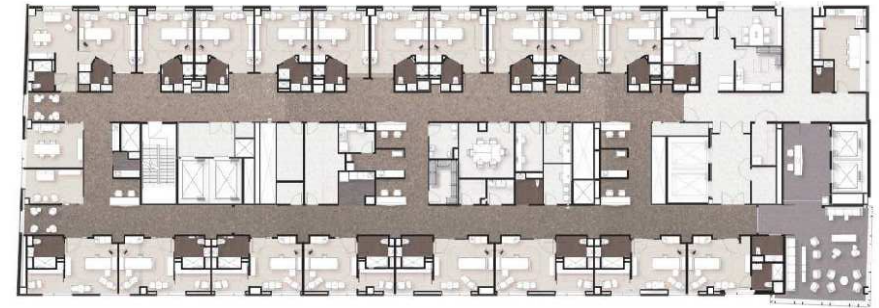
to the outdoors provided access to natural light and nature to all on the floor.

- Designing 'hidden' computer monitors minimized physical barriers between clinical staff and patient's families promoting communication and compassionate interactions.

- Family/Friends lounges were distributed throughout the floors to encourage patient and family engagement and positive diversions.

- Clinical support and staff spaces were arranged, and millwork designed to minimize caregiver steps, lifting or repetitive movements.

Three of the four new floors are 20-bed Intensive Care Units designed to be acuity adaptable, enabling a patient to remain on the unit while progressing from Critical Care to Intermediate Care to Medical/ Surgical Care. At the hub of this unit is a clinical zone of patient care support spaces, bookended by two satellite nursing stations. Clean Supply, Soiled Utility, Medication Room and Nourishment Stations open onto secondary, staff-only corridors for one-stop quick retrieval/drop-off of supplies, from either side of the patient floor.



The proposed renovation for the Medical/Surgical Unit will create:

- Designated secondary corridors housing clinical support functions to reduce visual and acoustical pollution from patient rooms.
- Multiple Public areas for varying levels of group and individual activities
- Dedicated Staff Support Areas, closed off from main circulation

The design goal of the new Amenities Unit was to provide a personalized experience for each patient by creating a series of individual patient, family and support zones linked by a network of primary and secondary paths of travel. This network provides a clear delineation of front-of-house and back-of house spaces to improve patient, staff, and visitor experiences.

18 Patient Rooms and a shared family lounge, living and respite areas are located along the perimeter of the floorplate, taking advantage of the natural light and views of the 8th floor exterior glazing.

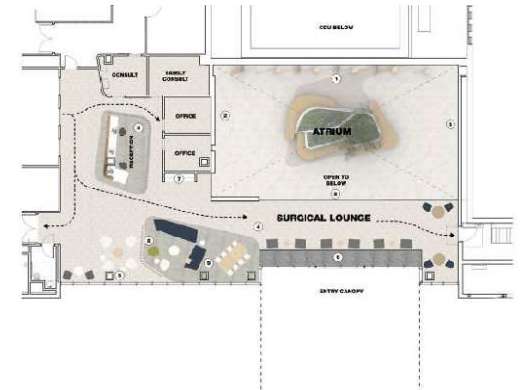
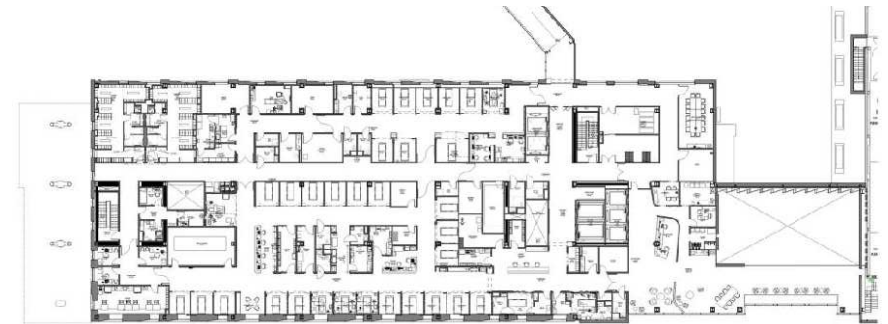
The patient rooms are bookended by a series of guest services of varying sizes and functions. Large waiting areas and family rooms provide the patient and family with

space for family gatherings while quieter reflection rooms and respite zones provide more intimate spaces for rest and recovery.

All patient rooms have an adjoining ADA toilet room with shower, a staff work zone, patient care area and dedicated family area. These areas were designed for clinical flexibility and efficiency while respecting the needs and boundaries of the patients and their loved ones.

In his role as Healthcare Planner, Dan led the design effort with the clinical teams from early programming studies and benchmarking through schematic and design development to physical full-scale mock-up reviews. In an existing shelled space on campus, Dan and his team constructed ICU and Med/ Surg Rooms to observe and record clinician needs thru a variety of patient care scenarios.

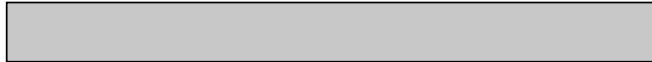
Live feedback from the mockups had positive impact on the design in terms of plan changes with the satisfaction that the clinical teams had been heard.



SIZE
234,000 SF



COST
\$272M



SCHEDULE
2017 - 2022



PRINCIPAL-IN-CHARGE



KEY CONSULTANTS



CONTRACTOR



To address current issues and meet demand for health services in the area, [REDACTED] University Hospital is planning to construct a new inpatient bed tower addition and 600-car parking garage.



University Hospital is undergoing a project to address bed shortages at non-peak times and throughput from the emergency department. As the recently expanded emergency department has

opened and patients are seen more quickly, the hospital has experienced explosive growth in expected patient volumes. This has revealed a need for additional patient beds to handle the increase in patient admissions.

In order to address these issues and meet the demand for health services in the area, [REDACTED] University Hospital is constructing a new six story inpatient bed tower addition. Upon completion, this project will provide 60 state-of-the-art, private, medical surgical patient rooms, 10 new operating rooms and 41 prep and recovery/PACU bays/rooms with decentralized charting stations.

Through a series of phasing conversations, we arrived at a higher than FGI recommended ratio of prep

and recovery/PACU spaces through discussions with the clinical teams on the most efficient workflow given the separation of the PACU from prep and recovery. Available space dictated that the PACU would be on the OR floor while the Prep and Recovery area is located on the floor below.

The plans improve patient and staff flow while streamlining materials flow to required spaces. The new patient tower will connect with the existing buildings on multiple levels via bridges and corridors.

In his role as Healthcare Planner, [REDACTED] led the design effort with the clinical teams from early programming studies through schematic and design development drawings. As the pandemic began and clinical priorities and social distancing threatened construction and design schedules, [REDACTED] and senior hospital leadership developed a new work plan and an agenda and material for a series of virtual workshops to maintain clinical engagement and excitement for the project.

MULTI-CAMPUS MASTER PLAN



Above, [redacted]
[redacted]
Master Plan Short
and Intermediate
Phasing Options.
Below, Long-Term
Programming
Initiatives.

SIZE
27 Acres

COST
\$225,000 fee

SCHEDULE
2019 - 2021

PRINCIPAL-IN-CHARGE

KEY CONSULTANTS

[redacted]
[redacted]
[redacted]
[redacted] engaged [redacted]

healthcare experts to help guide the creation of a master plan to support their strategic plans of their North and South campuses and position [redacted] one of the premier inpatient healthcare destinations in the [redacted]

[redacted] is interested in understanding how their current facilities, some outdated, were limiting ideal space utilization and opportunities to expand and support state-of-the-art patient care practices and requirements.

[redacted] was brought on board to analyze existing building conditions, parking counts, and site inefficiencies on both campuses and how they could be reimagined to work together for a more unified campus system.

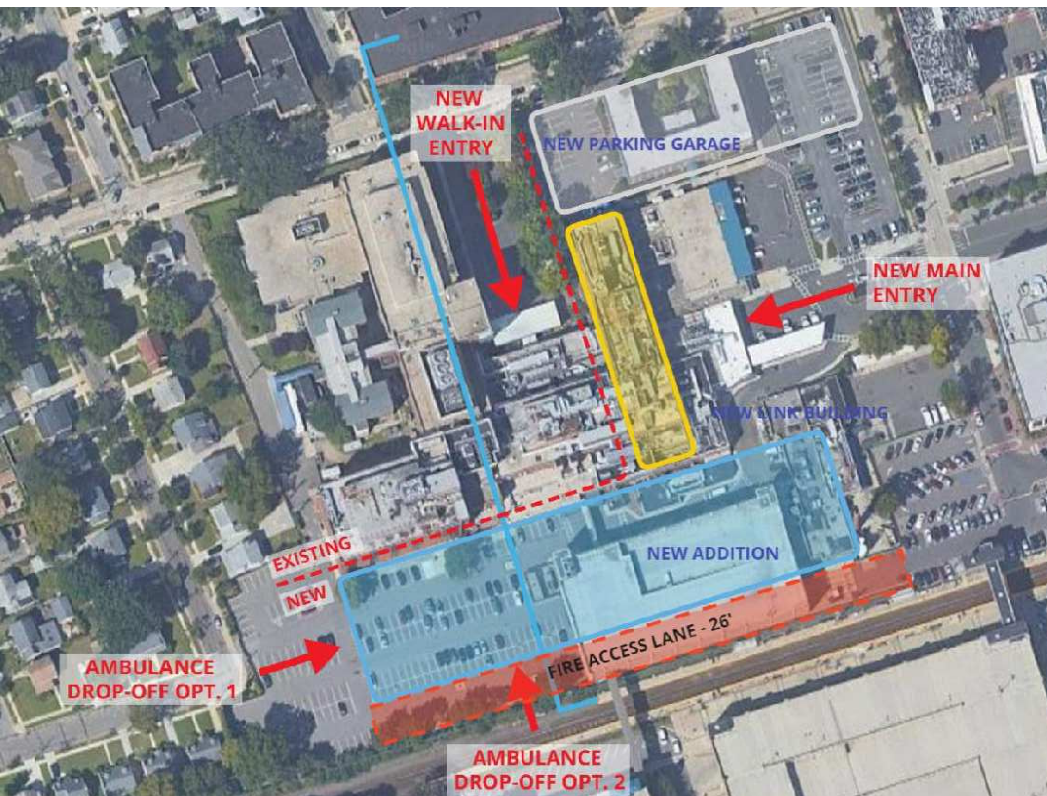
The master planning project is ongoing, with some projects being implemented early for a seamless and organic completion of the masterplan vision.

[redacted] approach integrated deep medical planning expertise, evidence-based methods, and advanced analytics to leverage innovation and efficiencies across the two campuses and through a master plan report, clearly defines

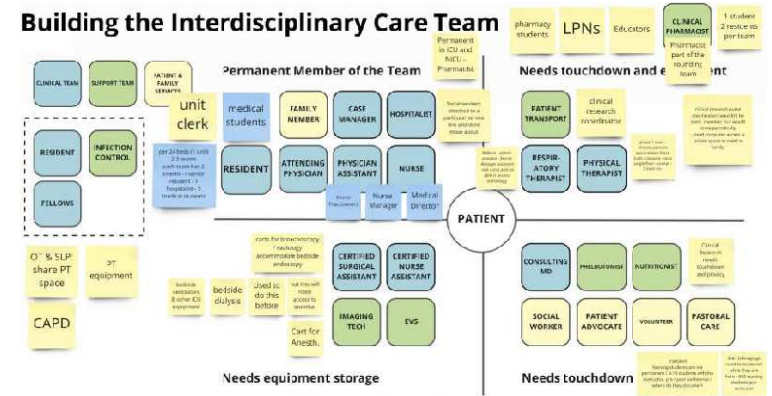
goals, challenges, and projects over time. The master plan report included an examination of all facets of the operations of the two campuses and the synergies between them. The goal was to create world-class orthopedic, cardiovascular, neurological, and mother and baby care for Staten Island and the region. Ideal relationships between inpatient and outpatient care form the backbone of the strategic vision and master

planning goals, as well as examining hospital support services across the two campuses and the [redacted]

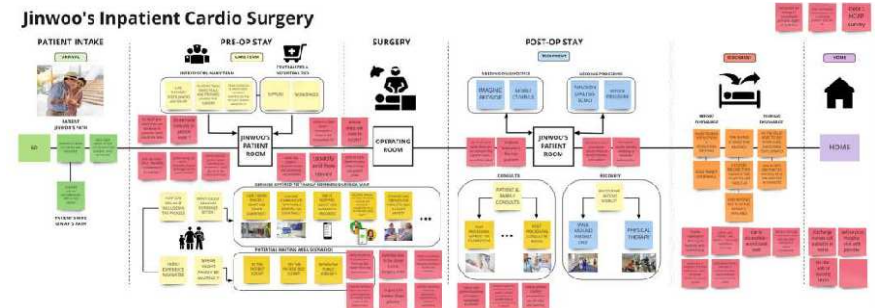
In his role as Healthcare Planner, [redacted] was a primary lead in the effort to both analyze current clinical and infrastructure needs and come up with a planning solution that addressed the needs of the facility now and anticipated the needs for the future.



Building the Interdisciplinary Care Team



Jinwoo's Inpatient Cardio Surgery



SIZE
892,553 SF

COST
Confidential

SCHEDULE
2019 - 2025

PRINCIPAL-IN-CHARGE

KEY CONSULTANTS

engaged as healthcare experts to help guide the masterplan, test fit, and design of a significant hospital expansion project that will position one of the premier inpatient healthcare destinations in the

The current facility has become outdated and programs are limited by existing spaces. concluded that their existing building offered limited opportunities to expand and support state-of-the-art patient care practices and embarked on a major reorganization.

The first of many challenges was locating the new addition on a very congested site. Many buildings needed to be demolished - in a phased sequence - to allow for critical adjacencies between the existing and new buildings. Maintaining connectivity to existing diagnostic and

treatment programs and existing patient units was also integral in the new pavilion tower sighting.

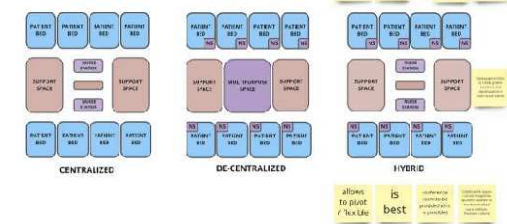
The podium floors will connect and align with the adjacent existing hospital structure. This new structure will be seamlessly connected with the significant areas of the existing hospital, ensuring smooth circulation and

flow between existing departments and new spaces. Above the 5-floor podium structure with 20 Operating Rooms, 10 Cath/EP/Neuro Labs, 4 Interventional Radiology Rooms will be a 3-floor patient bed tower with Critical Care and Med-Surg units, 60 rooms per floor for a total of 180 beds. Critical Care Patient Bed Units are immediately accessible to both new and existing ORs or Procedure

Rooms and can be used for Phase 1 PACU recovery. The goal is to provide with as flexible and agile a Diagnostic and Treatment platform and Patient Bed configuration as possible - flexible for the current daily fluctuations of procedure type and load, and agile for the unknown future modalities, technologies, and healthcare crises.

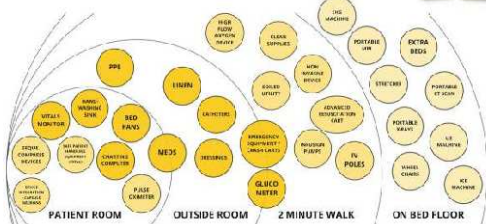
Bubble Diagram Department

Clinical Work Areas: Centralized, Decentralized and Hybrid Organizations



Bubble Diagram Clinical Resources

Point-of-Care: Medications, Supplies and Information Bedside



The concept behind the design of the Inpatient Floor was to create a completely fluid, flexible, acuity adaptable patient floor. A floor that can meet the design criteria to accommodate Intensive Care Units, Medical/Surgical Units, or a hybrid of the two. Each floor is comprised of 60 rooms; 8 are isolation rooms (with ante rooms) and 2 can accommodate patients-of-size.

The Inpatient Unit is based on a concept of separating family and visitors' traffic from patient and service traffic. Patient Rooms and public/family respite spaces are located along the primary path at the perimeter of the floorplate, taking advantage of views and natural light. "Of Stage" staff and support function. A network of

staff-only corridors link these clinical functions with the patient rooms they support. This is done to gather materials and back-of-house functions away from a public route to a more restricted, central source. Not only does this remove visual and acoustic distractions from the patient care area, but it allows clinical support functions to be colocated, equidistant and easier to reach from all sides of the unit.

The patient rooms themselves were designed under the lens of supporting the patients and their family needs, whether it thru in-person visits and the use of a tuck-away murphy bed, or an interactive footwall for family calls or even remote consultations.

An additional unique facet to the inpatient floor core is the addition of shared, stacked clinical treatment spaces. Programmed spaces on these patient floors adjacent to the patient transport elevators, such as physical or occupational therapy space, allows them to be shared between units and floors, contributing to economies of scale, program flexibility and adaptability over time.

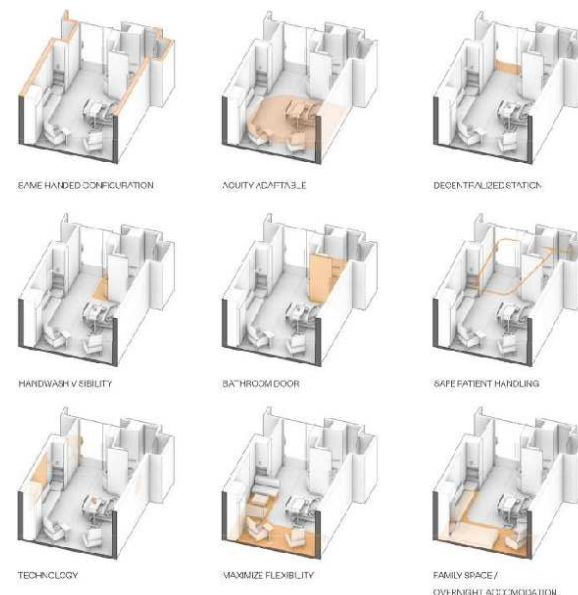
In his role a Senior Healthcare Planner on the team, [redacted] and participated in all facets of the project from blocking and stacking of the campus down to the design of the Inpatient Floors and Patient Rooms. Relative to the design practice,

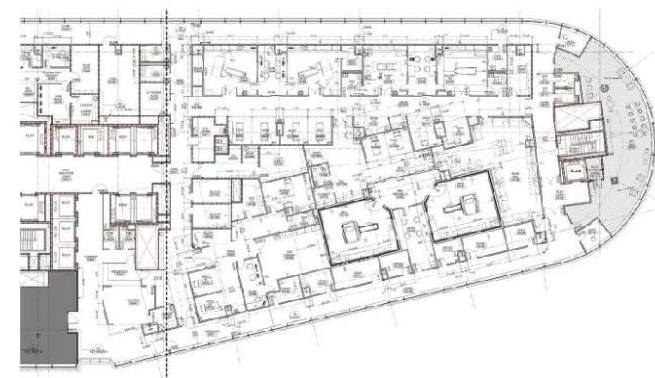
[redacted] was a steward/representative of [redacted] Discover - Design - Deliver approach to master planning; where medical planning expertise, evidence-based methods and advanced analytics are fully integrated. This began with a series of on-site interviews and assessments at the hospital slated for replacement and at the newest hospital in the system. The design team had 4 key objectives:

- FAMILIARIZE the design team with current workflows and clinical operations in key departments as well as interdepartmental flow dependencies.
- GATHER first-hand understanding of key design and operational innovations.

- DEVELOP initial recommendations for leveraging innovation at project start.
- INFORM design & technology solutions of future projects.

These short, systematic one-day visits included tours of key inpatient units, the emergency department, perioperative services and procedural units, and imaging modalities. [redacted] led systematic activity mapping, informal discussion with clinical staff and leadership, and shadowing of key workflows for the Inpatient and Radiology units. Areas of focus included unit layout and visibility; supply, medication, and equipment strategies; inter-departmental flows; patient and visitor experience; and team workspaces.



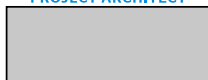


SIZE
1.5M SF

COST
\$1.6B

SCHEDULE
2015 - 2021

PROJECT ARCHITECT



KEY CONSULTANTS



The Pavilion will house 500 private patient rooms and 47 operating rooms in a 17-story facility across the street from the Hospital of [REDACTED]

[REDACTED]. It will be a new home for the [REDACTED] new facilities for heart and vascular medicine, neurology and neurosurgery as well as a new emergency department.

The building tells a story of innovation, rethinking patient care by minimizing stress and maximizing careful and considerate treatment.

Some of the Pavilion's distinguishing features include:

- From the moment of arrival, the patient experience will be reframed by breaking down the scale of the hospital into smaller neighborhoods which will provide a sense of community.
- The hospital is designed for health and well-being, providing daylight and landscape views to patients and visitors, and the ability to personalize each room.
- Special care was taken in the development of the urban realm, creating pedestrianized routes and landscaped gardens and plazas to enhance the public experience.

As a healthcare planner, [REDACTED] was an important member of the PennFIRST integrated project delivery team. The [REDACTED] team was a design and construction collaborative comprised of [REDACTED] engineers [REDACTED], construction managers [REDACTED] and [REDACTED]

[REDACTED] was a vocal member of the senior planning team overseeing the blocking and stacking of the new facility while leading the more in-depth clinical user group meetings for the Radiology, Pharmacy, Clinical Laboratory, and Building Logistics groups.

