Submission to the American College of Healthcare Architects
June 2013
Application Form

Original Architectural License

Current Architectural License

Letters of Recommendation from Architects

Letters of Reference from Clients

Project Experience

Anna Bertucci Ghelase, AIA, EDAC
American College of Healthcare Architects
Examination Application

GENERAL INFORMATION (please print)

Name ____________________________  Last, (Maiden), First, Middle

AIA Member: [ ] Yes, Member Number: ___________ [ ] No  Social Security Number: ___________

Mailing Address: _____________________________________________________________

Company __________________________ Street __________________________ City __________ State ________ USA ________

Telephone Number: __________________________ E-mail address: ________________

Gender: [ ] Male [ ] Female Date of Birth: _____/____/____ Country of Birth: [ ] U.S. [ ] Canada [ ] Other (specify)

Do you have, or have you ever had a restriction, condition, limitation, suspension, or revocation of a license to practice architecture in any state or jurisdiction of the United States or provinces of Canada? [ ] Yes [ ] No

If Yes, you are required to submit along with your application your statement providing the details of any disciplinary action and restriction, condition, limitation, suspension, or revocation of your license, including the names of the disciplining agency or licensing board, the date thereof, the subject matter and sanctions.

Have you ever entered into a consent or similar agreement with a registration board in connection with a disciplinary action? [ ] Yes [ ] No

If Yes, you are required to submit with your application your statement providing the details of such consent/agreement including the names of the disciplining agency or licensing board, the date thereof, the subject matter and sanctions.

Have you ever been denied registration? [ ] Yes [ ] No

If Yes, you are required to submit with your application your statement providing the details of such denial including the names of the disciplining agency or licensing board, the date thereof, the subject matter and sanctions.

Degree: (1) [ ] BArch (2) [ ] MArch (3) [ ] DArch (4) F No College

(5) [ ] Other ________ Date Conferred: 5/15/1998 (specify)

College/University: __________________________

Additional University if necessary: __________________________

Country: [ ] United States [ ] Canada [ ] Other: (specify)

If you graduated from an architectural school outside the United States its provinces or Canada, you must submit comparable credentials from that institution.
Experience in Healthcare:
(Applicants must have been a registered architect for at least the past five years during which, in at least three of those years, the specialty of healthcare facility architecture represented the majority of the applicant’s full-time practice.

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated Number of Relative Annual Hours in the practice of Healthcare Architecture: indicate hours per year and five year total (based upon 2080 available hours/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2080</td>
</tr>
<tr>
<td>2009</td>
<td>2080</td>
</tr>
<tr>
<td>2010</td>
<td>2080</td>
</tr>
<tr>
<td></td>
<td>Total 10,400</td>
</tr>
</tbody>
</table>

Years of Healthcare Architecture Experience:
How many years have you been practicing Healthcare Architecture? 11 years

Project Experience:
(Provide a complete, chronological listing of all health facility projects over the past 5 years beginning with the most recent first. This listing should coincide with the portfolio submission per eligibility requirements. Attach additional sheets as necessary.)

<table>
<thead>
<tr>
<th>Project Name/Location</th>
<th>Describe your Role</th>
<th>Phone Number and Position of Project Contact</th>
<th>Date of Project Completion</th>
<th>Total Cost - Construction (C) and Project (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: XYZ Hospital City, State</td>
<td>planner</td>
<td>(555) 555-5555 Jane Doe Facilities Director</td>
<td>12/2007</td>
<td>$15 million C $22 million P</td>
</tr>
</tbody>
</table>

See attached

PREVIOUS PRACTICE AND/OR NON-TRADITIONAL PRACTICE HISTORY NARRATIVE (OPTIONAL):
ACHA wishes to encourage applications from the full range of architects with widely differing roles in the healthcare field. Some applicants may practice in non-traditional roles or may have been focused on a limited number of projects, project types or specialized practice roles over the past five years. In order to provide a better understanding of your healthcare architecture experience, attach a one page 8½ x 11 narrative summary of other healthcare experience from date of initial registration to present.
APPLICANT CONSENT

After reading the following statement in its entirety, affix your signature and the date in the spaces provided.

I, the undersigned, in connection with my application for certification by the American College of Healthcare Architects, hereby authorize the American College of Healthcare Architects, now and in the future, to request, procure, and review any information regarding my professional practice, moral standing and character, including any information related to any disciplinary action related to the practice of architecture by any state licensing board in which I have practiced architecture.

I hereby authorize the American College of Healthcare Architects, now and in the future, to request and procure such information from any individual or institution, each of which shall be absolutely immune from civil liability arising from any act, communication, report, recommendation or disclosure of any such information even where the information involved would otherwise be deemed privileged so long as any such act, communication, report, recommendation or disclosure is performed or made in good faith and without malice.

I hereby authorize the American College of Healthcare Architects to supply a copy of this consent, which has been executed by me, to any individual or institution from which it requests information relating to me.

________________________________________________________________________
Name of Applicant (print or type)

________________________________________________________________________
Signature of Applicant

6/10/13
Date
<table>
<thead>
<tr>
<th>Project Name/ Location</th>
<th>Describe Your Role</th>
<th>Phone Number and Position of Project Contact</th>
<th>Date of Project Completion</th>
<th>Total Cost-Construction (C)</th>
<th>Total Cost-Project (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Jefferson General Hospital Occupational Medicine</td>
<td>Project Architect/Project Manager</td>
<td>Director of Construction/Facilities &amp; Property Management</td>
<td>February 2014 (Projected)</td>
<td>Not Known (P)</td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Jefferson General Hospital ED Observation Unit</td>
<td>Project Architect/Project Manager</td>
<td>Director of Construction/Facilities &amp; Property Management</td>
<td>February 2014 (Projected)</td>
<td>Not Known (P)</td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tulane Lakeside Hospital Pediatric Move Phase I</td>
<td>Project Architect/Project Manager</td>
<td>Director of Facilities</td>
<td>August 2013 (Projected)</td>
<td>Not Known (P)</td>
<td></td>
</tr>
<tr>
<td>ED Fast Track Addition/ Renovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED/ Cardiology Expansion Slidell Memorial Hospital</td>
<td>Preliminary Planning/Programming</td>
<td>Chief Operating Officer</td>
<td>November 2013 (Projected)</td>
<td>474,000 (P)</td>
<td></td>
</tr>
<tr>
<td>Slidell, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Jefferson General Hospital 6th Floor Wing Renovations</td>
<td>Project Architect/Project Manager</td>
<td>Director of Construction/Facilities &amp; Property Management</td>
<td>November 2013 (Projected)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Jefferson General Hospital Cancer Center Addition and Renovations</td>
<td>Project Architect/Project Manager</td>
<td>Director of Construction/Facilities &amp; Property Management</td>
<td>November 2013 (Projected)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tulane Lakeside Hospital Pediatric Move Phase II</td>
<td>Project Architect/Project Manager</td>
<td>Director of Facilities</td>
<td>August 2013 (Projected)</td>
<td>Not Known (P)</td>
<td></td>
</tr>
<tr>
<td>PICU Patient Room and Child Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tulane Lakeside Hospital Pediatric Move Phase IIA</td>
<td>Project Architect/Project Manager</td>
<td>Director of Facilities</td>
<td>August 2013 (Projected)</td>
<td>Not Known (P)</td>
<td></td>
</tr>
<tr>
<td>PICU 3 Bed Patient Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tulane Lakeside Hospital Pediatric Move Phase III</td>
<td>Project Architect/Project Manager</td>
<td>Director of Facilities</td>
<td>August 2013 (Projected)</td>
<td>Not Known (P)</td>
<td></td>
</tr>
<tr>
<td>Specialty Care Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metairie, Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anna Bertucci Ghelase, AIA, EDAC
January 4, 2013

American College of Healthcare Architects (ACHA)
PO Box 14548
Lenexa, KS 66285-4548

RE: Letter of Recommendation for

Dear Sir or Madam:

I am a licensed architect (Georgia), an NCARB certificate holder, and a LEED Accredited Professional, and I have over ten years of experience in the field of architecture. I have known her for nine years in both a professional and personal capacity and would not hesitate to recommend her for ACHA Board Certification.

I worked together from 2003 to 2006 at Louisiana. During this time she and I worked together on multiple projects, including small healthcare projects at , Mississippi and . She always displayed an uncommonly high level of professionalism and dedication to our clients. She had a thorough understanding of the many codes and standards impacting healthcare projects, as well as the intellectual curiosity and perseverance to find answers to questions that came up in the course of our work. Whenever I worked on a project with , I could be certain that no stone would be left unturned and no design option left unexplored.

Outside of our work together, and I volunteered together on the American Institute of Architects’ CANstruction event benefiting a New Orleans local food bank. is a kind and generous individual with high moral character, and over the years since we first met I have come to know her as a close friend. I believe, without reservation, that ’s professional and personal characteristics more than qualify her for ACHA Board Certification.

If you have any further questions regarding ’s background or qualifications, please do not hesitate to contact me.

With regards,

[Signature]

LEED AP BD+C
December 4, 2012

The American College of Healthcare Architects (ACHA)
18000 West 105th Street
Olathe, KS 66061-7543

Re: Letter of Reference for ACHA Board Certification in Healthcare

Dear Board of Regents:

Please accept this letter as my unconditional recommendation for Board Certification in Healthcare for [Name], a talented architect — dedicated to the advancement of the field of healthcare design.

[Name] and I worked personally with her on numerous healthcare and senior living projects from 2003–2006 and during that time, her practice since she left the firm has focused wholly on healthcare architecture. Her portfolio over the past years is quite impressive as she has expanded her talents through working with several major healthcare clients and successfully managing many medical projects of varying size and complexity. Additionally, she has further demonstrated her commitment to the field through her involvement with The Center for Health and Design and her Evidence-based Design Accreditation and Certification (EDAC).

I wholeheartedly endorse [Name]'s qualifications and candidacy for ACHA Board Certification in Healthcare.

Respectfully,

[Signature]

[Name]
May 20, 2013

Board of Regents
The American College of Healthcare Architects (ACHA)
18000 West 105th Street
Olathe, KS 66061-7543

RE: Letter of Reference for ACHA Board of Certification in Healthcare
   For: C

To the ACHA Board of Regents,

I am writing to wholeheartedly recommend C for the Board’s Certification in Healthcare. As a co-worker at for from 2004-2006, I know her commitment to sensitive and rigorous healthcare design, particularly in the difficult, uncertain, then extremely busy months we faced in our office after Hurricane Katrina. For some time and I were the only female members of the architectural staff, and as a slightly younger colleague, I looked up to her as both a mentor and a friend. Her knowledge of design and standards and her willingness to teach was invaluable to me as an architect just beginning her career.

C excels not only in the planning and design development of healthcare facilities, but is particularly deft in the process of moving complex facilities through the construction process. I have remained friends with C since she has moved on to , and know that her skills and experience have only grown since then, especially as she has been able to take on more of a leadership role in their healthcare division. I know from my numerous conversations with her that her commitment to healthcare goes beyond just solving the programming and equipment puzzles we often deal with in these projects, but a drive to design humane and beautiful spaces for patients, doctors, and staff.

Beyond her professional work, C is also an active member of her neighborhood and in several volunteer organizations. We served together on the organizational committee of New Orleans’ annual CANstruction event, a benefit for Second Harvest Food Bank where several of the city’s architectural firms build structures out of nonperishable food items for public display. She brings the same passion to her commitments outside the office as well as inside.

C is a thoughtful and dedicated architect, co-worker, and person, and would be an exemplary member of the ACHA. Please accept this letter as my enthusiastic recommendation.

Sincerely,
Letters of Recommendation from Clients

Anna Bertucci Ghelase, AIA, EDAC
January 8, 2013

American College of Healthcare Architects
P.O. Box 14548
Lenexa, Kansas 66285-4548

Re: Applicant: AC

To Whom It May Concern:

This letter is written as a recommendation for in reference to her application to the American College of Healthcare Architects (ACHA).

My introduction to is through her employment with Architects. As principal architect on multiple large construction projects (Pharmacy/RT Reno, Cardiac Catheterization Lab, Cooling Tower Replacement, High Risk L&D Suite, MICU Renovation, Central Sterile Renovation, to name a few), at SMH, has exhibited professionalism and conscientiousness to accomplish what needs to be done. The feedback from staff that interacts with is regularly positive and she has done much toward improving our patient satisfaction through her design contributions. In her work, is consistent, dedicated and passionate, enthusiastic and a pleasure to work with.

To recommend her for advancement in her professional organizations is my pleasure. Thank you for this opportunity to recommend such a talented professional to your organization.

Sincerely,
August 1, 2012

To Whom It May Concern:

RE: Letter of Recommendation for

As the .............................................. at East Jefferson General Hospital, I have worked with .......... for over 4 years. The firm for which he works, Architects has had the small projects contract with the hospital since 2008. This contract provides for architectural services for any project under $ .......... has been our day to day contact for all of these projects since the beginning. Together, we have done more than 50 projects of various sizes, and her care and attention for the project no matter the size has been the same.

In addition, ........ has been awarded a larger project at EJGH to enlarge an existing building to expand and update the Hospital's cancer care with a new Infusion Center and Clinic. We have worked closely with .......... in designing this project for nearly 4 years. As this project nears commencement of construction, we can only say that we have been very pleased with the progress of this project and the coordinated response to all of EJGH's many users' needs provided by .......... and her team.

I am pleased to recommend that the ACHA Board approve her for certification. She will be a worthy member of the Association.

Sincerely,
January 21, 2013

American College of Healthcare Architects
P.O. Box 14548
Lenexa, KS 66285-4548

To Whom It May Concern:

I am writing this letter of reference on behalf of regarding her application for the American College of Healthcare Architects (ACHA). For the last six years, has worked closely with our organization to provide architectural services for our current and future outpatient imaging centers located in the Greater New Orleans area. She was the primary architect for two major clinic renovations. In 2007 we invested $ renovating our Uptown Imaging Center which took approximately 1 year to complete. She took an existing facility that was old and outdated and transformed it into a modern and inviting outpatient imaging center. She did this while the clinic remained in operation over the duration of the renovation ensuring that patients and staff were inconvenienced as little as possible. In 2011, we invested $ to relocate one of our full service outpatient imaging centers (which was approximately 10,000 square feet) to our existing Women's Imaging Center to create a one-stop shop for radiology services. was able to fit a 10,000 square foot facility into 3,500 square feet of existing space at our Women's Center. This project needed to be completed in eight months and was instrumental in ensuring that the project deadlines and budget were met. This was done while the imaging center remained fully operational.

As with all major renovation projects, we had our share of challenges but used her wealth of knowledge and experience to overcome those challenges and find appropriate remedies that ensured both projects remained on time and under budget. She worked well with our staff in establishing optimal floor plans that were conducive to patient flow. provided us with various paint colors, flooring options, lighting options, countertops, etc. and was able to blend our ideas with her own to create spaces that were warm and inviting for our patients. did an outstanding job creating two beautiful, yet functional imaging centers.

In conclusion, I support and recommend for membership in the ACHA based on my experiences with her on these projects. If you have any questions or concerns please feel free to contact me at

Sincerely,

Diagnostic Imaging Services
EDUCATION

Degree Obtained: Master of Architecture I - M Arch I

LICENSES
Licensed Architect in the State of Louisiana

PROFESSIONAL ORGANIZATIONS
AIA Member (#)

ACCREDITATIONS
Evidence-based Design Accreditation and Certification (EDAC)

Anna Bertucci Ghelase, AIA, EDAC has been engaged in Healthcare Design in the New Orleans Area for over 10 years. Her current position, in the Healthcare Design Group at Sizeler Thompson Brown Architects, has allowed her to focus exclusively on design of healthcare environments for the past 7 years. Her projects vary in size, type and complexity. They include a full range of healthcare design projects including inpatient, outpatient, specialized medical equipment spaces and clinics. The projects included illustrate this variety of experience. Regardless of the size or the acuity of the patient experiencing these spaces, it is important that the environment is a healing environment.

Because of the ever changing nature of healthcare and the need for hospitals to remain current, many projects are renovations to existing spaces. The mix of projects included reflects this. Renovation projects can be complex in a healthcare setting where it is important to minimize disturbances, interruptions and contaminants. Many of these projects employ carefully implemented phasing to allow the institutions to continue operations while undertaking renovations and additions with minimal effect to patients and staff.
Beginning in 2008, East Jefferson General Hospital began the design process for an improved Infusion Center currently housed on the second floor of a contiguous portion of the Hospital named the Yenni Center. For the first years of this design process, this project was viewed as a multi-phased renovation of the existing second floor while the Infusion Center functioned in various transitory locations on the same floor.

In 2011, it was decided to extend the existing two story building by another floor for the new Infusion Center allowing them to function on the second floor during construction with minimal interruption. Once their new home was complete, they would move to the third floor, and the second floor would be renovated for Oncology Clinic space as an accompaniment to the Infusion Center above. In addition, Radiation Oncology on the first floor would receive new finishes and some minor upgrades.

One major design challenge for this project was to add to the existing building in such a way that it referenced design elements of the existing building while allowing the new portion to appear new and give the building a more updated look. Another challenge was to design the building systems such that the second floor could remain mostly operational during the bulk of construction with Infusion Center hours seven days a week from early morning until late evenings most days. In addition, the original building had incorporated a single elevator with an additional shaft for a second. The design needed to allow for at least one elevator to be operational during all business hours. Therefore, the shaft needed to employ temporary protections to allow for the two new elevators to be installed at separate times.

In addition, under a separate contract, in the Hospital’s effort to upgrade their patient wings, a new Oncology Inpatient Unit has been undertaken as a parallel project. A previously moth-balled observation and patient unit is being renovated for Oncology patient rooms allowing the Hospital to implement new patient-centered-care amenities like a Business Center for family members and a Family Kitchen to allow patients and family members to emulate normalcy. This is especially important for Cancer Patients who may have long stays. This also completes the Hospitals goal of providing state of the art comprehensive cancer care.

These projects are currently under construction and are scheduled to be complete by the end of this year.

My role for these projects is as project manager, healthcare designer and construction administrator. I worked under the principal in charge of our healthcare design studio, , and he can attest to my role in this project as indicated by his signature below.
St. Bernard Parish Hospital Medical Office Building Chalmette, Louisiana

Project Architect/Project Manager

Square Footage: 69,000 sq.ft.

Completion Date: July 2013 (Projected)

Cost:

Following Hurricane Katrina, St. Bernard Parish was left without a functioning hospital. In an effort to provide for this underserved community, a 40 bed hospital project was undertaken. Before its completion, an adjoining Medical Office Building was initiated. This 60,000 square foot building adjoins the Hospital on the ground floor. It includes lease spaces for doctors' offices, a Parish Health Clinic along with various Hospital functions which were removed from the program of the Hospital structure including the Hospital Administrative Suite, Risk Management, Human Resources as well as Meeting Room and Classroom spaces. In addition, Outpatient Rehabilitation was located on the first floor of this building.

When the Hospital and Office building were designed, the Hospital Administration and staff did not exist yet. Therefore, this building was programmed and designed without a client. This posed challenging because it was necessary to think of all possible needs for a hypothetical client. Various sized doctors' suites were designed to allow for the most variation in physician group composition and specialties. The design team had to draw on knowledge of various healthcare projects so that programmatic elements were included that the client had not addressed. This was particularly important in the Hospital’s Rehabilitation Suite which needed to be included under the Hospital’s license. Therefore, it needed to include all elements delineated in the FGI along with various other spaces for different types of therapies that the Hospital may want to provide.

In many ways this building is a continuation of the Hospital due to its location on the Hospital campus, with its physical connection at the ground floor and the intermingling of Hospital functions. Because of this, it was necessary to bring Hospital design ideas into this building at the interior and reference the Hospital's design elements at the exterior while still distinguishing the building as a separate entity.

My role for this project was as project manager during Construction Documents and Construction Administration. I worked under the principal in charge of our healthcare design studio, and he can attest to my role in this project as indicated by his signature below.
Project Experience

Exterior View toward Hospital

Large Nurse Station

Small Nurse Station

Third Floor Plan

Anna Bertucci Ghelase, AIA, EDAC
In conjunction with another firm in charge of the building shell and programming, our firm designed the interior spaces for this 40 bed Hospital. The design challenge was to create a space that reflected a new state-of-the-art medical/surgical facility without losing site of the local heritage and regional influences. The use of local design elements and imagery provides a familiarity to all users that will make them feel at ease. This approach also supports the healing mission of the hospital by aiding in the reduction of anxiety and stress levels in patients and visitors alike. The hospital design utilizes glass in an effort to invoke the fluidity of the adjacent river that interacts with the Parish. Large expanses of glass define the public spaces that run along the edge of the building. This public “spine” was designed to create clear way-finding to help ease the stress of patients and families. The staff and patient paths were designed to limit the interaction of public and service traffic. The project included 32 Med/Surg Patient Rooms, 8 ICU rooms, 4 Operating Rooms (Including a Hybrid OR), 8 surgery prep rooms, 5 bed PACU, 3 Isolation PACU rooms, Imaging Department, Emergency Department, as well as a Gift Shop, Dining, and a Chapel.

My role for this project was as a project architect assisting with Construction Documents and Construction Administration. I worked under the principal in charge of our healthcare design studio, and he can attest to my role in this project as indicated by his signature below.

Principal
Project Experience

Anna Bertucci Ghelase, AIA, EDAC

First Floor Plan

Second Floor Plan

Operating Room
Anna Bertucci Ghelase, AIA, EDAC

Typical Patient Room
Nurse Station
Surgery Waiting

Third Floor Plan

Typical Patient Room
Tulane Lakeside Hospital, in order to meet the updated USP 797 Guidelines, needed to upgrade their cleanrooms for compliance. Because the existing Pharmacy was outdated, undersized and poorly located within the Hospital, it was decided to renovate existing administrative and classroom spaces to create a new Pharmacy to meet the needs of the Hospital.

The space which was chosen allowed for construction to commence without any downtime for the existing Pharmacy. It also allowed for access to the exterior of the building needed for the exhausting of the hoods and access for the new HEPA filtered air handling unit needed for this space.

The scope of the project included a Cleanroom area in compliance with USP 797 which was composed of an Anteroom and two IV Mixing Rooms. The project also included three separate dosing areas for different types of medications along with support areas for the staff.

My role for this project was as project manager, designer and construction administrator. I worked under the principal in charge of our healthcare design studio, and he can attest to my role in this project as indicated by his signature below.

[Signature]
Principal
Anna Bertucci Ghelase, AIA, EDAC

Project Experience

Clean Room Pass Thru Refrigerators

Pharmacy Floor Plan

Compound Prepack Area

Chemo Mixing Room

Clean Room Pass Thru Refrigerators
Diagnostic Imaging Services
Renovation and Addition to Existing Space
Metairie, Louisiana
Project Architect/ Project Manager
Square Footage: 4,100 sq. ft.
Completion Date: January 2012
Cost:

Diagnostic Imaging Services is a multi-location full service imaging company in the New Orleans area. To streamline services, they decided to combine two locations which were only a block away from each other. This project was particularly challenging for a number of reasons. First, the project would need to be fast tracked because of their leasing arrangements for the facility that they were vacating allowed less than 6 months from when the project was conceived to complete vacancy. Second, they were relocating or adding 6 separate pieces of equipment with different structural and shielding needs in a tight time frame into a building with a challenging heavy timber construction and with a tight budget. Third, they needed all service lines to remain functional for at least one of the two facilities at all times. Last, they needed the facility which would remain to be completely functional throughout construction.

The scope of this project included combining an existing lease space which housed their Women's Center with an adjacent vacant lease space. Because of the programmatic challenges of fitting the items that they needed into the new lease space which was available and the need to combine the two, the project would also encompass renovating a portion of the existing. The programs they needed to incorporate were an MRI, CT, Ultrasound, Fluoroscopy, X-ray and Nuclear Medicine. In addition, and entrance vestibule would be added to allow a single entrance to the different portions of the facility, the existing Women's Center, the adjacent corporate headquarters, and the new general radiological facility. Another challenge was keeping a delineation between the existing women's services allowing them the privacy and discretion that they had always enjoyed from this facility and allowing there to be a flow throughout the entire space for staff and for women who may visit the Women's center but need services within the general radiological portion.

It was decided to divide the project into two phases to enable the facility to maintain all the service lines as requested and to allow the project to be completed in the tight timeframe which existed. The renovation work would be done at the rear of the Women's Center first for the new X-ray, Fluoroscopy, and Nuclear Medicine and the opening between the two adjacent lease spaces would be created through the existing post-tensioned concrete dividing wall. Once these spaces were complete, the new waiting area, MRI, CT and their supporting spaces were constructed along with the new entrance vestibule. The project was also permitted in two phases to allow the occupancy of the first phase before completion of the second phase. Some work was staggered to allow life safety egress throughout construction.

My role for this project was as project manager, designer and construction administrator. I worked under the principal in charge of our healthcare design studio, and he can attest to my role in this project as indicated by his signature below.

Principal
When Slidell Memorial Hospital decided to replace one of their existing Cath Labs, they revisited the entire arrangement of the room and decided to incorporate a patient controlled LED lighting program in the room. Because this complete renovation and lighting program would make this lab much more desirable than the other lab, the hospital decided to incorporate the new lighting program into this room as well as new casework within the room. Both rooms also received new surgical lights.

This project was done in phases employing a portable Cath Lab at the exterior of the hospital to allow for two Cath Labs to be operable at all times. This made the coordination of the timing between the completion of the partially renovated Cath Lab and the beginning of work on the Cath Lab to be completely renovated particularly intricate.

Cath Lab #1 was renovated as the first phase of the project. Since this lab would only receive the new lighting and its equipment would remain, it was important to coordinate carefully the installation of these additions with all overhead utilities and structures. The perimeter LED lighting was incorporated through the addition of a cove around the room, and a central LED fixture was designed and built within the space between the rails of the equipment. In addition, LED lighting was included in the new casework which employed frosted glass doors to allow the light to penetrate. This lighting is controlled by the patient using an iPad or by the technicians via a wall control. This lighting was specified and designed to meet the owner's intent by the design team.

Cath Lab #2 was done as the second phase, and it was completely renovated. This lab would replace an existing lab in its same location, yet the arrangement of the original lab was reconfigured, moving the control room to a different location as well as the equipment and equipment room. Because of the incorporation of the lighting, it was decided to employ frosted glass aluminum doors at the equipment closet and at the casework to increase the locations and penetration of the lighting. The structure of the area, which was found to be insufficient for the increased loads from the hanging equipment and surgical light, needed significant reinforcement and augmentation. This was a challenge because the location within the hospital made it difficult to deliver large steel members and various structural solutions needed to be investigated.

My role for this project was as project manager, healthcare designer, and I provided assistance with construction administration. I worked under the principal in charge of our healthcare design studio, , and he can attest to my role in this project as indicated by his signature below.

Principal
Project Experience

Anna Bertucci Ghelase, AIA, EDAC

Floor Plan

View from Control Room

Cath Lab #2

Floor Plan
Tulane Lakeside Hospital
Pediatric Move (Phases I-V)
ED Fast Track Addition/ Renovation

Project Architect/ Project Manager

Completion Date: August 2013 (Projected)

Total Construction Cost:

Early in 2013, Tulane Hospital decided to move their entire Pediatric Service line from their Downtown New Orleans Campus to their suburban Lakeside Campus. To accomplish this move, in conjunction with the design team, they identified separate phases of the project which would be constructed somewhat concurrently. They would undertake these minimal small projects throughout the hospital with the intention of creating a maximum effect upon their completion. The move is scheduled to occur in August upon the completion of the final project.

The phases/projects identified were grouped according to their geographical location in the hospital and phased such that the projects could be completed in this shortest amount of time allowing overlap of some schedules.

Phase I: ED Fast Track Renovations/ Addition - This project itself was phased. The project encompassed the renovate existing unused space across from the existing emergency department to create a new waiting area and registration along with office and storage spaces. Once this phase is completed, these functions will move allowing the existing spaces to be renovated to provide four Fast Track Beds in the Emergency Department along with an enlarged Nurse Station and a relocated Triage.

Phase II: PICU and Child Life - Though these spaces were not directly related, they were located in a similar area of the hospital and entailed a smaller scope of work so that they could be constructed and permitted simultaneously. The PICU portion of this phase encompassed the renovation of an existing administrative space adjacent to the ICU unit to a patient room. The ICU unit would be relicensed as a PICU unit and be increased in number by this additional bed. The area that the Hospital termed Child Life was an existing administrative area which was redesigned for use as a multipurpose room for age-appropriate activities for the pediatric patients.

Phase IIA: titled PICU 3 Bed Patient Unit - This is an accompaniment to Phase II. It entails the renovation of an existing four-bed room to house three PICU beds and a nurse station. This space is down the corridor from the PICU and will be serviced by the same ancillary spaces.

Phase III: Specialty Care Unit - This phase is a renovation of an existing delicensed psychiatric unit for a mixed Bone Marrow and PICU bed unit. The scope of this work included the demolition of two existing rooms to create a new nurse station and support spaces along with the renovation of six existing patient rooms to achieve three dual Bone Marrow/PICU beds and three Bone Marrow beds.

Phases IV and V are Interventional Radiology and MRI respectively. These phases have been scheduled last because any delay in their completion would not delay the move of the entire service line. These projects entail renovations of existing spaces within the Radiology department for these new spaces.

This project is currently under construction and is scheduled to be complete in August 2013.

My role for this project is as project manager and designer. I worked under the principal in charge of our healthcare design studio, and he can attest to my role in this project as indicated by his signature below.

Principal
Project Experience

Anna Bertucci Ghelase, AIA, EDAC

Interventional Radiology - Floor Plan Phase IV

MRI - Floor Plan Phase V

E.D. - Floor Plan Phase I

Overall First Floor Plan
Project Experience

Anna Bertucci Ghelase, AIA, EDAC

Child Life - Floor Plan Phase II

PICU - Floor Plan Phase II

Overall Third Floor Plan

Floor Plan Phase IIA

Child Life - Floor Plan Phase II
Overall Fourth Floor Plan

Specialty Care Unit - Floor Plan Phase III
The scope of this project encompassed the renovation of an existing building for a satellite hand therapy facility for a hand specialist physician practice. The building is an existing two storey building, and the practice chose to lease the first floor to a tenant and maintain the second floor for a new therapy center. Because of the nature of their practice, it was necessary to add an elevator to the existing building.

This practice had an existing clinic space with a small therapy area nearby. But, because various types of therapies where being used which did not fit in their small space, they undertook a new center focused purely on the these therapies. Included where various types of hot and cold treatments along with stations for equipment and splinting.

There were several design challenges in this project. The Owner's budget for the project posed a significant challenge for the design team. A square foot cost of $120 was allocated to the entire project, which included the cost of the elevator and first floor lobby space. Budget limitations also meant that many of the existing building elements would have to be reused and incorporated into the final design despite the unevenness of many walls and finishes. The client requested that the design approach for the space be consistent with the image and ambience of their existing office, which also serves to identify their "brand". Though, the budget for their existing office was more than twice the square foot budget for this satellite office.

Another challenge was that the existing building was over 30 years old, was of substandard construction and contained only essential amenities. The elevator was installed and numerous code upgrades were made in addition to the aesthetic and programmatic upgrades the client requested.

My role for this project was as project manager and I provided assistance with construction administration. I worked under the principal in charge of our healthcare design studio, and he can attest to my role in this project as indicated by his signature below.