Portfolio of Representative Work for

Submission to the
American College of Healthcare Architects

June 2008
# Project Experience

<table>
<thead>
<tr>
<th>Project Name &amp; Location</th>
<th>Describe your role</th>
<th>Phone Number &amp; Position of Project Contact</th>
<th>Date of Completion</th>
<th>Total Cost-Construction (C) and Project (P)</th>
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</thead>
<tbody>
<tr>
<td>Mountain View Medical Center</td>
<td>Project Architect</td>
<td>Project Manager</td>
<td>under design estimated</td>
<td>construction</td>
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<tr>
<td>Skilled Nursing Facility - 117 beds</td>
<td></td>
<td>Brasfield &amp; Gorrie, Inc.</td>
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<td>Lomb Avenue Site</td>
<td></td>
<td>3021 7th Avenue South</td>
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<tr>
<td>Ball HealthCare North</td>
<td></td>
<td>Birmingham, AL 35233</td>
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<td>Birmingham, Alabama</td>
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<tr>
<td>Outpatient Diagnostic Imaging Center</td>
<td>Project Architect</td>
<td>Vice President of Operations</td>
<td>Projected completion</td>
<td>construction</td>
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<td>Jackson Hospital Campus</td>
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<td>Jackson Hospital &amp; Clinic, Inc.</td>
<td>Sept. 2008</td>
<td>total project</td>
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<td>Montgomery, Alabama</td>
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<td>1725 Pine Street</td>
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<td></td>
<td>Montgomery, AL 36106</td>
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<tr>
<td>West Wing Addition</td>
<td>Project Architect</td>
<td>Vice President - Senior/ Support/ Marketing Division</td>
<td>Completed</td>
<td>construction</td>
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<tr>
<td>Phase Two Hospital Replacement</td>
<td></td>
<td>Coosa Valley Medical Center</td>
<td>June 2007</td>
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<td>315 West Hickory Street</td>
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<td>Sylacauga, Alabama</td>
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<td>Sylacauga, AL 35150</td>
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<td>Neurosurgical Center</td>
<td>Project Architect</td>
<td>Project Construction Coordinator</td>
<td>Completed</td>
<td>construction</td>
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<tr>
<td>Seventh Floor</td>
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<td>Department of Planning</td>
<td>December 2004</td>
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<td>2701 7th Street South</td>
<td></td>
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<tr>
<td>Birmingham, Alabama</td>
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<td>Birmingham, AL 35205</td>
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<td>Neurosurgical Associates Physicians Group</td>
<td>Project Architect</td>
<td>Project Construction Coordinator</td>
<td>Completed</td>
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| **Outpatient Diagnostic Imaging Center**  
Fourth Floor  
North Tower Professional Office Bldg.  
St. Vincent’s Hospital Campus  
Birmingham, Alabama | Project Architect | Chief Strategy Officer and Sr. Vice President  
St. Vincent’s Health System  
3000 Galleria Tower, Ste. 1700  
Birmingham, AL 35244 | Completed January 2005 | construction |
| **Skilled Nursing Facility Add./ Dementia Unit**  
The Village at Cook Springs  
Noland Health Services  
Cook Springs, Alabama | Project Architect | Facilities Supervisor  
Greenbriar Health Services LLC  
2811 Highland Avenue South  
Birmingham, AL 35205 | Completed January 2004 | construction |
| **Main Street Skilled Nursing Facility**  
60 bed Replacement Facility  
Coosa Valley Medical Center  
Sylacauga, Alabama | Project Architect | Vice President - Senior/ Support/ Marketing Division  
Coosa Valley Medical Center  
315 West Hickory Street  
Sylacauga, AL 35150 | proposed 2003 | estimated construction |
| **Skilled Nursing Facility Addition**  
10 resident bed addition  
Coosa Valley Baptist Medical Center  
Sylacauga, Alabama | Project Architect | Vice President - Senior/ Support/ Marketing Division  
Coosa Valley Medical Center  
315 West Hickory Street  
Sylacauga, AL 35150 | proposed 2002 | estimated construction |
Letters of Recommendation from Architects

AIA, NCARB
Gresham Smith and Partners
3595 Grandview Parkway, Suite 300
Birmingham, Alabama 35243

AIA
CLA Architects Incorporated
504 Brookwood Boulevard
Birmingham, Alabama 35209

James M. Splawn Architect, LLC
1509 South Smith Street, Suite C
East Ridge, Tennessee 37412

AIA
Birmingham Healthcare Studio Director
Gresham Smith and Partners
3595 Grandview Parkway, Suite 300
Birmingham, Alabama 35243
13 March 2008

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

Re: Letter of Reference for
AIA, LEED AP
Exam Candidate

This is a letter of recommendation for AIA, LEED AP, in support of her application to sit for the exam as a Certified Healthcare Architect by the American College of Healthcare Architects. I have known a colleague in the Birmingham Chapter AIA for the past 20 years. Having worked closely with her employers at Birchfield Penuel, I have become aware of superior skills and knowledge as a Healthcare Architect.

has an impressive resume including Healthcare, Rehabilitation, Wellness and Master Planning experience. One of projects involved a neurological center at St. Vincent's Hospital in Birmingham, which included putting 2 MRTs on the 7th Floor of the building which was under construction. The Project was awarded an Eagle by the Associated Builders and Contractors National Excellence in Construction Awards. I highly recommend that be admitted to sit for the exam and being inducted into the College.

Sincerely,

[Signature]

Healthcare Director

Design Services For The Built Environment
3585 Grandview Parkway / Suite 300 / Birmingham, Alabama 35243 / Phone 205.298.9200 / www.gspnet.com
May 9, 2008

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

Re: Certification Recommendation for IA

I have known for over 20 years as a young architect employed in my previous firm Adams Design Associates, (aka, Adams · Keeton · Cosby · Amaro), as a professional member of the American Institute of Architects, I have worked on health care and University level research facilities for the past 38 years worked with us on Hospital Facilities and with me specifically on a University of Alabama 11 story Basic Science Facility, her responsibility was the ninth floor research labs, and as a project architect, her skill and experience provided the University and the client/user assurance that their standards and expectations were well represented in the drawn and written contract documents. Her involvement also included coordinating the work of the engineering consultants and working with me specifically on the written documentations and specifications involving specific client research equipment that would be either owner furnished and/or contract furnished for installation in the project. As the project architect she also had the responsibility of ensuring that the requirements of the applicable codes and regulatory agencies were being met during the design of the building, and followed up as CA associate during construction.

did excellent work on this project, and as a team member got along well with the varied types of people that were involved in this particular healthcare facility, and was adept in listening to them, understanding their needs and translating them into the contract documents. She is well organized and was able to keep track of the various details involved in the design of the research lab facility. For these reasons, she is well qualified for ACHA Board Certification.

Sincerely,

CLA Architects Incorporated
504 Brookwood Boulevard
Birmingham, AL 35209
March 26, 2008

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

Re: Certification Recommendation for

Dear ACHA Board Members:

I consider it an honor and a privilege to recommend the acceptance of [Name] as a member to the American College of Healthcare Architects. I have known [Name] and have been familiar with both her professional and academic work for over 20 years.

Her work speaks for itself. She is a focused individual who brings a positive and concerted attitude of professionalism to all of her project associations, regardless of what role she has been given. She understands that the complexity of healthcare facilities requires teamwork; she has proven her ability to provide efficient and effective solutions; and she will coordinate those solutions within the constraints of the healthcare industry.

Her credits are evidenced not only in her professionalism but also in the solid foundation of her personal character. She possesses a high standard of ethical and moral character, and she is one who gives to her community. In summary, [Name] is an accomplished professional that will be considered a compliment to any organization with which she is affiliated.

Respectfully,
30 June 2008

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

Re: Letter of Reference for
AIA, LEED AP
ACHA Candidate

It is my understanding that AIA, LEED AP is a candidate for certification as a Healthcare Architect by the American College of Healthcare Architects. I have had the distinct pleasure of working with her for several years and consider her to be a superior healthcare architect.

and I worked together on the Coosa Valley Baptist Medical Center, in which she participated in design development, construction documents and construction administration.

has a well rounded portfolio of experience which includes acute care, rehab, wellness and master planning experience. She is considered to be highly skilled technical architect by her peers and fellow employees. One of her projects involved putting 2 MRIs on the 7th Floor of a building which was under construction. The complexity of this project was such that it was awarded an Eagle by Associated Builders and Contractors National Excellence in Construction Awards.

I highly recommend that she be admitted to sit for the exam and inducted into the college.

Sincerely,

[Signature]

Principal Healthcare

Design Services for the Built Environment
3595 Grandview Parkway / Suite 300 / Birmingham, Alabama 35243 / 205.298.9200 / FAX 205.298.9180 / www.gspnet.com
Letters of Reference from Clients

Chief Strategy Officer and Sr. Vice President  
St. Vincent’s Health System  
3000 Galleria Tower  
Suite 1700  
Birmingham, Alabama 35244

y
Former Vice President of Ancillary Services  
Coosa Valley Medical Center  
25 Willow Wood  
Alexander City, Alabama 35010

.  
Vice President  
Senior/Support/Marketing Division  
Coosa Valley Medical Center  
315 West Hickory Street  
Sylacauga, Alabama

.  
Vice President of Operations  
Jackson Hospital & Clinics, Inc.  
1725 Pine Street  
Montgomery, Alabama 36106
June 5, 2008

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

To Whom It May Concern:

Please consider this as a letter of reference for , regarding her application for the American College of Healthcare Architects (ACHA). has been connected with and part of the ongoing design and construction implementation at St. Vincent’s Health System (STVHS), as we strive to provide quality healthcare to our immediate community and those who are our extended family in the surrounding communities. We have contributed her talents to STVHS on projects requiring extensive renovation and new construction such as the expansion of core services areas in our Outpatient Diagnostic Imaging Center. This was a $4 million project covering several months of construction. Her role in the project is evident in the technology of the design and the creativity in integrating difficult work spaces. The project added 20,500 gross square feet of new service space and presented many challenges. provided the supported needed to have a leading-edge diagnostic imaging center completed both on time and within budget. We are very pleased with the design and functionality of the new space.

I encourage your organization to admit as a member of the American College of Healthcare Architects. We believe she will live up to the professional standards of your organization as she does now with her talented and innovative designs.

Regards,

Chief Strategy Officer
Sr. Vice President
American College of Healthcare Architects (ACHA)
P.O. Box 14548
Lenexa, KS 66285-4548

Dear College Members:

This letter is to serve as an endorsement and reference for [name of individual] concerning her application for membership into the American College of Healthcare Architects (ACHA). [name of individual] was the project architect for Coosa Valley Medical Center’s expansion and renovation of approximately 120,000 square feet of space which was deemed the, “West Wing Project”. The project included new clinical space to meet outpatient demands, new patient rooms including intensive care to meet both clinical and hospital services, new food service department and dining facilities, along with both facilities and material support departments for the new space and ‘shell’ space to allow for future growth and expansion.

It was my responsibility to be the hospital’s liaison for construction during both the planning and construction phases of the West Wing. During this time I was able to observe [name of individual] perform multiple tasks which are normally not included in an architect’s responsibility, but due to budget constraints she stepped forward in order to keep the project both on target as to time and budget. I must say that much of the success of this project had to do with her creativity, competency, and tenacity. She always had the owner’s interest at heart even when that meant delivering the bad news along with the good.

In short, [name of individual] is a delightful, capable individual and a person with great character. It would be my pleasure and privilege to work with her again in the future. It is without hesitation that I give her my total support and recommendation for membership into the ACHA.

Sincerely,

[Signature]

Coosa Valley Medical Center
Vice-President of Ancillary Services
(@ the time of this project)
June 25, 2008

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

RE: American College of Healthcare Architects Certification

Dear College Members:

This letter is written as an endorsement for [name] in her membership application to the American College of Healthcare Architects (ACHA).

was the project architect on a project which her firm, Birchfield Penuel & Associates, LLC had been commissioned to perform as architects here at Coosa Valley Medical Center between 2005 and 2007.

The West Wing project was a replacement wing for our acute care hospital which included 3 medical floors, a new Women’s Center, a level 2 Neonatal Intensive Care Unit, new acute care Intensive Care Unit, and a new Radiology Outpatient center. All of which was beneficial in completing.

I support and recommend [name] for membership in the ACHA based on our experiences and accomplishments here at Coosa Valley Medical Center.

Sincerely,

[Signature]

Vice President
Senior/Support/Marketing Divisions
June 9, 2008

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

RE:

Dear Sirs:

It is with great pleasure that I recommend [Name] for inclusion in the American College of Healthcare Architects (ACHA).

has been the project architect for the Jackson Hospital Outpatient Diagnostic Imaging Center project. Her work has been exemplary in the areas of design, project documentation and preparation, problem-solving difficult site issues and involvement with the interior construction. The project is on schedule and on budget. Her approach has always been detailed and professional, and her responses to client inquiries prompt and efficient. She has been, and continues to be, a superb representative of your profession. Last, she has managed to work with highly varied constituencies with their own self interests with much success.

I encourage your administration to admit [Name] as a member of the American College of Healthcare Architects.

Sincerely,

Vice President – Operations
Project Experience Examples

**Outpatient Diagnostic Imaging Center**
Fourth Floor, North Tower P.O.B.
St. Vincent’s Health System
Birmingham Campus
Birmingham, Alabama

**Neurosurgical Center**
Seventh Floor, North Tower P.O.B.
St. Vincent’s Health System
Birmingham Campus
Birmingham, Alabama

**West Wing Addition**
Phase Two Hospital Replacement
Coosa Valley Medical Center
Sylacauga, Alabama

**Outpatient Diagnostic Imaging Center**
Jackson Hospital and Clinic, Inc.
Montgomery, Alabama

**Mountain View Medical and Rehabilitation Center**
Skilled Nursing Center
Ball Healthcare North
Birmingham, Alabama
Project Name: Outpatient Diagnostic Imaging Center
Fourth Floor, North Tower ROB
St. Vincent's Campus
Birmingham, Alabama
St. Vincent's Hospital

Project Narrative
The Fourth Floor Outpatient Diagnostic Imaging Center creates a leading-edge diagnostic imaging center in both technology and innovation, while providing "spa-style" experience for patients, their families, and the medical staff. The Center houses thirteen state-of-the-art digital imaging units in a newly completed Professional Office Building. Hotel amenities form the basis for the design. The Reception/ Central Lobby design features curved walls and soffits to define several waiting areas while capitalizing on panoramic views of Birmingham, Alabama. The curved form repeats at each sub-waiting along the main patient circulation. Patient circulation allows the patient to enter the suite from one direction and leave by another route thus encountering few other patients. Art glass allows light infiltration, provides for patient privacy, and enhances the patient way-finding. Artwork, custom furniture, and natural wood paneling reinforce the hotel ambience. A cascading water feature provides both a focal point and ambient noise in the Central Lobby. Windows are maintained in all the modalities providing natural light. The focus on the patients' experience is continued throughout with incandescent lighting, wood finishes, and the color palette.

Project Challenge
Numerous building challenges were encountered to convert a post-tensioned concrete structure based on a parking deck structural bay to a building that could accommodate imaging equipment. Vibrations from the existing elevators, roof-top mechanical units, and a car traffic over the parking deck expansion joints were reviewed by an acoustical diagnostic team to ensure the digital diagnostic images did not degrade. Electrical systems were rerouted to avoid electromagnetic interference from the building utilities with the MRI equipment. To protect electronic equipment below floor from electro-magnetic interference, steel shielding was installed above ceiling of the tenant's space below this floor (while the third floor fit-out was under construction). Both mechanical and electrical systems were enhanced. A pre-action sprinkler system was installed for the imaging equipment. Acoustical dampening interior construction ensured no noise would be transmitted to the surrounding spaces, especially the LDRP Room directly below.

Building Area: 20,500 gross square feet shell in-fill
Date of Completion: January 2005
Construction Cost:

Responsibility

Consultants
Interior Designer: Kahn South
Structural Engineer: Lane Bishop York Delahay, Inc.
Mechanical Engineer: Whitaker & Rawson, Inc.
Electrical Engineer: Sejedeh Engineering Group, Inc.
Acoustical Engineer: MULLER-BBM, Germany
Shielding Consultant: IMEDCO Medical RF & Magnetic Shielding Specialist, Switzerland
Contractor: Brasfield & Gorrie, LLC

Applicant Certification: SHE
Participation Confirmation: Executive Vice-President

Application & Portfolio of: BEd AP, ASHE for Certification by the American College of Healthcare Architects
Existing Floor Plate

- Diamond designations along building perimeter indicate break-out windows for fireman’s access. Windows must remain unobstructed.
- Gold bullets indicate MRI isocenter locations where additional rebar was added during construction to support magnet. Only one magnet per beam.
- Hatched area indicates limited MRI transport routes supportable by structure. Crane access available from this side only.
- Dashed lines indicate beam locations beneath post-tensioned concrete structure.
- Existing ductwork chases serving tenants below had to be maintained.

Vertical Building Analysis

Application & Portfolio of ED AP, ASHE for Certification by the American College of Healthcare Architects
Patient Circulation
Curved forms along the major patient corridor define the Sub-Waiting areas for each Imaging Suite.

Spatial Diagram of Suites
- Patient Reception
- CT Scan Suite
- MRI Suite
- Radiographic Suite
- Comprehensive Breast Center

Patient Reception Area
The Reception provides a hotel-style concierge desk with computerized self check-in desks.

Reception Lobbies
The artwork, custom furnishings, and lighting reinforce the hospitality appearance.
Raised computer floor in equipment room.

Ramp entry required at isolated floor.

Silicon Shielding on Floor

3T MRI Room

Fourth Floor Plan

Section through MRI Room

Application & Portfolio of ED AP, ASHE for Certification by the American College of Healthcare Architects
Project Name: Neurosurgical Center
Project Location: Seventh Floor, North Tower POB
St. Vincent’s Campus
Birmingham, Alabama

Owner: Neurosurgical Associates

Project Narrative: Located on the seventh and top floor of the St. Vincent’s Hospital North Tower POB, the Neurosurgical Center was planned to tap into the outpatient neuro-spine market of carpal tunnel surgery, herniated disc surgery, and pain procedures. The Center is designed for maximum program efficiency, for the highest patient convenience, and for a soothing experience for patients and their families. The neurosurgeon’s medical practice occupies approximately one third of the seventh floor with the balance of square footage dedicated to the surgery center. This provides the patient a single location for physician appointments and for outpatient surgery. The location and arrangement of the two waiting areas allow for each to support the other during peak overflow periods. The interior design palette and finish selections are consistent between the two practices and reinforce the single provider image. Emphasis was placed on the patient and their family comfort. Individual recovery rooms allowed family members to wait with the patient during their post-anesthesia recovery in a private room. Natural light, indirect lighting, and televisions are standard in each Recovery Room.

The North Tower POB which attaches to the main hospital on several floors below, allows the surgery center to use remote ancillary areas, such as patient admissions. All medical records and billing would be handled from the main hospital. Central supplies, instrument sterilization, and housekeeping would have minimum provisions located within the surgery center. Major services would be contracted with the hospital and supplied after operating hours. The nursing staff would cross-trained to handle any patient emergency. An elevator capable of accommodating a stretcher is located off the staff corridor. It functions as the vertical connection for hospital staff, to support services, and as the transport route for any patient requiring an extended stay overnight.

Program Summary

Pain Procedure
- Lead shielding installed for use of C-Arm

Operating Suite – three General Operating Rooms
- Lead shielding installed for use of mobile C-Arm

Patient Holding – two bays

Recovery Rooms with adjoining toilets

Project Challenge: The major challenge was to provide a surgical center meeting a healthcare occupancy classification by code in a facility designed for medical offices. The program area exceeded the floor plate available so strategies were devised to partner with the hospital for support services, thus freeing space for direct patient services. The building seventh floor shell included numerous mechanical chases and electrical ducts serving occupied healthcare spaces below. The constricted structural footprint and existing mechanical room was not conducive to multiple corridors required to separate staff, patients and sterile activities. Maintaining an exit corridor which divided the project area into two sections posed a code compliance challenge. Emergency power, medical gases, and mechanical services were all added to the building to meet healthcare criteria.

Fit-out Area

Completion Date: December 2005

Construction Cost: 9,500 gross square feet shell in-fill

Responsibility


Consultants

Interior Designer: Kahn South
Mechanical Engineer: Whitaker & Rawson, Inc.
Electrical Engineer: Saajidh Engineering Group, Inc.

Contractor: Brasfield & Gorrie, LLC

Applicant Certification

Participation Confirmation

HE

Project Construction Coordinator: spital System,

Application & Portfolio of: ED AF, ASHE for Certification by the American College of Healthcare Architects
Application & Portfolio of ED AP, ASHE for Certification by the American College of Healthcare Architects
Neurosurgery Associates
The Neurosurgical medical practice share the floor with their surgery center. Transom windows in physicians offices allow natural light to interior spaces.

Recovery Rooms
Individual rooms provide privacy for families and the patient.

Perimeter windows provide natural light in all Operating Rooms and Pain Procedure Room.

Individual rooms provide privacy for families and the patient.
Project Name: West Wing Addition  
Project Location: Coosa Valley Medical Center  
Owner: Coosa Valley Healthcare Authority

Project Narrative:
Located on Coosa Valley Medical Center Campus, the West Wing Addition added over 120,000 square feet of medical services previously squeezed into a 1948 Hill Burton Hospital and subsequent additions. The phase two hospital replacement would complete relocation of all clinical services from the existing facility and continue the outpatient focus begun with the Ambulatory Care Center Addition completed in 1994. The addition conveys a modern community hospital identity, clearly marks a single arrival point, and accommodates current medical technology. Review of the existing facility identified limited areas which could support clinical functions. Strict design priorities were set for new clinical departments. Larger modern patient rooms and a new food service department vastly improved the patient, staff, and public experience in the facility. Additionally, the Dining Area functions as the community center for the City of Sylacauga and as a powerful marketing tool.

Program Summary:
Imaging Department: Radiology, Radio/Fluoroscopy, Nuclear Med, Mammmography, Ultrasound, CT Scan, and Angiography Room
Dietary Services: Dining and social gathering space for public
Obstetrical Services: four LDR Rooms, two Early Labour/Post partum rooms, C-Section Room and five postpartum rooms
Intensive Care Unit: Nine ICU Rooms plus one Isolation room and Anteroom
Nursing Unit-3 units: 20 patient beds plus one Isolation room and Anteroom per unit
Nursing Unit-1 unit: shielded for future fit-out of 18 additional patient beds

Project Challenge:
The existing facility which predated air conditioning provided numerous challenges. The existing 11’-4” floor to floor height required a series of ramps to transition between floors and accommodate clinical spaces. Several departments were shielded for easy future fit out as the patient census grew. The design had to maximize program spaces while managing cost increases during price escalation from material shortages caused by Katrina. The construction cost ended up around $100 per square foot with a steel structure.

Building Area: 126,400 gross square feet
Completion Date: June 1, 2007
Construction Cost: RFP
Consultants:
Planning Consultant: TRO The Ritchie Organization - see below
Civil Engineer: Lane Bishop York Delahaye, Inc.
Structural Engineer: Christy Cobb, Inc.
Mechanical Engineer: Davis Dunas & Associates, Inc.
Electrical Engineer: CRS Engineering, Inc.
Food Service: BESCO
Contractor: Hoar Construction, LLC

TRO provided programming and schematic design services on this project due to long standing relationship with the corporate client Baptist Health Systems. Subsequent to schematic design completion, Coosa Valley Healthcare Authority purchased hospital from the corporate system.

Applicant Certification: Participation Confirmation

IE

Coosa Valley Medical Center, former Vice-President of Ancillary Services

Application & Portfolio of: IED AP, ASHE for Certification by the American College of Healthcare Architects
Application & Portfolio of

ED AP, ASHE for Certification by the American College of Healthcare Architects
Diagnostic Outpatient Imaging Center
Jackson Hospital Campus
Montgomery, Alabama
Jackson Hospital and Clinic, Inc.

Project Narrative: Located on the north side of the Jackson Hospital Campus, the Outpatient Imaging Center and a sister Outpatient Surgery Center would define the outpatient area of the campus and would create the design vocabulary for future outpatient facilities. The two building sites would be organized around a single entrance with connecting pedestrian sidewalks. The Imaging Center, approximately two thirds the size of the surgery center would be visually increased through exterior wing walls and sloping roofs to appear of similar scale and portray a consistent campus horizon. The design focused on the transparent nature of the imaging process. Structural forms and curved surfaces would be expressed. The steel joists and the metal deck were left exposed in the Central Lobby interior and at the roof overhang. Attention was concentrated on a narrow section cutting vertically and horizontally through the entire length of the Lobby, and terminating with the twenty two feet high windows of each end. The indirect up lighting in the most exposed area of the metal deck provide dynamic visual interest. The structural expression was softened by the curved ceiling forms, traditional finished, and the interesting patterned translucent panels. Translucent resin panels with birch branches allowed natural light infiltration in the Central Lobby and privacy in the Women's Gowned Waiting. Wood ceiling areas and acoustical scoop panels define various seating areas. The landscaping design was incorporated early to provide natural sun shading, allow filtered light, and complement the warm color palette of interior finishes.

Program Summary
Women's Services: two Mammography Rooms, one Bone Density, two Ultrasound Rooms separate access route was required for male patient to avoid female patients
Radiography Suite: Radiography, Radiographic/Fluoroscopy
CT Scan Suite: one CT Scan Room and a future Pet CT Scan Room
MRI Suite: one 1.5T unit

Project Challenge: The existing neutral EIFS and cast stone palette was to be maintained and reinforce the Jackson Hospital campus identity. The faceted form of the existing hospital entrance facade became the inspiration for the campus context. The existing building materials would provide the continuity while the building massing and geometry would create the contemporary image. The sloped roof profile echoes the dynamic form of the main curtain wall facade of the Hospital and rotates it from a vertical plane to a horizontal one. It visually increase the stature of the building while providing solar screening from late afternoon sun.

Building Area: 13,500 gross square feet
Date of Completion: September 2008
Construction Cost:

Role and Responsibility
Consultants
Civil Engineer: Larry Speaks & Company
Structural Engineer: MBA Structural Engineers, Inc.
Mechanical Engineer: Hattemer Hornsby & Bailey
Electrical Engineer: Hattemer Hornsby & Bailey
Contractor: Brasfield & Gorrie, LLC

Applicant Certification Participation Confirmation
Vice-President of Operations: Jackson Hospital and Clinic, Inc.
Application & Portfolio of Susan Stewart, AIA, LEED AP, ASHE for Certification by the American College of Healthcare Architects
Spatial Diagram of Suites

- Patient Reception
- CT/ PET CT Scan Suite
- MRI Suite
- Radiographic Suite
- Women’s Center

Floor Plan – Imaging Center

Application & Portfolio of F.E.C. for Certification by the American College of Healthcare Architects
Central Lobby and Entry Canopy Perspective

Elevation at Outpatient Campus Entry

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Project Name: Mountain View Medical and Rehabilitation Center  
Skilled Nursing Center  

Project Location: Princeton Baptist Health Systems Campus  
Birmingham, Alabama  

Developer: Ball HealthCare Center North  

Project Narrative: Mountain View Healthcare Center is a proposed new skilled nursing facility to provide nursing care and rehabilitation services in an underserved area of Birmingham. Located on Princeton Baptist Hospital Campus, this facility is designed for 86 initial residents with a future resident capacity of 117 by constructing many of the private rooms to meet semi-private requirements. As the number of residents increase, a room initially used for a single resident would be furnished for and converted to a semi-private room. The facility will be organized into four distinct patient populations—one dedicated dementia unit with adjoining courtyard, one rehabilitation unit for short term patients, one general skilled nursing units, and a second skilled nursing unit for critical residents. The rehabilitation patients would be patients transferred from Princeton Hospital extended stay unit. Daily rehabilitation therapy would be provided as a transition for these patients in anticipation of returning home. A separate department for Outpatient Therapy would provide continuity of therapy. Larger rooms would be provided in the Rehabilitation unit to allow the resident to take meals in their room and to reinforce self reliance. The design must incorporate existing two story structure on site which will be renovated for an outpatient rehabilitation extension of the therapy services offered to discharged residents.

Program Summary

<table>
<thead>
<tr>
<th>Unit Type</th>
<th>Beds/Rooms</th>
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<tbody>
<tr>
<td>Dementia Unit</td>
<td>24 beds</td>
</tr>
<tr>
<td>Rehabilitation Unit</td>
<td>12 beds, private rooms</td>
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<tr>
<td>General Nursing Unit</td>
<td>34 beds plus 1 isolation suite</td>
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<tr>
<td>Medical Specialty Unit</td>
<td>44 beds plus 1 isolation suite</td>
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Project Challenge:
The site has sanitary sewer main, overhead power, overhead and underground telephone extending through center of the site. Hazardous material survey has identified potential presence of hazardous materials.

| Building Area          | 54,000 gross square feet |
| Completion Date        | Spring 2009             |
| Construction Cost      | Building - $             |
| Site costs unknown at this time |

Responsibility
Increment Manager  
Project Architect  
Birchfield Penuel & Associates, Inc.

Consultants
Civil Engineer  
Structural Engineer  
Mechanical Engineer  
Electrical Engineer  
Walter Schoel Engineering Co., Inc.  
MBA Structural Engineers  
Whitaker & Rawson, Inc.  
Sajdah Engineering Group, Inc.

Contractor  
Bosfield & Gorrie, Inc.

Applicant Certification  
Participation Confirmation

IE  
nc.

Project Manager  
JED AP, ASHE for Certification by the American College of Healthcare Architects
Application & Portfolio of Susan Stewart, AIA, LEED AP, ASHE for Certification by the American College of Healthcare Architects
REFERENCES ADPH CHAPTER 420-5-10-.18 NURSING FACILITIES, UNLESS OTHERWISE NOTED.

1. FOLD-UP 29" GRAB BAR (U.S. ACCESS BOARD REPORT ‘BEST PRACTICES IN THE DESIGN OF TOILETING AND BATHING FACILITIES FOR ASSISTED TRANSFER’, AUGUST 1, 2001)

2. PERMANENTLY INSTALLED CUBICLE CURTAIN TRACK, FOR RESIDENT PRIVACY, IN MULTI-RESIDENT ROOMS (ADPH 6(c))

3. BEDSIDE, AND TOILET ROOM, ELECTRIC NURSE CALL SYSTEM (ADPH 4(v)2,3 & 6(d)4)

4. BEDROOM DOOR, WITHOUT LOCKING MECHANISM, SWINGS INTO ROOM (ADPH 4(n)2,3)

5. BEDROOM DOOR, WITHOUT LOCKING MECHANISM, SWINGS INTO ROOM (ADPH 4(n)4) WITH HARDWARE OPERABLE FROM OUTSIDE THE ROOM (ADPH 4(n)1), AND IS 34" WIDE CLEAR MINIMUM (ADPH 5(c)4).

6. OPERABLE WINDOW AT LEAST 36" AFF. THIS WALL, AND NOT LESS THAN 1/10 OF FLOOR AREA (ADPH 6(b)1,2)

7. MINIMUM FLOOR AREA FOR A PRIVATE ROOM IS 100 SQUARE FEET, CLEAR (ADPH 6(b)6), ACTUAL IS 150 SQ FT. MINIMUM FLOOR AREA PER RESIDENT FOR A MULTI-RESIDENT ROOM IS 80 SQUARE FEET, CLEAR (ADPH 6(b)6), ACTUAL IS 100 SQ FT.

8. 3'-0" CLEAR, MIN. AT THE FOOT OF THE BED, IN A PRIVATE ROOM (ADPH 6(b)7) 3'-0" CLEAR, MIN. BETWEEN BEDS AND AT THE FOOT OF THE BED, IN A MULTI-RESIDENT ROOM (ADPH 6(b)7)

9. ADJUSTABLE RESIDENT BED (ADPH 6(d)1)

10. CHAIR AND BEDSIDE TABLE (ADPH 6(d)2)

11. STORAGE FOR CLOTHES, TOILETRIES, AND PERSONAL BELONGINGS, REFER TO ELEVATION (ADPH 6(d)3)

12. WASTE RECEPTACLE (ADPH 6(d)4)

13. OVERBED LIGHT, WITHIN REACH FROM BED (ADPH 6(d)6)

14. HAND WASHING LAVATORY LOCATED IN ADJOINING TOILET (ADPH 6(d)7)

15. PERMANENT SHELVES FOR PERSONAL ITEMS AND TOILETRIES, FOR EACH RESIDENT IN A MULTI-RESIDENT ROOM (ADPH 6(d)3)

Enlarged Plan Legend

References ADPH Chapter 420-5-10-.18 Nursing Facilities, Unless Otherwise Noted.


2. Permanently installed cubicle curtain track, for resident privacy, in multi-resident rooms (ADPH 6(c))

3. Bedside, and toilet room, electric nurse call system (ADPH 4(v)2,3 & 6(d)4)

4. Bedroom door, without locking mechanism, swings into room (ADPH 4(n)2,3)

5. Toilet door swings out (ADPH 4(n)4) with hardware operable from outside the room (ADPH 4(n)1), and is 34" wide clear minimum (ADPH 5(c)4).

6. Operable window at least 36" aff. this wall, and not less than 1/10 of floor area (ADPH 6(b)1,2)

7. Minimum floor area for a private room is 100 square feet, clear (ADPH 6(b)6), actual is 150 sq ft. Minimum floor area per resident for a multi-resident room is 80 square feet, clear (ADPH 6(b)6), actual is 100 sq ft.

8. 3'-0" clear, min. at the foot of the bed, in a private room (ADPH 6(b)7) 3'-0" clear, min. between beds and at the foot of the bed, in a multi-resident room (ADPH 6(b)7)

9. Adjustable resident bed (ADPH 6(d)1)

10. Chair and bedside table (ADPH 6(d)2)

11. Storage for clothes, toiletries, and personal belongings, refer to elevation (ADPH 6(d)3)

12. Waste receptacle (ADPH 6(d)4)

13. Overbed light, within reach from bed (ADPH 6(d)6)

14. Hand washing lavatory located in adjoining toilet (ADPH 6(d)7)

15. Permanent shelves for personal items and toiletries, for each resident in a multi-resident room (ADPH 6(d)3)