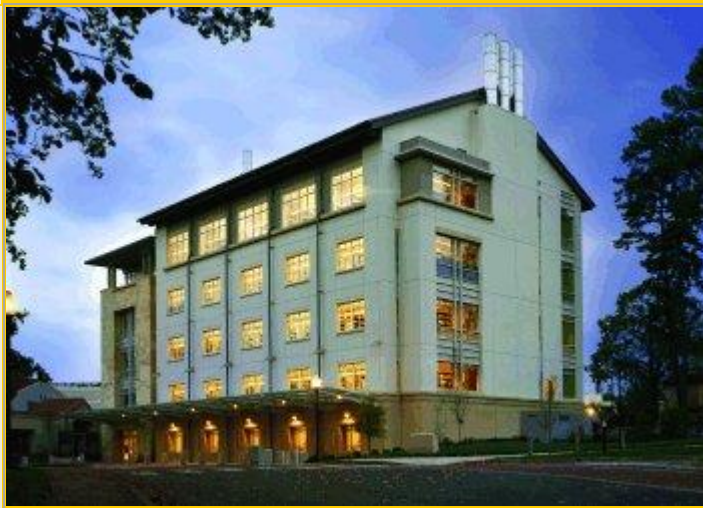


Fast & Furious

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The project team's adrenaline was pumping after being given about a year-and-a-half to plan, design, build and open a 145,000-square-foot Pediatrics Clinic and Research Building.

Everything happened so quickly. In only 20 months, a five-story, 145,000-square-foot building was designed, built and opened across from Egleston Children's Hospital on the Emory University campus in Atlanta. If you blinked, you could have missed the transformation of this small site into the \$33 million Pediatrics Clinic and Research Building. To simply refer to the timeline as tight is to not fully understand the project team's situation: When they were hired, they were told to make the project happen without fail or move on.

"A lot of people I work for didn't think we could actually do it. When someone tells you they don't think you can do it, that's a great way to make it happen," says Charles Andrews, associate vice president for Woodruff Health Sciences at Emory

University.

Meeting the September 2004 completion date was paramount because the renovation and expansion of Egleston Children's Hospital was contingent upon opening the Pediatrics Clinic and Research Building. The pediatrics department was scattered among several buildings, some of which stood in the way of the hospital project.

"We were literally in buildings they were waiting to raze," Andrews says. "The [financial] success of the new hospital was contingent on opening their doors in 2007, which means they had to start construction in September 2004. We had to be in our new building by September [2004] so we could give them the land."

If the timeline wasn't met and the new Pediatrics Clinic and Research Building couldn't be occupied before bulldozers claimed the department's existing facilities, well...that wasn't an option.

Fast Forward

"It was fast-track everything. Fast-track programming, fast-track design and built on a fast track," says Joseph League Jr., AIA, principal in charge at the architecture firm S/L/A/M Collaborative. "It made people a lot more cooperative and flexible." And, "We're all still speaking," jokes his colleague Sidney Ward, AIA, project manager for S/L/A/M Collaborative. Under the most ordinary circumstances, that level of teamwork isn't guaranteed, but under these extraordinary circumstances it's a testament to everyone involved and their

focus on getting the job done.

Surprisingly, the fast-track process was greatly helped by the building's restrictive site, which ended up dictating the building's footprint. While the site itself isn't unusually small, the amount of acreage zoned office and institutional was limited and oddly shaped; the rest of the land was zoned residential.

"The university is in an upwardly mobile, affluent and litigious neighborhood," Andrews says. "They have a great deal of opinion on what the university does and we try to work with them at every turn. We met with the neighbors and the neighborhood associations and they were not willing to support a rezoning request."

With rezoning not an option and the timeframe getting shorter every day, the team focused its efforts on doing as much as they could with the usable land.



"With the footprint dictated, it meant we could go ahead and design the physical envelope of the building prior to having a program, which is not the normal design process," explains League. "The footprint for the building, combined with height limitations, essentially said there was 145,000 square feet to it, and it just so happened that the geometry was manageable." The simultaneous design and programming effort took about three months, during which time League says all user groups were having "very intensive and accelerated workshops" to create their clinic and research spaces.

"The short design time, I think, in some ways was a wonderful way to do it," Andrews says. "We had to make decisions rapidly and there was no time for second-guessing or backing out and that made people a little uncomfortable at first, but they saw the benefit at the end of it. Sometimes in design you give people too much time to think about it. I think we came out in the same place we would have if we'd had another 10 months."



While pediatric facilities tend to use primary colors as a design theme, it was determined early on this building's interior would be playful, but sophisticated. Rather than bright colors, visual interest comes from warm woods, decorative lighting and exposed ceilings with free-floating objects that abstractly represent birds. The lab floors are similarly bright and airy, with blond wood casework and lots of natural light.

However, Andrews says he'd like that extra 10 months if given a choice. "My boss asked me, 'If you've done it once, why not do it again?' The risks are great and if you do it right, it's a great success story, but I'd like more time if I had it. We rose to the occasion, but it was a challenge."

Design and Construction Momentum

"Our pediatrics program had not grown for years and was in a really poor space, and the program had sort of withered on the vine," admits Andrews. In talking about the department's old buildings, he uses descriptors like 'substandard' and 'Third World.'



The new Pediatrics Clinic and Research Building, in conjunction with an expanded children's hospital that's currently under construction, is the university's way to jump-start the program. Andrews describes the department's previous situation as a classic Catch-22. Pediatrics was limited in its recruitment efforts because the department didn't have alluring facilities but if the recruiting efforts were successful, there were no suitable spaces in which the recruits could work.

Heavy recruiting efforts are now finally under way. "It's all coming together. There's going to be a new hospital, we're in the building next to it and we're ready to build a strong pediatrics program," Andrews says.

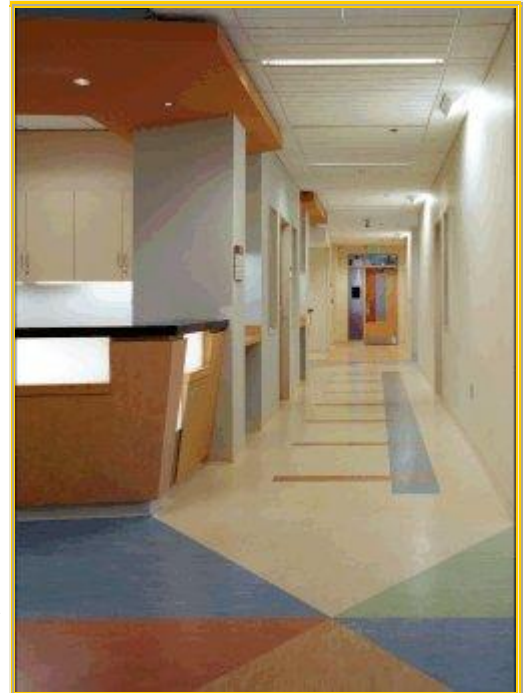
The strengthened program stems from designing the Pediatrics Clinic and Research Building with both clinical and research functions - as the facility's name suggests. Collocated facilities are an emerging trend in academic medical facilities, according to League, and Andrews says there's a big advantage to the arrangement. "The people who are doing the research literally have their patient clinic downstairs, so it's a tremendous asset for them."

A building that's on the cusp of an emerging trend can present significant design challenges, so it's a good thing the 20-month schedule forced fast decisions. Otherwise, everyone could really have labored over these plans. While the building's footprint might have been locked in, its interior and exterior designs were not, and there were two main challenges: work within Emory University's strict design guidelines without designing something seen as derivative of Emory architecture, and create an environment reminiscent of a private pediatrics practice rather than a health care institution.

Andrews explains that about 10 years ago, Emory University returned to its original design language and once again embraced the Beaux Arts aesthetic established by Henry Hornbostel early in the 20th century. "Everything we've done since 1996 looks like that," Andrews says. With the new pediatrics building, "We were able to convince the campus architect and the board of trustees that we could do a reasonable interpretation of the design guidelines to meet the intent, but not have yet another clone of an Emory building. It's an unusual look, but it still fits," he says. Common exterior materials, such as stucco walls and a red tile roof, link the new facility to old campus buildings.

Inside, the look is very much a departure from the traditional pediatrics aesthetic but is in keeping with the idea to deinstitutionalize the health care experience.

"We wanted something more sophisticated but something that made everyone at all socioeconomic levels feel comfortable. We wanted them to come in and not go 'Wow,' but to feel comfortable and know that it was a good place," explains Andrews of the medical clinic that occupies the first floor. "The experience of the patient and the parent when they're in the clinic is like being in a small doctor's office."



The use of color is restrained and muted, but the effect is still very friendly and inviting.

Project manager Sidney Ward says that "there was a conscientious effort to not make [the interior] just based on primary colors and object shapes - the things people typically associate with a pediatric clinic." A 'cutesy' look wasn't appropriate for this building. "It's important to know," Ward says, "that the facility isn't general pediatrics. It's subspecialty groups of pediatrics, so they have some patients that will come in as infants and be tracked through their entire adolescence and into adulthood. Some patients coming in are teenagers and young adults, and so it needs to appeal to that wide spectrum of people."

"Teenagers sitting in the same waiting room with an infant, that's a challenge," adds Andrews. That single waiting room, which serves 31 exam rooms, is subdivided into three smaller spaces - aquariums act as partitions. Additionally, there's a computer area set aside for teenagers so they can surf the Internet or play video games while they wait. No TVs were installed in the waiting room because the administrator sought a soothing environment and television noise didn't figure into the equation.

The open-lab research areas - floors three, four and five - are equally nontraditional in terms of interior design. "A typical research lab is not all that pleasant," Andrews says, "but we have lots of natural light. It's probably the nicest research space we have." Architect League says the research areas are light and airy, restrained but colorful. The spaces are extremely flexible, as well. "Every section of lab bench is divided into 5-foot increments and at either end of a 15- or 20-foot lab bench are utility posts with trusses running between them for storage and shelving. Everything except for those posts and trusses can move in and out, heights can change or they can be replaced with equipment and things like that," Ward says. The research spaces also allow for plenty of growth; Andrews reports that only about 60 percent of the available lab area is being utilized.

Future Value

"The unspoken goal is to always get, at a minimum, Silver certification," Andrews says, referring to the U.S. Green Building Council's LEED certification levels. With only 20 months from start to finish, the last thing the team needed was another challenge. Fortunately, with LEED certification an integral part of Emory's facilities development process, incorporating environmentally sensitive and sustainable elements was relatively easy.

"There's virtually no time spent explaining to the owner the value of it. They already have that understanding and they're encouraging you and bringing materials to you the whole time so it's a cooperative process," Ward says. Adds League, "You don't often find an institution that has already bought into it, and so there's no justification we have to go through. You just do it. Emory's policy is that, if done properly, it should not be an economic burden on the building," he says. "The guidelines are clearly spelled out and they are reasonable guidelines. It's just not that hard."

In health care, LEED certification is still relatively rare, which League notes, but when asked why that's the case if it's somewhat easy to achieve, he explains that the pediatrics building differs significantly from hospital construction.

"Hospital construction is a very complex process [and following LEED guidelines] can be looked at by some as introducing another level of complexity. There are an awful lot of things that go on in a hospital that don't occur in [the pediatrics building] and that constitute design imperatives because meeting the functional needs is paramount and hospitals don't have a lot of flexibility."

LEED guidelines followed by the design team focused primarily on energy use and building materials. For example, the building has three \$150,000 energy recovery wheels, which are expected to pay for themselves

PRODUCT DATA

CARPET AND FLOORING

Carpet: Bentley Mills; Shaw Contract Group
Ceramic Tile: Casalgrande Padana; Dal-Tile
Resinous Flooring: Stonehard
Sheet Vinyl: Forbo
Vinyl Composition Tile: Mannington

CONSTRUCTION MATERIALS

Acoustical Ceilings: Armstrong
Cabinets: **Mortensen Woodwork**
Elevators: Kone
Glass/Glazing: Viracon
Millwork - Laminate: **Mortensen Woodwork**
Millwork - Solid Surfacing: **Mortensen Woodwork**
Paint: Duron
Roofing: Santa Fe Tile Corp.

FURNITURE & EQUIPMENT

Lab Equipment: Fisher Hamilton
Lobby/Lounge Areas: Brandrud; Brayton International
Multipurpose Areas: Brayton International
Office: Steelcase

HVAC/CONTROLS

HVAC Control Devices: Siemens
HVAC Units: York

LIGHTING

Emergency Lighting: Exitronix
Floodlights: Lumec-Schreder
Indoor Lighting: Belfer; Bruck Lighting Systems; DayBrite Lighting; Kurtzon; Lithonia; LSI; Lucifer Lighting; Poulsen; Selux; Zumtobel
Specialty Lighting: Bruck Lighting Systems; Gardco Lighting; Illuminating Experiences

SECURITY & SAFETY

Fire/Life Safety Systems: Notifier

WASHROOM EQUIPMENT/SUPPLIES

Drinking Fountains: Elkay; Halsey Taylor; Haws Corp.; Oasis
Emergency Shower & Eye Wash: Bradley; Guardian Equipment; Haws Corp.; Speakman; Western
Lavatory: American Standard; Crane; Eljer; Kohler; Toto
Service Sinks: Fiat; Florestone; Williams Corlow
Showers/Shower Equipment: Powers; Speakman; Symmons
Sinks: Elkay; Just

in only three years. "They were able to look ahead and bring on board very expensive things that ultimately would pay for themselves," Ward says. Additionally, the university has a no-VOC policy, so linoleum was the flooring of choice. Outside, the building is landscaped using only indigenous plants, and there's a water recovery system for irrigation. Apart from the architecture, Ward mentions the university's commitment to alternative fuel vehicles and fueling stations, support of bicycling, and attention paid to the relationship of campus density to mass transit.

Andrews says LEED documentation is being completed, and he hopes that by the end of the year he'll know whether the Pediatrics Clinic and Research Building will be Silver-certified. "I can't say with certainty that we'll be guaranteed to get Silver, but I'm certain we will be certified. Silver would be a bonus," he says. "Hearing back takes a while," Andrews says, which may be the first instance that extra time was allowed for anything on this fast-track project.