

2021

# VISTA AWARDS



Recognizing teamwork and communication  
in developing innovative health care spaces.



[ashe.org/awards/vista](https://ashe.org/awards/vista)

# What is the Vista Award program?

Every year, the Vista Awards aim to highlight professionals who are at the forefront of health care design and construction innovation. The American Society for Health Care Engineering (ASHE) of the American Hospital Association (AHA) firmly believes in recognizing teams who work together to develop and maintain safe, quality health care environments; demonstrate effective and efficient communication; and rely on data-based decision-making processes.

The Vista Awards are given in three different categories:



## New Construction

This award is presented to a team that has constructed a new facility essentially from the ground up. The new facility may be connected to an existing facility, but must have its own identity and be a new space.



## Renovation

This award is presented to a team that has altered existing conditions or added new space to existing structures. The original building envelope must remain essentially intact.



## Infrastructure

This award is presented to a team that has modified or replaced major portions of a facility's utility generation, distribution, or control systems. This type of project involves significant project planning.

## Why Vista? Award benefits include:

- National recognition for your team and your project
- One complimentary registration to the 2021 PDC Summit
- A special team project award to be presented at the 2021 PDC Summit
- A personalized certificate for each team member listed on the application
- Complimentary exposure in the Architecture for Health Showcase, including a digital gallery display, a listing in the Compendium (bound booklet mailed to AHA hospitals and ASHE conference attendees), and a listing on archshowcase.org
- Opportunity to share about your award-winning project on an ASHE webinar
- Acknowledgment in ASHE's *Health Facilities Management Magazine* and hfm magazine.com





# CONGRATULATIONS TO THE 2020 VISTA AWARD WINNERS

## New Construction



### Henderson Hospital Universal Health Services, Inc.

Location: Henderson, NV  
Square Feet: 250,000  
Number of Beds: 166  
Actual Cost: \$127,875,000

#### TEAM MEMBERS:

**Mark D'Arcy**, VP Design & Construction, Owner, Universal Health Services, Inc.  
**George Zettel**, Program Manager, Construction Project Manager, Turner Construction Company  
**Bret Loughridge**, Vice President, Operations, Construction Project Manager, SR Construction  
**George Vangelatos**, Principal/Chief Design Officer, Lead Design Principal, HMC Architects  
**Danny Boh**, Project Executive, Mechanical/Plumbing Design-Build Contractor, Southland Industries  
**Ron Migliori**, Senior Principal, Structural Engineer, Buehler & Buehler Structural Engineers

"Through the use of collaboration, innovation, and a commitment to continually improve efficiency and eliminate waste, we will provide an operationally efficient acute-care hospital on time and within budget that exceeds expectations and provides the community with superior-quality healthcare for the life of the facility."

— Henderson Hospital IPD Team

Designing and building a 250,000 sq. ft., 166-bed hospital on the outskirts of Las Vegas in 15 months made the new Henderson Hospital project in Union Village one of the fastest hospitals built in the western United States. Opening in October 2016 Henderson Hospital creates a focal point for the Union Village 155-acre development. It improves the "patient and family experience" by offering care to future residents of the village, as well as residents of Henderson. Union Village offers skilled nursing facilities, specialty retail, medical offices, residential apartments, entertainment venue, hotel, senior village and cultural center. According to Health Facilities Management, Union Village is the "Largest Healthcare Building Project in the US." The overall goal of the project team was to build a high performing facility in record time for less than \$800,000 per bed. To do this the team recognized that implementing an IPD Lean approach was the primary component to the success of the project. The project team's efforts, commitments, and accountability by each team member contributed to overall building the successful Henderson Hospital project.

## Renovation



### Kadlec Regional Medical Center River Pavilion Patient Tower

Location: Richland, WA  
Square Feet: 90,200  
Number of Beds: 94  
Actual Cost: 46,504,300

#### TEAM MEMBERS:

**Deborah Willier**, Associate, Design Project Manager, Davis Partnership Architects  
**Bill Bouten**, Construction Principal, Construction Lead, Bouten Construction Company  
**Mark Stavig**, Principal, Mechanical Engineer, Mazzetti  
**Jack Glover**, Project Manager, Electrical Engineer, Stantec  
**Donald Pate**, Manager, EVS & Facilities, Facility Coordinator, Kadlec Regional Medical Center  
**Alexander Herr**, Senior Regional Director, Real Estate & Construction, Owners Representative, Providence Health and Services

In 2013, Kadlec Regional Medical Center (KRMCC) completed a Community Needs Assessment that advised to increase patient capacity as their community grew. However due to campus constraints, the only opportunity was to build vertically upon the existing campus. Davis Partnership Architects, its design consultants and Bouten Construction Company were selected to construct a new 90,000 square foot, 94-bed patient tower on top of their existing, fully occupied, six-story inpatient tower without disrupting ongoing hospital operations. In November 2016, the 4-story addition to the patient tower named "River Pavilion" was complete. Two of the floors provide a total of 54 acute care patient rooms, and the other two floors provide a total of 40 intensive care patient rooms, all with expansive views to the Columbia River Basin. Each patient room is private with its own toilet and shower room, with various spaces for family members to gather, rest, and consult with the healthcare team. As a Planetree-designated facility, family support is a major component of patient care at Kadlec. Auxiliary features of the patient tower included a roof top helipad for emergency transportation and an outdoor roof terrace to provide a place of respite for patients, family and staff. This much desired connection to the outdoors shares a variety of seating options, shade structures, water features and vegetation outside the healthcare setting.

## Infrastructure



### St. Raphael Campus Yale New Haven Hospital

Location: New Haven, CT  
Square Feet: 800,000  
Number of Beds: 511  
Actual Cost: \$61,357,320

#### TEAM MEMBERS:

**Stephen J. Carbery**, Vice President Facilities, Owner/Project Manager, Yale New Haven Health  
**Nicholas Zauner**, Director of Facilities Engineering, Facilities Engineering Representative, Yale New Haven Health  
**Mark O'Connell**, Associate Principal, BR+A Consulting Engineers  
**Steven Levin**, Principal, Engineer/Project Manager, BR+A Consulting Engineers  
**Steven T. Wong**, AIA, LEED AP BD+C, CSI CDT, Associate, Architect / Project Manager, Shepley Bulfinch  
**Robert Buckley**, Sr. Project Executive, Turner Construction Company  
**Lori Ryder**, MSN, RN, CNML, Director of Nursing, Ambulatory Surgery & GI Services, Yale New Haven Hospital  
**Mary O'Connor**, MD, Director, Center for Musculoskeletal Care, Yale School of Medicine & Yale New Haven Hospital  
**Eric Warmoth**, Senior Site Materials Manager, Yale New Haven Hospital  
**Carlos Lourenco**, System Director, Logistics & Materials, Yale New Haven Health

In September 2012, Yale New Haven Hospital (YNHH) acquired the Hospital of Saint Raphael, forming a single, dual-campus hospital in New Haven; as part of the acquisition, MEP/FP and Architectural assessments were provided by BR+A Consulting Engineers and Shepley Bulfinch with Turner Construction Company as Construction Manager. Many of Saint Raphael's existing systems were found to be unreliable with no room for expansion—the major equipment located in the Central Utility Plant had exceeded its useful life. Patient, procedure, and operating rooms experienced temperature and humidity levels that regularly exceeded the FGI Guideline limits. Due to high patient census, the team instituted a multi-phased, accelerated construction schedule to minimize down time. Prime examples of this acceleration were:

- Implementation of the chiller plant upgrades—construction was completed during the off-season winter months to assure the chiller plant was ready for the cooling season.
- Utilizing a portable roll-up 2mW generator during the "generator paralleling gear upgrades" to maintain emergency power availability at all times.
- Cross connection of air handling units to maintain code-required air changes to all areas of the hospital during construction "air handling units upgrade." It was of the utmost importance to all parties that the new and upgraded systems were able to be maintained and be sustainable.

The design process with YNHH was highly collaborative, involving weekly meetings and consistent communication. Throughout the seven-year design and construction process, the same team, including key team members, maintained continuity, allowing for the long-term goals to be carried through without disruption.

Learn more at  
[ashe.org/awards/vista](http://ashe.org/awards/vista)

It's time for your team to be recognized for their hard work.  
Visit [ashe.org/awards/vista](https://ashe.org/awards/vista) and submit your application today!

Please review the Vista Award Application Guidelines on [ashe.org/awards/vista](https://ashe.org/awards/vista) before submitting your application.

## REQUIREMENTS FOR ELIGIBILITY

Eligible applicants include design professionals and other individuals working with the design and construction of hospitals, ambulatory care facilities, long-term care facilities, and medical buildings.

- Projects must have been completed between January 1, 2014 and December 31, 2019.
- Projects must have a minimum of six months post-occupancy or post-completion data.
- Only one project can be submitted per category from any single health care facility, although an organization may submit more than one project from different facilities in its system or alliance.

The following will deem an entry ineligible:

- Failure to adhere to the instructions as noted in the Vista Award Application Guidelines posted to [ashe.org/vista](https://ashe.org/vista)
- Lack of team representation or support from the health care facility.
- Use of water marks or other distracting graphic elements
- Commercial endorsements
- Testimonials
- Incomplete application/submission

## IMPORTANT INFORMATION

### Vista Award Application Guidelines

The Vista Award Application Guidelines cover the details and materials needed for application submittals. Please visit [ashe.org/vista](https://ashe.org/vista) to download these important guidelines.

### Dates/Deadlines

All entries must be received by August 31, 2020

### Entry Fee

The Vista Award entry fee is \$425 per submission and is nonrefundable.

### Judging Panel

The panel, which reviews all entries and select winners, will include representatives from the health care planning, design and construction professions. All judging decisions are final.

### Notification

Organizations and representatives selected to receive an award will be notified in writing by January 15, 2021.

**Questions?** Contact Charmaine Osborne at [cosborne@aha.org](mailto:cosborne@aha.org).



### About ASHE

ASHE is a professional membership group of the AHA. More than 12,500 members count ASHE as a trusted source for professional development, advocacy, and representation on key issues that may affect their work in the physical health care environment. Visit [ashe.org](https://ashe.org) to learn more.

### Disclaimer

ASHE reserves the right to change any part of these rules at any time without prior notification. Submissions become property of ASHE and will not be returned. By submitting an entry, all individuals, organizations, and companies named in the application agree to release their names, their likenesses, and all of the submitted materials for publication at any time by ASHE and/or the AHA. ASHE cannot be held responsible for lost, misdirected, damaged, or incomplete submissions.