




Executive Summary

2nd Annual Kentucky

Hospital, Outpatient Facilities & Medical Office Buildings Summit™

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What's Next for Healthcare Facilities

Addressing Vital Economic, Design, Construction, Workforce, and Operational Challenges

Planning, Real Estate, Design, Construction, and Operation of
Hospitals | Clinics | ASCs | MOBs | Tele, Home & Mobile Health
Non-Clinical | Academic & Research

This Education and Networking Event is Presented by
Corporate Realty, Design & Management Institute
Association of Medical Facility Professionals
National, Regional & Local Sponsors

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Association of Medical Facility Professionals (AMFP) Atlanta Chapter
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Executive Summary:

- Looking Ahead: A Leading Healthcare System's Strategy & Vision
- How Great Design Improves the Bottom Line
- Evolution of Operating Room Design – Why Early Decisions Matter
- Tips, Tricks, Traps to Avoid
- Big Healthcare Projects: Managing Scope, Schedule, Budget, Execution & Expectations!
- Deep Dive into Renovations, Adaptive Reuse & Flexible Facilities
- Evolution of Cancer Care
- Overarching Strategic Themes

This executive summary was written by:
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Corporate Realty, Design & Management Institute, AMFP, and AMFP Kentucky want to thank these sponsors for making this educational and networking program possible.

Looking Ahead: A Leading Healthcare System's Strategy & Vision

Rob Edwards, VP & Chief Strategy Officer, UK HealthCare

- UK HealthCare positions infrastructure as a mission delivery tool, not simply square footage.
- Scale & Capital Strategy - $7B completed capital investment; $7B additional planned
- 11M sq. ft. modernized space w/1,400 beds; largest academic system in the state
- Markey Cancer Center among 55 nationally designated centers
- Statewide Impact Model spans all 120 Kentucky counties
- Rural partnerships (King's Daughters, HRH, etc.) prevent hospital closures
- Morehead rural immersion program increases rural physician retention
- Zip code disparities create up to 10-year life expectancy differences
- Workforce & Retention: 40% in-state retention after medical school and 60% retention if residency completed locally
- Facilities influence perception, recruitment, and long-term workforce decisions
- Infrastructure as Identity: Intentional design elements: art from all counties, patient-centered messaging ("You Belong Here")
- Facilities + people = lifeline for rural Kentucky
- Strategic Direction: Advancing Kentucky Together Network (research + care + extension)
- Collaboration across academic, care delivery, and community sectors focus on improving health outcomes, not merely delivering care
- Executive Awareness: Infrastructure investment is positioned as economic development, workforce stabilization, and statewide health equity strategy.

How Great Design Improves the Bottom Line

Moderator: Brian Weldy, CEO, Demand Inspired; Formerly VP of Engineering and Facility Management, HCA Healthcare

Stephen J. Behnke, MD, MBA, CEO, Lexington Clinic

- User-Centered Reality: ask who is the user in each scenario? Nurse, staff, patient?
- Natural light is a positive; workflow failures are problematic (re: supply location was 350 ft+ away, missing the user. The nurse is the user.)
- Nursing engagement must occur at planning phase
- Supply distance (350+ ft) and poor flow create inefficiencies
- Lessons Learned: Think beyond renovation; expand when appropriate
- Put a Healthcare Navigator in the building to physically guide the patient and triangulate flow to get multiple things done on their visit.
- Build spaces accommodating multi-specialty outpatient growth
- Core Insight: the nurse is often the primary user; design must support staff workflow first.

Kevin Knue, Executive Vice President, Partner, Bremner Healthcare Real Estate

- Revenue + Cost Lens; examine how to consistently raise revenue while lowering cost
- Model workflows early to ensure design makes sense
- Understand operational baseline before designing; what are the system's normal performance under real-world circumstances, not just capacity?
- Delay tech purchase until the last possible moment to optimize lifecycle investment. New advances occur in the process and you want the newest possible tech for your money.
- Ensure Infrastructure is sound; good bones, strong foundation
- Strong Mechanical, Electrical & Plumbing systems (MEP's) are a must
- Design for adaptable capacity; how could we grow outward and upward?

Paul Widlarz, AIA, NCARB, Vice President, Healthcare Practice Group Leader, HGA

- The Strategic Pause: reflect on operations before designing
- Start with caregivers
- Design for lifecycle cost and multiple futures
- AI and decentralization will impact care delivery
- Fireproofing and sustainability cheaper early

Jay Woody, MD, FACEP, Chief Medical Officer & Founder, Intuitive Health

- Experience drives margin; happy employees make happy patients.
- Natural light and higher ceilings improve overall experience for all

- Employee satisfaction influences patient satisfaction
- Design for disaster readiness and high data flow
- Build larger with infrastructure redundancy

Executive Awareness:
Operational modeling and workflow optimization materially affect labor efficiency, patient throughput, and long-term margin performance.

Evolution of Operating Room Design – Why Early Decisions Matter

Cliff Yahnke, PhD, Chief Science Officer, SLD Technology

- The OR has evolved into a technology-rich, data-driven, infection-controlled environment.
- Cleanroom design and technology can be used to improve performance and constructability beyond what is required by code and standards today (design for Zero Standard)
- Fully integrated, factory assembled methodology can provide the largest benefits but require several critical decisions early in the process
- 1 in 31 patients acquire infections
- $84.5B annual cost burden
- Critical Factors: Table location and orientation, structural requirements, anchorage requirements, airflow requirements and above ceiling clearances
- Fully integrated, factory assembled most valuable…then field installed modules
- Modular Advantage: faster installation, improved bid accuracy, reduced labor exposure
- Key Stakeholders for Pre-Fab: Owner, Engineer, Contractor and Architect…MUST be involved EARLY.

Tips, Tricks, Traps to Avoid

Jason Cooper, Healthcare Segment Manager, East Region, Camfil

In healthcare, details matter, and air filtration is no exception. The bottom line in healthcare is to measure what holds up, choose what stays stable, and invest in filtration that performs throughout its service life.
Here are a tip, a trick, and a trap for selecting air filters for healthcare settings:

- **TIP:** Always check the MERV-A rating, not just the MERV number. The difference is degrading versus non-degrading, which current standards require in a healthcare setting to protect patients, staff, and mechanical systems. Two filters can each say MERV 14, but only one may *stay* MERV 14 after real-world dust loading.
- **TRICK:** Don't select filters based on initial pressure drop — select for average pressure drop over the filter's life. A low initial pressure drop can be deceptive. Filters that start low but climb quickly drive up energy use, fan strain, and maintenance. A filter that stays stable preserves airflow, saves energy, and keeps systems operating as designed.
- **TRAP:** The lowest price filter is rarely the lowest cost overall. Cheaper filters lose efficiency or load quickly. The downstream costs, such as energy, labor, premature changeouts, and system stress, far exceed initial savings.

Executive Awareness:

- Performance-based specifications in critical environments reduce long-term operational and infection-related costs.

Big Healthcare Projects: Managing Scope, Schedule, Budget, Execution & Expectations

Moderator: Isaac Martin, Partner, Stantec

Mega projects demand governance clarity, cultural cohesion, and disciplined milestone management.

Rory MacRae, Vice President, Operations, Suffolk Construction

- Milestone Discipline: establish early measurable milestones
- Create space for candid conversations
- Most successful projects have coordinated trip wires that confirm milestones
- Ideal Partner Traits: Vulnerable, collaborative, long-term thinkers

Masumeh Garanpayeh, Executive Director, Facilities Planning, UK HealthCare

- Documentation helps trace back every decision and how/why it was made, allowing for forward momentum and a template for how to make future decisions
- Document decisions to survive leadership turnover
- Design redundancy to offset workforce constraints
- Engage Chief Information Officer (CIO) and third-party Project Manager early

Ragan Fallang, Executive Project Manager, Facilities Design and Construction, The Ohio State University

- Governance Structure to include weekly leadership meeting cadence to prevent poor communication and bolster vision
- Clear decision hierarchy prevents reversals
- Pilot test technology before scaling
- Seek the best, cutting-edge technology that won't bleed the budget dry. "Cutting-edge, not bleeding edge."

Kristin Poldemann, Associate Vice President, Facilities Design and Construction, The Ohio State University

- Team Culture; common thread was excitement for the project and actually liking each other
- Dedicated Project Manager with no additional side projects to ensure focus and quality
- Co-location accelerates progress; bringing the team together in one space for the duration of the project
- Good structure withstands CFO/CEO transitions

Sam Claxton, PE, FPE, Principal & Managing Partner, CMTA

- Changes are going to happen. You cannot design to prevent change, but to afford it. You can't completely future proof your design. Tech is part of design now.
- Sustainability must be embedded, not appended
- Engage Chief Technology Officer early to circumvent potential pitfalls
-

Executive Awareness:
Governance clarity, early integration, and cultural alignment determine mega-project resilience.

Deep Dive into Renovations, Adaptive Reuse & Flexible Facilities

Moderator: Jessica Hardin, Partner and Vice President, ID&A

Financial viability depends on adaptability and capital realism.

Sean McShane, CHOP, CHC, Director, Construction Management & Project Delivery, Norton Healthcare

- Technology is driving adaptability for the future; budgets approved 5 years, limitations of the workforce + indecision can delay progress
- Renovation vs new construction analysis factors include competitive growth strategy; growth or keeping competitors out?
- Cybersecurity escalates costs
- Modular solutions enhance flexibility
- Standardize diagnostic equipment to mitigate cyber risk
- Pods effective for restrooms; modular walls aid equipment replacement

Sydney Goetz, System Director, Facilities Planning Operations, UofL Health

- Renovation vs. New Construction: look at the capital environment and estimate what type of amount will be invested - what is the justification for each project
- Recognize you cannot solve all problems
- Prefab not always scalable
- Innovation must align with funding reality

Brian Weldy, CEO, Demand Inspired; Formerly VP of Engineering and Facility Management, HCA Healthcare

- Renovation is a dial of complexity: Ask how complex is it? Planning is crucial.
- Layered unknowns increase risk
- Risk-averse culture can limit innovation
- Leadership credibility and context critical

Executive Awareness:
Adaptability strategy must align with capital constraints, technology maturity, and risk posture.

Evolution of Cancer Care

Moderator: Beverly Gamrat, Senior Construction Project Manager, Baptist Health

Jennifer Ratner, Executive Director of Facilities Planning, UK HealthCare

- In pre-design we engineered the 40 departmental groups together on proto typing. Each specialty would get a variation on the type of room.
- Gemba walks revealed inefficiencies and antiquated processes
- Consolidating services under one roof that had not traditionally operated together drive a lower stress and smoother patient experience
- Target Value Design (TVD) works; a collaborative, Lean project methodology used for design and construction within a strict budget
- The Big Room collaboration works; bringing key stakeholders into a shared physical or virtual space to breakdown professional silos and accelerate decision making
- Bring on Construction Manager + Activation Team ASAP
- Operations and ambulatory teams should start integrating new systems within their current team as soon as possible
- If you can convince 80% of the people that it will work, you can get the other 20% to come along.

Jenny Hietala, AIA, NCARB, LEED AP, Vice President, HGA

- We used Data-Informed Design; using empirical data with human intuition, empathy and observation to create patient-centered environments
- Guiding principles drove all decision making: Build Our Culture, Invest in Our People, Provide More Value, Advance Care Strategically and Create a Healthier Commonwealth
- Outside of design meetings, we used those principles as our Why for every decision.
- Eastern KY has high cancer mortality
- LEED Silver target with natural light was crucial
- Run operation transformational workshops to study patient data and project 10-year growth to ensure it was viable

Eric Radloff, Vice President, Healthcare, The Walsh Group

- Scope Evolution; levers in place to make sure we could accommodate budget needs
- When integrated with the team our primary goal was providing the right info at right time
- Parking expanded 1,000 → 2,400
- Early equipment procurement planning

- Connectivity and constraints were processed through the A3 decision making process; a structured systematic and collaborative problem-solving methodology rooted in Lean management that must fit on one 11”x17” paper.

Krutarth Jain, AIA, ACHA, EDAC, LEED AP, Principal, Champlin | EOP

- We want people to be a part of the discussion because info travels slowly. End of day wrap up. Commitment to open and close meetings with benchmarks.
- Slow down to go fast. Be intentional. 4 benchmarking tools for the cancer center.
- Standards & Best practices. Invite everyone to the big room; the procurement session will already have an answer in a short amount of time.
- The academic and research component was new here but important. It's going to evolve.

Executive Awareness:
Cancer center development requires operational transformation, cultural integration, and long-term scalability planning.

Overarching Strategic Themes

- Early engagement reduces downstream cost and resistance.
- Infrastructure shapes workforce and statewide economic outcomes.
- Adaptability is more realistic than future-proofing.
- Technology is core infrastructure, not supplemental.
- Culture and governance determine execution success.

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