



## Executive Summary

10th Greater New York Hospital, Outpatient Facilities & Medical Office Buildings Summit  
April 15, 2025

# Future of Healthcare Facilities

Tackling Aging Infrastructure & Supporting New Delivery Models

Planning, Real Estate, Design, Construction, and Operation of  
Hospitals | Clinics | ASCs | MOBs | Retail | Telehealth  
Home Health | Non-Clinical | Research Facilities

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

# Future of Healthcare Facilities

Tackling Aging Infrastructure, Rising Demand, and New Care Models

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## Executive Summary:

- What Makes a Project Successful - The Owner's Perspective
- It's a Team Effort: Improving the Cost, Delivery, and Performance of New Healthcare Facilities
- Money Saving Solutions
- Getting the Mix Right! Balancing Demand, Capacity, Care Models, Money, & Facilities
- Using Cleanroom Technology to Improve Critical Environments in Healthcare
- Evolution of Behavioral Design
- AMFP Update
- Tariffs: Construction Costs & Schedule Impact
- Creating a High-Quality Workplace Experience in Healthcare
- Solution Spotlight
- Zero-Emission Energy: How Healthcare is Achieving It
- Deep Dive into Renovations, Adaptive Reuse, and Flexible Facilities

This executive summary was written by Michael Odenthal ( [modenthal@gmail.com](mailto:modenthal@gmail.com) ) a freelance writer based in New York

Corporate Realty, Design & Management Institute, AMFP, and AMFP Greater New York want to thank these sponsors for making this educational and networking program possible.



## What Makes a Project Successful - The Owner's Perspective

*Patrick J. Burke III, FAIA, Vice President, Facilities Management, Operations & Planning, Columbia University Irving Medical Center*

*Christine Flaherty, FCMAA, Senior Vice President, Real Estate Development & Facilities, Catholic Health*

*Tina Macica, Associate Vice President, Design and Construction, Montefiore*

*Clayton Mitchell, PE, CEM, Senior Vice President, Corporate Facilities and Chief of Systems Design, Yale New Haven Health*

*(Moderator) Rahul Tikekar, Principal, Healthcare Group Leader, Loring Consulting Engineers*

Panelists discussed advising project managers, the necessity of flexibility, the inevitability of uncertainty, compiling a dynamic team, and reconciling project hiccups with an owner's initial vision.

- How best to train and empower project managers
  - Effective communication – it's essential to understand what stakeholders expect from a project
  - Listen/respect/learn – each project represents a potential leveling-up for a unified team
  - View peers as collaborators, not as competitors – learning from each other will yield mutual success
- Flexibility as key virtue
  - Concerns will evolve, and they shouldn't divert focus from established budget and timeframe
  - "Go slow to go fast" – you're both keeping the plane in the air while also identifying when things need restructuring mid-flight
  - No one who tried to predict the future 20 years ago got it right, so don't attempt to see too far down the line. (I.e. modern data centers require *more* energy, not less; equipment has gotten *larger*, not smaller)
- Preparing for uncertainty – especially in wake of COVID supply chain issues
  - Interteam communication is more important than ever
  - Buying locally minimizes climate impact
  - Number one cost contributor to any project is a decision. Each delay can cost millions, and most reduction comes from preempting inflation
- Elements of a stellar team
  - Trust can and should be established during the interview stage, with component players selected for their clear capabilities
  - On-site leadership participation during pivot points of the project is essential
  - Emailing is ineffective; sit down with team members to address pertinent issues and they will be resolved exponentially more efficiently
  - Establish a baseline standard of behavior among all parties in order to root out dysfunction



- Infrastructure concerns v. owner priorities
  - Ensure that everyone is aligned during planning stage
  - Implementing state-of-the-art tech in older buildings will always present a challenge
    - Invest in adaptive reuse
    - Preach infrastructure concerns from the outset such that all involved preemptively understand any hurdles
  - There must be a governing structure for ongoing investments in sustainable solutions, or the facility will fail

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*“Commitment to a vision is ingratiating. Grit gets a team through a challenge” -  
Christine Flaherty*

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## It's a Team Effort: Improving the Cost, Delivery, and Performance of New Healthcare Facilities

*Doug Carney, AIA, MBA, LEED AP,  
Previously SVP, Mount Sinai Health, Mass General, CHOP*

*Jonathan Cogswell, Vice President, Manhattan Development Design & Construction,  
Northwell Health*

*Jacobie Ricard, Associate Vice President, Facilities and Plant Operations,  
RWJ/Barnabas Health*

*(Moderator) Raffaella Dunne, Regional Institutional Market Director,  
VHB*

Panelists discussed a variety of undertakings that will ensure a team remains collaborative, productive, and safe throughout the duration of a project.

- Importance of a healthy organizational culture
  - Contractors and/or consultants can silo themselves into their own corners
    - Essential to attack problems, not each other
    - High-functioning teams minimize animosity
  - Avoid preemptively identifying 'impossibilities' and blue-sky what *could* be possible. Talented people in a room together *will* find the best cost-effective solution
  - Challenge leadership if they're ignoring the end-user
    - Who will work in this facility over the long-term? What is *their* vision for the future of the space?
  - Look at turnover: if it's high, there's a functionality issue that must be addressed
  - Ensure that scheduling goals are realistic, or a project can derail
  - Develop relationships with organizations that identify and incubate young professionals
  - When trying a new vendor, ensure that the project is set up for them to succeed
- Safety concerns
  - Model behavior that should be emulated from top on down
  - Much work is happening in functional, operating spaces, and that existing culture must be acknowledged and respected
  - Tracking for safety preempts tracking for scheduling
  - High quality of care requires ongoing feedback throughout project

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*“Embolden your team. Let them know that they can throw spaghetti against the wall during a meeting to see what sticks; that they can constructively challenge each other” - Jonathan Cogswell*

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## Money Saving Solutions

*Glen Buckner,  
Allegion Healthcare*

- Cost-saving benefits of sliding doors
  - Eliminate the wide trajectory of a swing door, which can be problematic in space-restricted areas
  - Door efficiency can yield space for additional examination rooms
  - Provide optimal vision, sound privacy, temperature and light controls
  - Wooden doors provide privacy for staff and providers to relax and reflect
  - Glass doors offer both visibility and security
  - Touch-free operation, improved smoke ratings, better air quality

*Chris MacPhee,  
STARC Systems*

- Temporary hard barriers v. drywall and plastic alternatives
  - Cut down significantly on labor needs
  - Can be installed within an hour
  - Built for 100s of uses
  - Manufactured wholly in New England using local materials
  - Patient-first considerations
    - Aesthetically preferable
    - Protect from dust and noise
  - Contribute significantly less to landfill waste
  - Cost-effective

## Getting the Mix Right! Balancing Demand, Capacity, Care Models, Money, & Facilities

*Americo Crincoli, Vice President, Planning, Design, and Construction,  
RWJBarnabas Health*

*Ciro Fraschilla, AIA, Principal,  
Mascioni & Behrmann Architecture*

*Jeffrey Lynn, Senior Director, Real Estate,  
Memorial Sloan Kettering Cancer Center*

*Luigi Tirro, MS, CHC, Senior Director,  
Northwell Health*

*(Moderator) Jonathan Hernandez, PE, Partner,  
Gilsanz Murray Steficek*

Panelists discussed the importance of ensuring early that interests are aligned, approaches to project financing, how to select a site, how to sell to the C-Suite, and trends in energy efficiency improvements.

- Clarity of purpose
  - Immediately establish objectives and deliverables of any business development deal
  - Identify potential competing interests
    - Landlords and developers don't always grasp nuances of healthcare industry
    - Ensure stakeholders are aligned on budget and scheduling
  - Involve architects early in order to future-proof project in its initial layout
- Financing considerations
  - Varies project to project
  - Capex often preferable from an ownership point-of-view
  - Being your own landlord gives you more flexibility in the future
  - Landlords are slowly getting better at handling medical buildouts
  - A good opex deal can be fruitful, as long as there's a nimble team on the healthcare side that can bring solid projections to the table
- Site selection
  - Due diligence – establish what you need and where you need it
  - Find a flexible and sophisticated counterparty
  - Affordability isn't everything – an owner may get excited to find an appealing space, but the infrastructure challenges may be insurmountable
  - Convince the landlord to perform necessary risk calculations up-front
  - Interrogate user needs in order to future-proof. Modest alterations to a plan in its earliest phases can preempt future issues.
- Selling to the C-Suite
  - Want projects to hum along seamlessly, which is not always realistic. Major capital improvements will always involve challenges that are tough to get across
  - Leverage relationships; be ready to apologize
  - Be transparent, while aware that you will not have a contingency for every potential situation

- Sustainability and energy efficiency
  - Must make economic sense
  - Solar does not have great ROI at the moment
  - Infrastructure improvements, like pumps that aren't highly visible, likely to be a more efficient choice

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*“People are the key component here. Sure it’s the real estate business, but it’s also the people business. There’s something you’ll need on any large-scale technical project that is not formulaic” - Jeffrey Lynn*

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## Using Cleanroom Technology to Improve Critical Environments in Healthcare

*Cliff Yahnke, PhD, Chief Science Officer,  
SLD Technologies*

- ACA introduced requirements to reduce harm in healthcare spaces, and hospitals began receiving penalties to their bottom-lines for failure to comply/healthcare associated infections
- Minimizing bacteria makes hospitals healthier
- Airflow can contaminate equipment
- Modular operation construction happens entirely off-site, while traditional OR ceiling design takes weeks to complete on-site. The former also requires only a single trade/source and offers a 20-30% cost reduction compared to conventional construction
- Cleanroom tech provides fully integrated responsibility over four disciplines: mechanical, architectural, structural, and electrical
- Laminar airflow from single large diffuser moves in a smooth unidirectional stream, minimizing turbulence and particle contamination
- Surfaces are also covered with contaminants, and wiping them down has limited efficacy. 405 nm visible light can safely be used to kill bacteria and microorganisms
- Prefab modular installations have clear cost benefits, and can take as little as 1/10 of the time. Also more aesthetically pleasing

## Evolution of Behavioral Design

*Eric Kern, Principal/Behavioral Health Director,  
Page*

*Carol Ann Ronbeck, Senior Interior Designer,  
Northwell Health*

*Gulsah 'Gigi' Sevimli, Associate AIA, Lead Designer,  
Mascioni & Behrmann Architecture*

*Fernando Yoon, MBA, AIA, NCARB, LEED AP, Director of Design & Construction,  
Montefiore*

*(Moderator) Jared Clauberg,  
Altro*

Panelists discussed the concept of continuum of care, how nuanced design can demonstrably improve outcomes for patients, how to best balance privacy and safety, and potential use cases for AI in behavioral care.

- Continuum of care
  - Humans are neurodiverse; patients require a variety of facility types to address every potential issue
  - Crisis care, intensive outpatient, and civil & forensic facilities all on the rise
  - Empath-model crisis care centers marked improvement over emergency room or jails
  - Uptick in need for behavioral care reflects a larger societal crisis
  - Interior designers should know their audience: patients, emotionally drained caregivers, families
  - Facilities should be calming and staff-friendly
  - Clear research indicates that certain design considerations yield better outcomes
- Improving outcomes
  - Color theory - certain palettes have potential to soothe
  - Neural architecture: how brains/senses react to a built environment. Design should cater to heightened sensitivity of patients
  - Lighting can be manipulated to affect energies
  - Integrate biotella – nature through artwork
  - Any artwork should be abstract/conceptual as to avoid triggering patients
  - Abstract art yields benefits for staff, as well
  - Certain artificial lighting systems can be manipulated to mimic natural light and set to circadian rhythms
- Privacy solutions
  - Traditional layouts tend toward long corridors with limited space for both mobility and observational capacity. Singular bedrooms concentrated in manageable subclusters yield better outcomes
  - Shared daytime space with a central observation point
  - Limiting physical barriers between clinicians and patients bolsters communication, but must be balanced with safety concerns
  - Perception of safety is essential, as is perception that staff is unafraid

- Soft materials and edges are beneficial
- Policy implications
  - NYS has targets to increase in-patient beds for behavioral health patients
  - Patients often have to visit multiple destinations to receive treatment; work needs to be done surrounding accessibility
- AI Impact
  - Cannot replace necessary and empathetic human element in care
  - Wearables that alert help during crisis may be viable
  - Systems can identify trigger words and activate alarms

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*“The quality of our current interiors clearly illustrates how far we’ve come since ‘One Flew Over the Cuckoo’s Nest’” - Carol Ann Ronbeck*

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## AMFP Update

*Andrew Wienberg, FSMPS, CPSM,  
National AMFP Director, Chapter Development & President, AMFP Greater New York Chapter  
LF Driscoll Healthcare*

- Ample opportunities nationwide for members to network and engage in continuing education programs
  - 31 Active AMFP chapters across the United States with new chapters in development
  - Over 4,100 members and growing
- AMFP is the US member of the International Federation of Hospital Engineering (IFHE).
  - IFHE reach has spread to over thirty countries - embracing some ten thousand persons
  - IFHE is a non-State actor in official relations with World Health Organization (WHO)
- In 2026, the International Federation of Hospital Engineering (IFHE) International Conference and the Healthcare Design (HCD) Conference + Expo will co-locate in New Orleans, LA, from October 17 – 20, 2026

## Tariffs: Construction Costs & Schedule Impact

*Mitch Green, Senior Vice President,  
AECOM Tishman*

- Healthcare construction prices spiked during COVID and never came down
- In a study conducted by Becker's Hospital Review at the end of January, 82% of 200 healthcare industry experts predict 15% tariff-related increase in costs during first six months of implementation
  - 90% of surveyed hospital finance leaders said that they will need to shift increased costs onto payers and patients via higher service charges
  - 94% of hospital administrators said they foresee buying less equipment or delaying upgrades to mitigate financial strain
  - 92% of drugmakers said that switching suppliers could cause regulatory delays and supply disruptions
- AECOM/Tishman continue to analyze changes in trends and provide up-to-date reporting
- Trade cost increases will depend on when during production process overseas components join up with domestic assembly lines
- Products in a single operating room come from all over the world, rendering it difficult to accurately forecast cost increases
- Chinese imports, like stone & tile, carpet, AHUs, BMS Controls, and lighting will likely be hit hardest
- Hospitals that cannot simply shift costs onto payers could
  - Stretch schedules
  - Focus on key priorities
  - Value engineer everything
  - Explore alternate construction methods
  - Revise objectives
  - Postpone/cancel



## Creating a High-Quality Workplace Experience in Healthcare

*Suzen Heeley, Executive Director, Design + Construction,  
Memorial Sloan Kettering Cancer Center*

*Suzanne Musho, AIA, NCARB, Corporate Director,  
NewYork-Presbyterian*

*Michael Niola, Principal and Co-founder,  
Consulting Group LLC*

*Jean Rodd, Neonatal ICU RN,  
Lenox Hill Hospital; and Secretary of New York Professional Nurses Union*

*Sussan R. Silverman, MSN, MBA, Vice President,  
CannonDesign; and Past President, Nursing Institute for Healthcare Design*

*(Moderator) Alan Whitson, RPA, President,  
Corporate Realty, Design & Management Institute*

Panelists discussed the establishment of constructive workplace environments, security and safety, minimizing stress, and how generally to respect staff who toil long hours in high-volume facilities.

- Key aspects of high-quality work spaces
  - Respecting individuals regardless of their role within the organization helps with both recruitment and retention
  - Certainty of experience and competence drives customer satisfaction
  - Safe and secure environment
  - Equitable and consistent access to technology that maintains workflow
  - Ergonomic staff-centric design. Knowledge of and comfort with the built environment process
  - Efficiency, compassion, and access to private spaces
- Stress factors
  - Lack of space is a stressor, although proximity to both patients and coworkers *can* build camaraderie
  - Purposeful design that includes respite spaces, collaborative spaces, and grieving spaces can mitigate stress
  - Safety concerns, and not just of the external variety
  - Art, sculpture, and soft corners can render spaces more calming
  - Internal design should evoke external sources of relief
- Amenity considerations within sprawling, complex facilities
  - Staff equity - design shouldn't reinforce hierarchy
  - Communal tables nudge staff to commingle, or hold events
  - Outdoor spaces with natural elements can be relaxing, even if it's just faux-wood material
  - Data supports prioritizing spaces for nurses and providers over admin and academics
- Safety and security
  - Involve every stakeholder in a discussion of priorities rather than simply relying on the latest in gadgetry

- Identify bad actors and communicate that security should not let them on the premises
- Eliminate blindspots where a person can be easily cornered
- Study entry sequences throughout a campus
- Install metal detectors in a way that will not disorient legitimate visitors
- Ensure that visitors can easily ascertain entry protocols and navigate the space
- Security should not be overly confrontational

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*“Let the people who actually have to spend the most time within these units in on the important decision-making conversations.” - Jean Rodd*

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## Solutions Spotlight

*Tom Morgan, Assa Abloy*

- iDFace Max
  - Identifies up to 100,000 faces with live face detection
  - IP65 protection
  - Embedded SIP intercom
  
- Healthcare applications for Biometric Access Control
  - Access to restricted areas
  - Medication dispensation
  - Patient tracking
  - Staff tracking
  - Visitor management

## Zero-Emission Energy: How Healthcare is Achieving It

*Colin Barrett, Vice President, Infrastructure,  
Mount Sinai Health System*

*Dan Mastin, Energy and Commissioning Program Director,  
NewYork-Presbyterian*

*Kailash Viswanathan, Director of Energy,  
Consigli*

*(Moderator) Dan Norton, Account Executive,  
Schneider Electric*

Panelists discussed retrofitting existing portfolios, the latest in green technology, challenges with energy upgrades in urban spaces, and finding ideal collaborators.

- Integrating zero-emission upgrades into existing portfolios
  - Fairly easy to convert systems in a property that is unoccupied or undergoing renovations, but considerably harder when the building is older, occupied, or both
  - Frequent turning over of air and reheating tend to expend the most energy. HVAC systems often have to be gutted. Adequate amount of chilled water required to offset boilers
  - With large retrofits of energy-intensive structures, reducing waste presents a challenge.
  - Often dealing with 24/7 facilities, and projects are likely to be expensive, but working at night can be a cost reducer
- Current green tech efforts
  - Parking structures with solar roofs and EV charging stations
  - Cogeneration can get a bad rap due to natural gas component, but is actually fairly efficient at emission reduction
  - Many urban hospitals lack roof space for solar, and ground source heat pumps can prove challenging. Often insufficient square footage to lean on battery storage
  - An inability to implement NYC facilities with energy upgrades can be offset at other facilities across state
  - Wastewater energy less effective than exhaust air, as former is inconsistent and requires impeccable design to maximize without causing clogs
- Identifying partners
  - Crowd-sourcing at events
  - Case studies
  - Inviting dialog that results in smart solutions
  - Bring in collaborators early who have clearly established shared goals

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*“Local Law 97 is phasing out fuel oil and natural gas. So the question is, how best to back up energy facilities in an urban environment where a diesel generator or battery may not be feasible?” - Dan Mastin*

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## Deep Dive into Renovations, Adaptive Reuse, and Flexible Facilities

*Chris Botsch, Director, Architecture/Design Central Region,  
Northwell Health*

*Robert J. Franco, PE, Principal,  
O'Donnell & Naccarato*

*John P. Koch, PE, Partner,  
Jaros, Baum & Bolles*

*Bill Seery, Director of Prefabrication,  
Consigli*

*(Moderator) Elizabeth Sullivan, Former Assistant Vice President, Architecture Facilities Services,  
Northwell Health*

Panelists discussed the myriad considerations at play when adapting or renovating an existing property built for an entirely different function into a medical facility.

- Adaptive reuse considerations
  - Office buildings and warehouses weren't initially constructed to handle the loads of a medical facility
  - Can be zoning concerns regarding conversions
  - Different concerns with leases v. purchases
  - Facility assessment necessary to confirm that elements not immediately noticeable to client are as functional as those that are more evident
  - If upgrades are likely to be required several years down the line, ensure from outset that structure will be able to support them. Things will only get more expensive
- Spatial recognition
  - Imaging centers can be supported within a retail space
  - Small clinical spaces can be homed within office spaces
- Owner's POV
  - Not making a decision *is* a decision, because you're exposing yourself to cost escalation
  - Experts must assess what their knowledge of the industry tells them is the best solution, and effectively communicate that to leadership
- Outpatient facilities
  - Much of this work focused on moving outpatient services off-campus
  - Proximity still important as staff will likely have to communicate back and forth, and you want to ensure feasibility thereof to avoid communication breakdowns
- Flexibility
  - Leftover COVID lesson – it's possible to create space for emergency pop-up facilities
  - High costs are virtually a guarantee given that this is the most expensive market in the country; better to prioritize time-saving
  - Those unfamiliar or inexperienced with prefab won't instinctively grasp its savings potential, but time and cost can likely be saved by manufacturing components off-site
  - Imaging can be a unique animal; getting the required heavy equipment in and out of a space can prove to be an undertaking



- The earlier that all consultants and team members can be brought in to iron out the details, the more seamless the project will flow

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*“Within existing buildings, you want to alter the infrastructure as minimally as you can. But you’re often working with arcane tech, so it requires up-front diligence to minimize large-scale structural modifications and, **where they’re necessary, they must be identified early**” - Robert J. Franco*

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