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2021 AIA Fellowship

Candidate Bryan Langlands
Organization NBBJ
Location New York, New York
Chapter AIA New York State; AIA New York Chapter

Category of Nomination

Object 2 > Practice (Technical Advancement)

Summary Statement

Bryan's leadership in forward-focused thinking, knowledge sharing and consensus building elevates the national discourse on the architecture practice of healthcare environments by advancing the delivery of care, guiding top-tier medical institutions, and influencing regulatory change.

Education

Hunter College, City University of New York
New York, New York USA
1996 - 1999 / 3 years: Master of Fine Arts (Combined Media)

Emily Carr Institute of Art & Design
Vancouver, British Columbia Canada
1994 - 1996: Bachelor of Fine Arts (Sculpture)

Dalhousie University (formerly Technical University of Nova Scotia)
Halifax, Nova Scotia Canada
1990 - 1992 / 2 years: Master of Architecture
1988 - 1990 / 2 years: Bachelor of Environmental Design Studies

Dalhousie University
Halifax, Nova Scotia Canada
1987 - 1988 / 1 year

Mount Allison University
Sackville, New Brunswick Canada
1984 - 1986 / 2 years: Bachelor of Arts (Political Science)

Dalhousie University
Halifax, Nova Scotia Canada
1982 - 1983 / 1 year

Licensed in:

New York (License #028517)

Employment

NBBJ - New York, NY (March 2010-present / 10 years 7 months)

Donald Blair Architects / Donald Blair & Partners - New York, NY (January 1999-March 2010 / 11 years, 3 months)

Davis Brody Bond - New York, NY (May 1998-December 1998 / 8 months)

SITE Design - New York, NY (June 1997-May 1998 /1 year)

Nick Milkovich Architects / Arthur Erickson Architectural Corporation - Vancouver, BC (July 1992-August 1993 / 1 year)

Morphosis - Santa Monica, CA (January 1991-August 1991 / 8 months)

Zaha Hadid Architecture - London, UK (August 1988-December 1989 / 5 months)



October 5, 2020

Nancy Rogo Trainer, FAIA
Chair, 2021 Fellowship Jury
The American Institute of Architects

Dear Members of the Jury:

When the Covid-19 pandemic struck, Bryan Langlands was among the very first healthcare architects called upon to help hospitals and healthcare systems to safely ramp up capacity while at the same time he was sought out to guide and teach our profession and our clients about how they too could safely respond when the pandemic struck their communities. I was not surprised that Bryan was almost immediately involved in assisting the Greater New York Hospital Association develop policy guidance and tools while also working with individual hospital clients and taking the time to teach and advocate so that others could also provide similar assistance in their own communities. I wasn't surprised because this is who Bryan is and this is what Bryan does.

Bryan's clients are among the most discerning and demanding health care providers in the United States. His diverse and valuable work for them is itself alone a recognition and honor meriting your consideration of Bryan as a Fellow.

Beyond his significant design and planning work for academic medical centers, Bryan is well-known, valued, and beloved by healthcare architects around the nation and across multiple generations for his service to our profession. He teaches his peers at the master class level, mentors young professionals, and is actively involved in teaching architecture students. Bryan's writing and advocacy have resulted in significant improvements in surgical environments and in emergency departments. His work on the FGI Guidelines has resulted in regulatory change impacting and improving these and other healthcare settings. His championship of the Beyond Fundamentals project has moved the partnership between our profession and the American Hospital Association steadily towards not just developing minimum regulatory standards but leveraging the knowledge of his network into developing guides for best practices in the design and planning of a variety of types of healthcare settings.

I have known, trusted and valued Bryan for years. He is one of my go-to sources for information, inspiration and fun. He is an admirable and affable fellow who is well deserving of elevation as a Fellow of the American Institute of Architects.

Very truly yours,
architecture+

Francis Murdock Pitts FAIA FACHA OAA
Principal

architecture+

Lomonaco & Pitts, Architects P.C.
297 River Street
Troy, New York 12180
518.272.4481 • Fax 518.272.1605
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Principals

Francis Murdock Pitts FAIA FACHA OAA
Joseph J. Lomonaco AIA PE LEED AP
J. Michael Bergen AIA OAA
Brian L. Barker AIA LEED AP BD+C
Sara K. Wengert AIA ASID
Mary Kate Young AIA
Valerie J. Bok AIA LEED AP BD+C
Arien S. Cartrette AIA
Vincent J. Lepera AIA Member Emeritus

Associates

Anthony H. Garner AIA
Emily B. Kohout AIA LEED AP
Felix Lomonaco AIA
Jennifer M. Snyder
Casey J. Crossley A LEED AP
Stephen P. Kervin AIA

Bryan's leadership in forward-focused thinking, knowledge sharing and consensus building elevates the national discourse on the architecture practice of healthcare environments by advancing the delivery of care, guiding top-tier medical institutions, and influencing regulatory change.

Bryan Langlands is passionate about rethinking healthcare, from how spaces are planned and designed, to how it is delivered. He believes both constantly evolve to meet the ever-changing needs of the industry and new technologies. Never satisfied with the status quo, he pushes other healthcare architects, leaders, and experts to look at the challenges we face from new vantage points. Within his own practice, his contributions helped NBBJ receive the honor, the #1 World's Most Innovative Architecture Firm, for "Improving Well-being Through Spaces" by Fast Company in 2018.

Shaping the Top Academic Medical Centers

As a trusted adviser in strategy and facility planning, Bryan helps the top organizations evolve intelligently within the dynamic areas of healthcare, research and education. By developing long-standing relationships with the nation's top ranked academic medical centers, Bryan continues to inspire each to establish, strive for and successfully achieve measurable goals. At NYU Langone, he helped the institution introduce new ways to deliver care; at Vanderbilt University Medical Center his work helped them receive top-10 grant award funding; at the University of Rochester Medical Center, he is helping the facility re-instate a nationally recognized designation; and at Geisinger Health he is helping the organization establish a new model of care.

Influencing the Healthcare Industry

Bryan leads the charge in addressing the dilemma of overcrowding in our nation's emergency departments by calling for the recognition of a new type of treatment space for lower-acuity patients. His push for delivering "the right care at the right time in the right place" is resulting in the first major change to emergency department allowable requirements via the Facility Guidelines Institute (FGI) regulatory guidelines, which set the minimum requirements enforced in 44 states and federal agencies.

Moving the Regulatory Baseline

Bryan's active leadership on the FGI Guidelines has resulted in greater clarity for our industry. As a member of the Health Guidelines Review Committee for the 2018 Edition of the Guidelines, he chaired the Surgery Topic Group, which resulted in standardized and simplified requirements for procedural, surgical and interventional environments. Considered the nation's authoritative voice on this subject, Bryan was invited by the National Institute of Health to travel to the nation's capital, and by AIA Academy of Architecture for Health Knowledge Communities to engage with their respective members.

Recognizing his drive for re-imagining how the delivery of care can be improved through the design of environments, Bryan was appointed to the FGI Steering Committee for the 2022 Edition of the Guidelines (the Guidelines are updated every 4 years) and was asked to chair a new initiative - *Beyond Fundamentals* - a digital library focused on innovation and what the profession "should do" rather than what it minimally "must do." With Bryan's leadership, the number of materials and offerings have tripled since 2018, and for the first time in its history, regulatory compliance checklists and minimum clearance diagrams are being developed.

Sharing Knowledge

Bryan's presence on a national level has expanded the discourse and knowledge base within the healthcare architecture practice and engineering community. He is a nationally-recognized thought leader who is equally at ease authoring subject papers, moderating panels, facilitating workshops and leading web-based seminars. His knowledge community participation includes invitations to speak at AIA chapters, and national conferences including the Healthcare Design Conference; Planning, Design and Construction Conference; and numerous local and regional engagements.

Bryan has delivered over 30 CEU learning units, and in 2018, *Healthcare Design* named Bryan the recipient of one of their "HCD10" awards for his collaborative work in advancing healthcare design and planning.

Most recently, during this time of crisis, Bryan's voice is among those who are leading the way by providing assistance and advisement. In representing his firm on the Greater New York Hospital Association COVID-19 Surge Capacity Task Force, he worked with other firms, peers and the Governor's office to increase the patient bed capacity in New York. In addition to his local and regional contributions, Bryan's continues to be on the forefront of the discourse on COVID-19 and its impact on the business of healthcare delivery.

Shaping the Next Generation

Bryan's influence is shaping the next generation of healthcare architects and planners. Bryan devotes time to nurturing tomorrow's planners, architects and researchers by introducing them to the principles of medical planning and regulatory requirements. His ability to turn technical topics into material that interests and engages university students and young architects is remarkable and has resulted in repeat invitations to the top academic institutions to speak and engage with the next generation. Bryan continues to have long-standing relationships with Clemson University, Rhode Island School of Design, and in New York City, with Parsons|The New School. From 2014-2016, Bryan was chair of the AIA Academy of Architecture for Health & American College of Healthcare Architects Next Generation Scholarship, and from within his own firm is the recipient of NBBJ's "Mentor of the Year" award.



EDUCATION

Master of Fine Arts 1999
Hunter College, City University of NY

Bachelor of Fine Arts 1996
Emily Carr Institute of Art & Design

Master of Architecture 1992
Dalhousie University

**Bachelor of Environmental
Design Studies** 1991
Dalhousie University

Bachelor of Arts 1986
Mount Allison University

WORK HISTORY

NBBJ
2010-present

**Donald Blair & Partners/
Donald Blair Architects**
1999-2010

Davis Brody Bond
1998-1999

SITE Design
1997-1998

**Nick Milkovich Architects/
Arthur Erickson Arch Corp**
1992-1993

Morphosis
1991

Zaha Hadid Architecture
1989

PROFESSIONAL AFFILIATIONS AND REGISTRATIONS



American Institute of Architects (AIA)

American Institute of Architects Academy of Architecture for Health
Codes & Standards Committee, Facility Guideline Institute Chair, 2019-present
Facility Guidelines Institute, Appointed Representative, 2015-present
Next Generation Scholarship, Chair, 2014-2016
Codes & Standards Committee, Member, 2014 cycle
National, Member, 2002-present

American Institute of Architects
National Chapter, 2002-present
New York State, 2002-present
New York City, 2002-present



American College of Healthcare Architects (ACHA)

Fellow, 2019-Current
Communications & Outreach Committee, Member, 2014-2017
Next Generation Scholarship, Chair, 2014-2016
Certification, 2008-present



Facility Guidelines Institute (FGI)

Steering Committee, 2018-present
Beyond Fundamentals Oversight Committee, Chair 2018-present
AIA Academy of Architecture for Health, Appointed Representative, 2015-present
Healthcare Guidelines Review Committee, 2015-present

Healthcare Design Magazine Editorial Advisory Board, 2017-present

RxArt Canada Board, 2016-2018

Evidence-Based Design Accreditation & Certification (EDAC) Certified, 2015-present

Center for Health Design Member, 2015-present

Leadership in Energy Efficiency & Design (LEED) Green Associate, 2014-present

Registered Architect New York State, 2001-present (#028517)

With more than 20 years of healthcare experience, Bryan’s key work falls into two categories:

- Practice** - Work advancing practice of healthcare architecture
- Project** - Work with and for healthcare clients and institutions

Practice Work

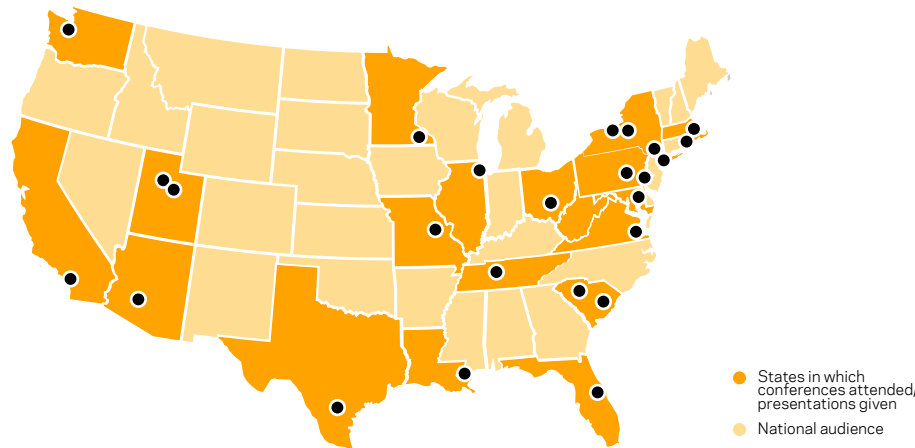
Bryan’s impact on a national level is advancing the profession in meaningful ways. He is shaping the requirements for healthcare spaces (Facility Guidelines Institute), expanding the knowledge base on best practices (Beyond Fundamentals library), connecting and sharing his expertise with students and academic institutions, actively participating at local and national conferences, and contributing to the healthcare design knowledge community through engagement and promotion of continuing education.

Presentations delivered

State

» City, State (# of presentations delivered)

- | | | | | |
|--|---------------------------------------|--|--|--|
| Arizona
» Phoenix (5) | Illinois
» Chicago (3) | Missouri
» St Louis (2) | Pennsylvania
» Hershey (2)
» Philadelphia (5) | Texas
» San Antonio (2) |
| California
» Los Angeles (1) | Louisiana
» New Orleans (2) | New York
» Rochester (1)
» Verona (1)
» Hudson (2)
» New York City (18) | Rhode Island
» Providence (1) | Utah
» Park City (1)
» Salt Lake City (1) |
| DC
» Washington (2) | Maryland
» Bethesda (3) | North Carolina
» Atrium Health (2) | South Carolina
» Charlotte (2)
» Clemson (5) | Virginia
» Norfolk (1) |
| Florida
» Orlando (3) | Massachusetts
» Boston (1) | Ohio
» Columbus (2) | Tennessee
» Nashville (1) | Washington
» Seattle (1) |



Project Work

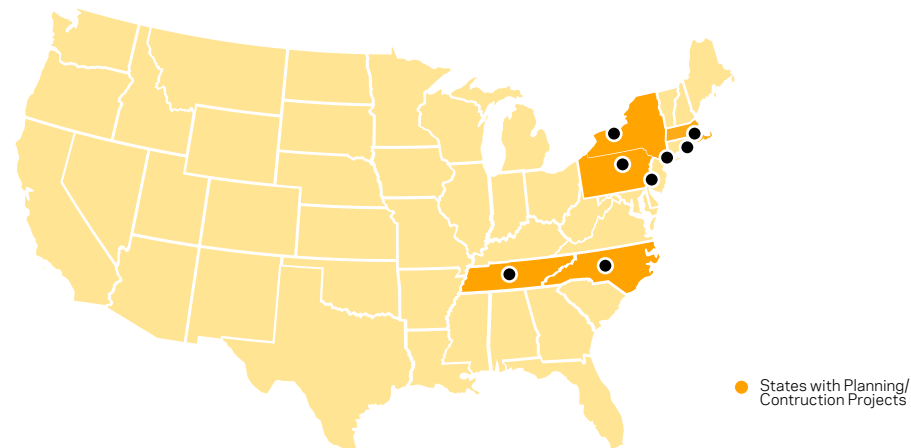
Bryan is working with many of the top ranked academic medical centers and hospitals in the country. His project expertise includes strategy, master planning, medical planning, programming and design. Bryan has been and continues to be involved with significant projects on campuses throughout the northeastern and southern regions of the US.

Planning & Construction Projects

State

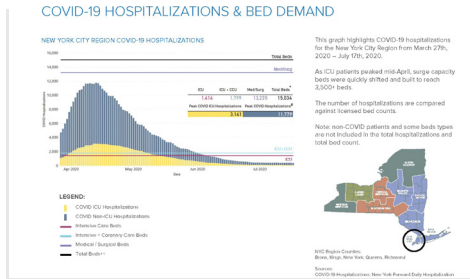
» Institution, State (# of projects)

- | | |
|---|--|
| Massachusetts
» Massachusetts General Hospital (2) | North Carolina
» Atrium Health (2) |
| New York
» Univ of Rochester Medical Center (10)
» Columbia Memorial Hospital (12)
» NYU Langone Health System (25)
» Mt Sinai Hospitals (4)
» NYC Health + Hospitals (2)
» Columbia University/NY Presbyterian (1)
» Elizabeth Seton (1) | Pennsylvania
» Univ of Pennsylvania (5)
» Children’s Hospital of Philadelphia (3)
» Jefferson Health (3)
» Geisinger Health (1) |
| | Rhode Island
» Block Island Medical Center (1) |
| | Tennessee
» Vanderbilt Med Ctr (14) |



SECTION 2.1
Significant Work - Practice

Bryan Langlands, AIA, FACHA, EDAC, LEED Green Associate
Principal / Senior Medical Planner, NBBJ

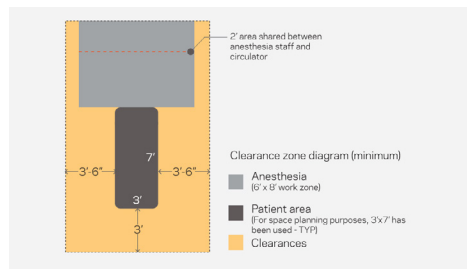


COVID-19 Pandemic National Expertise

From the start of the COVID-19 pandemic, Bryan has been a leader locally and nationally. Bryan represented NBBJ in the Greater New York Hospital Association Surge Capacity Task Force where non-healthcare spaces were evaluated to increase the bed capacity within New York City. Building on this, Bryan continues to be interviewed on the topic, authors articles for national magazines like *Forbes*, and participates in panel webinars that address the impact of COVID on the healthcare industry, including panels for the NY Building Congress and AIA | Los Angeles.

Exhibit 3.1

PROJECT ROLE	CLIENT
Member, Greater NY Hospital Association Surge Capacity Task Force	AIA Los Angeles
Author, Panelist, Subject Matter Expert	Greater New York Hospital Association
	National Publications
	DATE
	2020-present

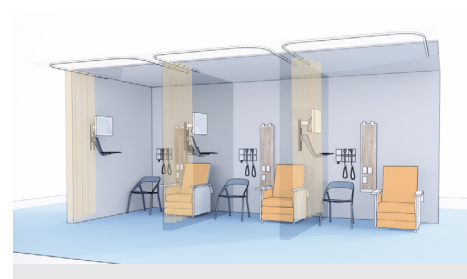


“Beyond Fundamentals” Library

Building on his work from the Emergency Department Low-Acuity Patient Treatment Area, Bryan was invited to Chair a new initiative by the Facility Guidelines Institute - the *Beyond Fundamentals* library. Under Bryan’s leadership the number of published materials have tripled over the past 3 years, and for the first time in the Guidelines history, sample minimum space diagrams have been created which will assist architects in their planning, and in discussions with the Authorities Having Jurisdiction.

Exhibit 3.2

PROJECT ROLE	CLIENT
Chair, 2022 FGI Edition ED Topic Group	Facility Guidelines Institute
Author, <i>ED Low-Acuity Treatment Area</i> Whitepaper	DATE
	2018-present



Emergency Department Low-Acuity Treatment

Bryan’s contribution as a researcher, author and advocate has led to the inclusion of the Emergency Department Low-Acuity Treatment Area in the draft of the Facility Guidelines Institute (FGI) 2022 Edition of the *Guidelines*. For the first time in healthcare design history, the low-acuity treatment area will be recognized as a legitimate type of treatment space by FGI and Authorities Having Jurisdiction throughout the country. Bryan championed this effort, which has resulted in the first major change to the emergency department requirements in over a decade.

Exhibit 3.3

PROJECT ROLE	CLIENT
Chair, <i>Beyond Fundamentals</i> Library	Facility Guidelines Institute
	DATE
	2016-present

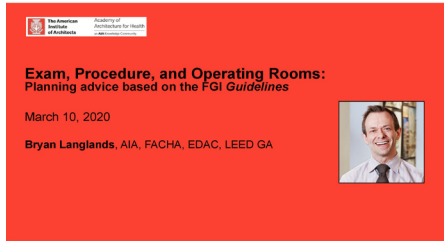


Facility Guidelines Institute

Bryan’s work with the Facility Guidelines Institute began in 2011 when he volunteered to be on the AIA AAH Codes & Standards Forum. As a result of this work, he was invited to be one of two official AIA AAH representatives of the FGI 2018 Edition Health Guidelines Review Committee in 2015, and in 2018 was invited to join the FGI 2022 Edition Steering Committee. He led the Inpatient Nursing Unit and Procedures Topic Group, 2015-16 and co-led the Emergency Department Topic Group, 2019-2020.

Exhibit 3.4

PROJECT ROLE	CLIENT
AIA AAH Appointed Representative	Facility Guidelines Institute
Member, Health Guidelines Review Committee	AIA AAH Representative
Member, Steering Committee	DATE
	2011-present



Healthcare Design Knowledge Community

Bryan has authored and delivered over 30 CEUs of learning units to the healthcare design knowledge community. He is considered a subject matter expert and regularly attends and presents at national conferences including Healthcare Design (HCD), and Planning, Design and Construction (PDC) - the two highest attended annual conferences. Bryan's expertise includes emergency departments, operating rooms, imaging rooms, FGI Guidelines and the impact of COVID-19 on healthcare design.

Exhibit 3.5

PROJECT ROLE

Author, Lecturer, Moderator, Panelist, Presenter, Webinar, Workshop Facilitator

CLIENT

National Conferences, Institutions, Publications

DATE

2006-present

Academia & Education Next Generation

Academia and the education of the next generation of healthcare planners, architects and designers is important to Bryan. He is affiliated with several institutions in New York City including Pratt, City University of New York, and Parsons|New School, where he regularly presents and participates in classes and student reviews. Outside of New York, Bryan is actively involved with the Architecture + Health program at Clemson University, and has been involved with classes at Rhode Island School of Design in Providence, RI.

Exhibit 3.6

PROJECT ROLE

Critic, Juror, Lecturer, Review, Studio Advisor, Teacher

CLIENT

Universities, Academic Institutions

DATE

1996-present



Massachusetts General Hospital, Cambridge Project

As the 6th ranked Best Hospital by *U.S. News*, Massachusetts General Hospital (MGH) is one of the best hospitals and medical schools in the world. In 2019, MGH decided to expand its acute clinical care program on its main campus in Boston, MA. In addition to his regulatory and medical planning expertise, Bryan is ensuring that the project is not only compliant, but demonstrates best practices in all aspects of clinical care and operational efficiencies.

PROJECT ROLE

Regulatory Expert/
Planner

CLIENT

Partners Health
Massachusetts
General Hospital

LOCATION

Boston, MA

SIZE

1,000,000 gsf

COMPLETION DATE

2026 expected



Atrium Health, Carolinas Rehabilitation Hospital & New Bed Tower

Atrium Health, North Carolina's #3 hospital by *U.S. News* is expanding its main chassis with a new 1,000,000 SF acute care building and a new 150,000 SF home for one of the nation's leading rehabilitation hospitals - the Carolinas Rehabilitation Hospital. Bryan is the lead medical planner and regulatory expert for both projects. This is currently the largest healthcare design and construction project in NC. Construction has started on the Carolinas Rehabilitation Hospital with expected completion in 2022. The new bed tower construction will begin in 2022 and open in 2026.

PROJECT ROLE

Lead Medical Planner/
Regulatory Expert

CLIENT

Atrium Health
System

LOCATION

Charlotte, NC

COMPLETION DATE

New Bed Tower 2026
Carolinas Rehab 2022

SIZE

New Bed Tower 1M gsf
Carolinas Rehab 150K gsf



Coney Island Hospital, Critical Services Structure

Since 2017, NBBJ has worked with NYC Health + Hospitals and the NYC Economic Development Corporation to expand and renovate Coney Island Hospital, which was severely damaged by Superstorm Sandy in 2012. Funded by FEMA, the project's scope includes a new structure, renovations to existing buildings, and the development of a campus flood resiliency plan. Bryan was instrumental in developing the overall resiliency and clinical strategy for the campus, which was used to understand the scope for expansion. He is currently leading the master planning of the existing campus.

PROJECT ROLE

Lead Medical Planner/
Regulatory Expert

CLIENT

NYC Health +
Hospital

LOCATION

Coney Island, NY

NY Economic
Development Corp

SIZE

315,000 gsf

COMPLETION DATE

2022 expected



Geisinger Health, Healthplex

In 2018, Geisinger Health hired NBBJ to plan and design a new type of community hospital and ambulatory care facility in central Pennsylvania. Geisinger is a self-insured healthcare provider, and the Healthplex project is one of its first joint ventures with an outside provider. Bryan led the planning on the project and has been instrumental in advising Geisinger's leadership in structuring the operational model for patient care. Healthplex started construction in May 2020 and is expected to open in September 2021.

Exhibit 3.7

PROJECT ROLE

Lead Planner/
Regulatory Expert

CLIENT

Geisinger Health

LOCATION

Muncy Township, PA

COMPLETION DATE

2021 expected

SIZE

121,000 gsf



**Mount Sinai Hospitals,
Hudson Yards
Clinic**

Mount Sinai Hudson Yards is a patient-centered membership practice that enhances convenience, increases privacy, and de-institutionalizes the look and feel of a traditional doctor's office. Located within the largest new development in New York City, the clinic integrates technology with seamless access to the larger Mount Sinai network - which is ranked 14th Best Hospital by *U.S. News*. Bryan worked with Mount Sinai to envision and embrace a new approach to care delivery. Bryan led the planning of the clinic that opened in 2019.

PROJECT ROLE	CLIENT
Lead Medical Planner	Mt. Sinai Hospitals
LOCATION	COMPLETION DATE
New York, NY	2019
SIZE	
9,000 gsf	



**NYU Langone Health,
Helen L & Martin S
Kimmel Pavilion**

NYU Langone is the country's 9th ranked Best Hospital by *U.S. News*. Bryan was the lead planner of the NYU Kimmel Pavilion, the most significant quaternary care inpatient tower project completed in NYC in the past 20 years. The pavilion opened in June 2018 and includes 364 patient rooms, 30 operating/intervention rooms, 39 post-surgical observation units, and the Hassenfeld Children's Hospital. The Kimmel Pavilion incorporates numerous new operational approaches to healthcare delivery which have helped shape subsequent editions of minimum healthcare requirements.

Exhibit 3.8

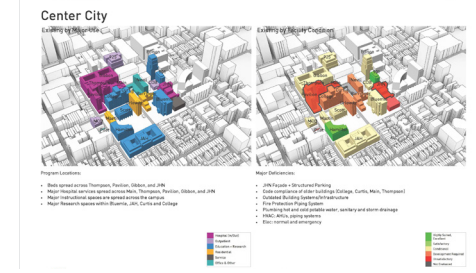
PROJECT ROLE	CLIENT
Lead Medical Planner/ Regulatory Expert	NYU Langone Health
LOCATION	COMPLETION DATE
New York, NY	2018
SIZE	
830,000 gsf	



**NYU Langone Health,
Brooklyn Hospital
Masterplan**

In 2015, NYU Langone Health acquired Lutheran Hospital which expanded their catchment area and provided them with their first outpost hospital in Brooklyn. Bryan led the clinical masterplan effort with Ennead Architects. Working with NYU Strategy, his team developed a masterplan to establish priorities and identify levels of investment, which was organized within an overall schedule of implementation.

PROJECT ROLE	CLIENT
Lead Medical Planner/ Regulatory Expert	NYU Langone Health
LOCATION	COMPLETION DATE
Brooklyn, NY	2018



**Jefferson University
Health System,
Masterplan**

Having experienced a rapid expansion through mergers and acquisitions, Jefferson Health has grown from a local institution to one that serves patients throughout Pennsylvania and New Jersey at multiple locations. Jefferson Health is currently ranked as one of the best health systems in PA and NJ. Bryan led facility master planning to provide a framework to guide short-term and long-term solutions to accommodate identified space needs, program and facility priorities, as well as phasing and implementation plans.

PROJECT ROLE	CLIENT
Lead Planner	Jefferson University Health
LOCATION	COMPLETION DATE
Philadelphia, PA	2018
SIZE	
10 hospitals 1 university	



University of Pennsylvania Health, Imaging Expansion

In 2013, Penn Medicine engaged NBBJ to plan and design its 32,000-square-foot Imaging Department expansion within the Perelman Center for Advanced Medicine (PCAM). Bryan was the lead planner for this project, which satisfies the needs of multiple departments and users who share the space. PCAM is one of the busiest outpatient facilities in Philadelphia. Penn Med Hospital is ranked as the 18th Best Hospital in the country by *U.S. News*.

PROJECT ROLE
Lead Medical Planner

CLIENT
University of Pennsylvania Health

LOCATION
Philadelphia, PA

SIZE
32,000 gsf

COMPLETION DATE
2015



NYU Langone Health, Radiation Oncology Department

After Super Storm Sandy destroyed NYU Langone's radiation oncology department in 2012, they engaged NBBJ to design a new home for the Perlmutter Cancer Center Radiation Oncology department. The Perlmutter Cancer Center is ranked 19th nationally by *U.S. News*. The 20,000 SF project includes 3 exam rooms, 1 CT scanner, 2 linear accelerators, and a high-dose rate/brachytherapy vault, located 2 floors above sea level. Bryan led the planning of this complex program and developed an efficient inpatient cancer treatment environment that is beautiful and calming.

PROJECT ROLE
Lead Medical Planner/
Regulatory Expert

CLIENT
NYU Langone Health

LOCATION
New York, NY

SIZE
20,000 gsf

COMPLETION DATE
2015



NYU Langone Health, Ronald O. Perelman Emergency Services

Located along 1st Avenue, NYU Langone's Ronald Emergency Services building is one of the busiest emergency departments in NYC. Ranked 9th Best Hospital in the country, the new ED was planned by Bryan and incorporates planning concepts that reduce door-to-physician time, separates adults and pediatrics, accommodates surges and maximizes resources. The project includes the renovation of the existing emergency department and a new entry pavilion. The project opened in 2014 with 29 treatment positions and has expanded since to 54 treatment positions.

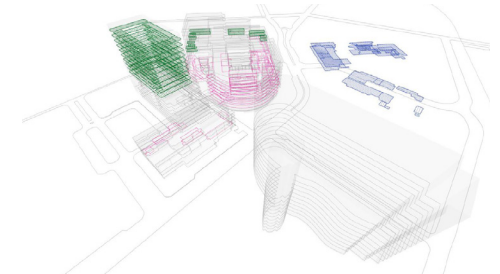
PROJECT ROLE
Lead Medical Planner/
Regulatory Expert

CLIENT
NYU Langone Health

LOCATION
New York, NY

SIZE
29,000 gsf

COMPLETION DATE
2014



Children's Hospital of Philadelphia, Inpatient Growth Masterplan

In 2015, Bryan led the master planning effort at Children's Hospital of Philadelphia (CHOP), where the inpatient growth was established for the next 15 years through 2027. Working with data, volumes, and strategy, Bryan and his team developed multiple scenarios concurrently, which led to CHOP's decision to expand its bed capacity, both on and off campus. The Inpatient Growth Master Plan has been a valuable tool for CHOP and has helped shape the future of the institution. CHOP is ranked as the 2nd Best Pediatric Hospital in the country according to *US News*.

PROJECT ROLE
Lead Planner

CLIENT
Children's Hospital of Philadelphia

LOCATION
Philadelphia, PA

COMPLETION DATE
2013



Vanderbilt University Medical Center, Vanderbilt University Hospital Critical Care Tower

In 2007, Bryan led the planning effort for a major critical care tower expansion to the Vanderbilt University Hospital (VUH). Bryan, at Donald Blair & Partners, was responsible for the programming, planning and design through design development, in association with Earl Swensson Architects. The project included expansions to the emergency department, surgery suite and 5 floors of patient rooms connecting to the existing tower nursing units. VUH is ranked 17th nationally on the U.S. News Best Hospital "Honor Roll."

PROJECT ROLE	CLIENT
Lead Medical Planner	Vanderbilt Medical Center
LOCATION	COMPLETION DATE
Nashville, TN	Phase 1, 2005 Phase 2, 2009
SIZE	
350,000 gsf	



Vanderbilt University Medical Center, Medical Research Building IV

Bryan led the planning for MRB IV (Medical Research Building) at Vanderbilt Medical Center. MRB IV housed wet-research labs for principal investigators ranging from gastroenterology to pharmacology. In 1999, VUMC (Vanderbilt University Medical Center) was ranked 24th in the country for National Institute of Health grant awards. One of the VUMC's goals was to be in the "top 10 by year 2010." Following the opening of MRB IV in 2008, VUMC met its goal by ranking 10th in NIH grant awards in 2010.

Exhibit 3.9

PROJECT ROLE	CLIENT
Lead Medical Planner/ Project Architect	Vanderbilt Medical Center
LOCATION	COMPLETION DATE
Nashville, TN	Ph 1, 2005 Ph 2, 2008
SIZE	
Ph 1, 130,000 gsf Ph 2, 270,000 gsf	



University of Rochester Medical Center, Outpatient Breast Center

The challenge for this project was to fit a large amount of program within a small amount of space, and to make it operationally efficient and visitor/patient friendly. Bryan led the planning which in addition to four exam rooms, included one ultrasound, two mammography and one stereotactic room. The Breast Center is an independent program from the James P. Wilmot Cancer Center, but by co-locating, the two programs can provide the convenience of all cancer diagnostic and treatment in one location on the main URMCCampus.

PROJECT ROLE	CLIENT
Lead Medical Planner/ Project Architect	University of Rochester Medical Center
LOCATION	COMPLETION DATE
Rochester, NY	2008
SIZE	
5,500 gsf	



University of Rochester Medical Center, James P. Wilmot Cancer Center

With a commitment to have its National Cancer Institute (NCI) Comprehensive Cancer Center designation re-instated, University of Rochester Medical Center (URMC) engaged Donald Blair & Partners, where Bryan led the medical planning on the new James P. Wilmot Cancer Center. Housing education, outreach, dry and wet research, and inpatient beds under one roof, URMC is currently in the final phase of evaluation in receiving its NCI designation which is the highest mark of distinction for cancer centers in the country.

Exhibit 3.10

PROJECT ROLE	CLIENT
Lead Medical Planner/ Project Architect	University of Rochester Medical Center
LOCATION	COMPLETION DATE
Rochester, NY	2008
SIZE	
160,000 gsf	

Project Awards



**NYU Langone Health,
 Helen L. and Martin S.
 Kimmel Pavilion**

*Healthcare Design Showcase,
 Honorable Mention*

SEAoNY Excellence in
 Structural Engineering
 Award, Engineer's Choice

ENR New York Best Projects
 Award, Healthcare Winner

ENR National Best Projects
 Award, Best of the Best
 Healthcare Project

Engineering Excellence
 Award (EEA), Structural
 Systems, ACEC New York
 Diamond Award

LEED Platinum

Personal Awards



**American College of
 Healthcare Architects**
 Fellow, 2019



*Healthcare Design
 Magazine 2019 Awards*
 "Team Most Valuable Player"
 Award, 2018



NBBJ Mentor of the Year
 New York office, 2013



Vanderbilt Medical Center
 Appreciation Certificate, 2005



**National Capital Commission
 Competition**
 1st Place, 1996



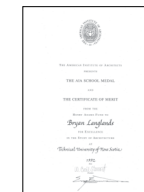
**Vancouver AIDS Memorial
 Competition**
 Special Mention, 1996



**Vancouver Public Art
 Commission Competition**
 Honorable Mention, 1994



**American Institute of
 Architects**
 Henry C. Adams Medal,
 Graduate Thesis Award, 1992



Henry C. Adams Certificate,
 Graduate Thesis Award, 1992

Publications

This publication section is organized into:

1. **Presentation:** Panels, presentations, webinars & workshops
2. **Education:** Academia, teaching, lectures & juries
3. **Publication:** Articles, publications & whitepapers



AIA|LA Designing the Future: Part III: Healthcare Facilities

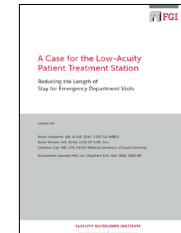
Presentation:
Panels, Presentations,
Webinars & Workshops

Bryan's impact is at a national level and is advancing the profession in meaningful ways. He is shaping the requirements for healthcare spaces, expanding the knowledge base on best practices, collaborating with students and academic institutions, participating at local and national conferences, and connecting with the knowledge community while promoting continuing education.



Education:
Academia, Teaching,
Lectures & Juries

Bryan works with many of the top ranked academic medical centers and hospitals in the country. His project expertise includes strategy, master planning, medical planning, programming and design. Bryan is involved with significant projects on campuses throughout the northeastern and southern regions of the U.S.



Publication:
Articles, Publications
& Whitepapers

Bryan continues to author articles for many of the nation's professional magazines including *Forbes* and *Modern Healthcare*. He has been interviewed and quoted in publications including the *New York Times*, *Fast Company*, *Bisnow*, and *Architecture* magazine. He has published two white papers on the topic of emergency departments that have led to major revisions to the guidelines and re-set requirements for healthcare spaces.

Presentation:
Panels, Presentations, Webinars & Workshops



AIA / LA
Webinar Panelist (National/Los Angeles, CA), July 2020
Designing the Future - Part III: Healthcare Facilities



**Central New York Society of Healthcare Engineers
Annual Conference**
Presenter (Valhalla, NY), October 2019
1. NYU Kimmel: Integration of Infection Prevention & Design*
2. FGI's Beyond Fundamentals*
3. 2018 Guidelines Update*



New York Building Congress
Webinar Panelist (New York, NY), June 2020
A Look Back on NYC's Response to COVID-19



Mayo Clinic Transform 2019 Conference
Workshop (Rochester, MN), September 2019
Patient Experience: Current & Future State



AIA | National, Associated with AAH
Webinar - National (Washington, DC), March 2020
*Exam, Procedure, Operating and Imaging Rooms:
Planning advice based on the 2018 FGI Guidelines**



Innovations in Surgical Environments Conference
Panelist (Charleston, SC), September 2019
Operating Room of the Future



**Healthcare Design Expo & Conference '19, Nursing
Institute of Healthcare Design**
Panelist (New Orleans, LA), November 2019
Functional Programming Workshop



Nursing Institute of Healthcare Design
Webinar (National), August 2019
*Get the Latest Insights: FGI's Beyond Fundamentals**

Presentation: Panels, Presentations, Webinars & Workshops



Summer Leadership Summit 2019:
AIA AAH & American College of Healthcare Architects
Workshop (Chicago, IL), July 2019
Rural Hospitals



NYU Langone Health, Continuing Education
Presentations (New York, NY), June & July 2019
1. *What's Changed in FGI 2018**
2. *Integration of Infection Prevention and Design**



National Institute of Health
Presentation (Bethesda, MD), May 2019
*Get the Latest Insights: FGI's Beyond Fundamentals**



Montefiore Medical Center
Presentations (New York, NY), March 2019
1. *A New Type of ED**
2. *FGI Overview of 2018 Edition**
3. *Appropriate Room Use: Exam, Procedure & Operating Rooms**



PDC Summit 2018: Planning, Design and Construction in Healthcare, American Society of Health Care Engineering
Presentations (Phoenix, AZ), March 2019
1. *FGI's Beyond Fundamentals Moving Past the Minimum**
2. *NYU Kimmel Pavilion: Infection Prevention & Design**
3. *Collaborating for a New Type of ED Space**



Healthcare Design Expo & Conference '18
Presentations (Phoenix, AZ), November 2018
1. *Get the Latest Insights FGI's Beyond Fundamentals**
2. *Low-Acuity Treatment: Shortening ED Visits**
3. *Looking into the Hybrid Operating Room of the Future**



Central New York Society of Healthcare Engineers
Presentations (Valhalla, NY), October 2018
1. *Pod People: Low-Acuity Patient Treatment in the ED**
2. *A New Class Act: Changes to FGI 2018**




AIA | Columbus
Presentation (Columbus, OH), June 2019
*2018 FGI: Major Revisions to Imaging, Procedure, & ORs**

Presentation:
Panels, Presentations, Webinars & Workshops

BISNOW **Bisnow**
Moderator (New York, NY), October 2018
*Executive Perspective: Penn Medicine, Princeton, NY
Presbyterian, Northwell, Gilbane*





PDC Summit 2018: Planning, Design and Construction in Healthcare, American Society of Health Care Engineering
Presentations (Nashville, TN), March 2018
1. *FGI's Beyond Fundamentals Moving Past the Minimum**
2. *Changes to Procedure, OR & Imaging Rooms FGI 2018**

 **FGI** **Facility Guidelines Institute**
Webinars (National), September & October 2018
1. *Pod People: Low-Acuity Patient Treatment in the ED**
2. *Appropriate Room Use, Part 1: Exam, Procedure & ORs**
3. *Appropriate Room Use, Part 2: Imaging Rooms**

BISNOW **Bisnow**
Moderator (New York, NY), October 2017
An Executive Outlook: Penn Medicine, Princeton, Children's National, Children's Hospital of Philadelphia

 **AIA** **Summer Leadership Summit 2019:
AIA AAH & American College of Healthcare Architects**
Presentation & Workshop (Chicago, IL), July 2018
Examination Rooms

 **AIA** **Summer Leadership Summit 2017:
AIA AAH & American College of Healthcare Architects**
Presentation & Workshop (Chicago, IL), July 2017
Low-Acuity Patient Treatment Station

 **AIA** **AIA | Middle Tennessee Academy of Architecture for Health**
Presentation (Nashville, TN), March 2018
*A New Class Act: The 2018 Guidelines and Major Revisions**

Presentation: Panels, Presentations, Webinars & Workshops



Med | ED Boston Conference

Presentation (Boston, MA), April 2017

*Changes to Procedure, OR & Imaging Rooms FGI 2018**



Northwell Health / Northshore Long Island Jewish

Presentations (Manhasset, NY), December & October 2014

- 1, *Safety Risk Assessment: FGI Guidelines Requirement**
- 2, *Changes to FGI 2014**



NYU Langone Health, Continuing Education

Presentation (New York, NY), June 2017 & November 2015

- 1, *Advancements in Infection Prevention in the Healthcare**
- 2, *Changes to FGI 2014***



Columbia Memorial Hospital

Presentation (Hudson, NY), July 2007

Changes to the New AIA 2006 Guidelines to Health Care



Children's Hospital of Philadelphia, Penn Medicine, Hershey Medical Center, Continuing Education

Presentations (Philadelphia & Hershey, PA), November 2014

*Changes to FGI 2014**



Vanderbilt University Medical Center

Presentation (Nashville, TN), May 2007

Changes to the New AIA 2006 Guidelines to Health Care



Children's Hospital of the Kings' Daughters

Presentation (Norfolk, VA), October 2014

*Changes Coming with FGI 2014 Edition**



Society for Arts in Healthcare

Presentation (Nashville, TN), April 2007

Presentation (New York, NY), February 2006

*Value of Art in Healthcare: Art in Public Places
Importance of Art in Healthcare Settings*

Education:
Academia, Teaching, Lectures, Juries



Parsons / The New School

Mid-term & Final Reviews (New York), 2017, 2018 & 2019
Re-imagining Care



New York School of Interior Design

Invited Critic (New York), 2014, 2015 & 2016
Re-imagining Healthcare



Clemson University Architecture + Health

Presentation & Reviews (Clemson, SC), 2018 & 2019
*FGI 2018 Guidelines**



Pratt Institute, School of Architecture

Invited Critic (Brooklyn, NY)
1st & 3rd Year Student Reviews



Rhode Island School of Design, Faculty of Architecture

Lecturer & Studio Advisor, (Providence, RI), 2015
Germ Studio



City University of New York, School of Architecture

Invited Critic (New York, NY) 2013, 2014



Clemson University, School of Architecture

Presentation (Clemson, SC), 2014
*Changes to FGI 2014**



Columbia University Graduate School (MBA Healthcare)

Lecture (New York, NY), 2006
History of Design and Construction in Healthcare

Publication:
Articles, Publications & Whitepapers



Health Estate Journal - UK
Columnist, October 2020
Re-Evaluating Post-Covid Health Design



Architecture
Interviewed & Quoted, April 2020
Why the Industry Was Ill-prepared for a Pandemic and What Changes Could Come



Forbes
Columnist, August 2020
How To Reduce Social Isolation for Healthcare Workers and Patients During the Coronavirus Pandemic



Modern Healthcare
Interviewed & Quoted, April 2020
These Architects Are Addressing COVID-19 Health Care Infrastructure Capacity



Forbes
Columnist, June 2020
The Coronavirus Has Boosted Telehealth; Here's How Existing Spaces Can Support Virtual Visits



Fast Co
Interviewed & Quoted, March 2020
3 Things Hospitals Can Do Right Now to Prepare for COVID-19



Forbes
Columnist, April 2020
Many Rural Hospitals Are Not Prepared for COVID-19 Surge, Here's How They Can Be



Dalhousie University Alumni Spotlight
Subject, January 2019
A Passion for Healthcare Architecture: Bryan Langlands



Forbes
Columnist, April 2020
We Need More ICU Beds to Fight COVID-19: Rethinking America's Individualized Healthcare Mentality



Facility Guidelines Institute Publication - Whitepaper
Lead Author, January 2019
Re-imagining the Emergency Department: Ideas for Shaping the Emergency Department of the Future

Publication:

Articles, Publications & Whitepapers

BISNOW

Bisnow

Subject, October 2018

*Medical Concierges, Telehealth, and Experience Define
Healthcare Real Estate New World*

Forbes

Forbes, Bisnow

Subject, November 2017

*Millennial Parents Are Turning Hospitals into Technological
Headaches for Boomers*

**healthcare
design**

Healthcare Design Magazine

Subject, August & September 2018

1. *Healthcare Design 10: Bryan Langlands - Team MVP*
2. *Celebrating the 2018 Healthcare Design Winners*
3. *Healthcare Design Names the HCD 10 Winners*

**healthcare
design**

Healthcare Design Magazine

Contributor, September 2016

How to Weigh in on the Guidelines



Facility Guidelines Institute - 2018 Guidelines Edition

Contributor, 2017

Guidelines for Design and Construction of Hospitals



New York Times

Interviewed & Quoted, February 2015

As Office Space Shrinks, So Does Privacy for Workers



Facility Guidelines Institute Publication - Whitepaper

Lead Author, January 2018

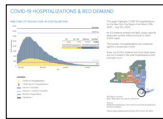
*A Case for the Low-Acuity Treatment Station:
Reducing Length of Stay in the Emergency Department*



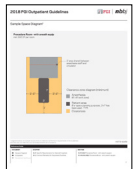
Facility Guidelines Institute - 2014 Guidelines Edition

Contributor, November 2013

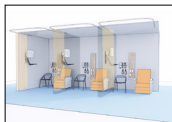
*Guidelines for Design and Construction of Hospitals and
Outpatient Facilities*



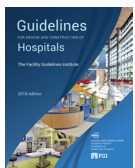
3.1
COVID-19 Pandemic National Expertise
National Leadership in a Time of Crisis



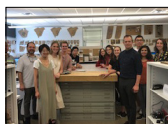
3.2
"Beyond Fundamentals" Library
of the Facility Guidelines Institute
Promoting Ideas and Best Practice



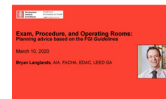
3.3
Emergency Department Low-Acuity
Patient Treatment Area
Transforming Healthcare Delivery



3.4
Facility Guidelines Institute
National Advocacy



3.5
Academia & Education Next Generation
Shaping the Next Generation of Architects and Planners



3.6
Healthcare Design Profession & Knowledge Community
National Leader in Knowledge Sharing



3.7
Geisinger Health System
Healthplex: Creating a New Model of Delivering Care



3.8
NYU Langone Health System
Helen L. & Martin S. Kimmel Pavilion
Setting the Precedent for Regulatory Advancement



3.9
Vanderbilt University Medical Center
Setting the Direction for Vanderbilt's Future



3.10
University of Rochester Medical Center
James P. Wilmot Cancer Center
Laying the Foundation for National Cancer Institute Designation

AIA | Los Angeles

Panel discussion sponsored by AIA|LA regarding Healthcare Facilities in the wake of the COVID-19 pandemic crisis.

**AIA|LA Designing the Future:
Part III: Healthcare Facilities**

A Seven-Part Series :: in the wake of our pandemic crisis



LOCATION

New York leading to National

COMPLETION DATE

Mar 2020-ongoing

ROLE OF NOMINEE

Greater New York Hospital Association COVID-19 Surge Capacity Task Force, Task Force Member Mar-Jun 2020

COVID-19 Subject Matter Expert, Ongoing

PUBLICATIONS

AIA | Los Angeles, Webinar Panel "Designing the Future-Part III: Healthcare Facilities" Jul 2020

New York Building Congress, Webinar Panel "A Look Back on NYC's Response to COVID-19" Jun 2020

Forbes, Regular Column Contributor Apr 2020-ongoing

Architecture, Modern Healthcare, Fast Co, Contributor Mar 2020-ongoing

"Bryan's expertise and leadership came to bear during this extraordinary time resulting in an effective and expedited process for evaluating existing facilities for expanded bed capacity."

Rodney Crumrine, AIA
GNYHA Surge Capacity Task Force

Overview

In February and March 2020, the number of hospitalizations and deaths increased daily in the country due to COVID-19. In New York state and city, the need for hospital beds far exceeded the available beds. Hospitals ran out of beds, particularly for the critically ill and those requiring ventilators. Hospital systems urgently looked for ways to increase their bed capacity.

The Greater New York Hospital Association established a Surge Capacity Task Force comprised of architects, engineers, construction managers, expeditors, and Authorities Having Jurisdiction. NBBJ was one of the involved firms and Bryan led the effort to establish the evaluation criteria for the Task Force, which resulted in the evaluation of over 30 sites.

Outcome

New York city was able to increase its overall bed capacity, doubling its intensive care beds, and create new beds in non-traditional healthcare spaces. As COVID-19 spread to other parts of the country, Bryan's pioneering work with the Surge Capacity Task Force in New York city also expanded further afield, encompassing interviews, published articles, and participation in webinar panels. Bryan has been a regular contributor and voice representing our design profession's response to the pandemic. As recently as July 2020 Bryan was invited and participated on a panel sponsored by AIA|LA regarding health facilities response to COVID-19.

COVID-19 Pandemic

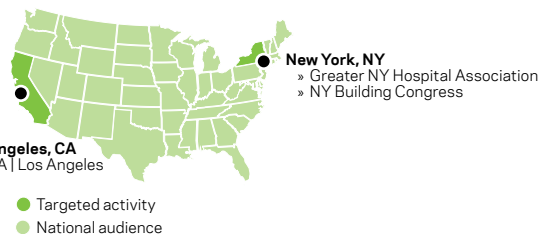
National Leadership in a Time of Crisis

DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee has primary responsibility for this initiative.

Christopher J. Prochner PE, LEED AP, CEA
Partner, Jaros Baum & Bolles

Participating member of Surge Capacity Task Force of the Greater New York Hospital Association, and NY Building Congress

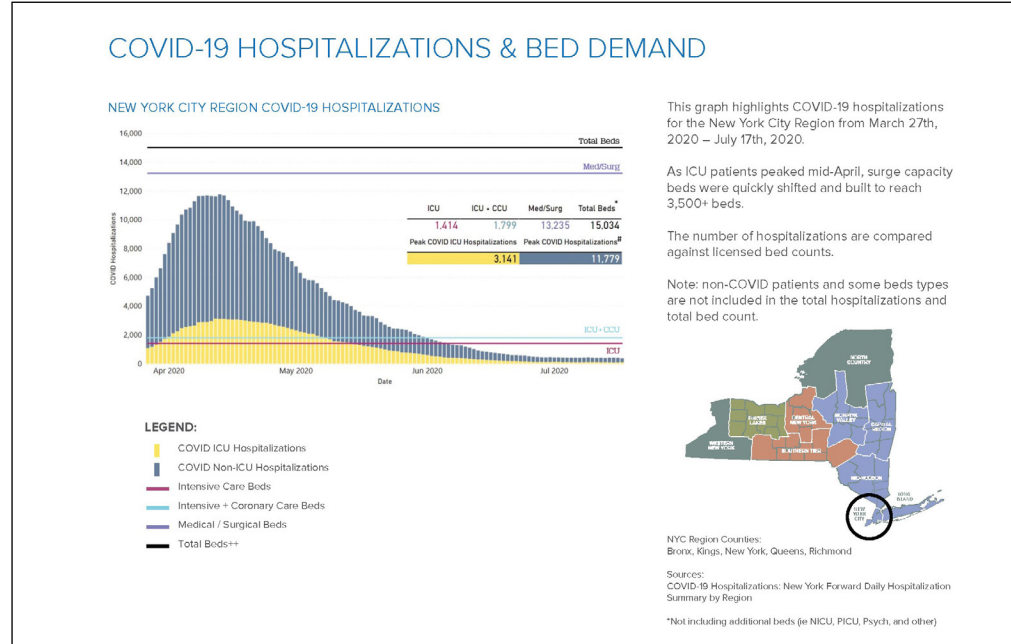


Forbes

Regular column contributor to *Forbes* as part of their Coronavirus Coverage.

NY State Hospitalizations & Bed Demand

Diagram created to demonstrate NY state COVID-19 bed hospitalizations compared to # of available beds.



We Need More ICU Beds To Fight COVID-19. These Medical Architects Say That Requires Hospitals To Rethink Individualized Care

Bryan Langlands Contributor
Coronavirus Frontlines Contributor Group ID
Healthcare
I am a Principal and Senior Medical Planner with NBBJ.

Ryan Hullinger Contributor
Coronavirus Frontlines Contributor Group ID
Healthcare
I am a Partner and Adaptable Hospital Design Expert at NBBJ.

Coronavirus Frontlines is a special series where we are sharing the perspective of experts at the forefront of combating the COVID-19 pandemic.

“Bryan’s steady and calm leadership through the COVID-19 pandemic provided thoughtful information and guidance during a time of crisis.”

Rodney Crumrine, AIA
GNHYA Surge Capacity Task Force

GNHYA

GNHYA Surge Capacity Taskforce objective and overview.

GNHYA Surge Capacity Taskforce

Introduction

The Greater New York Hospital Association (GNHYA) represents over 160 hospitals and health systems in the New York region, and is an integral component of the regional COVID-19 pandemic response. On March 18, Governor Andrew Cuomo issued a mandate for hospitals to increase their inpatient bed capacity by at least 30% and as much as 100% to accommodate an unprecedented surge of patients that threatened to overwhelm the health care system. GNHYA received an outpouring of offers from commercial property owners and non-hospital health care facilities that wanted to contribute their unused or decommissioned spaces to be either occupied or reactivated as alternative care sites for critical, acute, or post-acute care.

GNHYA recognized a need to support hospitals and governmental agencies to quickly evaluate these unused clinical and non-clinical spaces for their maximum potential bed count and appropriate acuity level. For guidance on addressing this urgent need, GNHYA contracted the office of Peter J. Romano and Company, through a referral from a member hospital. The response from the architecture, engineering, construction, and the location scouting professionals far exceeded GNHYA's expectations and could serve as a model for future sustained patient surge events.

Evaluation Criteria

GNHYA evaluation criteria form developed by Bryan used by all teams.

2020 GNHYA Surge Capacity Task Force Report

1.0 Purpose Overview

1.1 Primary Objectives

1.2 Primary Deliverables

1.3 Site

1.4 Site Visit

1.5 Data Review

1.6 Site Assessment

1.7 Site Evaluation

1.8 Site Recommendation

1.9 Site Recommendation

1.10 Site Recommendation

1.11 Site Recommendation

1.12 Site Recommendation

Site Evaluation

Evaluation of North Queens Surgical Center to create additional capacity during coronavirus.

4.0 Floor Plan - Test Fit

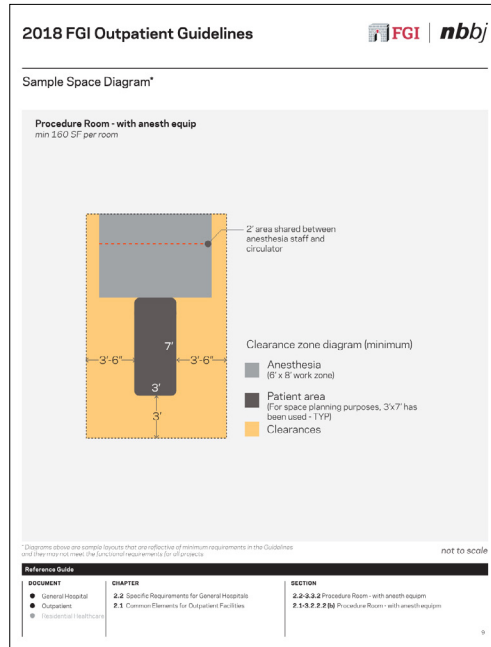
4.1 Test Fit - 2nd Floor

Test Fit Legend

- Patient Care Position
- Patient Care Access
- Arrival/Discharge
- Examination Room
- Waiting
- Intubation
- Intubation
- On-Call
- Storage
- Clean
- Kitchen/Staff
- Dining
- Staff Rest
- Elevator
- Misc. Gas

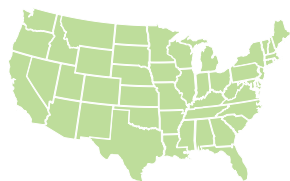
Sample Space Diagram

Minimum required clearance and clear floor area diagram produced by Beyond Fundamentals.



**“Beyond Fundamentals”
Library of the Facility
Guidelines Institute**

Promoting Ideas and Best Practice



● National audience

DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee is the Chair of the Beyond Fundamentals Oversight Committee and that he is primarily responsible for this initiative.

David Uhaze RA
Chairman, FGI Guidelines
President of FGI Guidelines, the body that oversees Beyond Fundamentals, and who invited Bryan to chair Beyond Fundamentals

ROLE OF NOMINEE
Beyond Fundamentals Library Chair, 2018-present

PUBLICATIONS
Patient Handling and Mobility Assessment, 2nd Edition, 2020

How Collective Design Triumphed Over Competition in the Fight Against Hospital Acquired Infections, 2020

Reimagining the ED: Ideas for Shaping the Emergency Department of the Future, 2019

Hybrid Operating Room Design Basics, 2019

A Case for the Low-Acuity Patient Treatment Station: Reducing the Length of Stay for Emergency Department Visits, 2018

Checklist for Designing a Geriatric Treatment Room in the Emergency Department, 2018

Responses to Questions about Applying the Guidelines, 2018

FGI Study of Clearances Needed to Provide Safe Care for Patients of Size, 2018

Design Guide for Long Term Care Homes, 2018

“...As the Chair of the Beyond Fundamentals Oversight Committee, Bryan is raising the bar on what healthcare ‘should’ do in support of best practice, rather than simply what it ‘must’ do by following minimum code requirements.”

Peter L. Bardwell, FAIA, FACHA
AIA AAH Past President, 2008

Overview

Much of healthcare planning and design is focused on minimum requirements of healthcare spaces, and what must be done to be compliant. The questioning of “what is best?” is often lost to “what is required?”

As a direct result of his active engagement as the AIA AAH representative on the FGI Health Guidelines Review Committee, and his ground-breaking work arguing for and promoting change in how care is delivered in our nation’s emergency departments, Bryan was asked to chair Beyond Fundamentals, a separate initiative established by the Facility Guidelines Institute. Since 2018, Bryan has crafted and championed a platform from which others speak authoritatively on the latest in healthcare design thinking in the form of best practices, design recommendations, evidence-based research, and new applications of technology. Beyond Fundamentals has become a valuable resource for healthcare organizations, planners, and designers.

Outcome

From 2018 to 2020 the Beyond Fundamentals library has tripled the number of materials available and has published numerous critical documents used by AIA Academy of Architecture for Health members. For the first time in FGI history, regulatory compliance checklists and minimum clearance diagrams are being developed which will clarify how the Guidelines requirements are to be correctly interpreted and applied.

Beyond Fundamentals

Beyond Fundamentals available on Facility Guidelines Institute website.

FGI FACILITY GUIDELINES INSTITUTE
The keystone to health care planning, design, and construction

Beyond Fundamentals

Welcome to Beyond Fundamentals! Conceived as a way to stay current with trends that will impact health care facility design, this resource library goes beyond the fundamental design and construction Guidelines requirements for which FGI is known. The Beyond Fundamentals digital library features new and unique content that reaches beyond the minimum requirements to reflect the latest health care design thinking in the form of best practices, design recommendations, evidence-based research, and new applications of technology. It also includes draft fundamental requirements for consideration for inclusion in the Guidelines documents and information supporting the fundamental requirements in the Guidelines.

The Beyond Fundamentals content will be updated and supplemented continually, unlike the FGI Guidelines for Design and Construction documents, which are static documents published every four years. The Beyond Fundamentals will provide access to a growing collection of health care design resources, including white papers and reports, checklists, design recommendations in response to emerging trends in practice, and access to the experiences of industry change-makers and advocates for person-centered health care solutions.

Here's a sampling of what FGI published in 2018 and has planned for the Beyond Fundamentals resource library in 2019:

- Guidance for providing low-acuity patient treatment pods in the emergency department and suggested Guidelines text for the 2022 edition (now available)
- Checklist for evaluating and providing accommodations for geriatric patients in emergency departments (now available)
- White paper on the design of hybrid operating rooms (now available)
- White paper from the Reimagining the ED workshop (now available)
- White papers and tools to help apply the Guidelines
- White paper explaining how to create a functional program (coming soon)
- Updated white paper on the PHAMA (patient handling and movement assessment) (coming soon)
- Design insights for palliative care settings

Sample Checklist

Checklist for FGI 2018 Edition medical/surgical patient care unit currently in development as part of the Beyond Fundamentals

2.2.2.2 Medical/Surgical Patient Care Unit

2.2-2.2.2 Patient Room

2.2-2.2.2.1 Capacity

- Single-patient room
- Two-patient room (permitted in renovation only)

2.2-2.2.2.2 Space requirements

- Single patient room:
 - Area (min. 120 SF)
 - Clearances (min 3'-0" bed sides and foot)
- Two-patient room:
 - Area (min. 100 SF/bed)
 - Clearances (min 3'-0" bed sides and 4'-0" at foot)

2.2-2.2.2.3 Windows

- 2.1-7.2.2.5(1) Operable window(s) with < 4" opening
- 2.1-7.2.2.5(2) Fixed window(s)
- 2.1-7.2.2.5(3) > 8% net glazed area of required CFA of room
- 2.1-7.2.2.5(4) Glazing for renovation:
 - Glazed area: _____
 - SB: _____

2.2-2.2.2.4 Patient privacy

- 2.1-2.1.2 Means of visual privacy
- 2.1-2.1.2 Means of speech privacy

2.2-2.2.2.5 Hand-washing stations [Use hand-washing stations checklist.]

2.2-2.2.2.6 Patient toilet room

- 2.1-2.2.6.1 Located in the patient room
- 2.1-2.2.6.2 Serves only one patient room
 - A toilet
 - A hand-washing station
 - A bodypan-rinsing device
- 2.1-2.2.6.3 Bedwetting devices:
 - Optional in psychiatric and alcohol abuse units
 - Cold water only
 - Dedicated room if no in toilet room acceptable for critical care room

2.2-2.2.2.7 Patient bathing facilities

- 2.2-2.2.2.7.1 Location
 - In the toilet room
 - In a central bathing facility
- 2.2-2.2.2.7.2 Central bathing facilities
 - Individual room or enclosure
 - Number:
 - One shower or bathtub for each patient care unit
 - One bathing facility to serve patients on gurneys/carts/wheelchairs - may serve multiple patient care units located on separate floors
 - Features:
 - Toilet in a separate enclosure
 - Hand-washing sink
 - Storage for soap and towels
- 2.2-2.2.2.7.3 Accommodations for mobile lifts, shower gurney devices, wheelchairs, and other portable wheeled equipment used:
 - Doorsways

2.1-2.2.8

- Wardrobe
- Locker
- Closet

2.2-2.2.3 Patient/Family-Centered Care

2.2-2.2.3.1 Family zone support features

- Space:
 - For movable seating
 - For at least one chair for long term sitting
 - For sleeping accommodation for family member/visitor, where permitted
- Public communication services

2.2-2.2.4 Special Patient Care Rooms

2.2-2.2.4.2 Airborne infection isolation (AII) room [Use AII room checklist]

2.2-2.2.4.4 Protective environment (PE) room

- Number: Required by the ICRA _____
- Location: Required by the ICRA _____
- Comply with AII room checklist
- Additional design elements for PE room:
 - Surfaces:
 - Monolithic
 - Cleanable
 - Lighting: with lenses and sealed

2.2-2.2.4.5 Combination airborne infection isolation/protective environment (AII/PE) room

- Number: >1 _____
- Comply with PE room requirement
- Anteroom:
 - Space for donning/doffing personal protective equipment
 - Doors with one or both of the following:
 - Self-closing devices
 - Audible alarm arrangement

2.2-2.2.4.6 Medical psychiatric room(s)

- Medical psychiatric room [Use medical psychiatric patient care unit checklist]
- Exceptions if in medical/surgical patient care unit:
 - Single patient occupancy
 - Means for staff observation
 - Features to support minimum potential for escape, concealment, injury, or suicide:
 - No lay-in calling
 - Security film or glazing for windows
 - Shatterproof mirror (mirror optional)
 - Temper-resistant type
 - Patient privacy for view panel

2.2-2.2.8 Support Areas for Medical/Surgical Patient Care Units

2.2-2.2.8.1 General - support areas provided in or readily accessible to each patient care unit [Use support areas for patient care unit and other patient care areas checklist.]

- 2.2-2.2.8.2 Administrative center or nurse station
- 2.2-2.2.8.3 Documentation area
- 2.2-2.2.8.4 Nurse or supervisor office
- 2.2-2.2.8.5 Multipurpose room
- 2.2-2.2.8.7 Hand-washing stations [Use hand-washing stations checklist.]
- 2.2-2.2.8.8 Medication safety zone
- 2.2-2.2.8.9 Nourishment area or room
- 2.2-2.2.8.10 Ice-making equipment.
- 2.1-2.2.8.10.1 Self-dispensing type for public

“Through this trailblazing work [Beyond Fundamentals], he [Bryan] has set the pathway for much needed change within healthcare design as the healthcare industry continues to transform.”

Joan Saba, FAIA, FACHA
AIA AAH Past President, 2002

PHAMA

Patient Handling and Mobility Assessments, 2nd Edition, published by FGI and part of the Beyond Fundamentals library.

FGI The Facility Guidelines Institute

Patient Handling and Mobility Assessments

SECOND EDITION

Updated by
Mary W. Matz, MSPH, CPE, CSPHP

with support from **Hillrom**

Re-imagining the ED

Whitepaper with Bryan as lead author available on Beyond Fundamentals library.

FGI

Reimagining the ED: Ideas for Shaping the Emergency Department of the Future

December 2018

Bryan Langlands, AIA, ACHA, EDAC, LEED GA, Principal, NBBJ
David Coleman, MS, Founder/CEO, DC Design
Troy Savage, MESI/MDA, Project Manager, Mazzetti

Images provided by:
American College of Emergency Physicians
David Coleman, DC Design
Facility Guidelines Institute
Mazzetti + GBA
NBBJ (interior view)

FACILITY GUIDELINES INSTITUTE
www.facilityguidelines.org | www.fgi.org

Design Guide

Design Guide for Long Term Care Homes published available as part of Beyond Fundamentals library.

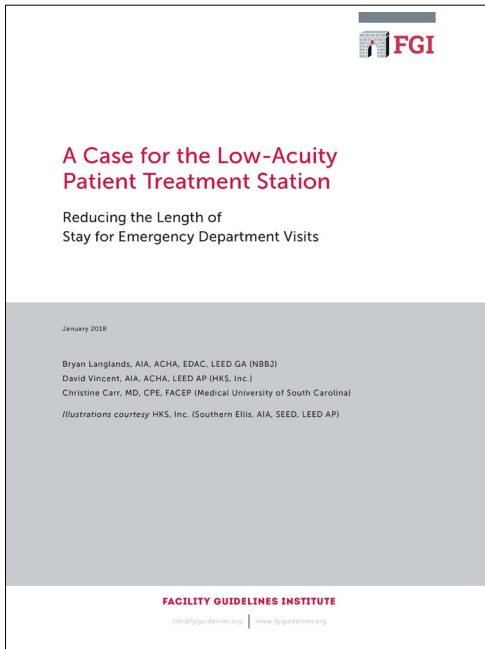
NBBJ

DESIGN GUIDE FOR LONG TERM CARE HOMES

2018 EDITION

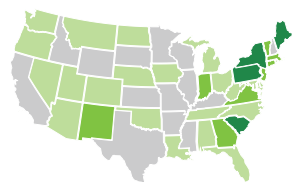
FACILITY GUIDELINES INSTITUTE

Whitepaper
Whitepaper authored by Bryan Langlands laying the foundation for the adoption by Facility Guidelines Institute for the low-acuity patient treatment station.



Emergency Department Low-Acuity Patient Treatment Area

Transforming Healthcare Delivery in the Emergency Department



- States which will automatically adopt FGI 2022 Guidelines
- States which will likely adopt or allow use of FGI 2022 Guidelines
- States which look ahead to latest edition for information

DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee has primary responsibility for this initiative.

Christine Carr MD, ACEP

Professor, Medical University of South Carolina; Senior Clinical Advisor, South Carolina Hospital Association

Representing interest of the American College of Emergency Physicians

LOCATION

National

ROLE OF NOMINEE
Led the effort and authored the proposal for the Facility Guidelines Institute to include the low-acuity treatment position within the emergency department chapter of the 2022 Guidelines Edition.

AWARDS RECEIVED
Healthcare Design Magazine
"Team Most Valuable Player" Award, 2018

PUBLICATIONS
Facility Guidelines Institute, 2022 Edition

Facility Guidelines Institute, Publication
"A Case for the Low-Acuity Treatment Station: Reducing Length of Stay in the Emergency Department" Jan 2018

"Bryan's push for delivering the 'right care at the right time in the right place' is resulting in the first major change within the emergency department of the FGI Guidelines in over a decade."

Douglas Erickson, FASHE, CHFM, HFDP, CHC
Chief Executive Office, Facility Guidelines Institute

Overview

Emergency Departments across the country are facing significant space constraints, especially in urban settings. One strategy that could help health care organizations reduce costs and alleviate overcrowding is providing treatment spaces that could be used exclusively for "vertical" or chair/recliner-centric patients, however the current edition of the Facility Guidelines Institute Guidelines which has been adopted by 44 states and federal agencies does not include minimum requirements or guidance for such spaces.

Working with the American College of Emergency Physicians (ACEP), Bryan conducted research, authored a whitepaper, gathered input through presenting a case at national conferences, educated and lobbied Facility Guidelines Institute voting members, and submitted the proposal for the low-acuity treatment area for the next edition to be published and adopted.

Outcome

The Emergency Room Low-Acuity Treatment Area has been included in the draft of the 2022 Guidelines Edition which is currently open for public review and will be included in the final published document scheduled for release in December 2021. For the first time in healthcare design, the low-acuity treatment area will be recognized as a legitimate type of treatment space by Authorities Having Jurisdiction across the country.

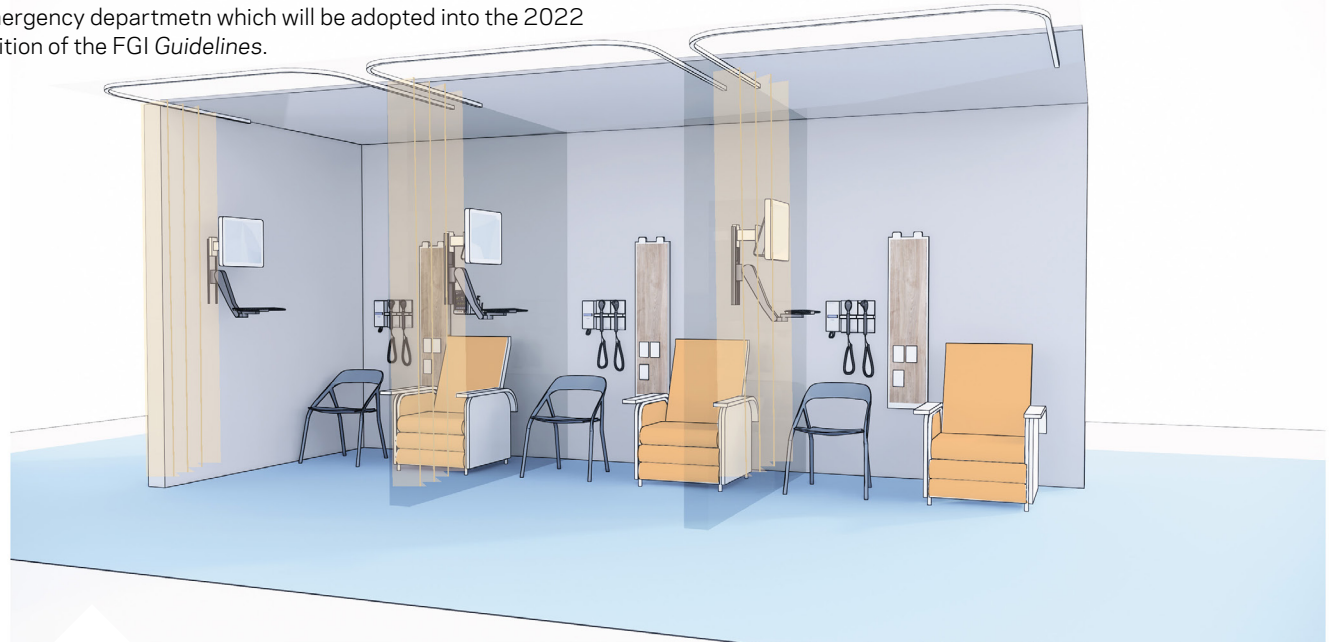
Healthcare Design HCD 10

Article in *Healthcare Design Magazine* announcing 2018 HCD 10 Team MVP Award.



Low-Acuity Patient Treatment Area

Rendering of a low-acuity patient treatment area within an emergency department which will be adopted into the 2022 Edition of the FGI Guidelines.

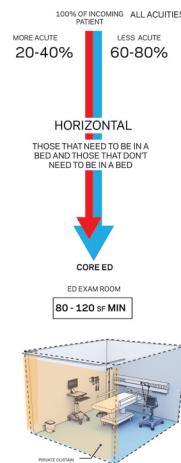


“Without Bryan’s dedication and passion, the geography of the ED setting would remain stagnant as it has for the past two decades... [Bryan] recognized that the status quo is not good enough, and had the fortitude to work to make change.”

Christine M. Carr, MD, CPE, FACEP
Prof, Depts Emer Med and Public Health,
Medical University of South Carolina

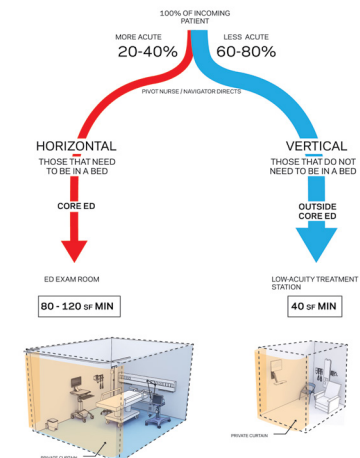
Emergency Department Traditional Patient Flow

Traditional patient flow for emergency department has patients seen in an exam room, cubicle or bay, typically on a stretcher or “horizontal.” Exam room minimum 120 SF, Cubicle or bay minimum 80 SF.



Emergency Department Advanced Split Patient Flow

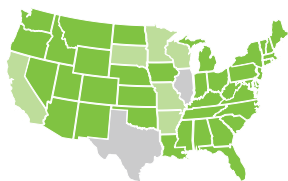
Advanced split flow allows for lower-acuity patients to be seen separately from higher acuity-patients. With the Low-acuity Patient Treatment Area it will allow caregivers to see these patients on a recliner or “vertical.” Low-acuity patient treatment position minimum is 40 SF.





Facility Guidelines Institute

National Advocacy



● States which use FGI Guidelines
● States which refer to or may adopt FGI Guidelines

DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee is a member of the FGI 2022 Edition, Steering Committee and Health Guidelines Review Committee.

Douglas S. Erickson
Founding Member and Chief Executive Officer, Facility Guidelines Institute

Representing interest of the FGI Guidelines.

LOCATION
National

ROLE OF NOMINEE
Steering Committee Member, 2018-present

Health Guideline Review Committee Member 2015-present

PUBLICATIONS
Facility Guidelines Institute, Editions
- 2022 Edition
- 2018 Edition
- 2014 Edition

Facility Guidelines Institute, Paper "Re-imagining the Emergency Department" Jan 2019

Facility Guidelines Institute, Paper "Case for the Low-Acuity Treatment Stations" Jan 2018

Healthcare Design Magazine, Article "How to Weigh in on the Guidelines" Sep 2016

"Our Nation's healthcare facilities are being transformed because of Bryan's visionary concepts and his work on the Fundamental... aspects of the Guidelines."

Douglas Erickson, FASHE, CHFM, HFDP, CHC
Chief Executive Office, Facility Guidelines Institute

Overview

Facility Guidelines Institute (FGI) is the organization responsible for establishing and promoting consensus-based guidelines to advance quality healthcare and set the minimum requirements for healthcare spaces which have been adopted and are enforced in 44 states and federal agencies.

Outcome

Bryan's work has significantly improved the quality of the healthcare environment. As appointed representative of AIA AAH Bryan has successfully advocated on the Academy's behalf and proposed changes which have advanced the healthcare design profession.

Bryan's efforts have resulted in a Guidelines for Design and Construction of Hospitals and Outpatient Facilities document that provides greater clarity of clearance requirements for exam, procedure and operating rooms; revised definition of invasive procedures; classification of imaging modalities; and the inclusion of a new type of emergency department treatment space.

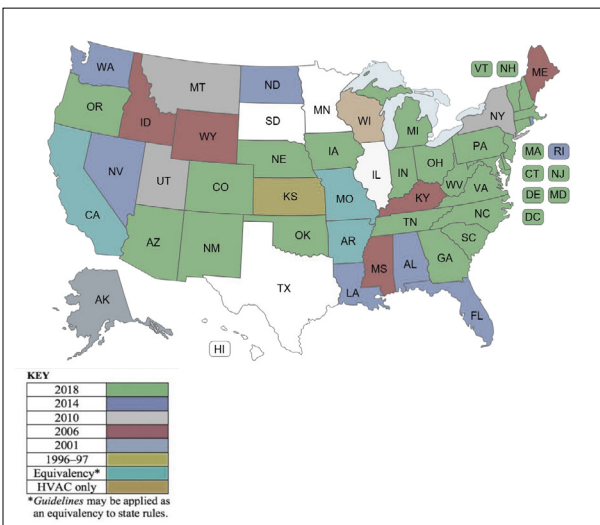
Bryan spearheaded the effort to align the FGI's Guidelines document and the America Society for Heating, Refrigerating, and Air-conditioning Engineers (ASHRAE) standards leading to two addenda to the mechanical standards that are used in the design of healthcare spaces. The adopted revisions have eliminated conflicting requirements between the two documents and have led to the clarification on the minimum requirements for spaces using inhalation gases, and spaces where invasive procedures can take place.

SECTION 3
Exhibit 3.4 - Practice

Bryan Langlands, AIA, FACHA, EDAC, LEED Green Associate
Principal / Senior Medical Planner, NBBJ

Facility Guidelines Institute Adoption Map

Map of US which indicates which edition of FGI Guidelines each state enforces.



PDC National Conference

One of numerous FGI presentations delivered by Bryan at national conferences.

The 2018 FGI Guidelines
Demystifying Procedure, Operating, and Imaging Rooms

nbbj Bryan Langlands AIA, ACHA, EDAC, LEED GA
March 26, 2018

PDCSUMMIT.ORG • #PDCSUMMIT

International Summit & Exhibition on
Health Facility Planning, Design, & Construction

PDC SUMMIT 2018
SINCE 1987

Healthcare Design

Article by Bryan "How To Weigh In On The FGI Guidelines"

healthcare design NEWS TRENDS PROJECTS EVE

NEWS

How To Weigh In On The FGI Guidelines

Posted by Jennifer Kovacs Shivas | October 31, 2016

The public comment period for the latest draft of the Facility Guidelines Institute's (FGI) *Guidelines for Design and Construction* is open now through Dec. 17, and the body behind the 2018 revision is urging industry members to weigh in. The *Guidelines* are the healthcare design standard used most often by medical planners, designers, and owners. Currently, authorities having jurisdiction (AHJ) in 35 states enforce some edition of the documents, but even those states that haven't officially adopted them often refer to the *Guidelines* to help determine their own minimum standards. The 100-member Health Guidelines Revision Committee (HGRC) revises and updates the text every four years with the help of the healthcare industry through public proposal and comment periods like these. In the 2018 *Guidelines*, one major change of note will be the separation of hospital and outpatient standards, resulting in the publication of three *Guidelines* documents—one for hospitals; one for outpatient facilities; and one for residential health, care, and support facilities. In addition to these fundamental design requirements, companion publications in a "Beyond Fundamentals" series are planned. Any material that currently resides in the *Guidelines* appendix section that's not directly relevant to the application of that requirement will be moved to Beyond Fundamentals—for example, anything that may be considered additional information or best practice. Proposed deletions and revisions to existing text, along with proposed new material, can be found throughout the documents; however, much of the focus during this revision cycle was on clarifying and consistently applying the requirements, including the following:

Room design for different types of procedures
An effort has been made throughout the hospital and outpatient documents to align the definition and application of requirements for the various types of rooms whose procedures take place, based on the level of invasiveness of the procedure and the perceived level of risk to the patient.

FGI

2018 Edition of FGI Guidelines for Hospitals

Guidelines
FOR DESIGN AND CONSTRUCTION OF
Hospitals

The Facility Guidelines Institute

2018 edition

Includes ANSI/AIAA/ASHRAE Standard 170-2017 Ventilation of Health Care Facilities

FGI

ASHRAE

Addendum L to Standard 170-2017 which correlated the ASHRAE and FGI documents.

ASHRAE

BSRA/ASHRAE/ASHE Addendum L to ANSI/ASHRAE/ASHE Standard 170-2017

Public Review Draft

Proposed Addendum L to Standard 170-2017, Ventilation of Health Care Facilities

First Public Review (October 2018)
(Draft shows Proposed Changes to Current Standard)

This draft has been recommended for public review by the responsible project committee. To submit a comment to the project committee, visit the ASHRAE website at www.ashrae.org/standards. Comments will be accepted until the public review period ends. The draft is subject to modification until it is approved for publication by the Board of Directors and ASHRAE. Use this site for the current edition of the standard as modified by any published addenda or the ASHRAE website. Items in effect. The current edition of any standard may be purchased from the ASHRAE Online Store at www.ashrae.org/standards or by calling 800-843-9842 or 919-972-4223 for orders in the U.S. or Canada.

This standard is under continuous maintenance. To propose a change to the current standard, visit the change submittal form available on the ASHRAE website: www.ashrae.org.

The appearance of any technical data or editorial material in this public review document does not constitute endorsement, warranty, or approval by ASHRAE of any product, service, process, or design, and ASHRAE accepts no liability.

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ASHRAE, 1714 Town Center, McLean, VA 22102-4302

"Bryan is one of the strongest voices and authors of approaches who are laying the foundation for future codes and standards in healthcare design."

Joan Saba, FAIA, FACHA
AIA AAH Past President, 2002

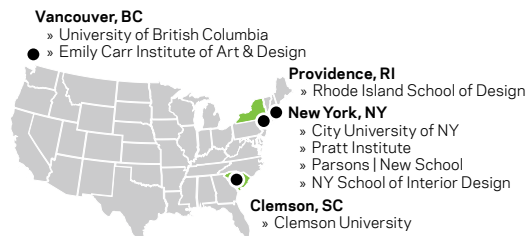
GERM Studio

Rhode Island School of Design GERM Studio students in personal protective equipment while visiting NYU Langone Health operating rooms.



Academia & Education Next Generation

Shaping the Next Generation of
Architects and Planners



DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee has primary responsibility for this initiative.

Peter Yeaton

Professor, Department of Industrial Design, Rhode Island School of Design

Professor who invited Bryan to develop GERM Studio course at RISD.

LOCATION

City University of New York, NY NY

Clemson University Architecture + Health, Clemson SC

Columbia Univ, NY NY

Emily Carr Institute of Art & Design, Vancouver BC

Parsons | The New School, NY NY

Pratt University, Brooklyn NY

Rhode Island School of Design, Providence RI

Univ of British Columbia, Vancouver BC

ROLE OF NOMINEE

Mentor, lecturer, invited critic

Rhode Island School of Design "GERM Studio" Studio Course, 2017

AWARDS RECEIVED

Chair, AIA Architecture for Health & American College of Healthcare Architects, "Next Generation: Emerging Professionals" Scholarship 2016-2018

"Mentor of the Year" Award Recipient, NBBJ NY Studio 2013

"I have witnessed firsthand the impact [Bryan] has had on our students in the Graduate Program in Architecture + Health at Clemson and I find him an invaluable resource for our program."

David Allison, FAIA, FACHA
CHD Change Maker Award Recipient, 2019

Overview

Bryan recognizes that the best architects of tomorrow are the students of today; and how they are introduced to healthcare planning early in their education can influence the remainder of their career. Many architects have steered away from healthcare design because of the perceived limitations of rigid requirements. Bryan has a unique talent of turning technical topics into material that both fascinate and engage students and junior architects.

Bryan is regularly invited by institutions of learning to be an educator, visiting expert and critic. He is involved with course offerings focused on healthcare and design, and often introduces students to the requirements and regulations established for healthcare planning and design.

Outcome

Bryan's influence and dedication to education and knowledge sharing is having an impact on the next generation of healthcare architects and planners. As an expert in healthcare planning, design, and regulations Bryan has been involved in the education of hundreds of students from Rhode Island School of Design to Clemson University, and has encouraged students to see opportunities in how healthcare is delivered. In 2013, he was recognized within his firm, NBBJ, with a "Mentor of the Year" award, and from 2014-16 Bryan chaired the AIA Academy of Architecture for Health and American College of Healthcare Architects "Next Generation" scholarship program.

Clemson University | Architecture + Health
Students at Clemson during a presentation.



Clemson University | Architecture + Health
Presentation given to Clemson University | Architecture + Health students regarding changes to the FGI Guidelines requirements.

Major Changes to the 2018 FGI Guidelines

NBBJ – Bryan Langlands AIA, FACHA, EDAC, LEED Green Associate
October 4, 2018

“We collaborated on a graduate level course exploring the impact of design on healthcare infections; Bryan’s encouragement and guidance for these students was inspiring.”

Michael Phillips, MD
Chief Hosp Epidemiologist, NYU Langone

Parsons | The New School
Presentation to students in the “Re-imagining Healthcare” course at Parsons | The New School, NY.

FGI Guidelines Overview & Case Study Example

Victor Dadras
The New School PARSONS

Bryan Langlands, AIA, ACHA, EDAC, LEED GA
Principal, NBBJ

NBBJ Internal Project Charrette
NBBJ internal multi-studio charrette led by Bryan.



AIA Knowledge Community

Webinar based on Health Facilities Magazine article of same name regarding planning and design of Exam, Procedure and Operating rooms



**Exam, Procedure, and Operating Rooms:
Planning advice based on the FGI Guidelines**

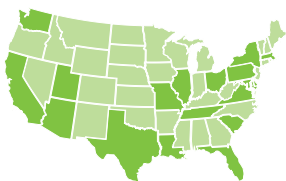
March 10, 2020

Bryan Langlands, AIA, FACHA, EDAC, LEED GA



**Healthcare Design
Profession &
Knowledge Community**

National Leader in Knowledge
Sharing



● States which use Guidelines
● States which refer to or may adopt Guidelines

**DECLARATION OF
RESPONSIBILITY**

*I have personal knowl-
edge that the nominee
has primary responsi-
bility for this initiative.*

Jennifer Kovacs Silvis
Editor-in-Chief
Healthcare Design
Environments for Aging

Representing interest of
the Healthcare Design
Publication & HCD
Conference

LOCATION

National

ROLE OF NOMINEE

Subject matter expert

AWARDS RECEIVED

Healthcare
Design Magazine
“Team Most Valuable
Player” Award, 2018

PUBLICATIONS

AIA | Los Angeles,
Webinar Panel
“Designing the Future-
Part III: Healthcare
Facilities” Jul 2020

AIA | National with
Academy of Health for
Architecture, Webinar
“Exam, Procedure,
Operating and Imaging
Rooms: Planning Advice”
Mar 2020

AIA AAH & American
College of Healthcare
Architects Summer
Leadership Summit,
Workshops “Exam
Rooms” Jul 2018
“Low-Acuity Treatment
Stations” Jul 2017

AIA | Columbus
Presentation “A New
Class Act: 2018
Guidelines” Mar 2018

“Bryan has continuously lived the principle that knowledge shared is knowledge magnified.”

Jennifer Aliber, FAIA, FACHA
Principal, Shepley Bulfinch

Overview

Bryan participates on a national level as a subject matter expert by sharing ideas and imparting knowledge with other professionals and institutions throughout the country. He is a member of the *Healthcare Design Magazine* Editorial Advisory Board, and he frequently presents at conferences and to healthcare organizations. Additionally, he shares knowledge through the online platform with webinars and panels including AIA National and local chapters.

Outcome

Since 2010, Bryan’s knowledge sharing has included 28 presentations, 10 interviews, 6 webinars, 5 workshops, 5 panels, 6 articles and 2 white papers. He has presented at 13 national conferences, and his presentations and webinars have been awarded over 30 Continuing Education Learning Unit credits.

In July 2020, Bryan participated on a panel sponsored by AIA Los Angeles regarding the impact of COVID-19 on health facilities. In March 2020, the AIA Academy of Architecture for Health invited Bryan to lead a webinar on “Exam, Procedure, and Operating Rooms: Planning Advice Based on the FGI Guidelines” which had one of the largest recorded attendances with over 650 participants. In 2019 Bryan was invited by, and presented to, the National Institute of Health at its campus in Bethesda, MD.

SECTION 3
Exhibit 3.6 - Practice

Health Facilities Magazine

Article by Bryan regarding planning guidance for exam, procedure and operating rooms.



Bryan Langlands, AIA, FACHA, EDAC, LEED Green Associate
Principal / Senior Medical Planner, NBBJ

2019 Healthcare Design

Panel discussion on “Functional Programming” at 2019 Healthcare Design Conference organized by Nursing Institute for Healthcare Design.

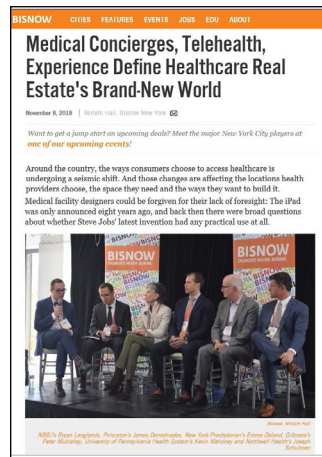


“What distinguishes Bryan from other talented researchers and educators is his transparent, generous and collaborative attitude of sharing knowledge through engagement...of clients, team members, professional colleagues and regulatory officials.”

Joan Saba, FAIA, FACHA
AIA AAH Past President, 2002

2018 Bisnow

Panel discussion with healthcare organizations c-suite executives moderated by Bryan.



2019 Innovations in Surgical Environments

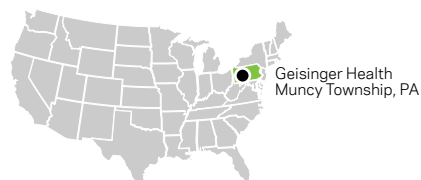
Panel discussion on “Future of the Operating Room” at Clemson University's *Innovations in Surgical Environment* Conference





Geisinger Health System

Healthplex: Creating a New Model of Delivering Care



DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee's firm executed the design, and that Bryan was responsible for the medical planning.

Teri Oelrich MBA BSN
Partner, NBBJ

NBBJ Partner in charge of Healthcare Consulting group which includes clinicians and operational change.

LOCATION

Muncy County, PA

ARCHITECT OF RECORD

NBBJ

DESIGN ARCHITECT

NBBJ

COMPLETION DATE

2021 expected

ROLE OF NOMINEE

Lead planner, regulatory expert

PUBLICATIONS

Geisinger, Geisinger, Highmark Health Announce start of Construction on new Healthplex in Muncy, July 2020

Williamsport Sun-Gazette, Geisinger Partners with Highmark Health on Muncy Township Healthplex, July 2020

The Luminary (Muncy), Muncy Township will be Home to New Medical Facility, March 2019

The Express (Lockhaven), Highmark and Geisinger Complete Joint Venture for new Health Care Organization, March 2019

“Bryan is an individual who uses his talent in the field of architecture, planning and design to better healthcare, and health outcomes for all.”

Christine M. Carr, MD, CPE, FACEP
Prof, Depts Emer Med and Public Health,
Medical University of South Carolina

Overview

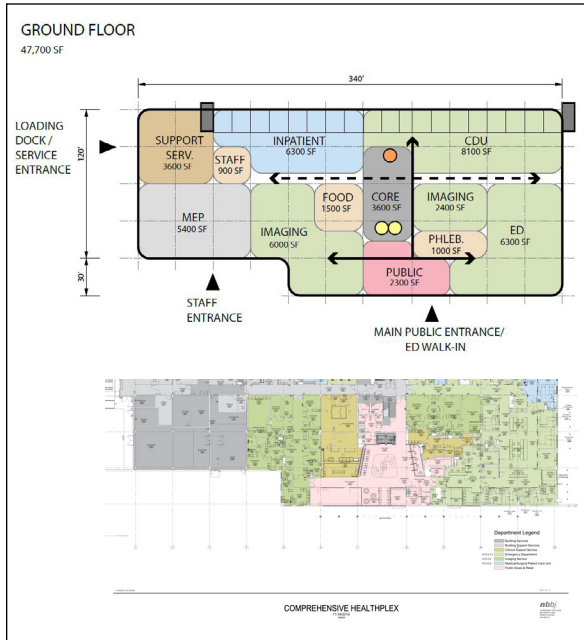
The goal for Geisinger is to provide a new model of quality care at low cost that provides patient-centric care and is convenient to where that care is needed. Geisinger desired to bring both hospital and ambulatory care services to an area currently underserved. This new model of care is enhanced by a joint venture with Highmark Health to provide care at a lower cost.

Bryan led the planning which required a flexible operational plan that would be efficiently run with limited number of staff, especially during evening hours. By locating the emergency department and inpatient beds on the same floor, each becomes more efficient and can flex into one another as needed.

Outcome

Bryan's work on the Geisinger Healthplex project has enabled a new model of care that unites both hospital and clinic as one.

Construction has begun on the 121,000 SF building that includes a mix of inpatient and outpatient rooms, a hospital, and a clinic. The entry floor has 10 emergency department (ED) positions which flex with 10 clinical decision unit (CDU) positions and 10 inpatient beds. On any given day, the line between ED, CDU and inpatient beds can change. Set to open fall of 2021, this will be the first new hospital building that Geisinger has built ground up since its founding in 1915.



Concept and Departmental Floor Plans

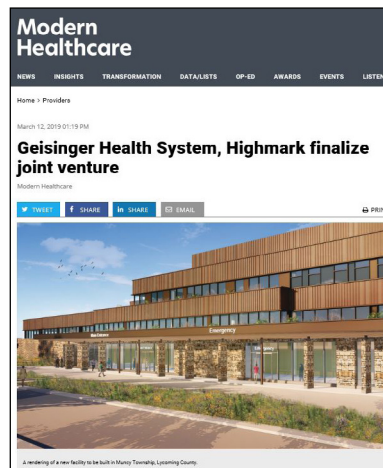
Diagrammatic concept floor plan and departmental floor plan with emergency department and inpatient unit with ability to flex into clinical decision unit.

“Bryan is an individual who uses his talents in the field of architecture, planning and design to better healthcare, and health outcomes for all.”

Christine M. Carr, MD, CPE, FACEP
Prof, Depts Emer Med and Public Health,
Medical University of South Carolina

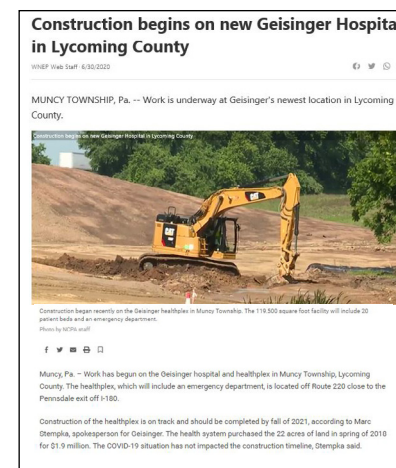
Modern Healthcare

Announcing joint venture between Geisinger Health and Highmark.



North Central PA

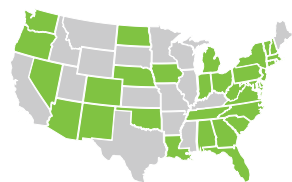
Announcement on start of construction.





NYU Langone Health System

Post-Surgical Observation
& Hybrid Operating Rooms:
Setting the Precedent for Regulatory
Advancement



● States which use 2014 Edition Guidelines or later edition

DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee has primary responsibility for the medical planning of the Kimmel Pavilion.

Debra S. Berger AIA
Senior Director, Kimmel Program, Real Estate Development and Facilities, NYU Langone Health

Senior director and project manager for the Kimmel Pavilion project.

LOCATION

New York, NY

ARCHITECT OF RECORD

NBBJ (Clinical Interiors)
Ennead (Core/Shell, Public)

DESIGN ARCHITECT

NBBJ (Clinical Interiors)
Ennead (Core/Shell, Public)

COMPLETION DATE

Jun 2018

ROLE OF NOMINEE

Programmer, lead planner

AWARDS RECEIVED

Healthcare Design Magazine, Honorable Mention, 2018

SEAoNY Excellence in Structural Engineering Award, Engineer's Choice

ENR New York Best Projects Award, Healthcare Winner

ENR National Best Projects Award, Best of the Best Healthcare Project

Engineering Excellence Award (EEA), Structural Systems, ACEC New York Diamond Award

LEED Platinum

PUBLICATIONS

"NYU Langone Health by Ennead and NBBJ," Architectural Record, July 2018

"Bryan is a transformational leader in creating healthcare systems which interrupt the transmission of pathogens and prevent healthcare associated infections."

Michael Phillips, MD

Overview

Regulatory bodies are typically not on the forefront of leading change, instead they are reactionary, changing only when pushed by pioneering advancements in care delivery from within the healthcare industry. When the NYU Helen L. and Martin S. Kimmel Pavilion project was in the planning and design phases (2010-2012), the guidelines responsible for setting requirements for healthcare spaces did not include or provide guidance on a number of spaces which the clinicians under Bryan's planning lead identified as being needed to support their care delivery model.

NBBJ was responsible for all clinical spaces within the 830,000SF hospital. Bryan led the medical planning team and worked with the clinicians and users and facilitated the dialogue between the hospital and the state authorities.

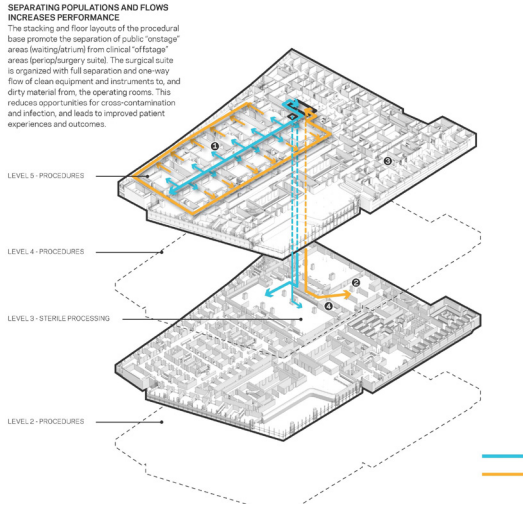
Outcome

Bryan's forward-thinking planning influenced subsequent changes to national guidelines in healthcare and created precedents for other healthcare architects and projects.

Several planning advancements, including post-surgical observation unit and hybrid operating rooms, resulted in changes to the subsequent 2014 Edition of the *Guidelines for Construction of Hospitals* which has been adopted in 40 states. The 2014 Guidelines included a definition of requirements for hybrid operating rooms and allowed observations units to be independent units unaffiliated with emergency departments, for the first time.

Hybrid Operating Rooms

Hybrid operating room location in NYU Langone Kimmel Pavilion located “behind the red line” with open case operating rooms.



Hybrid Operating Room

An interventional/hybrid operating room with control room in NYU Langone Kimmel Pavilion

Kimmel Pavilion

Main entrance of 34th Street.



Post-Surgical Observation Room

One of the first applications of the post-surgical observation room.



“Bryan’s innovative and collaborative approach to healthcare design has incorporated input from experts in infectious disease, engineering, human behavior and hospital operations, with tangible improvements in patient safety.”

Michael Phillips, MD
Chief Hosp Epidemiologist, NYU Langone



Vanderbilt University Medical Center

Vanderbilt University Medical
Center Research Masterplan:
Setting the Direction for Vanderbilt's
Future



DECLARATION OF RESPONSIBILITY

*I have personal knowl-
edge that the nominee
has primary responsi-
bility for this initiative.*

Karin Smith, AIA
Assistant Director
of Facility Planning,
Vanderbilt University
Medical Center &
President Elect
AIA|Tennessee

Project Manager and
VUMC Planner working
on number of VUMC

LOCATION

Nashville, TN

ARCHITECT OF RECORD

Donald Blair & Partners

DESIGN ARCHITECT

Donald Blair & Partners
with Davis Brody Bond

COMPLETION DATE

1999-2020

ROLE OF NOMINEE

Lead planner, project
architect, advisor

AWARDS RECEIVED

Certificate of
Appreciation, Vanderbilt
University Medical
Center 2005

“During this [Bryan’s] time, Vanderbilt’s
total research funding went from less than
\$150,000,000 to almost \$400,000,000
and our ranking in receipt of NIH awards
rose from 24th to 12th.”

Cyril Stewart, AIA

Middle-Tennessee Chapter AIA, Past President, 2004

Overview

Vanderbilt Medical Center (VUMC) is a top tier academic
medical center. From 1998 to 2010, Bryan with Donald Blair
& Partners helped to establish a vision for the campus and was
involved with many significant projects.

Bryan was the lead planner for the Medical Center Research
Master Plan which provided the medical center with a plan for
the future through 2020. One of the major objectives for VUMC
was to reach the “top 10 by 2010” in National Institute of Health
(NIH) grant awards. Top 10 NIH ranking is generally considered
one of the highest marks of academic research quality.

Outcome

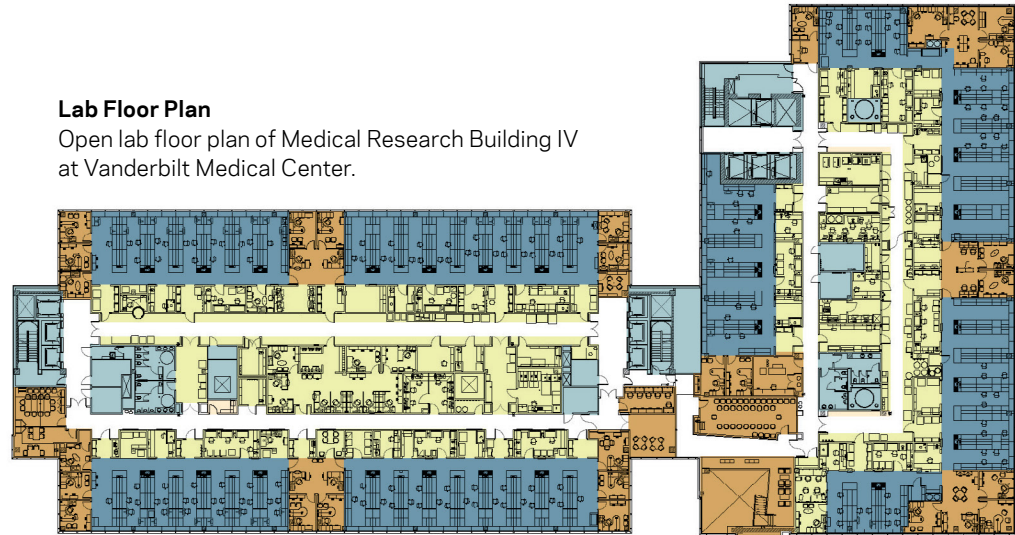
Bryan led the planning and master planning efforts, and was
also responsible for the planning and programming for some
of Vanderbilt’s major projects of the early 2000’s including the
Emergency Department and Critical Care Tower Expansion of
Vanderbilt University Hospital, and Medical Research Building
IV Phase I and II.

The master planning and construction of major projects
enabled VUMC to expand its research component and led to
an increase in recruitment, which correlated to an increase in
NIH grant funding. In 1998 VUMC ranked 24th in NIH grant
awards, 12th in 2006, and by 2010 it had reached its goal
10th in the nation in research grant award funding by NIH.



Lab Floor Plan

Open lab floor plan of Medical Research Building IV at Vanderbilt Medical Center.

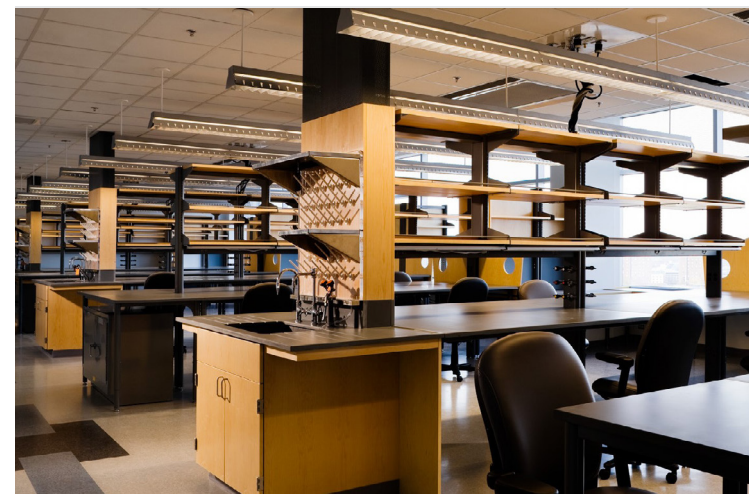


Laboratory Level Plan

- Circulation
- Office / Conference
- Building Support
- Lab Space
- Lab Support

“He [Bryan] has designed a number of nationally recognized research buildings which integrate the evolving nature of medical research programs.”

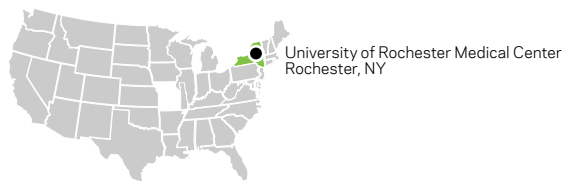
John Manning, PhD, MBA
COO/Chief of Staff, Vanderbilt Medical Center





University of Rochester Medical Center

James P. Wilmot Cancer Center:
Regaining National Cancer Institute's
Comprehensive Cancer Center
Designation



DECLARATION OF RESPONSIBILITY

I have personal knowledge that the nominee was responsible for the planning, the projects were under the direction of the nominee, and the nominee's firm executed the projects.

Brian Martin
Associate Director for
Administration, James P.
Wilmot Cancer Center,
University of Rochester
Medical Center

Representing interest
of URM and James P.
Wilmot Cancer Center.

LOCATION

Rochester, NY

ARCHITECT OF RECORD

Donald Blair & Partners

DESIGN ARCHITECT

Donald Blair & Partners

COMPLETION DATE

2006-ongoing

ROLE OF NOMINEE

Lead planner, project
architect, advisor,
consultant

"His [Bryan's] designs reflect both the best thinking in the delivery of healthcare as well as a concern for the welfare and feelings of the individual patients and their families."

Zaha Hadid, RA

Founder, Zaha Hadid Architects

RIBA Gold Medal, 2016

Stirling Prize, 2010, 2011

Pritzker Architecture Prize, 2004

Overview

In 1974 the James P. Wilmot Cancer Center (JPWCC) was established, and today it is one of the primary cancer treatment facilities treating patients in 17 region and 60 counties across portions of New York and Pennsylvania. In 2002, a strategic planning priority of the University of Rochester Medical Center (URMC) was for JPWCC to receive the Comprehensive Cancer Center (CCC) designation from the National Cancer Institute (NCI). Receiving the NCI-designation will place JPWCC among the top 4% of approximately 1500 cancer centers in the country. In 2019 there were 51 NCI-designated CCC's in the US.

To receive the CCC distinction, NCI evaluates each center based on strict criteria, including the facilities within which cancer education, treatment and research takes place, which led to the decision by URM to build a new home for the JPWCC in order to move the cancer center it out of its aged facilities.

Bryan led the medical planning, and was the senior project architect for the new cancer center building which opened in 2009.

Outcome

With the completion of the new state of the art facility, URM/JPWCC has been able to direct its focus on the other criteria required for its NCI application. URM's application is currently in progress with the expectation that it will successfully achieve its goal of becoming a Comprehensive Cancer Center by 2022.

SECTION 3
Exhibit 3.10 - Project

Bryan Langlands, AIA, FACHA, EDAC, LEED Green Associate
Principal / Senior Medical Planner, NBBJ

Infusion Center

Clinical work area view to infusion bays.



“Designed to ensure comfort and privacy for the patient, the new Wilmot Cancer Center facility is a giant step forward in the healthcare architecture of cancer centers.”

James Wines, Founder and President, SITE
Smithsonian National Design Lifetime
Achievement Award, 2013
Premio di Architettura ANCE, 2011

