

# HEALTHCARE DESIGN

SHOWCASES

**Sky Ridge Medical Center**

(cover photo)

**HealthCenter Northwest**







## Upscale and onward

**Sky Ridge Medical Center**, Lone Tree, Colorado

### PROJECT SUMMARY

**Client:** HCA/HealthONE

**Hospital Architecture:** Gresham, Smith & Partners

**Medical Office Building Architecture:** Davis Partnership

**Civil Engineering, Interior Design, Structural Engineering, Mechanical Engineering, Plumbing Design, and Electrical Engineering:** Gresham, Smith & Partners

**Photography:** Rion Rizzo/Creative Sources Photography

**Completed:** August 2003

**Total Building Area (sq. ft.):** 362,500 (hospital), 131,000 (MOBs)

**Total Construction Cost:** \$84 million (excluding land and FFE)

August 20, 2003, saw the opening of a sparkling new hotel/ski lodge in affluent Lone Tree, Colorado, a suburb of Denver.

No, wait, that's really a *hospital*. It's called Sky Ridge Medical Center, and it's complete with all the appurtenances of a hospital: patient rooms, ERs, ORs, medical offices, radiology equipment, and more. It's just that if you pay a visit there, sit in the lobby, dine at the garden-side restaurant, or occupy a patient room—particularly the special ones on the top floor—you would swear you had been transported to a four-star winter-resort hotel. Sky Ridge is the culmination of the vision of HCA/HealthONE; the Nashville-based architectural firm Gresham, Smith & Partners (GS&P); and Sky Ridge Chief Executive Officer Maureen Tarrant and Chief Nursing Officer Marian Savitsky. Indeed, Tarrant was dubbed the project's Chief Vision Officer, and for good reason. "She was the driving force behind this project," says Gregory A. Gore, AIA, GS&P's project manager/lead designer, "in that HealthONE and HCA had bought into her grand vision for serving the upscale demographic of Douglas County, and she challenged us on every decision that we made to achieve that vision." Recently, Tarrant and Gore took *HEALTHCARE DESIGN* Editor Richard L. Peck on a verbal tour of Sky Ridge, and explained the decision making behind its many unusual—and definitely upscale—features.





**Tarrant:** This was to be a signature building for the city of Lone Tree and for the planned 3,500-acre development around it, called RidgeGate. It was to set a design standard for the development and possibly serve as an icon for the city.

**Gore:** In envisioning the exterior, we wanted connectivity between the hospital and the medical office buildings (MOBs) on either side, without creating a monolithic appearance in the process. We made the MOBs four stories high, in contrast with the hospital's seven stories, and established 40-foot connectors at every floor. This plan gave physicians convenient proximity of their offices to the care floors. The physicians also have a separate entrance and ample parking accommodations. The MOBs proved to be so attractive to local physicians that they were leased out before they were topped out.

Another challenge in designing the exterior was that the hospital was to face west, toward the community and the views beyond, and not toward the highway. Situated in this way, the entire building had to create an attractive presence. Part of this involved removing the mechanicals from the roof and housing them in their own small building at the rear, which we call the Powerhouse.





**Tarrant:** We very much wanted the lobby to have the warm, welcoming look of a hotel/lodge, and not to look like a traditional hospital. GS&P redesigned their original concept of the lobby, and it looks lovely.

**Gore:** The highlights of the lobby are a two-story fireplace and a grand staircase leading down to the lower lobby. The grand staircase incorporates a wood and ornamental metal railing, finished to appear to be aged wrought iron, to add to the upscale appearance. We used lots of fieldstone, masonry, and brick, both here and in smaller fireplaces throughout the facility, and wood in bookcases throughout the building. In general, we wanted a richness of materials and finishes in these areas.

**Tarrant:** For the visitor, we designed the adjacencies so that someone sitting in the lobby or proceeding through it to the patient care areas would not be aware of the clinical activity going on only a few feet away. Essentially, the visitor moves from a large circular zone housing the lobby toward a smaller rotunda that serves as a central wayfinding point. Corridors radiate from the rotunda, leading to the clinical departments, such as Surgery, the ICU, and Emergency. Visitors entering the rotunda cannot see the activities in the patient care areas, but feel oriented by the simplicity of the design and can find their way quite easily. As a further cueing device, the flooring materials change from slate in the public area to sheet vinyl (of the same color) in the clinical area, to indicate that one is moving from one zone to the other. Also, each of the outpatient departments on this floor has its own parking area and entrance for convenient access. Altogether, the layout is very patient-/visitor-friendly.

**Gore:** Because of the grading of the property—a change in elevation of approximately 90 feet—we were able to create a bottom floor, called the Garden Level, housing offices for administration, dietary, education, and support functions, all of which are out of public view and access.

**Tarrant:** Approaching these areas at this level is a central courtyard, which is bordered by the Sky Ridge Café, the outdoor Healing Garden, an outdoor dining patio, and a children's play area.







**Tarrant:** Our chief nursing officer challenged us in many ways to make this design accommodating to staff. For one thing, we limited corridor lengths, in sensitivity to the average age of nurses today, which is 47. The corridors are in a cruciform design, with main nursing stations located at the crux. There are also nursing substations along the two longest corridors, as well as areas within patient rooms, for storage of supplies. And just inside each patient room is a sink for the nurses' use for sanitation and infection control, so that they don't have to use patient bathrooms for these functions. Near the sink is a countertop for charting.



**Tarrant:** Creating comfortable, soothing patient rooms was another priority for us—rooms that were visitor-friendly and enabled guests to spend as much time with their loved ones as possible.

**Gore:** We ended up with a patient room having three zones: a nursing zone, with a sink, storage area, and charting space; a visitor zone, with a foldout daybed and work desk with Internet access; and a patient zone, including residential-style bathroom facilities, with cultured marble and glass showers, vanities, and ceramic tile.

**Tarrant:** We carpeted the entire room for comfort, quiet, and safety. We also installed a two-tiered window shade; one tier is transparent and controls glare, and the other provides total blackout at night. I liked these window shades so well I installed them in my own home.





Because we are expecting to have a busy obstetrics service, we created large labor/delivery/recovery (LDR) rooms, again with zones for Mom and the baby and visitors, and sleeping accommodations for Dad. We also carpeted the well-baby and special-care nurseries throughout for quiet and comfort.

**Gore:** Then came a unique approach to patient rooms: On the top floor we designed eight "amenity suites"; they are all appointed in much the same way as the regular patient rooms but are much larger. These rooms also include Jacuzzis and private chef service, and they are situated to take full advantage of the fantastic views to the western mountains.

**Tarrant:** This 106-bed hospital has been so well received that, less than a year after opening, we are hoping to build out one of the med/surg floors, and add beds and expand the ICU. Because significant growth was anticipated, the hospital was designed for convenient outward expansion, with services likely to grow located toward the perimeter. In the meantime, we plan to tweak what we already have by, for example, expanding nurses' charting spaces, improving signage in some areas, and adapting for an anticipated increase in bariatric surgical patients.

In general, we've made every effort to meet the healthcare demands of one of the fastest-growing upscale communities in America. It seems to be working. **HD**



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