

Design Review Board

April 17, 2012

Present: Pete Anderson, Art Hove, Dan Okoli,

Staff: Gary Brown, Dorothy Steele, Megan McBride, Yemi Falomo

Project Review: American Family Children's Hospital Addition

A/E Firms: HDR – Clark Miller UW Hospital Representative: Andy Howick

Overview:

This is the first and final presentation of this project to the Design Review Board. The overall plan and discussion entailed a 2- floor addition to the top of the existing building. The presentation included the history of the project, the architectural and physical context, the current strategic concept, and the projected timeline for the project.

Background:

The architect for the existing structure has been retained to develop the project for the addition. The proposed addition was accounted for in the original AFCH design when the process began in 1999. At the time of construction the necessary structure for the addition was built into the current building. At the time the original building was discussed; the project was reviewed and approved by both Joint West and Shorewood Hills.

AFCH is currently receiving patients from 5 counties surrounding Dane as well as some St. Mary's referrals. They currently have 61 beds with 16 pediatric ICU beds that mostly remain full. Currently the rectilinear portion of the AFCH is around 40,000 square feet and the upper curved portion is around 32,000 square feet.

Principal components:

- The timeline for this addition places the 8th floor completion in with final fit out of the 6th floor in approximately 2017 and the 7th floor fit out four years later.
- There is no site work for this addition; the project only addresses the addition of 2 floors to the top of the current building.
- The building addition will follow the same footprint/curve.
- There currently is a balcony at the fourth floor that is seldom used and will be enclosed as part of the overall project.
- The addition will follow the same window layout, with the same type of windows. The original fenestration was based off a desire not to become a beacon of light and to respect the Shorewood Hills' "Night Sky" ordinance. The other concept was to emphasize horizontal features to reduce the overall visual height of the building given the vertical nature of the building.
- The building addition will use the same materials as the current building which was designed to fit into the pallet of the surrounding buildings. The architect has spoken with the stone company and they can purchase the same stone that was originally used. For the original project they looked into Kasota Stone from Minnesota but found a similar alternative in Egypt that was more cost effective.
- The mechanical shafts will be extended to house the new equipment and the additional mechanical systems will be housed in a penthouse on top of the

building in a manner similar to the existing system. There also is a current mechanical floor that has room to house some additional equipment.

- There currently is an empty elevator shaft that will be used for the addition and thus won't impede upon the current operations of the AFCH.
- The floor plan will remain similar with some offices and patient rooms facing the lake and the elevator shaft running up the middle of the façade.
- The hope is that the addition blends into the structure and will not be seen as an addition.
- The hospital also believes the traffic/parking volume will diminish due to new locations opening up in the next couple years. They expect around 15,000 visits will be dispersed to the other locations. They also expect the net demand in the next 8-9 years to be 40 parking spots.

Previous ideas that didn't come to fruition-

- Clark Miller with HDR originally looked into designing in a style similar to the Frank Lloyd Wright Unitarian Church which was rejected.
- HDR originally looked into a rectangular building but the program directed them towards the current design.
- HDR also considered a more glass and aluminum cladded building with a more "high tech" design which was also rejected. They wanted the building to fit into the neighborhood more effectively.

Concern from the Village of Shorewood Hills-

- One concern for the current structure is that staff and patients meander over into the neighborhood in order to smoke. Andy said they are trying to address this issue.
- The other concern heard was a request to the Hospital from a Shorewood Hills resident to plant trees in their yard. The Hospital is currently studying the addition of trees on university land to partially screen AFCH from the residential areas.

Design Review Board Discussion & Summary:

- It would be nice to see the children that compose the statue in front taken off their individual pedestals and moved into a more interactive grouping.
- The new stone will be hard to match to the existing stone and so subtle consideration should be given to the point where the two stones meet.
- Consider a joint/break between the old and new stone rather than a blending technique.
- An option may be to create a line by changing the type of surface on the stone from the smooth stone used to the rough stone used in another portion of the building.
- The DRB agreed with the strategy of this project but believes the added height will make the building more prominent. The added height may not be an issue for the neighbors since the overall height will remain consistent the heights of the other hospital towers.

Project Review: Elizabeth Waters Remodeling & Patio/Terrace Renovation

A/E Firms: Somerville Architects – John Oates

Landscape Architecture Firm: Ken Saiki Design-Ken Saiki & Jon Wanta

Client Representative: UW Housing- Mike Kinderman

FP&M Project Manager: Stu LaRose

Overview:

This is the first presentation of this project to the Design Review Board. The presentation included site analysis, architectural and physical context, and previous strategic concepts for managing the site restoration on the north side of the building (2003).

Background:

Elizabeth Waters is currently a co-ed residence hall with one public dining hall inside. It was noted that the original building was designed as an all-female residence hall, the last one that remained as such on campus up until being converted to co-ed in the 1990's. The site is bordered to the north by the Lakeshore Nature Preserve and Lake Mendota and to the south by Observatory Drive. The 5 connected building units are terraced down towards the lake. Units 1 & 5 are closest to the lake and unit 3 is attached to the dining hall in the center of the overall structure.

Principal components from the A/E:

- The terraces, dining area, back-of-house, and student rooms are being upgraded including new tiles, paint, steam heating system, individual controls for the rooms, doors and hardware, and make-up-air units.
- Make-up-air handling units could be placed behind the unit 1&5 game rooms.
- A lower level lounge may need to be converted in order to house additional mechanical systems.
- Duct work will be difficult to place in the rooms due to 7'9" ceilings which only leave 3" for ductwork. Ductwork could possibly run across the roof but the length of ductwork would exceed 150 feet.
- In order to provide all the student rooms with a/c, the HVAC would have to switch from a 2-pipe to 4-pipe system, which is not feasible.
- All public areas and corridors will have a/c.
- Currently, Housing only provides a/c units in the summer or for health reasons during the academic year.
- The #3 elevator, which is the primary elevator for non-resident diners, is not accessible, so it will need to be replaced. The updates call for a larger elevator than the existing (currently around 6'x6') and thus will take over some existing square footage.
- The freight elevator to the basement will also need to be replaced.
- The dishwasher which is currently in the basement will be moved up to the dining area.
- Parts are no longer made for the current doors so they will have to be replaced.
- The Wisconsin Historical Society may be interested in both exterior preservation as well as interior and so the discussion surrounding the door replacements will have to be presented to them.

Principal components from the landscape architecture firm:

Current Situation-

- There are 2 terraces: an upper terrace which acts as a patio for the dining hall, and a lower terrace which is mostly green space. The upper terrace is not accessible from the dining hall for people with disabilities and is paved with flagstones that have been re-laid due to settling issues. The lower terrace which is also not accessible is around 12 feet lower than the upper terrace. The lower terrace is about 14 to 15 feet above a pedestrian path that runs parallel to the lake.
- Both walls have railings that are not to code and will have to be replaced.
- The upper wall is in fairly good shape whereas the lower wall is not in as good condition, having shifted significantly and is leaning. The lower wall was intended to have a stone veneer that was never installed and is cracking throughout.
- There are window wells in the lower level that need to be addressed.
- The upper terrace is used much more than the lower terrace as it serves as an outdoor dining space.
- The pump house, which is in the middle of the lower wall, still functions.

2003 Ken Saiki Design Concepts-

- Back in 2003, Ken Saiki Design had proposed keeping the pump house and adding wing walls, keeping the upper terrace wall and adding new railings throughout. In those plans there wasn't accessibility being provided between the path and lower terrace. At that time the Historical Society had given a soft OK to the plans.
- Ken Saiki Design performed a study in 2003 of the area and found the paving was bad and the soil conditions were not conducive to the integrity of the wall, which is causing the wall to move.
- At one point, a long switchback was proposed; however it blocked residence windows and extended out along much of the rear façade of buildings 2 & 4.

Accessibility & General Comments-

- The upper terraces will need to be made accessible from the dining room but accessibility may be optional between the two terraces and from the lower terrace to the pedestrian path.
- The surface treatment on the upper terrace, outside the dining room, will have to be repaved to make it accessible.
- Code requires ramps to be not greater than a 1:12 slope with landings at 30-foot lengths.
- Access to terraces from other exterior doors to the building is not desirable for security reasons. Currently most doors are fire exit only and programmed to alarm if opened.
- The switchback from the lower terrace to the path would be greater than 180 feet.
- The pump house along the bottom wall is to remain but a wall will be needed to hold back soil of the lower terrace.

- Mike Kinderman believes the current volleyball area on the lower terrace is not often used.
- 5-8years ago Mike had a small discussion where people thought access between terraces was important but he would like to gather a larger consensus.

Design Review Board Discussion:

Terrace & Accessibility-

- What is the function of the larger, lower terrace? What program activities would occur in this space?
- Where are people moving to and from? If the terraces are made accessible, is the pedestrian path accessible as well?
- Does code require accessibility in that area?
- It would be nice to have a better connection between the path and the lower terrace.
- If the design creates access from the upper terrace to the lower terrace than it might also need to have access to the path from the lower terrace.
- Even if there are no code obligations, it is important to think about what we (DRB) want to encourage.
- Diagonal accessibility will not be a better option for access to the lower terrace from the path.
- One option might be to treat the upper terrace as its own balcony and only provide access from within the dining hall; however we don't want to end up trapping people in case of an emergency.
- The lowest priority should be the path and the lower terrace connection.
- In the end the Historical Society isn't as concerned about accessibility. That is an issue that they expect us to deal with and their concerns remain focused around preservation.

Walls-

- The biggest question pertains to the lower wall. We need to find out if the wall is still moving. Wall and crack studies should be done.
- If the eventual design proposal is not any more cost effective than replacing the wall, than replacing the wall may be the option most likely to be chosen by the Historical Society.
- If the Historical Society would agree, crisscrossing a ramp in front of the upper wall would make the upper terrace accessible to the lower terrace. A good question would then be if the lower wall remained, would the Historic Society allow a crisscrossing ramp in front of the upper wall?
- Putting the lower wall back in would allow for a more programmable area at the lower terrace.
- Would it be a possibility to re-grade out into the woods and then put the upper wall back in? Gary Brown noted this was likely not an option.

Design Review Board Summary:

- The goal is to design the best possible solution without referencing the budget and before speaking with the Historical Society. Once a design is established the project can be phased to fit into a budget and preservation can be discussed with the Historical Society.
- The first priority should be the top patio (there needs to be access to the dining hall from the upper terrace). The second and third priorities respectively would be the lawn terrace and third level (the path), making the three spaces ADA accessible.
- This is a difficult problem but the next step is to develop a design that proposes a solution.
- Gary Brown and Dan Okoli will discuss this project with Peter Schaudt who was unable to attend this meeting of the DRB. Ken Saiki asked to participate in that discussion.