

Putting New Emphasis on Healthcare Facility Planning

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■ Before Design Work Starts, One Must Have a Plan

IN THE MID-1990s, Hart Freeland Roberts started working on various projects with a Nashville-based consulting firm called Easter & Mason Healthcare Consulting Corp. The combined firms provided master-planning services for hospitals in Ohio, Kentucky, Indiana, Illinois, Iowa and Texas. Clients were pleased with the arrangement, and so were both parties jointly providing the services. There was synergy. There was mutual respect. It was clear that this team could work together and complement each other's strengths. So it was only natural that the idea of a permanent arrangement should come up.

A 2006 merger of the firms resulted in James G. Easter Jr., becoming a Vice President of HFR and Director of Planning, Healthcare Division. His partner, Rex Mason, chose to pursue other interests.

"Our working relationship has always been marked by outstanding compatibility, excellent communications and similar values," said Sam DiCarlo, who served as chairman of HFR at the time. "We see increasing opportunities to bring our combined expertise to bear, and it makes sense to merge the companies."

"The merger was really an issue of economics and time management," reflects Jim Easter. "Sam DiCarlo called me during one of my working site visits in Ohio, and I distinctly remember driving down the highway and discussing with him the future of healthcare architecture and healthcare planning. He suggested that the vision we both shared for healthcare would require a much stronger combined, cohesive service of architects and planners working together, and he asked me if I'd like to be a part of HFR's future vision and serve in that capacity."

After giving DiCarlo's offer careful consideration, it soon became clear to Easter that it was the perfect time to make the move, not only because of the vision that both men shared for Hart Freeland Roberts and healthcare

architecture in general, but also because of the way the competition was moving within the healthcare industry.

"It was important for me to make the transition because it would give me two essential things," says Easter, "the backup that I knew I really needed, along with the freedom to go out and do the planning work that would lead to better hospital architecture. And that would make both parties happy. Our last four years of business at Hart Freeland Roberts have been very successful because of this combined effort of planning, programming and architectural design."

GETTING STARTED

Involved in healthcare architecture and planning since 1970, when he began graduate studies in architecture and environmental systems at Virginia Tech, the Woodlawn, Va., native received his Master of Architecture and Environmental Systems degree in 1972.

"Architecture is really a marriage of art, sciences and technology," explains Easter. "I was intrigued by the science and technology side of things, but I wasn't that talented on the artistic side. As I matured and completed graduate school, I decided that my forte really was on the front end of architecture where you ask a lot of questions and gather

(Facing page) HFR's capabilities in healthcare facility planning received a boost with the addition of planner Jim Easter.



Easter had worked with HFR in a consulting capacity before joining the firm through a merger in 2006.

the goals, assemble the facts and test the concepts for a project, and that became my trek toward the planning side of the business.

“I was fortunate enough to work with very good architectural firms in North Carolina and then ultimately in Texas where the first hospital specialty firms were organizing. They had major divisions in those firms that catered primarily to pre-design programming and planning for hospitals, and that was where I really began to excel, probably because I was very good at collecting the

numbers, getting information together, and understanding the issues. I then became what my uncle, who was a hospital administrator, had really wanted me to be, which was more of an administrator of the delivery of healthcare, as opposed to the architect drawing up the building plans and creating the final design.

“What I think I learned from working in those firms is that Jim Easter, as a leader of a specialty department, must learn to listen with sensitive ears to all the healthcare players – nurses, doctors, administrators, board members and patients. Over the years, that has grown to be very much a part of what we do in our planning work. We ask many, many questions, record the answers, and then analyze and synthesize those answers to create the scope, the scale and the size of projects. We call it ‘lessons in looking and listening.’ In today’s environment, the size, functional use and cost are ultimately the primary considerations. Design, of course, is crucial, but a wonderful design product that isn’t within budget and delivered on schedule is counterproductive to the whole process.”

In 1984, Easter began working as a consultant to Dr. Charles LeMaistre, president of the world-renowned University of Texas M.D. Anderson Cancer Center in Houston, and would remain in that consulting role for nearly a decade. Toward the end of his tenure, he accepted a staff position as director of facilities planning at M.D. Anderson, addressing projects that needed to be programmed and planned prior to construction.

“One of the important things I have learned, and had not truly understood until I worked for M.D. Anderson, is that there’s a distinct difference between hospitals and healthcare facilities that are government-owned and those that are privately owned and for profit,” says Easter. “That has helped me over the years in my work with Hart Freeland Roberts because we speak the language of both client types, and each client has their own distinct expectations in terms

of delivery, product style and design solution.”

In 1986, Easter and R. Eugene Mason teamed up for the first time, forming Mason & Easter Architects and Planners, with Easter taking on the role of partner-in-charge of programming, planning and business development. Three years later, however, he was asked to join the facilities development division of Quorum Health Resources in Nashville, to which he said yes, and there he worked as a senior officer and vice president in charge of planning and programming. It was during this time that he first worked with Hart Freeland Roberts.

“At that time, I would engage architects to assist me on projects where we prepared comprehensive campus master plans,” says Easter. “The first projects that I did with HFR were Quorum-managed projects in Kentucky and Tennessee, and Hart Freeland Roberts provided the design services that helped me identify any major problems in construction as well as major opportunities for operational improvements. I spent a great deal of time while I was at Quorum working with Sam DiCarlo and Ed Houk [of HFR] on projects, as well as on AIA [American Institute of Architects] healthcare activities together as members of the AIA Healthcare Committee.”

BECOMING ENTREPRENEURIAL AGAIN

After having worked with Quorum Health Resources for five years, and with a vision to provide consulting services that would address the facility and capital asset needs of clients ranging from small, rural hospitals to larger tertiary and specialty care clinical programs, in 1994 Easter once again joined forces with R. Eugene Mason to form Easter & Mason Healthcare Consulting Corp.

“It was mostly ego that made me do it,” Easter laughs. “I decided it was time to do the thing I loved most, and that was planning as an independent practitioner. From running

my own business in the past, I learned everything from preparing the articles of incorporation and paying the taxes to handling labor issues and managing projects. Learning that process as a businessperson has really enhanced the role that I play today at Hart Freeland Roberts.”

After more than ten years as part of the small consulting firm, however, Easter began to feel somewhat encumbered by having to take care of so many aspects of the operation, and was missing the benefits of a larger support system that would free him up to focus on planning.

“The role of a solo practitioner is distinctly different because of the lack of support people you have to success-

In his element when speaking to a group, Easter makes numerous presentations each year across the country.





Long enjoying a leadership role in the American Academy of Medical Administrators, Easter (second from right) poses here with other past chairmen of the organization.

fully conduct the business,” explains the planner. “In a Quorum or an M.D. Anderson, you have a myriad of professionals, from clerical to accounting, to billing and finance, who are there on a continual basis. A solo practitioner, however, has to contract for those services, or beg, borrow and steal those services in order to conduct business in a comprehensive manner, and that was becoming more and more cumbersome as I ran the small planning company, so I added more people over time. But just adding more people created greater complexity. It seemed to me that the best use of resources was to take the nucleus of planning and fold it into a support system like HFR to get a much more comprehensive service.”

THE ROLE OF PLANNING

The merger of Easter & Mason with Hart Freeland Roberts quickly demonstrated that the whole was greater than the sum of its parts. The result has been increased

benefits to clients, due to the synergy and coordinated approach, as well as a steady increase in new projects for Hart Freeland Roberts.

“Our planning department at HFR is a business within the business, and we try enthusiastically to promote that concept,” Easter says. “At the same time, it’s an introduction to projects that become architecture. It’s been my observation over the years that the business of planning is an introduction to new architectural clients, and here at HFR we’re blessed with a number of projects that have entered the system through the planning work we’ve done. It’s almost like planning is a precursor to the promotion of architectural and engineering services, and many of the projects that we’re currently working on, including Hugh Chatham Memorial Hospital, Gibson General Hospital, Monroe County Medical Center in Tompkinsville, Ky., and all of our critical access hospitals located in Missouri, Kansas and Illinois, evolved from these early planning, programming and relationship-building endeavors.”

Relationship building has also resulted from Easter’s involvement with the American Academy of Medical Administrators (AAMA). A past chairman of the AAMA Foundation Board of Directors, he has also been the recipient of the organization’s Richard A. Harley Diplomat of the Year Award, presented to the AAMA diplomate whose contributions, in the opinion of a selection committee comprised of former recipients, have best exemplified leadership and excellence in furthering the academy’s mission.

“I love working with the people,” says Easter. “Beginning with the CEO and the board, and then through the delivery of healthcare, you find that it’s much like a mayor trying to manage a city. You’re trying to understand what all your constituent parties desire, and you try to measure their desires against their real needs in terms of space and function, and you walk a fine line

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between giving them what they want and what they really need. And that’s the art of the planning process. The art is measuring the exact need, providing the exact amount of space necessary, and then adding all of the networks and systems together to form a very functional and efficient master plan product.

“We often equate the planning for a hospital to the use of a CT scanner or an MRI in the analysis of the body. Where an MRI, via imaging, will slice the body, head to toe, and then let you see what’s happening internally, in planning, we slice the buildings from the ground up, floor by floor, to determine exactly what the issues are and what the needs are, and this really leads into a lot of the building information modeling that we’re doing today with AutoCAD and Revit, and it’s very similar to the diagnostic tools used in medicine. The era of building information modeling and creative management is truly upon us.”

HEADING TOWARD 2110

“I think the next 100 years of Hart Freeland Roberts is going to be driven by our ability to not only design and plan great buildings, but also to *produce* great buildings,” predicts Easter. “That’s going to require that HFR continue the advancement in technology while growing our building information modeling talents, interfacing with engineers we trust, and interfacing intimately with contractors who can build complex scientific buildings successfully. And we need to do all that in what we call an integrated delivery team approach.

“This integrated building team approach allows for the master builders to combine all parties working together with the owner at the same decision-making table. It will require a great deal more planning on the front end and then making decisions early in the cycle, because building information modeling forces you to create three-

dimensional spaces using the computer and AutoCAD/Revit technology. I think the future of healthcare architecture, and Hart Freeland Roberts, will be in writing about, talking about and understanding the importance of these advancements, and continuing to bring on board people who can speak all aspects of the language of healthcare and innovative operations.”

When it comes to the future of planning, Easter believes that the broader-based concept of urban planning is ultimately where the discipline is heading.

Seen here with HFR architects Ron Franks (left) and Sam DiCarlo (center), Easter brought an added dimension to the firm with his expertise in healthcare facility planning.





(Above) Janet Jones of Nashville, who succeeded Easter as chair of the American Academy of Medical Administrators Foundation, reads from a certificate of appreciation presented to him for his work with AAMA.

(Right) The healthcare facility planner is seen here earlier in his career at the opening of a Shriners hospital in Mexico, one of several international projects in which he has been involved.



“The work we’re doing now with Kyle Dunn [HFR client maintenance] and the engineering department has proven to be extremely valuable, because we’ve combined the issues of housing and urban planning for cities with the issues of healthcare architecture and services for the mentally ill, developmentally disabled and senior citizens. I give 100 percent credit to Sam DiCarlo for those initial thoughts and the vision he had for the future of healthcare architecture.”

AN INTERESTING PARALLEL

Easter’s passionate approach to his vocation is perhaps matched only by his love of golf, and he can’t help but compare some aspects of the game to the field of healthcare architecture.

“Golf is experiential in nature,” he says. “You hone your skills and practice the game much like one would practice healthcare architecture as a specialist. Every day