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July 1985

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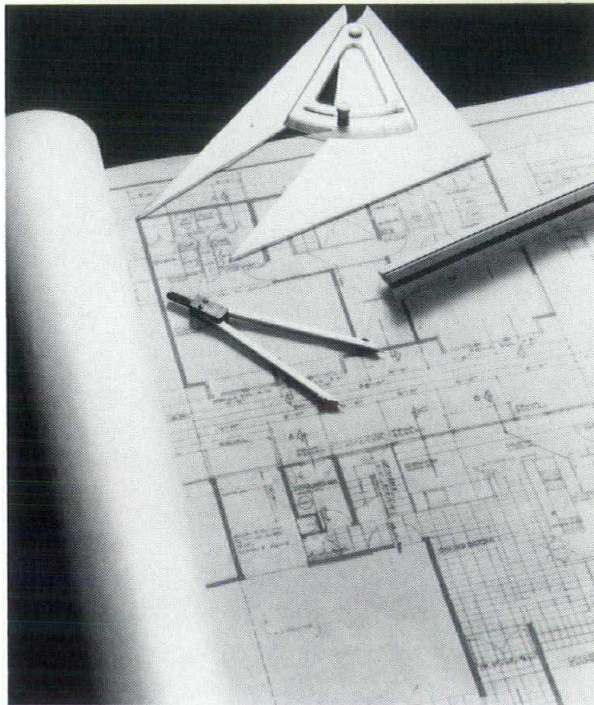
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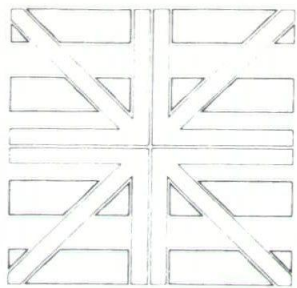
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## HEADLINES

# Mediation and Arbitration

*by Robert E. Freeburg, AIA*

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Published monthly by:

**pmp company ltd**

**Publisher**, Peggi Murchison  
**Editor**, Karen St. John  
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8311) at 233 Merchant St., Ste. 200,  
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The Continuing Education Committee has endeavored to provide Hawaii Society/AIA members with locally produced seminars that meet their needs and budget. The competition is getting fierce. It seems that a week doesn't go by that we don't receive a brochure for a seminar from either another local engineering society, a mainland company, or even another Hawaii Society/AIA committee.

Remembering that we are a fairly diversified group, the committee consisting of Frank Haines, FAIA, Alan Hiroto, AIA, Allison Hoadley, Gilman Hu, AIA, Carol Sakata, AIA, Brian Takahashi, Kim Thompson, AIA, and Gordon Tyau, AIA, struggles with the decisions of which topics will be well received by the membership. At the July membership meeting the committee will ask you to once again complete a short survey on topics of interest and other factors that either make the seminars more enjoyable or keep you away. There will be door prizes to reward your effort.

The subject of the July meeting will, we hope, be both entertaining and informative. We have the opportunity to meet the new federal mediator, Frank Schoeppe, and hear his comments on federal labor mediation. Schoeppe was the mediator in Seattle and is taking the position of Gayle Wineriter who has moved to Washington D.C. While

we as architects have so little to do with labor mediation, its effects on our profession in Hawaii are quite profound.

The second half of the program will deal with mediation and arbitration of disputes arising out of the contractual relations with the owner and his contract with the contractor. Keith Hunter, Assistant Regional Director of the American Arbitration Association (AAA), will address these two alternate services.

With the trend of more disputes being settled under the provisions of the General Conditions of the Contract for Construction, it only stands to reason that if you haven't already been involved in an arbitration situation you will soon. National data indicates that there were 2675 cases arbitrated in 1983 and approximately 3200 in 1984. The architect has been a party to many of these cases.

While the traditional role of the AAA has been arbitration with binding judgement by the arbitrators, AAA has moved into the field of mediation where the goal is to narrow the issues and settle the dispute by assisting the parties to reach a mutually acceptable settlement of their differences. This can't be all bad if it can reduce the costs of settling disputes.

We hope to see you at this social and informative presentation at the Cafe on the Mall located in the old Blaisdell Hotel on Fort Street Mall.



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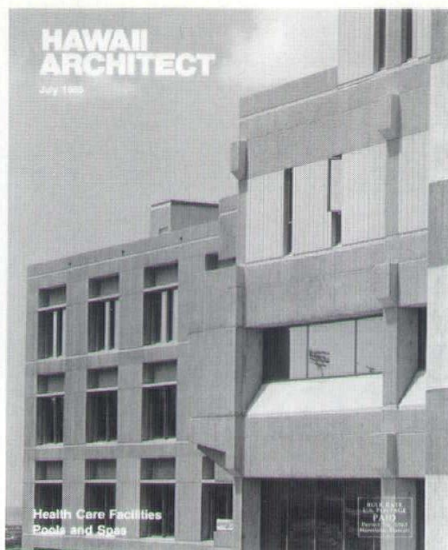
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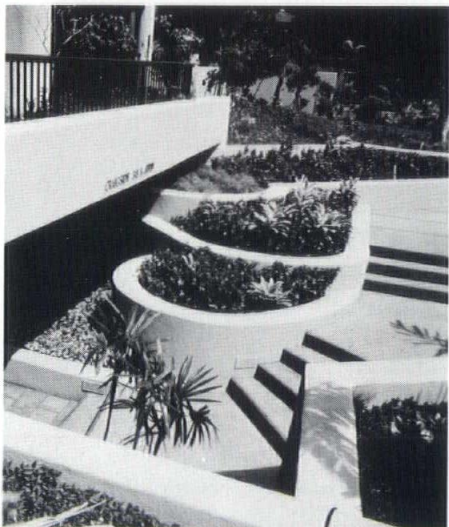
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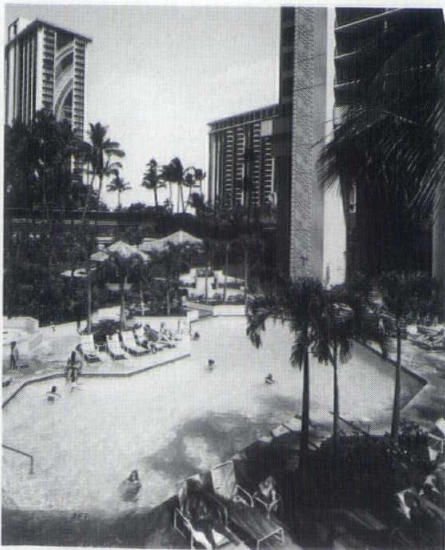




**Cover:** Kaiser Permanente Medical Center Moanalua Valley was designed by Architects Hawaii, Ltd. The health care facility is scheduled to open in September. Photo by Barbara Paris.



20. Design award winner.



22. Pools and spas.

# HAWAII ARCHITECT

July 1985

Volume 14, Number 7

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## RESPONDING TO CHANGE

*by E. Alan Holl, AIA, CSI/Consultant*

### *Flexibility is the Key to Successful Health Care Facilities*

**T**echnology-intensive facilities, such as hospitals and laboratories, are experiencing accelerated change but in a less predictable manner than occurred in the recent past. Adaptable buildings are required if these facilities are to be successful over their normal life span.

Historically, the patient floor was the unit most severely stressed by the need for frequent alteration to keep pace with changing nursing patterns, consumer expectations, teaching methods, and health care delivery. The traditional multi-bed ward became the two-bed room which became the single room. As new construction accelerated in the 50s and 60s, our increasingly affluent society began to expect patient rooms to approximate hotel accommodations.

*E. Alan Holl provides consulting services in the areas of health facility functional/space planning and programming, project management, mediation/arbitration and research.*

Increasing technological development and increasing demand to separate patients clinically and by intensity of care, generated a need for substantive changes to traditional nursing unit configuration and its support services. While renovations were made, disruption to continuing revenue-producing areas contributed significantly to making them extremely costly. To this, add inflation with its impact on a labor-intensive industry, costly diagnostic and treatment equipment and its demand for supporting utility services, and you have identified major contributors to extraordinary increases in health care costs.

New federal reimbursement policies require the reduction of health care delivery costs. The necessity to contain costs is becoming a survival issue for some providers.

In Hawaii, the current underutilization of existing facilities would lead one to conclude that the majority of projects in the foreseeable future will be renovations to provide suitable environments for



diagnostic and treatment services, equipment and patient care. Successful architectural solutions will require development of specific strategies to cope with design objectives minimizing obsolescence and maximizing future flexibility and adaptability so that these facilities can absorb major changes over time to keep pace with changing technology, services and mission.

Traditional techniques for converting work load into space, one element of health facility programming, have suffered obsolescence due to the accelerated pace of medical diagnostic and treatment technology.

Given these pressures and variables, how do architects design health facilities, particularly alterations and renovations, so that they will respond to their initial role and have the inherent flexibility to respond to future unknown change?

There are several levels of effort required if this dilemma is to be successfully resolved:

- The institution must identify its current market share by service or program, its short- and long-range goals for each service or program to be retained, added or deleted over the planning time, its resultant projected work load, and its best guess as to when or how medical technological change might affect its space and service requirements.
- The architect in conjunction with the client must develop design strategies which have predictable responses to the design objectives of ease of construction, ease of maintenance, and ease of future change—all relative but basic in determining a building's continuing functional adequacy.

A building's ease of construction relates to two major components,

well coordinated construction contract documents and a design that permits ready access to building systems and equipment during construction, both of which minimize construction conflicts and scheduling difficulties. Its accomplishment requires an optimum of design team cooperation and communication, enhanced by early agreement among team members about the amount of space required to permit building systems integration.

Ease of maintenance is measured by engineering and administrative criteria. Servicing and maintaining building distribution systems is simplified by providing non-invasive access to building systems and equipment during normal building operations. Providing access that minimizes disruption to continuing operations and activities, keeping engineering and maintenance personnel out of functional areas, assures uninterrupted use of revenue-producing spaces.

The design strategies that respond to these objectives include:

- establishing a service module consisting of a functional zone, a service zone, and a service bay,
  - separating functional and service zones horizontally,
  - locating vertical fire separations, system risers, and vertical circulation coincident with service module boundaries,
  - making each service module's mechanical and electrical systems independent with major systems equipment located in each module's service bay,
  - and, except for gravity flow systems, not penetrating the service module vertically and collecting gravity waste system risers in the service bays.
- For new construction these

strategies are best exemplified by what is documented in the publication "VA Hospital Building System" (January 1972, U.S. Government Printing Office, Washington, D.C., stock number 5100-0062).

These strategies have proven to be cost effective and flexible. They utilize integrated building systems concepts, interstitial space with a full walk-on deck, accessible only at the module's perimeter, separating the service zone from the functional zone.

The use of strategies involving interstitial space with full walk-on decks is seldom achievable in alteration projects. However, the principles underlying the VA hospital building system can be applied to existing health care facilities providing all participants—client, architect and engineering consultants—fully comprehend a systems building approach to design and construction.

The strategies of no permanent vertical elements within a functional module, of horizontal separation of service and functional zones, of each module's mechanical and electrical independence, may be achievable in major renovation. To the extent employable—existing floor-to-floor heights are the greatest constraint—each will reinforce the facility's ability to respond to future unpredictable change.

With the possible exceptions of space and weapons technology, the technological revolution probably has impacted and will continue to impact health care delivery more than most other fields. The ability of a health care facility to respond to major changes with minimum disruption to revenue-producing areas may be critical to its survival.

HA

*"With the possible exceptions of space and weapons technology, the technological revolution probably has impacted . . . health care delivery more than most other fields."*



An aerial photograph of the Castle Medical Center, a large, modern, multi-story hospital building with a white facade and blue-tinted windows. The building is situated in a lush green landscape with a winding path or stream nearby. In the background, there are large, rugged mountains under a blue sky with some clouds. The overall scene is a mix of natural beauty and modern architecture.

# DESIGNS FOR THE 80s

*Castle Medical Center, opened in 1963, is a 156-bed hospital serving 120,000 Oahu residents. A new maternity center is scheduled to open in September. Photo courtesy of Castle Medical Center*



*"An outstanding aesthetic that doesn't work is a disaster in the health care field."*

*by Robert Hartman, AIA*

**D**uring the 50s and 60s, architectural design for health care facilities was pretty much guided by the federal Hill-Burton Standards which detailed space allocations based on the then standard types of inpatient services provided by general acute hospitals. The inpatient services covered by Hill-Burton included general med-surg, obstetrics (and its accompanying nursery), gynecology, pediatrics, orthopedics and intensive care. Ancillary services included surgery, labor-delivery, recovery, X-ray, laboratory, pharmacy, and usually, though not always, an emergency room. Support services included medical records, food service, central sterile supply/general stores and, of course, administration.

Those Hill-Burton standards established square footages for each of the above functions, all based on patient/bed ratios, and

included space requirements for clean and soiled linen storage, clean and soiled utility rooms, etc.

What may have been true then is certainly not the standard for design in today's competitive health care facility. A hospital for the 80s may include coronary care units and post-coronary telemetry units, and neo-natal intensive care units. Psychiatric units and substance abuse treatment units are also not uncommon within the confines of the general acute hospital.

The array of highly specialized diagnostic services available today at any number of Hawaii's health care institutions includes CT scan (computerized tomography), heart catheterization labs, ultra-sound labs, cardio-pulmonary labs . . . the list could go on.

Additionally, health care institutions have added a wide array of outpatient services. Typical among those is outpatient surgery or, as Queen's Medical Center calls it, "Same Day Surgery."

While this new service may utilize the same operating rooms as the regular inpatients, provision must be made for the outpatient to come into the facility and be assigned a bed for pre-surgery prep and gowning. That bed must be arranged in such a way that it can be used for recovery following the surgical procedure

The services required of the

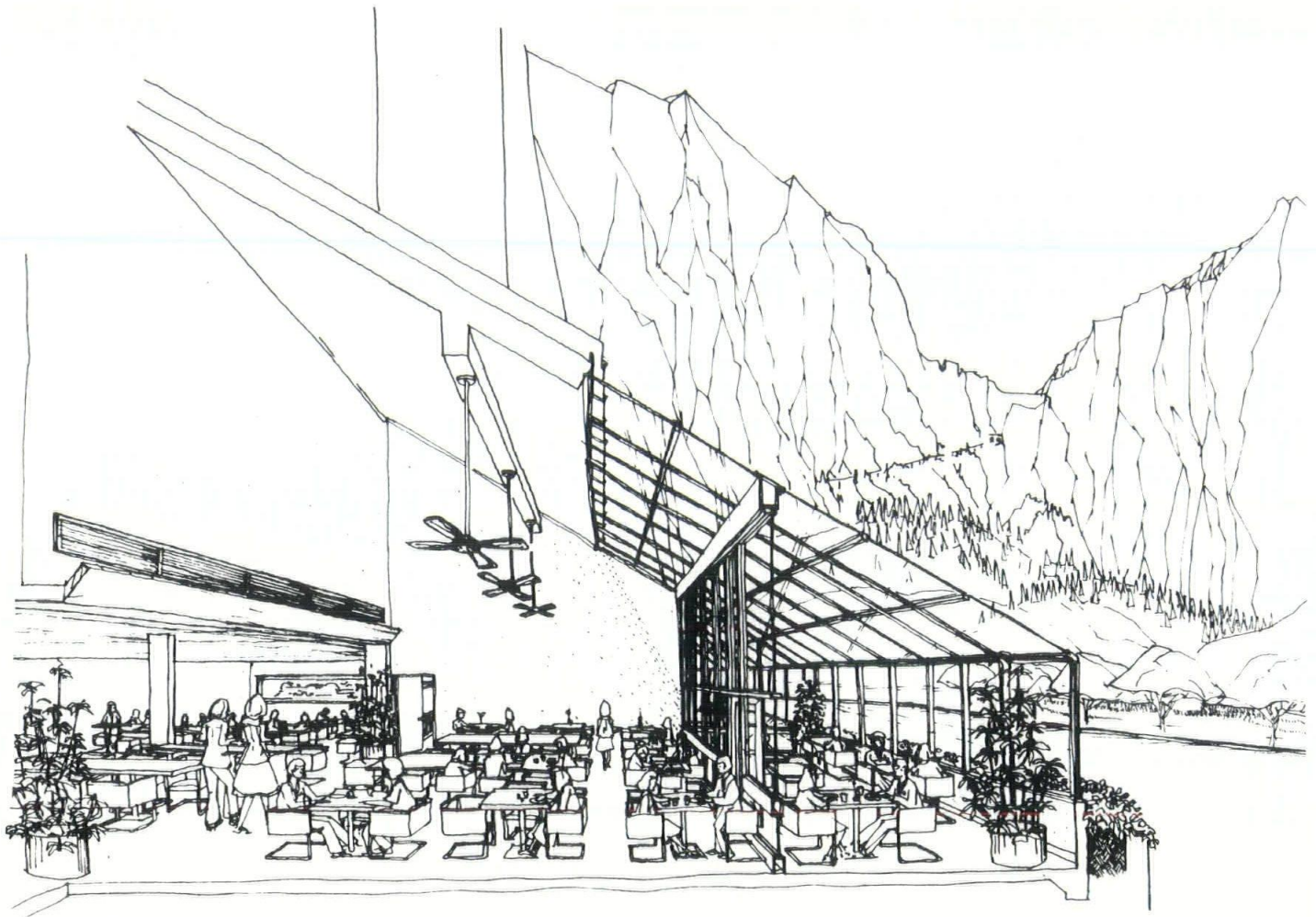
hospital's support functions also vary when it comes to servicing the psychiatric or substance abuse patient. While they are inpatients in every respect, they are not confined to their beds. They are ambulatory and eat their meals in the dining room located within the unit. Additional spaces must be allocated to individual and group therapy. Space must also be provided, in the case of the psychiatric patient, for a seclusion room, a security room in which a patient can be placed for short periods of time apart from the rest of the patients and under direct observation by staff.

What this means is that there are no longer any industry-wide standards which can be referred to as reliable guides for an architect planning modernizations or additions to a hospital. Each facility must be looked at as distinctly unique, with its own particular needs in terms of space for inpatient or outpatient services.

The business end of the hospital has changed as well. The ubiquitous computer has made great strides in the health care field, and the architect today plans for the data processing center as well as numerous terminals throughout the departmental units. Some hospitals have very sophisticated computerized Hospital Information Systems, which must be accommodated.

*Robert H. Hartman, AIA, has specialized in architecture for health facilities for more than 20 years. He has lectured on architecture for health under the auspices of the American Hospital Association and on behalf of the Pan American Health Congress for the World Health Organization. Hartman received a 1984 Hawaii Society/AIA Design Award for his work on Kahi Mohala, an 88-bed psychiatric hospital.*





*Proposed changes at Castle Medical Center are shown in Robert Hartman's sketch. Dining room facilities are to be expanded.*

Additionally, on both a national and local basis, many hospitals have begun to implement outreach services, bringing to their local and regional areas hospital-supported health care and wellness programs. This again requires the architect to look at the impacts on space requirements back at the main facility to support these outreach services. Such programs almost always require linen and supply support as well as accounting and staffing. Each makes its demands on the host facility.

As is true with so much of the rest of the nation's industry, the health care industry has begun to focus on the aggressive marketing

of comprehensive services to a degree not previously witnessed, and their marketing package includes services not previously offered. In Hawaii we see hospitals advertising on television, in the daily newspapers and slick monthly magazines. Hospitals, with the exception of Kaiser Permanente, have traditionally been paid for their services by third party reimbursements, mainly thru HMSA (Hawaii) and the Medicare/Medicaid programs. This traditional reimbursement has been based upon cost of services. New federal regulations have been instituted which put hospitals on a reimbursement schedule based on the particular medical diagnosis at fixed dollars, regardless of cost! Consequently, hospitals must be far more efficient in their delivery of care.

It also means the architect will be dealing with major renovations to twenty- and thirty-, even forty-


year-old hospitals, turning their spaces into configurations suitable to the needs of a health care facility of the 80s. In short, squeezing as much functional utility as possible out of the present physical plant.

All of this designing and construction must be planned to occur without major interruptions to on-going services. Some inconveniences can be tolerated, but hospitals must be totally operative on a 24-hour, seven-day basis and services cannot be shut down simply because construction has to take place.

A theme which should be stressed relates to the role of the architect in planning for health care. In retailing, the watchword is "location." In the health care field it's "function." No one wants an ugly building, ever, but an outstanding aesthetic that doesn't work is a disaster in the health care field.

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## A SHIFT IN FOCUS

by Ronald F. M. Lee  
*Assistant Administrator, St. Francis Hospital*

*New reimbursement policies and an emphasis on outpatient services call for a new approach to facilities design.*

**B**efore discussing the outlook for hospital design during the 80s, one must understand the transition which has taken place in the health industry in Hawaii within the past 15 years.

In the early 1970s, the federal government established the Hill-Burton Program for hospitals which was administered by the U.S. Department of Health, Education and Welfare (DHEW).

The program provided a loan guarantee and an interest subsidy of 3 percent, depending on the applicant's request and qualification. The loan guarantee designated DHEW as the guarantor of the loan if the borrower (hospital) failed in its repayment of the loan. The interest subsidy assisted the hospital in the payment of interest for the loan.

For example, if the hospital obtained permanent financing at the interest rate of 7 percent, under the subsidy arrangement 3 percent would be paid by the Hill-Burton Program.

In addition to this program grants-in-aid were allocated by the state to assist hospitals in improving their facilities. Both state and federal programs recognized the need for hospitals to be updated and for state-of-the-art equipment to be provided to the community.

Hospitals under the Medicare Program were required to depreciate buildings under a 40-year schedule although loans were obtained for 20 to 30 years. Services to Medicare patients were reimbursed on a cost-reimbursement system and, thus, medical facilities were stymied to

establish any type of funding for capital improvements.

With the incentives of the Hill-Burton Program and grants-in-aid subsidies by the state, construction and modernization programs for hospitals flourished in Hawaii and throughout the United States.

You can see that hospitals, as a quasi-public facility, are influenced by reimbursement policies of state and federal agencies, community needs, technological advancements, medical insurance payments, physicians and other health services available to the community.

With changes in the Medicare reimbursement policy to a fee-per-diagnosis method, hospitals must seek other revenue alternatives. The fee-per-diagnosis method is what is known as diagnostic

*"To meet community needs, hospitals must carefully examine their facility improvements since financial incentives are no longer available."*





*St. Francis Hospital in Honolulu, like other hospitals, is influenced by state and federal agencies and community needs. Technological advancements present special design challenges as health care facilities prepare for the future. Photo by Irving Rosen.*

related groups (DRG), which reimburses hospitals at an established rate.

This payment program has made a major impact on the length of stay at hospitals where occupancy levels have been reduced. In addition, competition and increased outpatient services, rather than inpatient services, have become trends in the health care market place. To meet

community needs, hospitals must carefully examine their facility improvements since financial incentives are no longer available.

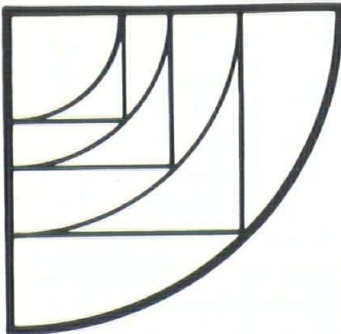
What can a hospital do to meet the need for modernized facilities and state-of-the-art equipment?

- There will be a need for more renovation projects to convert existing space for other needs. This can be extremely costly. More often than not, as-built

drawings of the renovated area may not be available to define electrical, plumbing and mechanical connections.

- Ideally, if space is available, new facilities can accommodate expanded programs.
- Because of the shift from inpatient to outpatient services, support facilities such as urgent care centers are being developed across the country. These are





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free-standing facilities which are primarily located off site of the hospital premises. An urgent care center, for example, is similar to a physician's office, providing care for minor, non-life threatening conditions that nonetheless require immediate attention. It will usually operate seven days a week and 12 to 16 hours per day with a physician available. The approximate size of the facility may require 3000 gross square feet depending on the services offered. Emergency centers are free-standing emergency rooms capable of treating acute trauma patients as well as ambulatory patients.

- There will be more specialized free-standing facilities such as magnetic resonance imaging centers. The magnetic imaging scanner is the latest technological advancement in diagnostic radiology. It utilizes a large doughnut-shaped magnet that surrounds a patient and produces an image on a video screen of cross sections of the patients body. Design requirements are critical because the magnet may weigh eight to 10 tons, and therefore structural considerations are important. In addition any steel in the building affects the magnet and radiofrequency interference must be minimized.

In every design of a health facility, members of the design team must be knowledgeable of functions and special requirements, whether they be structural, electrical, plumbing or mechanical. There are also regulations that govern construction of the building from city, state and federal agencies in addition to the manufacturer's specifications.

Throughout the process of planning, designing, constructing and equipping the building, the architect must direct and control the many individuals and groups concerned with the project. With the help of a knowledgeable hospital architect, the hospital administrator can look forward to successful project completion. **HA**



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## INNOVATIVE INTERIORS

*by Marne Richardson  
Architects Hawaii, Ltd.*

*Interiors affect the patient's attitude.*

**W**hen entering a hospital or other medical facility, most patients have no immediate means of evaluating medical care, but they can make personal judgments about the physical and social environment. If they feel comfortable with what they see, they will be more confident and receptive to the treatment they are to receive. Through the use of appropriate interior finishes, materials, and colors, Architects Hawaii has strived to communicate these concepts to patients at the new Liholiho Tower at The Queen's Medical Center (QMC). The conceptual design goal was to develop a palette of materials and finishes which would create a bright, clean, functional atmosphere.

Since its inception QMC has continuously grown and expanded

its services to the community. The result is a medical facility composed of buildings of varying ages and styles that reflect QMC's longevity and continuous expansion. The existing plant requires frequent renovation in addition to routine maintenance. Therefore, a secondary goal was established to create a palette flexible enough to use throughout the entire facility, in new structures and in renovated areas. The resulting visual continuity of the facility instills a sense of order and well-being which encourages patients, visitors, and staff to feel secure and at ease.

Research and study for all the interior finishes began early in the design process, coinciding with the schematic design phase. This early start enabled the design team to test and evaluate the products and materials for an extended length of time. With the cooperation of

suppliers and manufacturers, actual products were installed in the existing facility to be tested under actual use conditions. They were submitted to many tests and were given the harshest treatment possible based on wear they would typically receive. The advantages of this extensive research were numerous. Many new and previously unused products were reviewed and subsequently selected. Installation crews were trained and evaluated before actual installations, and maintenance and housekeeping staff were able to participate in the process and evaluate each item, as well as be trained by factory representatives in the proper care and maintenance of each product.

One outstanding result of this process was the adoption of a new sheet vinyl flooring which uses an integral cove base system with





*A lush green garden at Queen's Medical Center's Liholiho Tower is visible from hospital beds. Views of the natural environment elicit positive feelings which reduce stress.*

pre-molded inside and outside corners, heat-welded to a sheet vinyl floor covering to create an essentially seamless floor covering. This flooring had not been used in Hawaii when it was recommended to QMC. The German manufacturer donated enough material to install one mock-up patient room (which had been previously constructed), and sent a factory-trained installation expert to train and certify the local installation teams. After the floor was installed, this expert also worked closely with the QMC maintenance and housekeeping staff, training them in proper cleaning, stain removal, and

patching techniques. The resulting flooring system used at QMC is an attractive, innovative system which would probably not have been adopted if not for this initial evaluation.

By starting this research and evaluation early we were able to develop detailed and exacting standards for the finish materials. These standards were reflected in the original bid specifications which gave the owner and architect considerable control over the quality of materials selected for use in the project. The resulting finished quality of the space helps to create an environment which will positively influence people's behaviors towards the services they are about to receive.

Colors for the finish and materials used were selected to

reflect an attitude of timelessness. At the owner's request, all permanent and fixed materials were neutral colors. Warm whites, beiges and soft browns were used throughout the facility as the base color scheme. Accent colors were used only on such items as paints, furniture upholsteries, window coverings, and cubicle curtains, which could be easily and inexpensively replaced in the future. This allows the owner to update the facility with new and changing color trends at minimal cost and with minimum disruption of services.

Accent colors were selected for various purposes other than to add interest or to prevent static isolated feelings often produced by the use of a single-color scheme. Colors are used to communicate orientation and direction

*"Visual continuity instills a sense of order and well-being which encourages patients, visitors and staff to feel secure and at ease."*



throughout the building. Strong bright colors are used to draw attention to specific areas such as elevator lobbies or reception desks, while neutral tones minimize the importance of other areas where public access is discouraged. Strong colors were also used at end walls and entrances to help alleviate the tedium of long, unimpressive corridors.

The institutional look was minimized by using natural red oak doors and trims throughout the facility. Low reflective wall and floor finishes and carefully planned lighting help alleviate glare which typically creates a clinical atmosphere.

Comforting muted tones were specified in patient rooms and patient treatment areas. As a result these rooms are visually nonintrusive, without vibrant color, and provide a calming atmosphere for patients. Because of the extended length of time spent in these areas by patients, visitors and staff, this feeling of comfort and serenity achieved by the use of soft colors is particularly desirable.

Patient room interiors deviate from standard hospital design by having a garden or courtyard view from each patient bed. Views of the natural environment have long been known to elicit positive feelings which reduce stress. In the Liholiho Tower we have carefully incorporated the lush, green of tropical foliage as an important accent color. Vertical blind window coverings, used to allow maximum shading with minimum visual disruption, are used only where privacy is required.

The Architects Hawaii/QMC design team has melded the concepts of humanization, flexibility and cost effectiveness in the Liholiho Tower. It is a successful hospital environment that will allow Queen's Medical Center to effectively deliver the high quality services and patient care for which it has constantly strived.

HA

# Shriners Hospital

*Architects Hawaii, Ltd.*



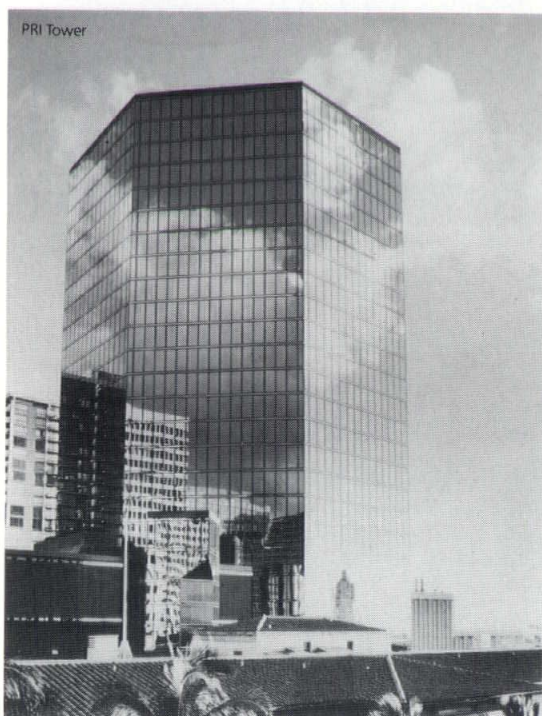
Photo by Paul Saman.

Lemmon, Freeth, Haines & Jones (now Architects Hawaii, Ltd.) received a 1970 design award for Shriners Hospital for Crippled Children Unit No. 2 in Honolulu. Paul D. Jones, AIA, who was a member of the 1967 design team, served as the hospital's chairman of the board of governors in 1984. During this time the hospital was allocated approximately \$1,000,000 in renovation funds. While some work remains to be done, basic refurbishing has been completed. Shriners Hospitals provide free treatment for children with orthopedic or burn problems who cannot afford care in another institution. Shriners Hospital in Honolulu, which provides orthopedic care, serves the entire Pacific Basin.





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*In Lush Nuuanu Valley*

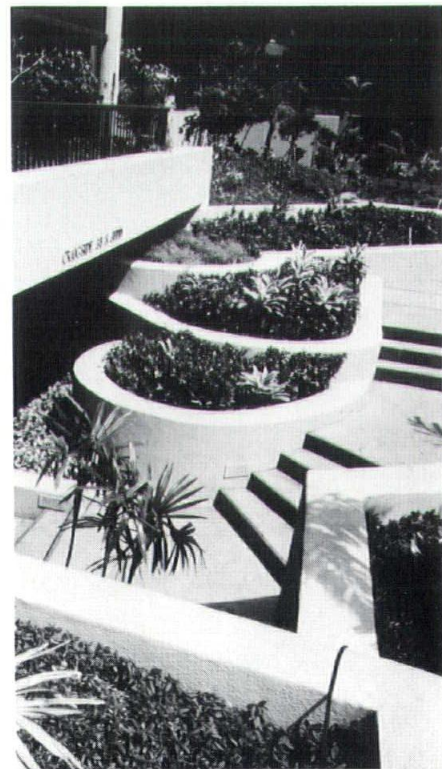
## 38 JUDD

*Norman Lacayo, AIA*



*A clubhouse and swimming pool are surrounded by lush vegetation. Other recreational amenities include a tennis court and picnic area.*

*A private sunken entry leads to an elegant lobby. The building is set into the uphill portion of a sloping site abutting Nuuanu Stream.*



*A luxury condominium, 38 Judd was designed for high-income professionals and affluent "empty nesters." It offers qualities of a single-family home without the attendant responsibilities.*





One of the two towers which comprise the Craigside residential condominium complex in lower Nuuanu Valley on Oahu, 38 Judd is a luxury highrise condominium project designed by architect Norman Lacayo, AIA, of the architecture, interiors and planning firm of Norman Lacayo, AIA, Inc.

The project includes a 27-story tower, clubhouse, and other recreational amenities, including a swimming pool, tennis court, picnic area and parking structure serving both towers.

The challenge for the architect as presented by the developer was to design 52 large three-bedroom, two-bath luxury units, an 8,000-square-foot penthouse unit, and various amenities for occupants to share in common. In addition, the developer anticipated that the units would be marketed to high-income professionals and affluent "empty nesters" who desired some of the qualities of a single-family home but not the usual attendant responsibilities.

With mature trees and lush vegetation, 38 Judd is situated on a sloping site abutting Nuuanu Stream. Designed to take advantage of this lovely tropical location, the tower was set into the uphill portion of the site, thereby creating a private sunken entry which adds a sense of mystery to the lobby's approach. The clubhouse, swimming pool and tennis court are tucked into the lush vegetation along the stream.

With a 16-foot grid of walls and columns, 38 Judd derives its form from a polygon. Key elements in the design are two-foot-diameter columns which are dramatized through their use as pivotal points between vertical planes. The resulting "uncubelike" shapes can be furnished easily, and add interest to everyday condominium living.

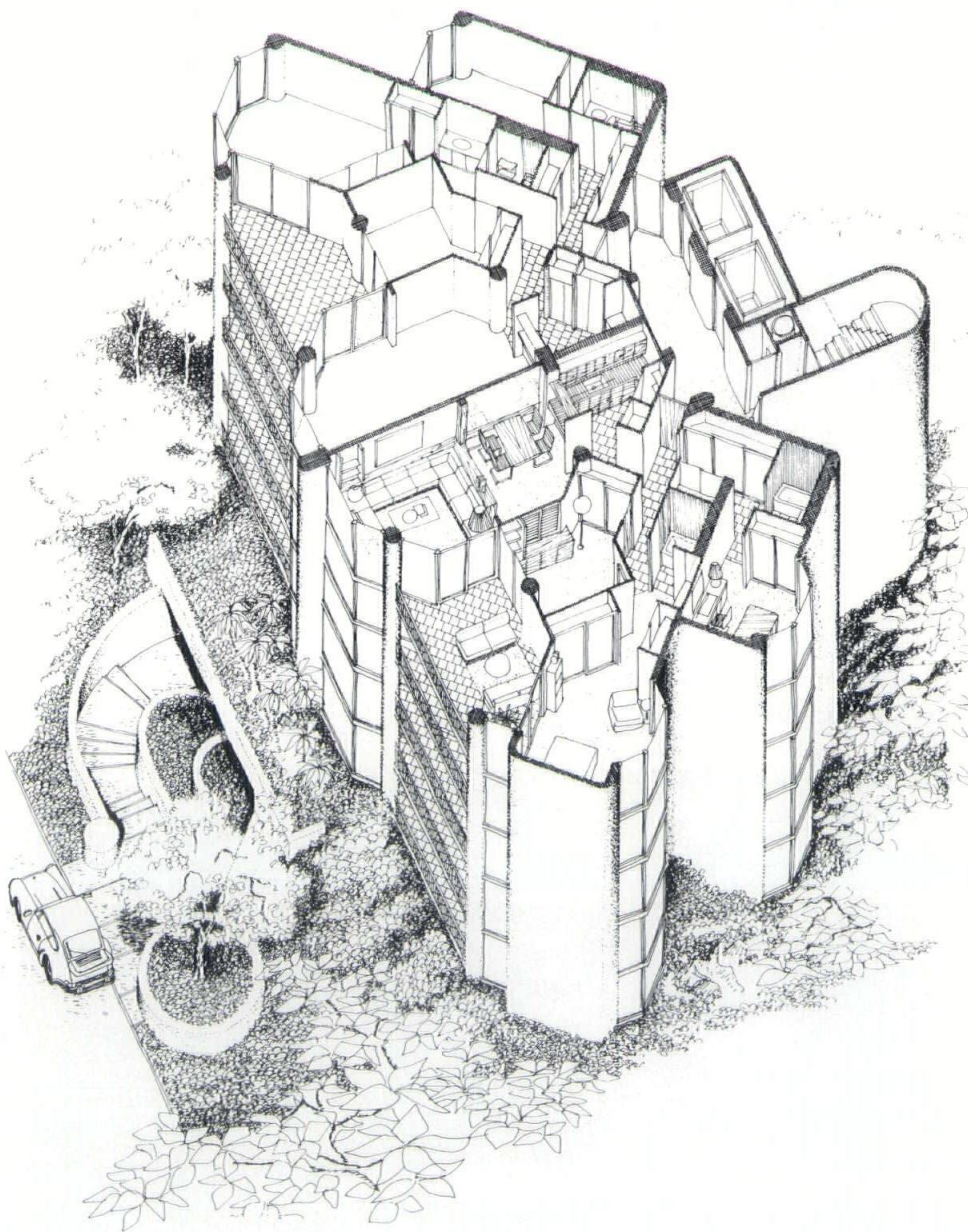
The building features two 1,650-square-foot units per floor joined by a gracious eight-foot-deep elevator foyer, thereby

permitting a single buyer the option of occupying an entire floor. Additional space is also available to dwellers in the multilevel penthouse, which has access to the roof terrace for outdoor entertainment and recreation.

Another unusual feature of the building's design is that the upper floors in the tower have ten-foot-high ceilings which allow residents maximum flexibility in customizing their units.

One of the most unique features of 38 Judd, however, is that the building was designed without central air conditioning. The structure is oriented away from the hot afternoon sun and relies on ceiling fans and breezes from Nuuanu Pali for natural ventilation.

The project budget for 38 Judd was met through aggressive value engineering, and the units therefore sell at a highly competitive price per square foot.



*Two 1,650-square-foot units on each floor are joined by an elevator foyer. A single buyer has the option of occupying an entire floor.*



# POOLS AND SPAS

by Ted Garduque, AIA

*Using water in the design of commercial projects.*

Architects have long been fascinated with the use of water as a visual, tactile and environmental element in the design of their projects. In tropical climates, water can be a useful medium to cool the environment.

Pools, often used as a focal point or a thematic element, can enhance a design. Water can scatter and bounce sunlight to create interesting patterns on walls and ceilings or add a sense of

color, depth and movement. Or water can be still and tranquil conveying a sense of serenity.

At the same time, a pool of water can be useful, such as a holding pond for irrigation. Fountains modify the immediate humidity and thus the coolness of the environment. Water can be used for swimming and wading and growing things.

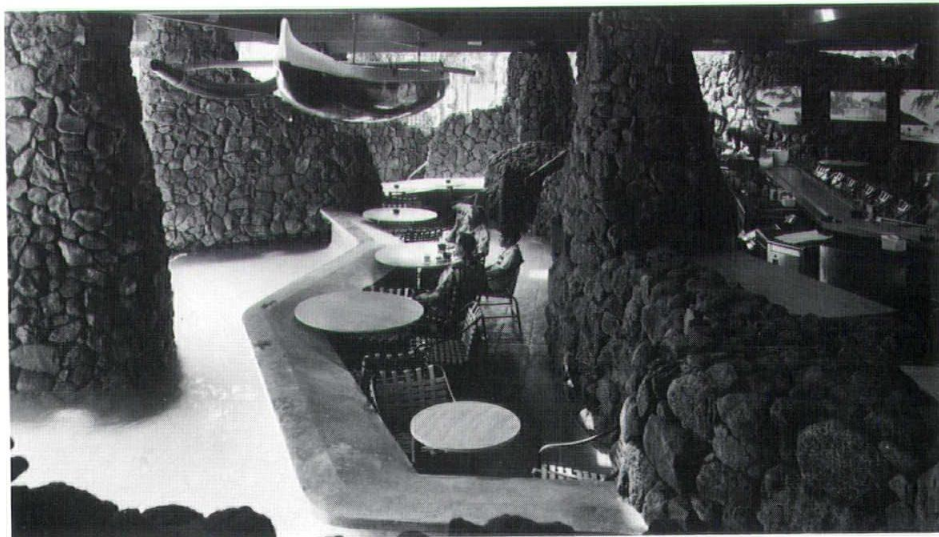
Whatever the reasons for incorporating water into designs, consideration must be given to the

area of transition where water meets walking surfaces or walls. To mitigate the concern for liability around water, minimum dimensions required by building codes must be checked. Sufficient space for circulation of maintenance equipment and pedestrians must be provided.

Edges can be hard or soft depending on the design intent. When designing swimming pools, the standard solution is to use coping in regular or geometric patterns.

Architects have used irregular forms and materials to create natural settings for water. Irregular and natural rock-like forms can mix with conventional paving and construction techniques to create delightful settings. Examples are the Hyatt Regency Maui swimming pool and the Maui Surf pool bar and pool.

Architects should consider



Natural elements are incorporated into the design of the Kauai Surf pool bar. Water and Hawaiian breezes cool hotel guests. Photo by David Franzen.

*Ted Garduque, AIA, is vice president and director of Wudtke Watson Davis & Engstrom/Garduque, an architectural firm with offices in San Francisco, Philadelphia and Honolulu.*





*Waterfalls add an exotic touch at the Kauai Surf Hotel, an Architects Hawaii, Ltd. project. Guests swim in a lush, tropical setting. Photo by David Franzen.*

locating pools in close proximity to air conditioning equipment and plan for heat exchange systems to warm pools and heat spas and perhaps showers. There is heat exchange equipment on the market which can convert heat to extreme cooling for ice plunges. The use of this equipment requires careful study with the help of mechanical engineers.

The architect may find that considerable cost and energy savings are possible. However, such systems require space, housing, ventilation, and noise abatement. This should be looked at early in the design stage.

If heat exchange equipment is to be assembled within close proximity to pool filters and equipment, careful arrangement is necessary to ensure an economical use of space and proper coordination of connections.

Pool equipment, especially pumps and generators, can cause rhythmic vibrations which could



*A pool was constructed in 1982 at the Hilton Hawaiian Village as part of the Tapa Tower project. Implementation of a master plan for extensive renovation of the Hawaiian Village will be underway soon. Plans call for the addition of another more elaborate pool. Wimberly Whisenand Allison Tong & Goo Architects, Ltd. designed both projects. Photo by David Cornwell.*





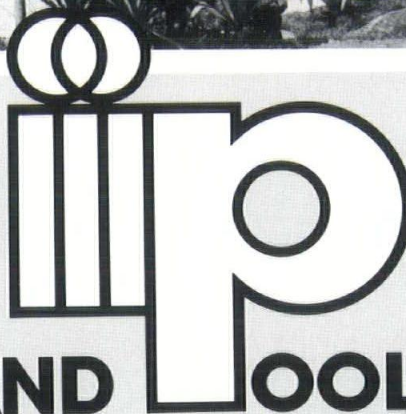
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be perceptible to occupants of buildings near such equipment. One solution is to make sure that vibrating pool equipment has a dense foundation. Another is to provide vibration isolators. Consider couplings or attachments that are compatible with the equipment. These attachments should "give" or be designed to take the shock of movement.

While in the early design stages, the architect should work with an experienced pool contractor and the owners to determine the layout of pool lights and the maintenance of these lights, particularly around indoor pools. Indoor lights which are placed over pools may be a cause for liability, especially when it comes time to change the lightbulbs. (Imagine a maintenance man changing bulbs with scaffolding over a pool.) Also, light fixtures should be suitable for use around moisture.

Another often forgotten item is the accessibility of switches, timers and thermostats. These should be placed conveniently for supervision or user reach.

The plumbing department often requires a fill line, with a special type of vacuum breaker for make-up water. This is often forgotten in the planning of pools and water features in commercial projects. Also, not to be forgotten is a back wash system for commercial applications. Floor drains do not suffice. Consultation with the mechanical engineer will indicate that a floor sink would be more appropriate.

In planning a pool equipment room, if a heat exchange system is going to be used, consider the effects of condensation in an enclosed room.

The architect has many resources to help him in the task of pool research and design. There are trade journals such as "Spa and Sauna, the Voice of the Hot Water Industry," "Swimming Pool Age and Spa Merchandiser," a publication of Communication Channels Incorporated, or the "National Pool News."

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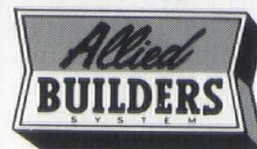
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# MALPRACTICE INSURANCE

*The consequences of "going bare."*

*by William S. Hunt, Esq.  
Paul, Johnson & Alston  
Attorneys at Law*

One of the primary concerns of practicing architects today is the cost of premiums for malpractice insurance. As all architects know, due to a number of factors, premiums are increasing each year, and it is unlikely that they will level off in the near future. Many architects are presently contemplating or have already decided to practice without insurance protection. This article will briefly discuss the primary risks involved in taking such action.

Since nearly all architectural malpractice claims are based on allegedly negligent acts, some architects may believe that if they are cautious and careful, they have no need for insurance. Unfortunately, this is not so. It may enable someone to avoid

liability, but it will not enable them to avoid either the expense or the inconvenience that lawsuits always cause.

Most plaintiffs and their attorneys are unable to determine at the beginning of a case whether their alleged losses were caused by poor design, poor construction, or both. Therefore, they often sue all parties involved in the design and construction of the project. Although the architect may eventually convince the plaintiff and his attorney that the losses were not his or her fault, it may require a trial and jury verdict to do so. Thus, caution is no substitute for insurance.

An architect who has no insurance and is sued faces two types of financial exposure: (1) attorneys' fees and costs, and (2) payment of a settlement or a judgment. Obviously, depending on the particular case, either or both of these could be substantial.

Hawaii Revised Statutes Chap. 672, *et seq.* provides that any person who alleges he is a victim of an architect's "professional negligence" must file a claim with the Design Professional Conciliation Panel, and have a

decision rendered by the panel, before he may file a lawsuit. Thus, an architect may require the services of an attorney for two proceedings, the panel hearing and the ultimate trial, if any.

The panel hearings are more informal and do not require as much preparation as a trial, but attorneys' fees and costs for defending a case before the panel can nevertheless be substantial. Often the fees and costs are several thousand dollars.

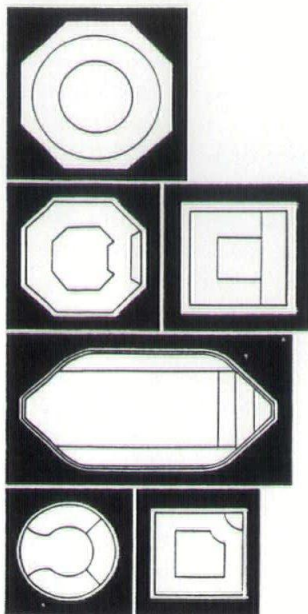
Even if the panel returns a decision in favor of the architect, this does not prevent the plaintiff from then filing a lawsuit. Once a lawsuit is filed, attorneys' fees and costs, including expert witness fees, can quickly exceed the amount spent for a defense at the panel hearing. Thus, even if a plaintiff withdraws his claim, or agrees to settle for a nominal amount, the architect may still have been forced to expend thousands of dollars in attorneys' fees. Except in the case of extraordinary bad faith or some contractual entitlement, these fees are generally not recoverable from the plaintiff.

These same expenses may be

*This article presents only a general discussion. It is not intended to provide the solution to any individual problems. Nor is it a substitute for the personalized attention and advice of legal counsel. No one should decide whether to forego insurance protection on the basis of this article; they should first seek legal counsel.*



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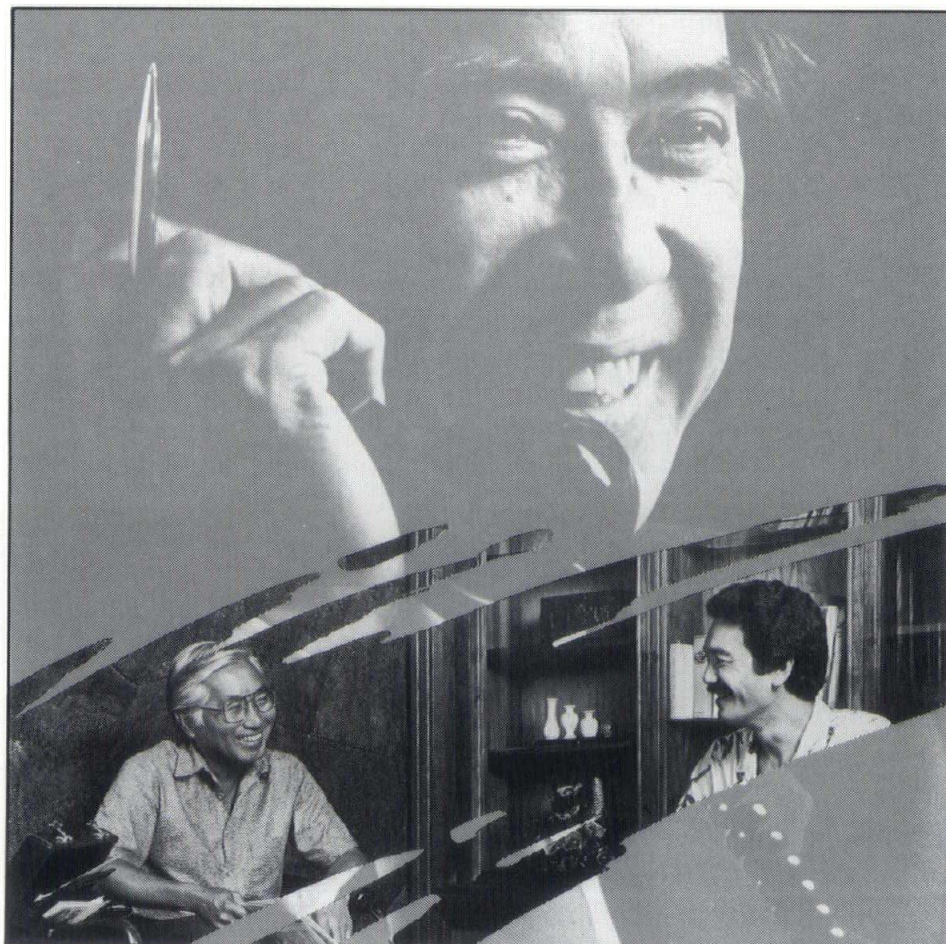
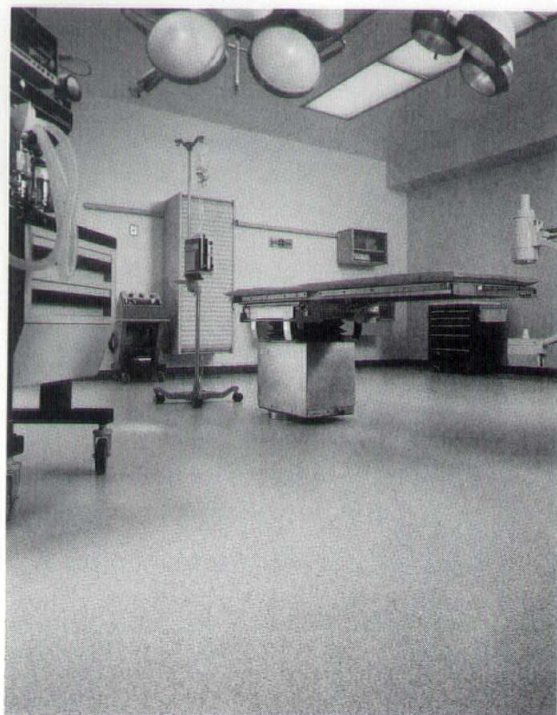
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faced by an architect who has insurance, but has a high deductible. Most policies require that the deductible be exhausted either for payment of attorneys' fees and costs or for settlement before the insurance company makes any payments. However, at least the insured architect knows the limits of his/her financial exposure in advance.

Another risk faced by the architect without insurance is the potential of being held responsible for payment of compensation for injuries jointly caused by his negligence and the negligence of another member of the design team, such as the structural engineer and other professionals, or even the general contractor. Under the Hawaii Uniform Contribution Among Tortfeasors Act (Hawaii Rev. Stat. § 663-11, *et seq.*) each defendant who is found at trial to be jointly liable with another defendant can be required to pay the entire judgment to the plaintiff. In other words, if a plaintiff wins a verdict for \$100,000 and the architect is found by the jury to have been only one percent at fault, while his/her co-defendants are found to be ninety-nine percent at fault, the plaintiff can nevertheless collect the entire judgment amount from the architect. It would be up to him/her to collect contribution or reimbursement from the other defendants, if they have the money.

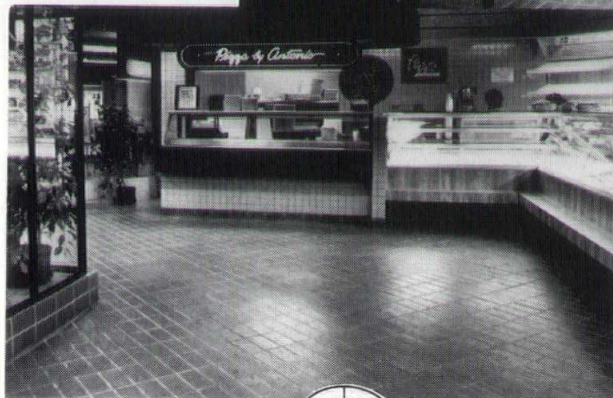
The theory behind this rule is that the injured party is entitled to compensation and should not be denied recovery as long as at least one of the responsible defendants has the ability to pay it. The result is that architects with substantial assets and no insurance may be required to pay a large judgment even though he/she was not responsible in any significant way for the plaintiff's damages, because the co-defendants cannot pay their share.

Once a judgment is obtained against an uninsured architect, there are several means available to a plaintiff to try to collect his



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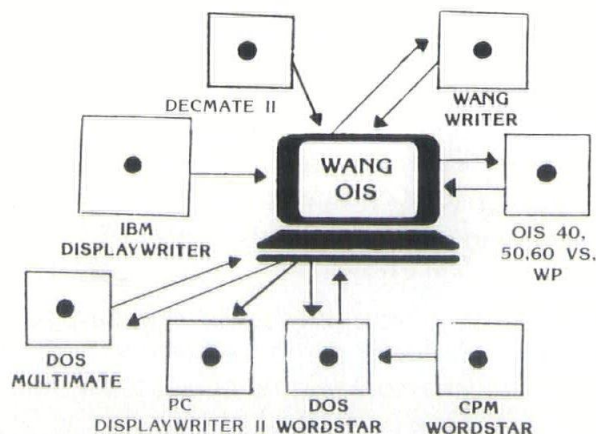
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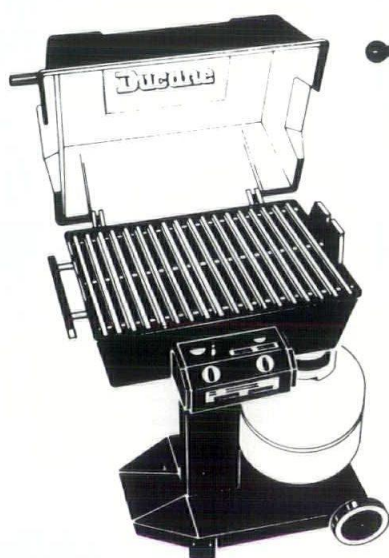
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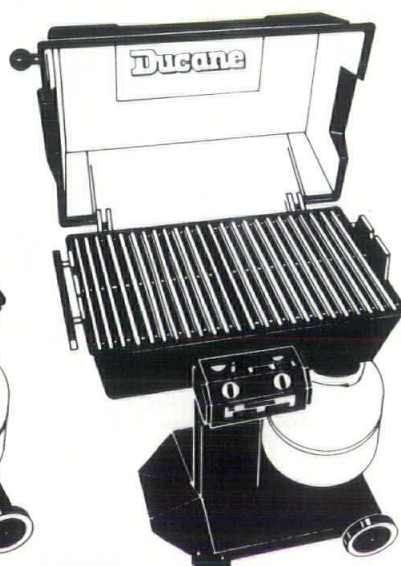


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money. Most often the plaintiff's attorney will conduct an "Examination of Judgment Debtor". This procedure requires a defendant who has had a judgment entered against him to answer questions under oath concerning his income and assets. Generally, any assets held by the defendant individually, or even jointly with another, may be seized, pursuant to procedures supervised by the court, and then sold to pay the judgment.

The major exception to this rule is for property held in "tenancy by the entirety," which is a form of joint ownership by a husband and a wife. Although it is a term generally used with regard to real

*Even if an architect has no attachable assets, a plaintiff may be able to collect a judgment by garnishment of the architect's future income.*

property, it is also applicable to other assets, such as bank accounts and automobiles. Thus, while a judgment creditor may be able to attach an ordinary bank account opened jointly by a husband and wife, this would not necessarily be the case with an account held by them as tenants by the entirety. Of course, there are always exceptions to every rule. The protection of tenancy by the entirety does not apply to existing debts on property owned by one spouse and then transferred into ownership in tenancy by the entirety. Also, it may not apply in situations where the spouse transfers the property in anticipation of a specific adverse

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judgment. Depending upon the circumstances, a court could find such a transfer as a fraud upon creditors and allow the property to be attached anyway.

Even if an architect has no attachable assets, a plaintiff may be able to collect a judgment by garnishment of the architect's future income. This is easily done if the architect is employed by a group or other entity that has an independent payroll department. However, even self-employed architects face risks. A diligent attorney would not have great difficulty in obtaining a court order requiring the architect to pay the plaintiff a significant percentage of his monthly income until the judgment is satisfied.

*One means through  
which architects can  
limit their personal  
liability for judgments  
is to incorporate.*

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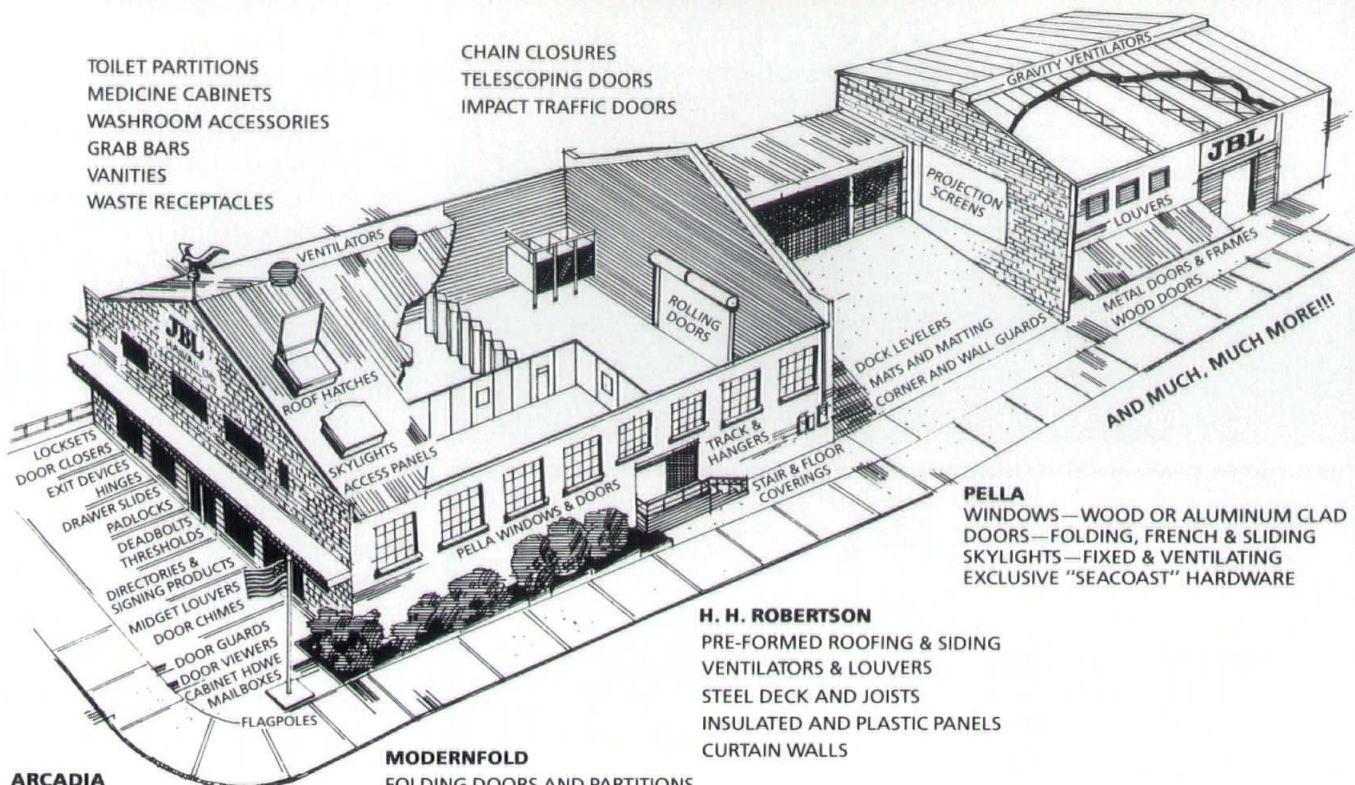
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One means through which architects can limit their personal liability for judgments is to incorporate. If an architect who practices as an employee of a corporation is negligent, the corporation will be held responsible for payment of any judgment based upon the architect's poor work. The individual who did the work may also be liable. However, the shareholders and officers of the corporation who were not personally involved generally would not be held individually responsible for payment of the judgment, assuming that the corporation was properly organized and operated and was



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not a sham used solely to prevent individual liability.

This situation is unique to architects and engineers. The Hawaii Revised Statutes provide that other professionals—including lawyers, dentists, and physicians—are individually liable for negligent acts committed by employees of their corporations. However, architects are not covered by this law regulating "professional corporations". Therefore, they can gain some protection by incorporating. This is particularly true if the lawsuit is based upon an alleged breach of contract by the architect, rather than on negligence. Presumably, any contract would have been made by the corporation, and therefore the individual officers of the corporation could not be held monetarily responsible for any breach.

Thus, incorporation can be helpful, but it must be reiterated that it does not provide complete protection. Individuals who are negligent still have some personal economic exposure.

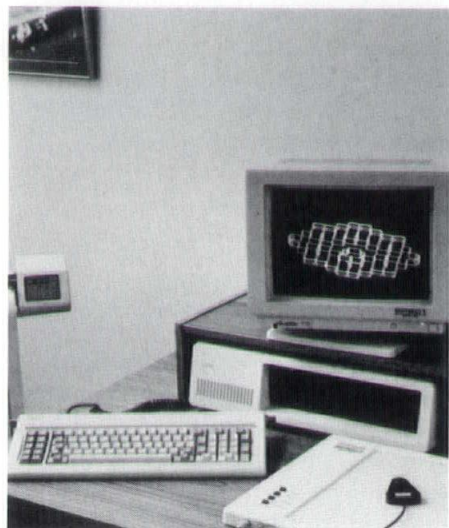
The ultimate "escape hatch" for an uninsured, unincorporated architect who loses a lawsuit and faces a large judgment, is to declare personal bankruptcy. Although bankruptcy law is a highly specialized area fraught with exceptions and exclusions, it can generally be said that such a judgment may be avoided by the filing for personal bankruptcy.

This alternative has obvious drawbacks, since it generally requires selling off most of the individual's assets and does significant damage to the professional's reputation and credit. Also, by statute, it can be done only once every six years.

In summary, there are serious financial risks involved in practicing without malpractice insurance. Although some of them can be reduced with careful planning, others are substantial and cannot be eliminated. The economic consequences of practicing without insurance can be disastrous.



## New CADD Software



*AutoCAD offers a new 3-D visualization capability. Wire-frame drawings can be viewed and plotted with "hidden lines" visually suppressed.*

Spec Systems Corporation recently announced the arrival of AutoCAD 3-D (Version 2.1). A product of Autodesk, Inc. (Sausalito, Calif.), AutoCAD is one of the most widely-used CADD software packages in the world.

AutoCAD's new 3-D visualization capability is the first step in moving AutoCAD toward a full-capability 3-D design tool. Wire-frame drawings can be viewed and plotted with "hidden lines" visually suppressed, providing a realistic 3-D image of solid objects. The new version offers curve fitting, where smooth curves can be constructed, edited, and dimensioned.

This exciting version also increases execution speed by an overall 40 percent. In addition to most pen plotters, AutoCAD now supports many dot matrix and laser printers. Other enhancements include an interactive pick function and additional tools for creating custom commands and

functions.

For those still unfamiliar with CADD software, AutoCAD is a multi-purpose two-dimensional drafting and 3-dimensional visualization package for contractors, as well as other design professionals. AutoCAD runs on over 30 different MS-DOS and PC-DOS microcomputers and over 70 peripherals (plotters and digitizers).

Spec Systems Corporation, a

Honolulu firm, offers the new AutoCAD with its popular Spec1 CADD systems. These Spec1 Microcomputer CADD systems provide the benefits of high-performance CADD at a fraction of the cost of the expensive systems. SPEC1 turnkey systems are based on IBM/PC/XT/AT micros, however, these systems can also be installed on an existing PC. (Wang, DEC, NEC, TI, Compaq, etc.)



*Pictured above is a new concept in cabinetry. A useless floor-to-ceiling storage cabinet was removed from the area and replaced with this customized wine storage/bar. Finished in natural solid red oak to match existing oak trim, the cabinet includes recessed, dimmable lighting in soffits, glass shelving with solid oak bullnose edging and a clear acrylic wine glass holder. The countertop is of Dupont corian with 1-1/2-inch solid oak bullnose edging. The cabinet was designed and built by American Cabinetry.*





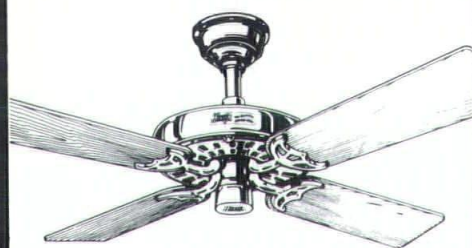
Gregory M. B. Tong (left), chairman of Wimberly Whisenand Allison Tong & Goo Architects, Ltd., is presented with the University of Hawaii's School of Travel Industry Management Distinguished Service Award 1985, by Richard H. Kosaki, acting chancellor, University of Hawaii at Manoa. Tong, a substantial supporter of travel industry management education and of tourism development in the State of Hawaii and the Pacific area, was cited among other things for "organizing, conducting and establishing a pool of professional experts for the TIM course (that ran for four years) in Hotel Design, Engineering and Maintenance" and for "returning the teaching stipend . . . to the TIM School for its developmental use."

## Marketing Book Available

*Marketing Architectural Services for Health Care* is an 89-page book presenting a series of strategies developed from three conferences sponsored by the AIA Committee on Architecture for Health. Although references are to health care facilities, the lessons are applicable to any specialized building type.

The book's five chapters are each written by marketing representatives and consultants. The presenters agree on the basic steps for creating a marketing strategy: self evaluation, market evaluation, definition of the firm's niche in the marketplace, and client analysis.

The appendix presents the results of two surveys: an



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"internal audit," involving 15 architects, and an "external audit," of 15 health facility administrators.

Copies can be ordered from: Director, Publication/Sales, The American Institute of Architects, 1735 New York Avenue, N.W. Washington, D.C. 20006.

## Scholarships Offered

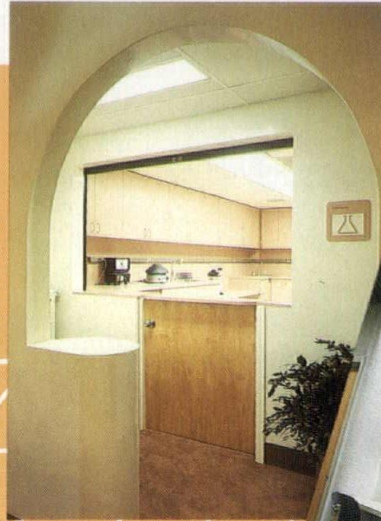
The American Institute of Architects and the AIA Foundation in Washington, D.C. are now calling for entries in the annual scholarship program, which offers awards from \$500 to \$2,000 each to students in or applying to schools accredited by the National Architectural Accrediting Board or recognized by the Royal Architectural Institute of Canada.

Students eligible as first-professional-degree candidates must apply for the scholarships through the office of the head of an accredited school of architecture or through its scholarship committee. Each school will screen its applicants and select those who may then complete applications to send to the national AIA program. Applications must be postmarked no later than December 15, 1985. Awards in this category will be based on strong academic performance, recommendations and financial need.

Candidates for study or research beyond the first-professional degree must apply for the scholarships by writing directly to Scholarship Program, The American Institute of Architects, 1735 New York Avenue, N.W. Washington, D.C. 20006. Applications must be postmarked no later than January 15, 1986. Awards to these candidates will be based on the merits of their proposed programs for study or research.

## FABULOUS FINISHES

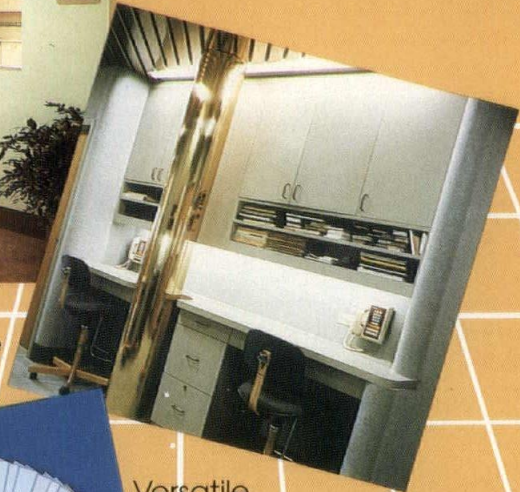
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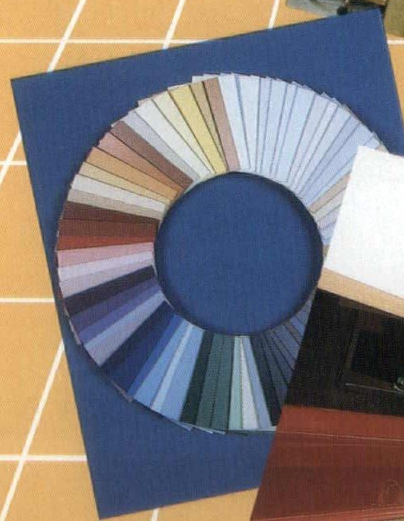
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For further information and registration forms, contact Edgar Lee at 942-4400.

## Convention Announced

The Structural Engineers Association of Hawaii will hold its annual state Convention on

August 16 and 17, 1985 at the Sheraton Molokai Hotel. All interested parties are invited to attend.

In addition to technical sessions, activities for the whole family are scheduled, including tennis, golf, jogging, a wildlife safari, Hawaiiana classes and horseback riding.

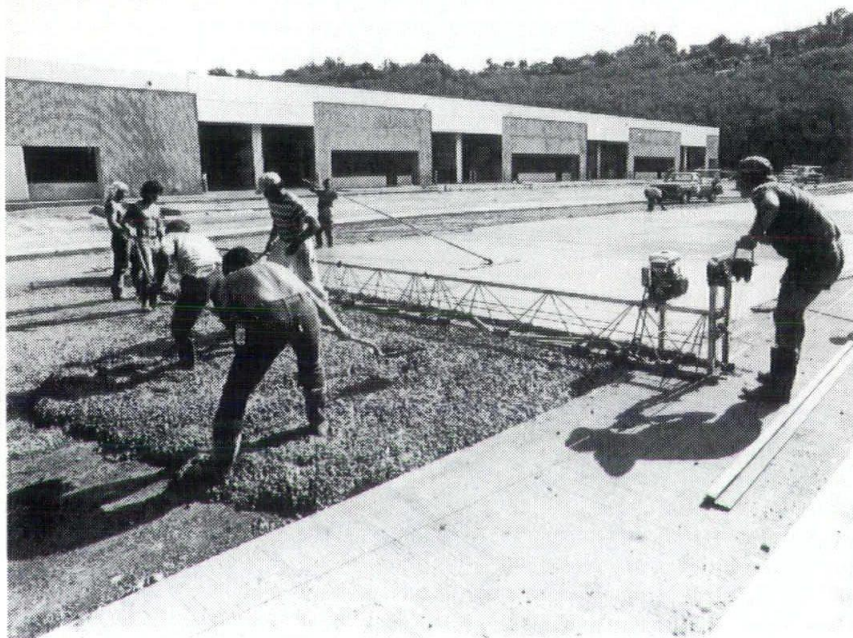
For more information phone the School of Architecture at the University of Hawaii at 948-7225 or contact Karol Kaiser, assistant director of education programs at the AIA, at (202) 626-7356.

## ASLA Building

A major milestone has been reached in the campaign to purchase a headquarters building in Washington for the American Society of Landscape Architects. Title to the building at 1733 Connecticut Avenue was assumed by the Society on March 5.

Nearly 3,000 individual members, 600 firms and most of the ASLA chapters and some suppliers contributed to the building fund during the four-year effort. The ASLA Hawaii Chapter, and the individuals and firms in the chapter, contributed \$6,466 to the fund.

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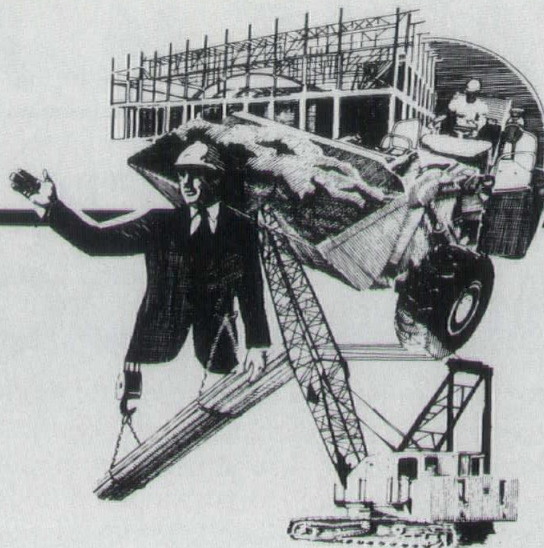
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