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2026 AIA Fellowship

Candidate Kirsten Waltz
Organization Johns Hopkins Health System
Location Owings Mills, Maryland
Chapter AIA Maryland; AIA Baltimore

Category of Nomination

Object 2 (Practice Management, Technical Advancement) > Practice (Technical Advancement)

Summary Statement

Kirsten Waltz advances healthcare architecture through research-based design, national code development, leadership in AIA's Academy of Architecture for Health, and as the Owner's Architect for groundbreaking medical and research facilities with lasting impacts.

Education

Virginia Tech, 1996-1999, Master of Architecture

Rochester Institute of Technology, 1992-1996, Bachelor of Fine Arts in Interior Design and Associate Degree in Applied Science in Graphic Design

Syracuse University, 1995, Summer Architecture Program

Licensed in:

Maryland

Employment

Johns Hopkins Health System, 2022 - current

Baystate Health, 2019 - 2022

SmithGroup, 2018 - 2019

Steffian Bradley Architects, 1999 - 2018

October 5th, 2025

Sanford Garner FAIA - 2026
Chair, Jury of Fellows
American Institute of Architects
1735 New York Ave NW,
Washington, DC 20006

RE: Fellowship Sponsor Letter for Kirsten Waltz AIA, FACHA

Dear Sanford and Members of the AIA Fellowship Selection Jury,

When the COVID-19 pandemic struck, I was not surprised to see Kirsten Waltz forge fearlessly ahead to meet the challenge through her various roles as Director of Facilities Planning and Design at Baystate Health, as President of AIA's Academy of Architecture for Health, and beyond. At Baystate, Kirsten remained on campus and worked to safely ramp up capacity while providing the medical center with the information it needed to make informed decisions during a time of uncertainty.

As the President of AAH, she pivoted her focus early in her tenure to lead new communications with members, giving online talks to chapters, and making difficult decisions that ultimately strengthened the relevance of the Academy and our profession. I was also not surprised that Kirsten contributed to AIA's National's COVID-19 Task Force—developing guidance and tools to convert non-traditional healthcare spaces into alternate care sites. I wasn't surprised with any of this because this is who Kirsten is, and this is what Kirsten does.

While working at Steffian Bradley Architects, Kirsten successfully led the healthcare architecture practice for many years, established and grew the UK and Connecticut offices, and delivered projects to some of the most discerning and demanding healthcare providers in the country. Kirsten's involvement with research and post-occupancy evaluations enriches the planning and design principles in her own work and benefits healthcare architects nationwide. And today,

in her role as Vice President for Architecture + Planning at Johns Hopkins, one of the top-ranking medical centers in the world, she has managed to elevate the level of design and provide environments that will support research innovations for years to come.

Kirsten's leadership at the Facilities Guidelines Institute has resulted in new codes and regulatory change that improves healthcare nationwide. She is one of the strongest voices and authors of new planning approaches, laying the foundation for future codes in healthcare design.

I have known, trusted and respected Kirsten for years. I have had the honor and pleasure of working alongside her as she pushes for regulatory change, of working for her as she strives to elevate the spaces where healthcare is delivered and research is explored, and of enjoying time with her as a peer and friend. Kirsten is well deserving of elevation as a Fellow of the American Institute of Architects.

Respectfully,



Bryan Langlands FAIA, FACHA
Principal, NBBJ

American College of Healthcare Architects
Board Member (2025-present)

AIA Academy of Architecture for Health
Board Member (2022-2024)

Facility Guidelines Institute - Health Guidelines Revision
Committee Member (2015-present)

1.0 Summary Statement & Achievement Object 2: Practice (Technical Advancement)

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Kirsten Waltz
AIA, FACHA, EDAC

On a national scale, Kirsten Waltz expands the technical capacities of healthcare architects through her leadership roles in the AIA Academy of Architecture for Health and the Facilities Guidelines Institute (FGI), where she contributes to the development of design guidance that informs standards nationally and internationally. Her work bridges private practice and institutional leadership, applying data from completed projects to inform and elevate future design strategies.

1. National Leadership in AIA's Academy of Architecture for Health (AAH)

As Code Liaison for the Academy of Architecture for Health from 2018-2020, Kirsten has helped to raise AIA's voice in the national healthcare code writing process. In 2019, she led the update of the AIA/Joint Commission's *Planning, Design and Construction of Healthcare*, a key resource for healthcare design professionals.

As AAH President during the first year of the COVID-19 pandemic, Kirsten ensured continuity and innovation in member engagement, launching virtual outreach that set a precedent for future communication. In 2020 she served on the AAH/AIA COVID-19 Frontline Task Force, producing critical guidance for architects, providers, and public agencies.

Her service in healthcare architecture advances AIA's Framework for Design Excellence Principles of Design for Discovery, Design for Well-Being, and Design for Change among others.

Kirsten Waltz advances healthcare architecture through research-based design, national code development, leadership in AIA's Academy of Architecture for Health, and as the Owner's Architect for groundbreaking medical and research facilities with lasting impacts.

2. Advancement of Healthcare in Applied Design Research

Kirsten advances healthcare planning and design through her commitment to project-based research and knowledge sharing. On a national level, Kirsten is expanding the profession's reach and knowledge base through ongoing inpatient room design post-occupancy research on completed projects. She shares these findings at national conferences, and in the classroom. Currently, Kirsten serves on the national design advisory committee for the AHRQ-funded study, Reconfiguring the Patient Room as a Fall Protection Strategy, led by the University of Utah and Center for Health Design.

Kirsten also has a special focus on pediatric design. Her work with Walsall Manor Hospital, Baystate Children's Hospital and Boston Children's has improved national codes and how care is delivered to children and young people.

3. Shaping National Healthcare Design Codes

Kirsten is a leader in organizations that set the standards and vision for the future of healthcare architecture including the Facilities Guidelines Institute (FGI). In 2014, she joined FGI's influential Health Guidelines Revisions Committee. Kirsten went on to lead the Committee's work in restructuring FGI's outpatient codes and created FGI's first-ever independent outpatient code book. From 2022-2026, she chaired FGI's Hospital Committee and led the

completion of FGI's *2026 Healthcare Code* edition. Kirsten is currently a member of FGI's Steering and Executive Committees that set minimum healthcare code standards for 43 states.

Kirsten's leadership in FGI, AIA, and AAH in writing codes setting clear national standards in construction and design directly elevates the technical quality and outcomes of healthcare architecture.

4. Owner's Architect for Leading-Edge Healthcare and Research

Today as the Vice President of Architecture + Planning at Johns Hopkins Health System and School of Medicine, Kirsten is the lead architect for one of the most important medical centers in the world.

Over 25 years, Kirsten's quest to raise the technical practice of healthcare architecture — such as her leadership in the AAH, COVID-19 responses, national code writing, and applied research — culminates in her unique and important leadership role at Johns Hopkins. She applies AIA's *Framework for Design Excellence* to hospital and research projects for teaching, faculty labs, and urban design. As an example, Johns Hopkins University's (JHU) new Life Sciences Building is an unprecedented facility designed for basic sciences research supported by specialized technology hubs. Kirsten's design leadership for Johns Hopkins is setting the stage for health discoveries that will benefit generations to come.

Curriculum Vitae

Education

Virginia Tech | 1996-1999

- Master of Architecture
- The American Institute of Architects (AIA) School Medal and Certificate of Merit
- The Honor Society of Phi Kappa Phi

Rochester Institute of Technology | 1992-1996

- Bachelor of Fine Arts in Interior Design
- Associate Degree in Applied Science - Graphic Design
- Order of Omega National Honor Society

Syracuse University | 1995

- Summer Architecture Program

Licensure

National Council of Architectural Registration Boards (NCARB)

ID# 87651

Maryland Registered Architect

Certificate#21146

Owner's Architect

Johns Hopkins Health System | Current

- 2023 Johns Hopkins Health System Vice President Architecture + Planning
- 2022 Johns Hopkins Health System Senior Director Architecture + Planning

Baystate Health | 3 years

- 2019 Baystate Health Director of Facilities Planning and Design

Practice

SmithGroup | 1 year

- 2018 SmithGroup Principal Healthcare Studio Director

Steffian Bradley Architects | 19 years

- 2016 President U.S. Operations
- 2014 U.S. Stockholder
- 2007 Principal | Managing Director (Connecticut Office)
- 2004 Healthcare Studio Manager (London, UK Office)
- 2002 Project Manager (Boston Office)
- 1999 Steffian Bradley Architects (Boston Office)



Kirsten working with the art consultants for 1729 E. Monument Street Building (Exhibit 3.9)



Kirsten working with the design team of Baystate Children's Hospital Specialty Center (Exhibit 3.8).

Membership & Community Involvement

Certifications & Registrations



American College of Healthcare ArchitectS Certification (ACHA)

- 2022 - Present | Fellow
 - 2014 - 2022 | Member
- Certificate# 0544



Evidence-Based Design Accreditation and Certification (EDAC)

- November 2012 - Present
- Certificate# CHD-05-9361



LEED AP BD + C

- July 2008 - Present



Affiliations

American Institute of Architects

- 2008 - present | AIA Member
- AIA MD Chapter



Academy of Architecture for Health

- 2018 - 2021 | Board Member
- 2020 | President



FGI Healthcare Guidelines

- 2014 - 2018 | Tri-Chair for the Outpatient Book
- 2018 - 2022 | Tri-Chair for the Outpatient Book Executive Steering Committee Member
- 2022 - 2026 | Tri-Chair for Hospital Book Executive Steering Committee Member



Center for Health Design

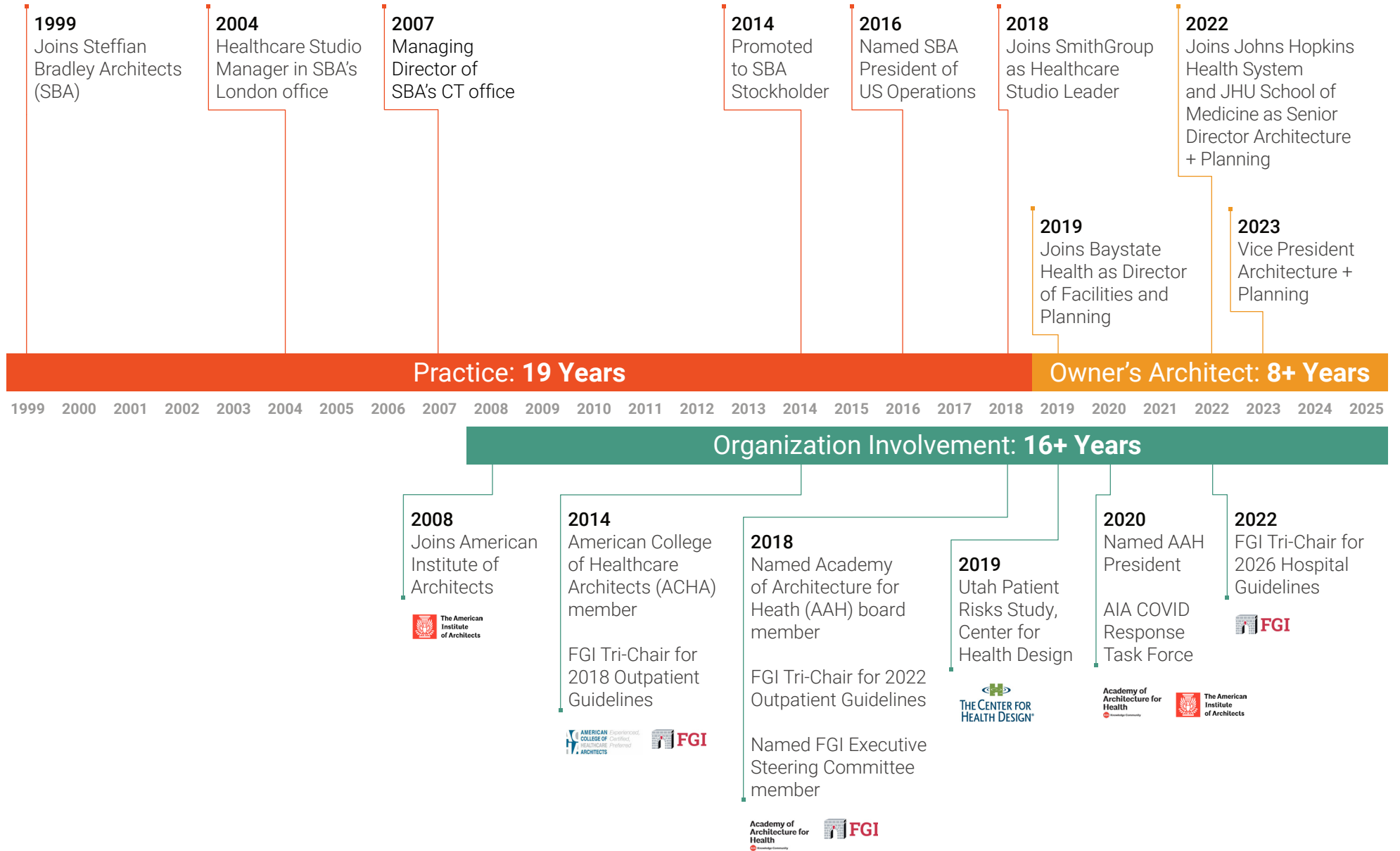
- National Design Advisory Council Member
- Utah R18 Grant "Reconfiguring the Patient Room"



Professional Women in Construction (PWC) CT Chapter

- Scholarship Committee Member

Achievement Timeline

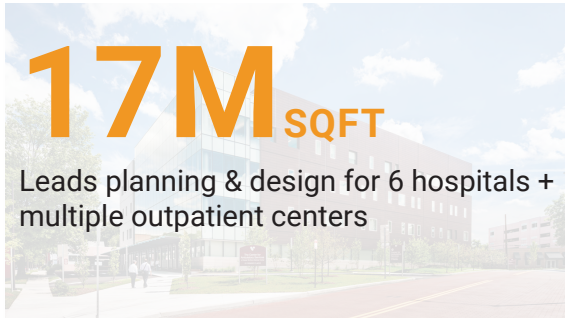


Impact by Numbers

- Owner's Architect
- Practice
- Organization Involvement

17M SQFT

Leads planning & design for 6 hospitals + multiple outpatient centers



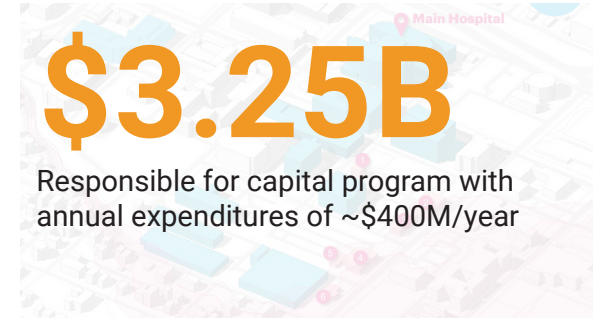
4M SQFT

Leads planning & design for research space



\$3.25B

Responsible for capital program with annual expenditures of ~\$400M/year



100+

Healthcare projects in private practice in the US and UK



15M+

Square feet of built and planned healthcare and research space in the US and UK



13+ PUBLICATIONS

in healthcare design

Planning, Design, Construction



3 EDITIONS


Lead the publication of 3 Facilities Guidelines Institute (FGI) Guidelines from 2014 to present



 FGI

43 STATES

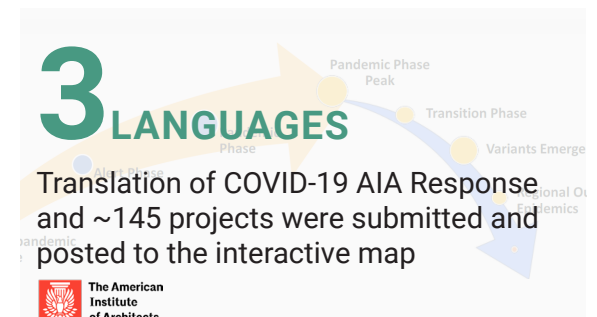
Reference Facilities Guideline Institute Code




 FGI

3 LANGUAGES

Translation of COVID-19 AIA Response and ~145 projects were submitted and posted to the interactive map



 The American Institute of Architects

2.1 Significant Work | National Leadership in Healthcare Design Codes

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

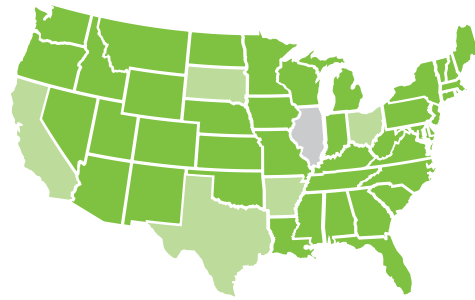


Planning, Design, and Construction of Health Care Facilities - 4th addition

Exhibit 3.1

In 2018, Kirsten began her AIA Academy of Architecture for Health (AAH) Board role as the code Board representative. In 2019, she oversaw the re-write of the AIA/Joint Commission's book: *Planning, Design and Construction of Healthcare Facilities*, fourth edition. Kirsten teamed with Tina Duncan, AIA to lead the coordination of the update. Kirsten managed over 30 volunteer subject matter experts in the industry from across the country to make this revision a success.

Role: Co-Chair
Client: AIA and The Joint Commission (co-publishers)
Dates: 2019



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

Facilities Guidelines Institute (FGI)

Exhibit 3.2

Kirsten joined FGI in 2014. She was part of the leadership for the restructuring of FGI's Guidelines for the Design and Construction of Outpatient Facilities with a new stand-alone volume. Since her initial role she has gone on to lead the Outpatient Code for 8 years and transitioned to leading the Hospital Book in 2022 (4- year term). In addition to guiding the updates to the Outpatient and Hospital Books, Kirsten is involved with code interpretations throughout the year.

Role: Executive Committee Member
Client: Facilities Guidelines Institute
Dates: 2014 - Present

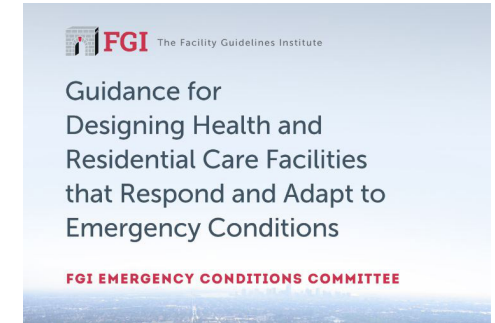


AIA COVID-19 Alternative Care Sites Task Force

Exhibit 3.3

In early 2020, as the Pandemic became a global crisis, the American Institute of Architects asked Kirsten, Academy of Architecture for Health (AAH) President at that time, to be part of AIA's COVID-19 Alternative Care Sites (ACS) Task Force. The focus of AIA's ACS Task Force was to guide all architects, especially non-healthcare architects in converting non-healthcare spaces—such as schools, conference centers, tents, armories, closed hospitals—into emergency COVID-19 testing and treatment sites. She was responsible for bringing front line information and assessing the committee for broad communications and tools for architects.

Role: Committee Member
Client: AIA
Dates: 2020



FGI's Guidance for Emergency Conditions

Exhibit 3.4

In May 2020 FGI assembled the 130-person Emergency Conditions Committee (ECC) with nine subcommittees. Kirsten was a member of the Executive Steering Committee. Although the ECC was convened to respond to the COVID-19 pandemic, the committee expanded their work to address resilient design for emergency conditions such as weather-related and man-made events. Kirsten involvement on the front lines at Baystate Health and with the AIA COVID-19 tools helped to inform the work at FGI.

Role: Executive Steering Committee
Client: Facilities Guidelines Institute
Dates: 2020 - 2021

2.1 Significant Work | Research-based Inpatient Design

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Baystate Medical Center Hospital of the Future—Inpatient Bed Post Occupancy Evaluation (POE)

Exhibit 3.6

Kirsten led the Post-Occupancy Evaluation of Baystate Medical Center’s 641,000 gsf Hospital of the Future expansion project focused on the phase 1 inpatient unit and room design. Kirsten and two co-authors documented outcomes in the POE: *The Project Afterwards: Using Post-Occupancy Evaluations to Improve Healthcare Environments*, published by American College of Healthcare Architects (ACHA). Kirsten led the survey questionnaires and focus group evaluation that were conducted on phase 1 in order to inform the planning, design, and execution of the shelled wing that was originally intended to replicate the beds in phase 1.

Role: Co-Writer
Client: Baystate Medical Center
Location: Springfield, MA
Size: 96 Inpatient Beds
Completed: 2016

Baystate Medical Center South Wing Fit-out

Exhibit 3.6

Kirsten led the team for the interior fit-out of three shell floors into inpatient bed units each consisting of 32 private patient rooms (96 bed total) which will serve both intermediate and acute care surgical patients. The design of the South Wing inpatient units was informed by the Post Occupancy Evaluation (POE) completed in 2012. Kirsten led the POE and formalized it into a white paper published by ACHA. This phase was delivered with an Integrated Project Delivery (IPD) contract which resulted in delivering the project three months earlier than the original schedule and \$1 million under budget.

Role: Project Executive
Client: Baystate Medical Center
Location: Springfield, MA
Size: 79,730 gsf (Inpatient Beds) + 15,000 gsf (Pharmacy)
Completed: 2016

Northern Dutchess Hospital Patient Care Addition

Exhibit 3.7

Working with Health Quest, Kirsten led the planning and design of a major addition to Northern Dutchess Hospital (NDH). The expansion introduced 40 single-patient rooms—bringing the total bed count to 70—and new surgical services. Grounded in “lean” medical planning principles, the patient rooms were designed with identical layouts and equipment to reduce medical errors and improve operational efficiency. Upon opening, the hospital saw a marked increase in patient satisfaction and a notable improvement in employee morale, attributed to the enhanced work environment. Additionally, the new pavilion contributed to a reduction in hospital-acquired infections, particularly *Clostridioides difficile* (C. diff).

Role: Principal in Charge / Lead Medical Planner
Client: Health Quest
Location: Rhinebeck, NY
Size: 87,000 gsf
Completed: 2015

Center for Health Design—University of Utah Inpatient Bed Study on Patient Fall Risk

Exhibit 3.7

Kirsten is an expert advisor for a University of Utah study exploring the relationship between inpatient room design and patient safety, especially patient falls. The University’s research grant creates evidence-based design models for a “safe patient room” that maximizes patient safety during ambulation. The study applies modeling and simulation to improve room layout and fixture positioning for patient stability. The Center for Health Design provides research support and shares strategies for healthcare architects to reduce risk of falls.

Role: National Design Advisory Committee Member
Client: Center for Health Design
Dates: 2019 - Present

2.1 Significant Work | Research-based Inpatient Design

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Milford Regional Medical Center – Patient Care Addition

Kirsten managed a strategic facilities plan that evaluated existing departments, guided programming, and informed the phased construction of a \$45 million inpatient care addition. Built in three phases, the new facilities delivered advanced technology, improved clinical care, simplified wayfinding, and a more efficient, aesthetically pleasing healing environment.

The addition includes a medical/surgical floor with private rooms, modern operating suites, consolidated surgical services, and a cafeteria featuring a two-story glass atrium. The project also expanded the maternity center, introducing a new nursery, labor and delivery rooms, updated postpartum rooms, an enlarged nurses' station, and enhanced support spaces.

Role: Project Manager
Client: Milford Regional Medical Center
Location: Milford, MA
Size: 80,705 gsf
Completed: 2004



Walsall Manor Hospital

Exhibit 3.5

In the UK, Kirsten's design for Manor Hospital empowered the Walsall Hospital Trust to embrace change, inspire staff, and prioritize patient-centered care. The project serves as a model for the National Health Service in developing future community hospitals that can adapt to rapid and ongoing changes in technology and care delivery. Kirsten's design unified a previously fragmented campus, establishing clear visitor circulation and expanding facilities for women, children, and young people. The plan efficiently separates inpatient services from specialty outpatient clinics and includes 170 inpatient beds, supporting both operational clarity and improved patient experience.

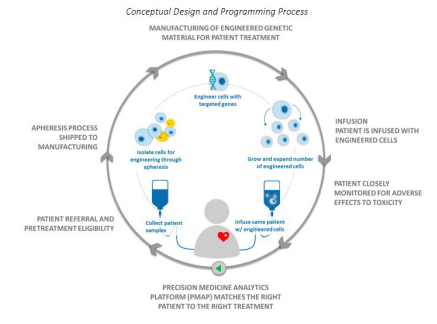
Role: Principal in Charge / Lead Medical Planner
Client: Walsall Hospital NHS Trust
Location: Walsall, West Midlands, UK
Size: 398,000 gsf
Completed: 2011



UCONN John Dempsey Hospital New Patient Bed Tower

The new John Dempsey Hospital 11-story tower is designed to upgrade technology, improve patient privacy and prevent infection transmission. Kirsten was one of the medical planners for the new tower programmed for; 169 patient rooms, 36-bed emergency department, 12 room surgical suite, bone marrow transplant unit, Imaging suite and classrooms. Kirsten's focus on this project was the inpatient bed design in transformation to single bedded rooms.

Role: Medical Planner / Regulatory Expert
Client: UCONN Health Center
Location: Farmington, CT
Size: 320,150 gsf
Completed: 2016



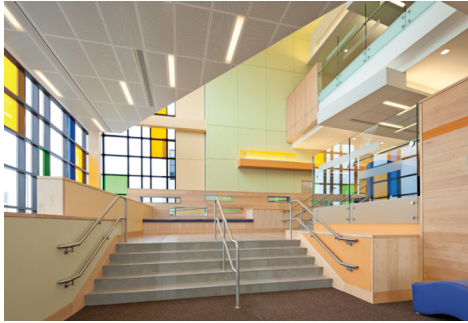
Johns Hopkins Hospital: Cell, Gene and Tissue Engineering

In 2024, Kirsten launched the Johns Hopkins Hospital Cell, Gene, and Tissue Engineering (CGTE) Master Plan, a visionary initiative led by Johns Hopkins Hospital, Johns Hopkins University, and affiliated partners. The CGTE hub is envisioned as a revolutionary, patient-centric innovation center designed to exponentially accelerate the development and delivery of transformative precision therapies for both oncologic and non-oncologic diseases. By enabling seamless translation of fundamental scientific discoveries into first-in-human clinical trials, the hub will redefine the future of care. Kirsten is leading the programming phase of this multifaceted design effort through the end of 2025.

Role: Owner's Architect
Architect: CannonDesign
Client: Johns Hopkins Hospital
Location: Baltimore, MD
Size: ~200,000 gsf
Expected: 2030

2.1 Significant Work | Research-based Pediatric Design

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Boston Children's North Ambulatory Care Clinic

Kirsten led the planning and design of the specialty clinics for the new Boston Children's North Ambulatory Care Clinic, a new facility serving the suburban population of metro Boston's North Shore. Strategically located outside the main hospital campus, the clinic enhances access to care by significantly reducing travel time for families. It offers services across more than 55 pediatric specialties, including care for adolescent patients up to age 20. The design balances whimsy and sophistication, creating an environment that resonates with both younger children and older pediatric patients, reflecting Kirsten's commitment to age-appropriate, patient-centered design.

Role: Medical Planner
Client: Boston Children's Hospital
Location: Peabody, MA
Size: 46,000 gsf
Completed: 2010



Baystate Children's Hospital Pediatric Intensive Care Unit

Kirsten led the planning and design of the expansion and renovation of the Pediatric Intensive Care Unit (PICU) at Baystate Children's Hospital, the only PICU serving the Western Massachusetts region. The unit features seven private patient rooms, each thoughtfully designed to support family-centered care and clinical excellence. Drawing on the branding and design language established for the Baystate Children's Hospital, Kirsten translated those principles into a healing environment tailored for critically ill children. Her leadership ensured that the PICU not only met the highest standards of pediatric care but also reflects a cohesive identity across Baystate's pediatric services, reinforcing trust and continuity for patients and families.

Role: Principal in Charge / Lead Medical Planner
Client: Baystate Health
Location: Springfield, MA
Size: 5,500 gsf
Completed: 2012



Baystate Children's Hospital Specialty Center

Exhibit 3.8

Kirsten led the planning and design of the Baystate Children's Hospital Specialty Center, a 34,000-square-foot outpatient facility serving over 30,000 children annually. She consolidated 15+ pediatric specialties from six locations into one integrated, family-centered environment. Collaborating with Spatial Story Studio—founded by former Disney Imagineers—Kirsten infused the space with whimsical, high-tech elements that engage both young children and adolescents. The design reflects Baystate's mission through vibrant storytelling, flexible care neighborhoods, and emotionally supportive environments, setting a new standard for pediatric outpatient care in Western Massachusetts.

Role: Principal in Charge / Lead Medical Planner
Client: Baystate Health
Location: Springfield, MA
Size: 34,000 gsf
Completed: 2013



Baystate Children's Hospital Pediatric Procedure and Infusion Unit

Kirsten led the planning and design of Baystate Children's Hospital's Pediatric Procedure and Infusion Units in Springfield, MA. These co-located outpatient units enable pediatric intensive care specialists to perform procedures requiring anesthesia support in a safe, efficient setting. The design supports continuity of care and minimizes patient transfers, enhancing both clinical workflow and family experience. Kirsten's leadership translated complex medical requirements into a cohesive architectural solution that balances technical precision with compassionate design—advancing outpatient care delivery for children.

Role: Principal in Charge / Lead Medical Planner
Client: Baystate Health
Location: Springfield, MA
Size: 12,200 gsf
Completed: 2017

2.1 Significant Work | Academic Medical Center Master Planning

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Johns Hopkins All Children's Hospital (ACH) - Master Plan

From 2023 to 2024, Kirsten led a multidisciplinary team to develop a 20-year master plan for Johns Hopkins All Children's Hospital in St. Petersburg, Florida. The plan explored phased growth scenarios with a focus on hurricane resiliency and strategic expansion to the north, addressing rising demand for pediatric care. Ranked #1 in Florida and consistently among the nation's top children's hospitals, ACH anticipates an 11% pediatric population increase in its service area by 2032. Kirsten's leadership shaped a forward-looking framework to guide campus evolution, ambulatory strategy, and high-acuity service expansion.

Role: Owner's Architect
Architect: HKS
Client: Johns Hopkins
 All Children's Hospital
Location: St. Petersburg, FL
Size: 1.2 million gsf
Completed: 2024

Johns Hopkins All Children's Hospital – Wesley Chapel

As part of the Johns Hopkins All Children's master plan, Kirsten led the planning effort for the new Wesley Chapel. Located 50 miles from St. Petersburg, the site expands access to over one million residents across three counties and offers a resilient backup location for hurricane events. The 226,000 gsf facility will include 56 inpatient beds, an emergency department, four operating rooms, and a 25,000 gsf outpatient care center. Kirsten's leadership advanced a strategic vision for growth, bringing specialized pediatric care to a rapidly expanding suburban market.

Role: Owner's Architect
Architect: HKS
Client: Johns Hopkins
 All Children's Hospital
Location: Wesley Chapel, FL
Size: 226,000 gsf
Expected: 2027

Johns Hopkins University School of Medicine: 1729 E. Monument Street Building

Exhibit 3.9

Kirsten led the reprogramming and design of research laboratories within the 12-story, 445,000 gsf 1729 Building at Johns Hopkins Hospital. The project includes the North Tower Addition and adaptive reuse of the South and West Wings—formerly the Children's Medical and Surgical Center (est. 1964). A prominent new entrance from E. Monument Street anchors the North Tower. This pivotal effort expands research capacity for the School of Medicine and other Johns Hopkins divisions. The SOM Entry Plaza now connects the 1729 Building to adjacent SOM facilities, enhancing campus integration and enhancing the Life Sciences Corridor.

Role: Owner's Architect
Architect: Ayers Saint Gross
Client: JHU School of Medicine
Location: Baltimore, MD
Size: 445,000 gsf
Phasing: 2024, 2025 & 2026

Johns Hopkins University: Life Sciences Building

Exhibit 3.10

In 2023 Kirsten led the planning and programming of the JHU SOM Life Sciences Building (LSB). The project goal is to construct a world-class building for 21st century basic biomedical research to inspire, attract, and train the next generation of researchers. From 2024-2025 Kirsten led the design of the building exterior and translation of the building program, embodying Hopkins' "One University" principles, into a design that will be flexible for research over the next 20-30 years. The LSB massing carefully balances the contextual relationships within a constrained zoning envelop. The building form and facade respects the hospital's historic buildings to the east and residential housing to the north.

Role: Owner's Architect
Architect: Payette
Client: Johns Hopkins University
Location: Baltimore, MD
Size: 528,000 gsf
Expected: 2029

2.1 Significant Work | Surgical Center Design

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Vassar Brothers Medical Center Medical Office Building

Kirsten led a transformative Improvement Project for Vassar Brothers Medical Center, featuring a newly constructed medical office building, two parking garages with 1,100 spaces, and a freestanding café. The ambulatory care center integrates endoscopy and imaging suites, an orthopedic surgery center, and leased offices for family practice and specialty physicians. Collaborating with the New York State Research and Development Authority, Kirsten's team employed advanced energy modeling to identify optimal design strategies, demonstrating her commitment to sustainable healthcare environments and high-performance design leadership.

Role: Principal in Charge / Lead Medical Planner
Architect: Steffian Bradley Architects
Client: Health Quest
Location: Poughkeepsie, NY
Size: 104,000 gsf
Completed: 2012



Baystate Orthopedic Surgery Center

Kirsten led the programming and design of Baystate Health's new Orthopedic Surgery Center, a 35,000 gsf facility integrated with the system's 750-bed tertiary hospital. The center includes eight operating rooms (two shelled for future growth), 28 pre-op/recovery bays, sterilization and support services, and administrative space. The angular building form responds to site constraints, while a curved canopy unifies the exterior and provides covered patient drop-off. Interior finishes emphasize natural materials for a calming, non-clinical environment. "On stage/off stage" planning optimizes workflow and patient experience, with careful integration of technology and equipment.

Role: Principal in Charge / Lead Medical Planner
Architect: Steffian Bradley Architects
Client: Baystate Health
Location: Springfield, MA
Size: 35,000 gsf
Completed: 2012



Franklin Medical Center: Surgery Modernization Project

The Surgery Modernization Project exemplifies leadership in healthcare design and sustainability. Kirsten led the design of a two-story addition and renovation of the existing OR suite, delivering four new Operating Rooms, twenty Pre-Op/PACU Bays, and advanced Surgical Support Services. The design prioritizes efficient flow and future growth. Sustainability was central to the project, with the client committing to the Green Guide for Health Care Version 2.2—a best practices toolkit guiding high-performance healing environments. This initiative reflects a deep commitment to community health, environmental stewardship, and architectural excellence.

Role: Principal in Charge
Architect: Steffian Bradley Architects
Client: Baystate Franklin
Location: Greenfield, MA
Size: 55,000 gsf
Completed: 2016



Baystate Medical Center: Surgical Operating and Interventional Suite

Kirsten, Baystate Health Director of Planning, Design and Construction, led the planning and design of a 135,770 gsf surgical expansion at Baystate Medical Center. Strategically located in the Mass Mutual wing, the project centralized critical care services with 20 new operating rooms, 8 interventional suites, and 60 pre-/post-anesthesia recovery units. Designed to streamline patient flow from the ED, ICU, and Heart & Vascular Center, the facility enhances safety, quality, and experience. Replacing outdated ORs, the \$170M buildout supports advanced surgical technologies and accommodates over 29,000 annual procedures, positioning Baystate as a leader in high-performance, future-ready surgical care.

Role: Owner's Architect
Architect: Perkin&Will
Client: Baystate Medical Center
Location: Springfield, MA
Size: 135,770 gsf
Expected: 2023

U.S. Project Awards



Baystate Surgical Operating and Interventional Suites

- ENR 2023 New England Best Projects



Baystate Children's Specialty Center

- 2014 Honor Award, Boston Society of Architects
- (BSA) Healthcare Design Awards
- 2014 Citation Award, Western Massachusetts AIA
- (WMAIA) Design Award



Baystate Children's Hospital Play Deck

- 2016 Citation Award, Western Massachusetts AIA (WMAIA) Design Awards



Boston Children's North

- IESNA Edward F. Guth Awards for Interior Lighting Design, Boston & Rhode Island Section



Baystate Comprehensive Breast Care Center

- Healthcare DESIGN Architectural Showcase

Oxford Churchill Hospital

- 2009 Healthcare DESIGN International Architectural Showcase



Milford Regional Medical Center

- BSA New England Architects & Interior Design Exhibit, Healthcare Design Architectural Review, Accepted for Publication



U.K. Project Awards

Walsall Manor Hospital

- Business Commitment to the Environment Award – Major Commendation
- Department of Health Design Review Panel – 'Excellent' endorsement
- NEAT Excellent (NEAT, the environmental assessment system at the time, is now superseded by BREEAM Healthcare, the UK equivalent to LEED).

Personal Awards



2020 The President's Award

- The American Institute of Architects, AIA Academy of Architecture for Health

2014 Peter Steffian Mentorship Award

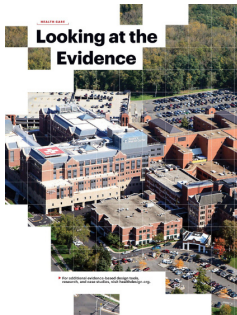
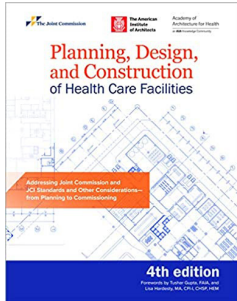
- Steffian Bradley Architects



Virginia Polytechnic Institute and State University

- The AIA School Medal and Certificate of Merit
- The Honor Society of Phi Kappa Phi

Publications



- Planning, Design, and Construction of Health Care Facilities - 4th addition (contributor with Joint Commission & AIA AAH), Published by Joint Commission Resources 2019. <https://www.abebooks.com/9781635851113/Planning-Design-Construction-Health-Care-1635851114/plp>
- Waltz, Kirsten, Gouvin, Sean, and Forth, Michael, "The Project Afterwards: Using Post-Occupancy Evaluations to Improve Healthcare Environments," ACHA White Paper, November 2016. <https://healtharchitects.org/wp-content/uploads/2021/05/Project-Afterwards-2016-11-15.pdf>
- Waltz, Kirsten and Kenney, Lynn, "Looking at the Evidence," NFPA Journal, January 2018
- Higginbotham, Julie, "The New Medical Office Building: 7 Things to Know About Today's Outpatient Clinic," Building Design + Construction, 10 September 2013, page 33. <https://www.bdcnetwork.com/home/article/55144809/the-new-medical-office-building-7-things-to-know-about-todays-outpatient-clinic>
- Stearns, John, "Waltz Shapes Healthcare Experiences," Hartford Business Journal, 2 May 2016. <https://hartfordbusiness.com/article/waltz-shapes-healthcare-experiences/>

Role: Co-Author
Exhibit 3.1

Role: Co-Author
Exhibit 3.6

Role: Co-Author

Role: Quoted

Written about Kirsten

"Her professionalism and ability to mentor others is an important characteristic which has allowed her to earn and enjoy respect amongst her peers and clients."

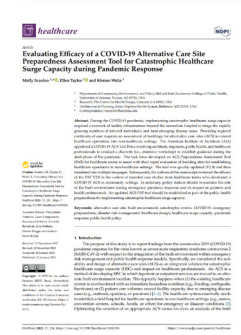
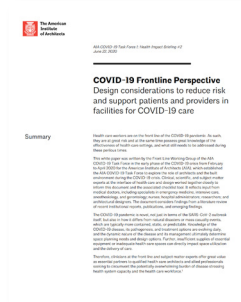
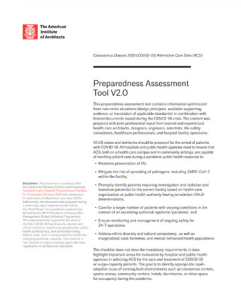
—Rick Schmidt, AIA

Principal, Rick Schmidt Architects
Former Principal, Steffian Bradley Architects

Kirsten's publications span planning, design, and construction guidance for healthcare architecture, with a focus on translating research into practice. Her work on post-occupancy evaluations have helped shape future design strategies, emphasizing safety, efficiency, and patient-centered care.

She has contributed to national standards through the Facility Guidelines Institute and AIA's Academy of Architecture for Health, and her insights have been featured in peer-reviewed journals and quoted in industry publications. Kirsten continues to share knowledge through writing, speaking, and mentoring across the healthcare design community.

Publications (Exhibit 3.3)



- COVID-19 alternative care sites: Addressing capacity, safety, & risk challenges for our nation's hospitals during a public health pandemic response, AIA COVID-19 Task Force 1: Health Impact Briefing #1 April 6, 2020. <https://classic.aia.org/resource/6283331-alternative-care-sites-preparedness>
- Preparedness Assessment Tool V2.0, Coronavirus Disease 2019 (COVID-19) Alternative Care Sites (ACS), April 22, 2020. https://content.aia.org/sites/default/files/2020-05/KC20_AAH_C-19_PreparednessChecklistV2.pdf
- COVID-19 Frontline Perspective Design considerations to reduce risk and support patients and providers in facilities for COVID-19 care, AIA COVID-19 Task Force 1: Health Impact Briefing #2 June 22, 2020. https://content.aia.org/sites/default/files/2020-07/AIA_COVID_Frontline_Perspective.pdf
- Evaluating Efficacy of a COVID-19 Alternative Care Site Preparedness Assessment Tool for Catastrophic Healthcare Surge Capacity during Pandemic Response, Scanlon, M.; Taylor, E.; Waltz, K., Healthcare 2023, 11, 324. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9914666/>

Role: Task Force Member, Contributing Author

Role: Task Force Member, Contributing Author

Role: Task Force Member, Contributing Author

Role: Co-Author

In 2020, Kirsten, a member of the AIA's Alternative Care Sites Task Force, rapidly developing tools to help architects convert non-traditional spaces into emergency COVID-19 care facilities. Her leadership extended globally through the creation and dissemination of the Preparedness Assessment Tool, which was translated into 3 languages and distributed by the U.S. Department of State to embassies worldwide to support pandemic response.

ii COVID-19 Frontline perspective

Patient cohort	Definition
1. SARS-CoV-2 virus detected with symptoms	Symptomatic & positive tested COVID-19 patient
2. SARS-CoV-2 virus testing in process	PUU (patients/persons under investigation)
3. SARS-CoV-2 virus no longer detected in previously positive patient	Recovering COVID-19 patient
4. SARS-CoV-2 virus detected without symptoms	Asymptomatic person with positive test
5. SARS-CoV-2 virus negative with other medical condition(s)	Patient with an illness other than COVID-19; false-negative possible

Clinical management:
Different patient populations and varying levels of disease acuity require different care spaces. Each of the following scenarios indicate a variety of space planning considerations.

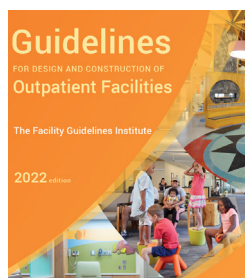
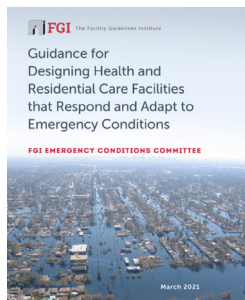
1. Spaces for symptomatic patients of varying levels of acuity
2. Spaces for persons under investigation (PUU)
3. Spaces for recovering patients
4. Spaces for asymptomatic or pre-symptomatic virus-positive patients
5. Care spaces for vulnerable populations
6. Spaces for long-term care facility patients with special needs
7. Spaces for patients suffering from illnesses other than COVID-19, such as outpatient surgical or gastro-intestinal procedures
8. Community spaces to isolate people who are positive for COVID-19 and well but cannot afford to self-isolate. These people can propagate the virus and need to be isolated to protect the community at large (such as the use of TB sanitariums in the past).

Facility considerations

Proximity of health care settings

- Consider proximity to hospital and specialty facilities particularly for COVID-19 patients with moderate or higher levels of acuity; remote facilities must have resources for rapidly changing symptoms, including resuscitation and/or critical care.
- Consider easy and appropriate transportation from the COVID-19 facility to a hospital with ICU facilities.

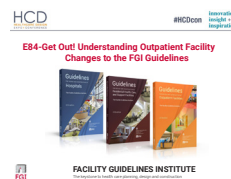
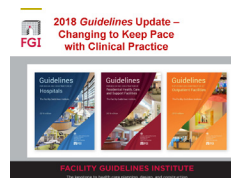
Publications (Exhibit 3.2 & 3.4)



- Edition Contributor and Executive Committee; Facility Guidelines Institute - *2021 Guidance for Designing Health and Residential Care Facilities that Respond and Adapt to Emergency Conditions*
- Edition Contributor and Steering Committee; Facility Guidelines Institute - *2018 Guidelines for Design and Construction of Outpatient Facilities*
- Edition Contributor and Steering Committee; Facility Guidelines Institute - *2022 Guidelines for Design and Construction of Outpatient Facilities*
- Edition Contributor and Executive Committee; Facility Guidelines Institute - *2026 Guidelines for Design and Construction of Hospitals*

“Having known Kirsten for over 15 years and having worked with her intimately on establishing criteria for the health care physical environment, Kirsten brings an unprecedented ability to: envision future trends, recognize patient care needs, integrate meaningful research into code language, and to direct expert debate and consensus building to achieve high quality standards for patient environments.”

—Douglas S. Erickson, FASHE, CHFM, HFDP, CHC
Former CEO, Facility Guidelines Institute



Presentations

Kirsten's advocacy extends well beyond design innovation—she played a pivotal role in communicating code changes over the years as a representative of FGI. Her leadership helped translate complex regulatory updates into actionable guidance for healthcare architects nationwide. Equally committed to the next generation, Kirsten actively mentored young professionals, emphasizing the critical importance of understanding and adhering to code minimums—not just as a compliance measure, but as a foundation for safe, effective, and equitable healthcare environments.

- “Going it Alone- The 2018 Outpatient Guidelines,” PDC Summit, 2018
- “2018 Guidelines Update: Changing to Keep Pace with Clinical Practice,” Compass Summit 2018
- “2018 Guidelines Update: Changing to Keep Pace with Clinical Practice,” Boston Society of Architects, 2018
- “How to Save the World, One Code at a Time,” Healthcare Design Conference, 2018
- “Get Out! Understanding Outpatient Facility Changes to the FGI Guidelines,” Healthcare Design Conference, 2017

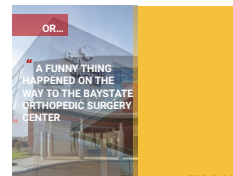
Presentations: Technology in Healthcare Design



Over the years, Kirsten has delivered numerous presentations exploring the evolving role of technology in healthcare design. Her thought leadership emphasizes the critical importance of designing for flexibility—ensuring that healthcare environments can adapt to future operational needs, emerging technologies, and shifting models of care. Her work continues to shape resilient, forward-thinking design strategies across the industry.

- “Visionary Methodologies for Operating and Planning Safer Healthcare Environments,” Healthcare Associated Infections Organization (HAIO), 2022
- “Confronting Healthcare’s New Reality After COVID.” Boston Summit, 2022
- “Technologies that Support and Enhance the Patient Experience” MHA Design, Operation & Construction Virtual Conference, 2021
- “Observation Units - A Modern Use for and Old ER with Shorter Stays that Pay,” Healthcare Facilities Symposium & Expo, 2014 & Healthcare Design Conference, 2014

Presentations: Integrated Project Delivery



Kirsten, in collaboration with Suffolk Construction and the Baystate Health team, delivered a compelling presentations on the value of learning through design and the power of Integrated Project Delivery (IPD). The sessions emphasized how early and continuous collaboration among stakeholders fosters innovation, improves outcomes, and strengthens alignment between design intent and construction execution.

- “Using Evidence-Based Design to Optimize Healthcare Outcomes,” NFPA Conference, 2017
- “Integrated Project Delivery and the Hospital of the Future,” Construction Institute CT, 2016
- “Building the Hospital of the Future - Test Drive for Design,” Healthcare Facilities Symposium, 2016
- “Integrating Private Developers - Modified IPD for Today’s Business Environment,” Healthcare Design Conference, 2012

Presentations: Life Safety Compliance



Kirsten has been a frequent presenter at national and regional conferences including ASHE, PDC, and NEHES, where she has shared actionable insights and best practices on Life Safety in healthcare design and construction. Her presentations have consistently advanced industry understanding of code compliance, risk mitigation, and patient-centered safety strategies.

- “How Complete is your Life Safety Program,” NEHES, 2020
- “Best Practices for Opening a New Facility Without Life Safety Deficiencies,” ASHE Conference, 2016
- “Best Practices for Life Safety Compliance,” PDC Summit, 2015
- “Best Practices for Life Safety Compliance,” NEHES, 2015



Panelist, Moderator, Juror

Kirsten's outreach continues through active participation in local panel discussions and service as a juror for multiple AIA and ACHA student competitions. These efforts foster meaningful connections with emerging professionals and students, reinforcing her commitment to mentoring the next generation of architects.

Professional Women in Construction (PWC) CT Chapter

- “Issues and Impacts – Southern New England Healthcare,” Panelist, 2022
- “Issues and Impacts – Southern New England Healthcare,” Panelist, 2020
- “Mentorship Matters,” Panelist, 2016

AIA Academy of Architecture for Health

- Healthcare Design Awards Juror, 2021

Connecticut Building Congress

- “Women in Healthcare,” Panelist, 2021

92Y City of Tomorrow Summit

- “Making Hospitals Work Better,” Moderator, 2020

ACHA

- Fellowship Selection Committee, 2025
- Student Design Competition, Juror, 2024 and 2025
Criteria for review were based on the AIA Design for Excellence Criteria
- AIA Indiana Healthcare Design Award, Juror, 2025

Virginia Tech

- Professional Practice Seminar, Boston Studio, Guest Lecturer, 2024

Exhibits



3.1
AIA Academy of Architecture for Health (AAH): Leading Before and During COVID-19



3.5
Walsall Manor Hospital, Walsall, UK: Unifying a Fragmented Campus



3.9
1729 E. Monument Street Building: Transforming the Johns Hopkins East Baltimore Medical Campus



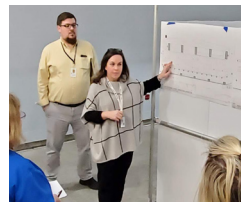
3.2
The Facilities Guidelines Institute: Leadership and National Design Impact



3.6
Baystate Medical Center South Wing Fit-out: Post-Occupancy Research



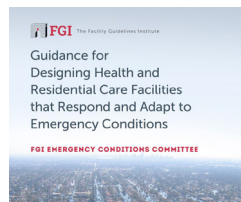
3.10
Johns Hopkins Life Sciences Building: Reimagining an Ecosystem of Basic Science Research



3.3
The Alternative Care Sites Task Force: Leading AIA's COVID-19 Response



3.7
Northern Dutchess Hospital: Patient Safety Research



3.4
The Facilities Guidelines Institute: Creating National Healthcare Design Guidelines for Emergency Conditions



3.8
Baystate Children's Specialty Center: A New Model for Pediatric Outpatient Services

AIA Academy of Architecture for Health (AAH): Leading Before and During COVID-19

Organization: AIA Academy of Architecture for Health
Role: 2018-2021 | AAH Board Member
2020 | President

Publication: *Planning, Design, and Construction of Health Care Facilities - 4th addition (contributor with Joint Commission & AIA AAH), Published by Joint Commission Resources 2019.*

Synopsis

Kirsten, a nationally recognized leader in healthcare design guidelines, joined the AIA Academy of Architecture for Health (AAH) Board in 2018. Partnering with Tina Duncan, AIA, she co-led the update of the 4th Edition of Planning, Design, and Construction of Health Care Facilities—a foundational AIA/Joint Commission publication widely used across the profession. In 2020, as AAH President, Kirsten guided the organization through the early months of the COVID-19 pandemic, ensuring continuity in member outreach and knowledge sharing. Her work with AAH has lasting impacts on AIA AAH member outreach and knowledge sharing today.

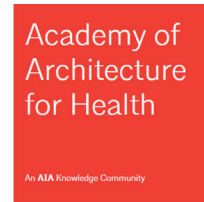
Approach

Two years before the pandemic, Kirsten co-edited the major update to Planning, Design, and Construction of Health Care Facilities—AIA's most effective educational and code tool to support healthcare architects across the country. The 4th edition edits strengthen both the educational and code reference tool content.

As AAH President, she expanded the organization's reach by supporting conference planning, mentoring in code applications, and enhancing publications and curriculum. Early in her term, she set clear goals:



Academy of
Architecture for Health
an AIA Knowledge Community



- Celebrate and elevate the work of local chapters
- Provide visibility and resources for national participation
- Expand educational opportunities across experience levels
- Build communication bridges with industry partners

Impact

Kirsten's foresight and stewardship during COVID-19 laid the foundation for AAH's outreach model. Recognizing barriers to conference access, especially for emerging professionals, she championed virtual tools that continue to expand AAH's educational reach while reducing cost and carbon impact. Her efforts have empowered local chapters, broadened access to technical education, and strengthened the profession's ability to share knowledge nationally. Kirsten's legacy is one of inclusive leadership, strategic innovation, and enduring impact on healthcare architecture.

“Kirsten is an incredible mentor bringing the perspective of practice and facility ownership to our profession. She is a motivator of people who helped to shape the agenda and direction of the AIA AAH during her time on the academy board, especially during her presidency through the height of the Pandemic in 2020.”

—Kenneth Webb AIA, ACHA, LEED AP
Principal & NE Regional Practice
Director, HKS
AIA AAH Past President

AIA Framework for Design Excellence

- Design for Equitable Communities
- Design for Wellbeing

DECLARATION OF RESPONSIBILITY

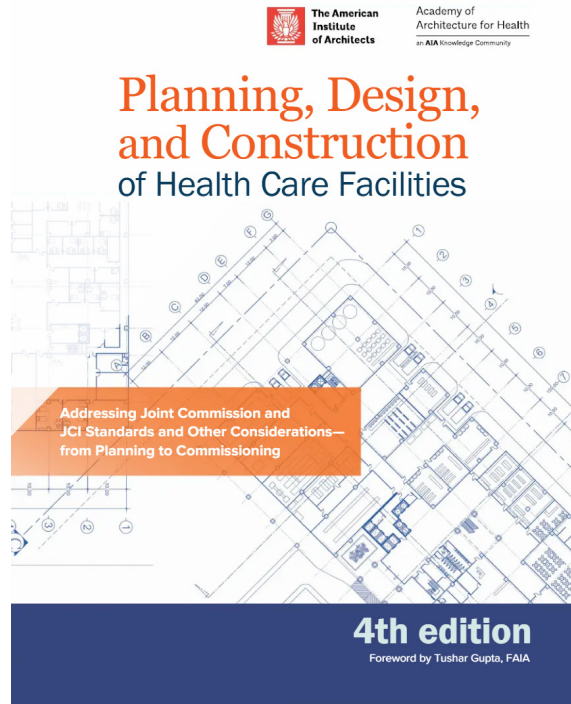
I have personal knowledge of the nominee's responsibility as an AIA AAH Board member and 2020 President. That responsibility included the initiatives described being delivered in this exhibit.

Brenna Costello, AIA, FACHA
AIA AAH President 2021
Vice President, Health Studio Leader
SMITHGROUP

3.1 Exhibit: AIA Academy of Architecture for Health (AAH):

Leading Before and During COVID-19

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Kirsten co-led the 4th Edition Update to expand these sections:

Chapter 1: Planning

- New focus on establishing a vision and goals in strategic and master planning.
- New emphasis on the need for data and research investigation.
- Strategies for team member selection based on design phase timing, the contracting method, and the bidding process.

Chapter 2: Design

- Expanded description of schematic design and construction administration processes.
- New “Responsible Design” section on research, resiliency, and patient-centered care.
- Expanded information on sustainability, technology, reliability, security, and life safety.

Chapter 3: Construction

- New emphasis on preconstruction risk assessment, infection control, and life safety.

Chapter 4: Commissioning

- New focus on commissioning throughout the entire planning, design, construction, and occupancy process.

New Chapter 5: Post-occupancy

- New post-occupancy procedures including simulations, staff training, and clinical operations commissioning.

Fulfilling the AIA and AAH Missions

“Education anchors our mission. We continually seek to deliver on our commitment to design professionals, builders, and facilities managers and directors in the health care field....”

—Preface: Planning, Design, and Construction of Health Care Facilities, 4th edition.

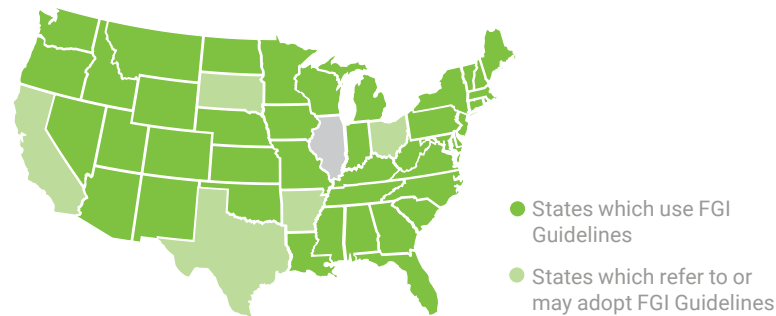
The Facilities Guidelines Institute: Leadership and National Design Impact

Organization: Facilities Guidelines Institute (FGI)
Role:

- 2022 - 2026 | Tri-Chair for Hospital Book & Executive Steering Committee Member
- 2018 - 2022 | Tri-Chair for the Outpatient Book & Executive Steering Committee Member
- 2014 - 2018 | Tri-Chair for the Outpatient Book

Publication: *Facilities Guidelines Institute*

- 2026 Edition
- 2022 Edition
- 2018 Edition



Synopsis

The Facilities Guidelines Institute (FGI) is one of the most influential organizations shaping healthcare architecture in the U.S., establishing design standards that directly impact health outcomes across care environments. Kirsten has played a pivotal role in advancing the outpatient and hospital guidelines for the past 12 years. In 2020, she helped lead FGI's national response to COVID-19, contributing critical guidance for Alternative Care Sites to meet surging patient needs. Her work continues to shape standards now adopted in 43 states and federal agencies.

Approach

In 2014, Kirsten led the expansion of FGI's Guidelines for Design and Construction of Hospitals to include a dedicated volume for outpatient facilities—anticipating the rise of ambulatory care and the need for program-specific detail.

During the COVID-19 crisis, she joined FGI's emergency response team to develop the Guidance for Designing Health and Residential Care Facilities

that Respond and Adapt to Emergency Conditions, a resource rapidly disseminated to healthcare systems nationwide.

In 2022, Kirsten assumed leadership of the Hospital Guidelines revision process, contributing her research-based expertise in inpatient bed design and pediatric environments.

Impact

Kirsten's leadership has helped shape the minimum standards for healthcare facility design nationwide. Her advocacy for research-informed code writing has enriched the quality and relevance of FGI's guidelines, influencing architects, clinicians, and healthcare executives alike. Her work on emergency preparedness and alternative care environments remains especially relevant as healthcare delivery evolves and climate-related crises become more frequent. Through decades of service, Kirsten has advanced the technical rigor, responsiveness, and equity of healthcare design standards—leaving a lasting impact on the profession and the communities it serves.

“Kirsten has deftly guided a passionate and opinionated committee through difficult conversations and ultimately to consensus. Her 12 years of service—balancing design and ownership perspectives—have shaped regulatory approaches and left a lasting legacy for future leaders.”

—John Williams, Chair,
 Facility Guidelines Institute (FGI)

AIA Framework for Design Excellence

- Design for Equitable Communities
- Design for Well-Being
- Design for Discovery

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility as a member of the FGI 2018, 2022 and 2026 Editions, Steering & Executive Committees and Health Guidelines Review Committee. That responsibility included Health Guidelines Review Committee Tri-Chair.

Charles S. Maggio, AIA, NCARB
 Vice Chair, 2026 Healthcare Guidelines Revisions Committee

The Alternative Care Sites Task Force: Leading AIA's COVID-19 Response

Organization: American Institute of Architect
Dates: March - December, 2020
Role: Committee Member, Contributor

- Publication:**
- <https://classic.aia.org/resource/6283331-alternative-care-sites-preparedness>
 - https://content.aia.org/sites/default/files/2020-05/KC20_AAHC-19_PreparednessChecklistV2.pdf
 - https://content.aia.org/sites/default/files/2020-07/AIA_COVID_Frontline_Perspective.pdf
 - <https://pmc.ncbi.nlm.nih.gov/articles/PMC9914666/>

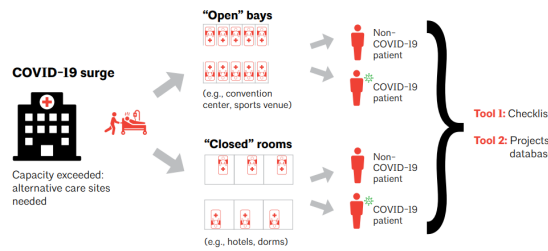
Synopsis

In 2020, the COVID-19 pandemic dramatically reshaped Kirsten's presidency of the American Academy of Healthcare Architects (AAH). At the request of the AIA, the Academy rapidly mobilized to develop strategies and tools for building Alternative Care Sites (ACS) across the U.S. and globally. The ACS Task Force began meeting the week of March 23, 2020, and published its first guidance by April 7.¹

Approach

Kirsten played a pivotal leadership role in the AIA's ACS Task Force, which created resources to help architects—especially those without healthcare experience. These resources outline consideration to convert non-traditional spaces such as schools, armories, and convention centers into emergency COVID-19 testing and treatment facilities. The Task Force also addressed the conversion of outpatient areas into inpatient beds and developed strategies to protect healthcare staff.

As AAH President, Kirsten was a key committee member and part of the outreach efforts to ensure the rapid and widespread dissemination of this critical information. The Task Force launched an online platform for architects, engineers, and facility managers to share project data, images, and insights from ACS implementations.



A visual abstract of health impact briefing #1



Kirsten with Baystate Health System administrators, emergency response leaders, and staff at the Baystate Alternative Care Site— temporary structure adjacent to the hospital. The site provided expanded capacity for patient isolation, testing and care.

“Kirsten’s willingness to extend herself to also take on the presidency of the AIA’s Academy of Architecture for Health in what turned out to be the pandemic is no less impressive and I can think of no one better suited to have dealt with the numerous challenges of 2020.”

—Jennifer Aliber, FAIA, FACHA, LEED AP
 Principal, VP, Shepley Bulfinch

AIA Framework for Design Excellence

- Design for Well-being

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility as a member of the AIA Alternative Care Sites Task Force. That responsibility included the initiatives described being delivered in this exhibit.

Frank Zilm, D.Arch., FAIA, FACHA
 Chester Dean Director for the The Institute for Health + Wellness Design
 The University of Kansas

3.3 Exhibit: The Alternative Care Sites Task Force: Leading AIA's COVID-19 Response

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

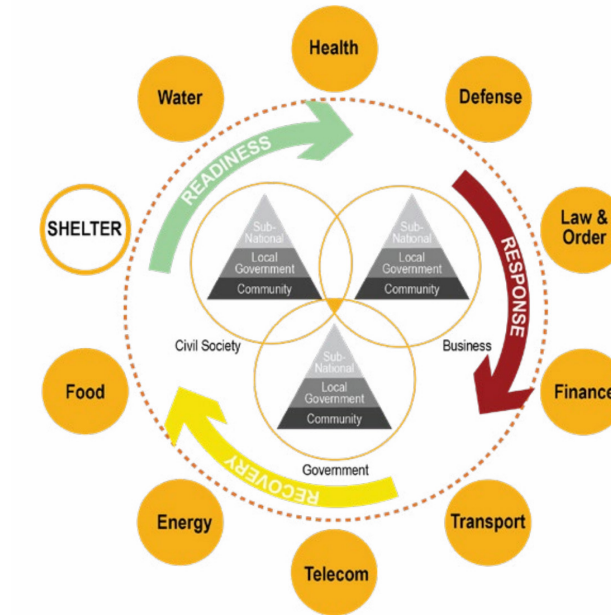
Impact National & Global Knowledge Sharing

The ACS Brief reached healthcare providers worldwide, offering practical tools for emergency facility conversion. On May 11, 2020, AIA issued a press release announcing the COVID-19 Alternative Care Sites Preparedness Assessment Tool (PAT).² Within 35 days, the U.S. Department of State translated the PAT V2.0 into French, Spanish, and Portuguese and distributed it to all U.S. embassies to support localized pandemic response.

Task Force members, including Kirsten, engaged with national media to share insights with the broader public health and design communities. Over seven months, the AIA's ACS resources generated 4,085 unique page views, with traffic coming from AIA.org, referrals, search engines, and email links.

Continuing Impact for Expanding Readiness

The COVID-19 crisis revealed a stunning lack of viable Alternative Care Site strategies for public health. Kirsten and her AIA Task Force colleagues took this crisis as a learning opportunity. In 2022, Task Force members Kirsten, Molly Scanlon, FAIA and Ellen Taylor, AIA reviewed 23 academic articles covering Alternative Care Sites completed by architects across the country and abroad since 2019.



Whole-of-society pandemic readiness
(adapted from the WHO)

In 2023, they published: "Evaluating Efficacy of a COVID-19 Alternative Care Site Preparedness Assessment Tool for Catastrophic Healthcare Surge Capacity during Pandemic Response". This article describes the work of the AIA Task Force and the authors' subsequent literature review to assess gaps in criteria for ACS and how to enrich them in preparation for future natural disasters, pandemics, and conflicts.

Kirsten continues to take part in this essential discussion through AIA, FGI, and the other healthcare organizations.

"This tool is geared toward flexible and rapid decision making during a public health pandemic. Our goal was to synthesize decades of healthcare knowledge and experience into a checklist reflecting the key essential elements of healthcare operations to reduce risk and increase safety at an alternative care site."

—Molly M. Scanlon, PhD, FAIA, FACHA
Colleague, AIA COVID-19 Alternative
Care Sites Task Force

1. COVID-19 alternative care sites: Addressing capacity, safety, & risk challenges for our nation's hospitals during a public health pandemic response, AIA COVID-19 Task Force 1: Health Impact Briefing #1 April 6, 2020, <https://classic.aia.org/resource/6283331-alternative-care-sites-preparedness>
Role: Task Force Member and Co-Author
2. <https://archinect.com/news/article/150197075/updated-alternative-care-site-tool-developed-by-aia-to-be-distributed-internationally-by-us-department-of-state>

The Facilities Guidelines Institute: Creating National Healthcare Design Guidelines for Emergency Conditions

Organization: Facilities Guidelines Institute (FGI)
Dates: 2020 - 2021
Role: Executive Steering Committee Member, Contributor

Publication: • *Guidance for Designing Health and Residential Care Facilities that Respond and Adapt to Emergency Conditions, March, 2020*

Synopsis

In May 2020, during the start of the COVID-19 global shutdown, The Facilities Guidelines Institute assembled a 130-person Emergency Conditions Committee (ECC) to respond. Kirsten joined the group's Executive Steering Committee and served on one of nine subcommittees. Although the ECC was convened in response to the COVID-19 pandemic, the committee embraced operational considerations for emergencies of all kinds at the local, regional, and international scales.

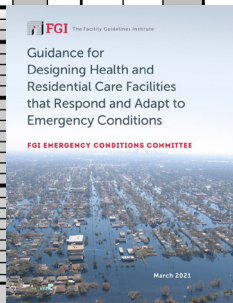
Approach

Kirsten led one of the nine subcommittees in a noticeably short amount of time to produce guidance for the healthcare design community for crises of all scales. Kirsten's involvement on the front lines at Baystate Health and with the AIA COVID-19 Task Force informed the work at FGI. She oversaw the content in the ECC and strategized how the material could be incorporated into the 2022 and 2026 FGI Guidelines.

Impact

Kirsten and colleagues developed an enhanced code-based Preparedness Assessment Matrix to highlight key criteria when selecting Alternative Care Sites for the treatment of COVID-19 or surge capacity.

Alternate Care Site Compliance Assessment Matrix										
Program Statement:										
Acuity of Patient Population:										
Date of Deployment:										
Duration of Care:										
Facility Type:										
		SHORT-TERM (Measured in hours or days after an event)			INTERMEDIATE			LONG-TERM (Permanent (> 6 months))		
		Immediate			Temporary			Permanent		
1. Confirm required approval entities.		Immediate response measured in hours or days after an event			Temporary response in service no more than 60 days			Temporary response put into service within 90 days and intended for no more than 6 months. An extension may apply (see _____)		
2. Determine criteria for applying to the ACS.										
3. Identify risk tolerance for each group (see the disaster, emergency, and vulnerability assessment - DEVA).										
4. Select columns to the right based on duration of anticipated stay.										
5. Modify compliance categories in alignment with the DEVA.										
Service Use Type	Description of Service	Group I	Group II	Group III	Group I	Group II	Group III	Group I	Group II	Group III
Site Access	Building access									
	Site access									
	Parking				Per the DEVA			Per the DEVA		
	Perimeter security									
Building Systems	Mechanical/electrical/plumbing (MEP), fire protection				Per the DEVA			Per the DEVA		
	Low-voltage/security									
Patient Provisions	ADA				Per the DEVA			Per the DEVA		
	Accommodations for individuals of size									
Triage/Reassignment	Initial evaluation									
	Triage									
	Patient holding									
	Isolation									
	Donning and doffing									
Emergency Services	Exam/treatment									
	Observation									
	Triage/Reassignment									
Diagnostic and Treatment	General exam/finding									
	Treatment									
	Diagnostic imaging									
	Nuclear medicine/radiation									
	Interventional radiology									
	Non-invasive procedure									
	Invasive procedure/surgery									
	Pre/post-procedure care									
	Infusion									
	Hyperbaric									
	Dialysis									
	Pharmacy services									
	Respiratory therapy									
Inpatient Care	Critical care									
	Intermediate/transitional care									
	Medical/surgical									
	Protective environment (PE)									
	Airborne infectious isolation (AI)									
	Chemotherapy recovery (CCR)									
	Behavioral health									
Public and Administrative	Waiting									
	Staff support									



“In this trying time of COVID-19 and weather-related disasters and the need for surge capacity and redesign of facilities, having Kirsten as the AIA/AAH President offered both FGI and the AIA the ability to coordinate new design concepts.”

—Douglas S. Erickson, FASHE, CHFM, HFDP, CHC
 Former CEO, Facility Guidelines Institute

AIA Framework for Design Excellence

- Design for Ecosystem
- Design for Water

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility as a member of the FGI Emergency Conditions Executive Committee. That responsibility included a key advisor for the Executive Committee.

John Williams
 Executive Committee, Vice Chair, Facilities Guidelines Institute. Retired Washington State Department of Health Director

Walsall Manor Hospital, Walsall, UK: Unifying a Fragmented Campus

Client: Walsall Hospital NHS Trust
Location: Walsall, West Midlands, UK
Size: 398,000 gsf
Completed: 2011
Firm of Record: Steffian Bradley Architects
Role: Principal in Charge /
Lead Medical Planner

Awards:

- Business Commitment to the Environment Award – Major Commendation
- Department of Health Design Review Panel – ‘Excellent’ endorsement
- NEAT Excellent

“The scheme—which is the result of several years of hard work by hospital staff, our partners in the PFI company and advisers - is designed to replace buildings that are over 150 years old and to be as flexible as possible so that we can respond to the changing needs of health care for the next generation of patients.”

—Sue James

Chief Executive of Walsall Hospitals
NHS Trust



AIA Framework for Design Excellence

- Design for Energy
- Design for Water
- Design for Well-being

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility for the project within this exhibit. That responsibility included the Principal in Charge and Lead Medical Planner.

Steve Van Ness, AIA,
Former Principal, Steffian Bradley Architects

3.5 Walsall Manor Hospital, Walsall, UK: Unifying a Fragmented Campus

Synopsis

In 2004, Kirsten relocated from Steffian Bradley Architects' (SBA) Boston office to manage the growing London Studio. Her research-based healthcare design expertise and technical sophistication was sought after for the large replacement hospital initiatives across the UK. When SBA partnered with global contractor SKANSA for the Walsall Manor Hospital expansion in the West Midlands, Kirsten was the ideal lead healthcare architect.

Approach

The existing Walsall campus was extremely fragmented. Kirsten led the translation of the following project guiding principles: to introduce flexibility to adopt to future models of care and a site solution to unify the campus. Knowing the Women's, Children's, and Young Patients' Unit would anchor the expansion, Kirsten's designed this part of the expansion as a connective strategy. Her design links the existing facilities into a cohesive campus. The overall campus plan unifies outpatient care, operating theaters, and inpatient rooms, all directly connected to the freestanding maternity unit.

Drawing on her American healthcare design experience, Kirsten designed pediatric rooms to reduce anxiety with entertainment systems and parent sleeping quarters. The center serves children and adolescents, incorporating dynamic lighting, playful artwork, and social spaces to avoid infantilizing older patients.

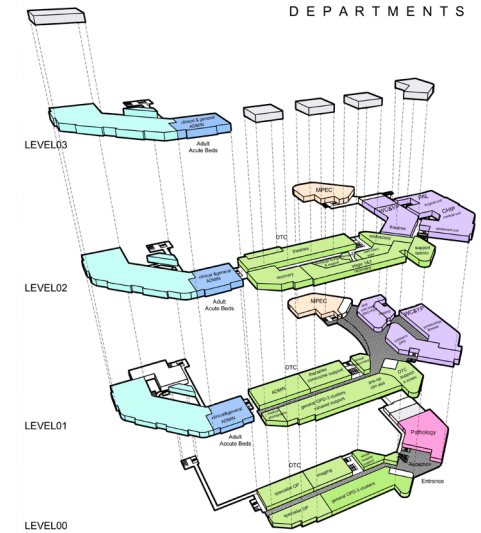


Site aerial showing how the new addition links the existing buildings for a cohesive campus.

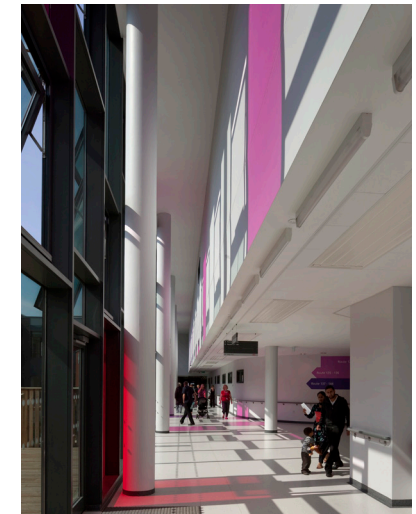
Impact

Kirsten's design for Walsall Manor Hospital transformed a disjointed campus into a unified healthcare environment. Her integration of natural light, air circulation, and intuitive wayfinding elevated patient experience. Pediatric spaces support dignity and comfort across age groups. The adaptable infrastructure anticipates future care models, while the reimagined entry sequence enhances civic presence. Her applied research and code contributions demonstrate how American healthcare design can enrich National Health System (NHS) practice and foster healing in community hospitals.

Kirsten Waltz AIA, FACHA, EDAC, LEED AP



Stacking diagram of the new program areas



Public spaces in the new Women's and Children's center introduce color and natural daylighting.

Baystate Medical Center South Wing Fit-out: Post-Occupancy Research

Client: Baystate Medical Center
Location: Springfield, MA
Size: 96 Inpatient Beds (79,730 gsf)
Completed: 2016
Firm of Record: Steffian Bradley Architects
Role: Project Executive

Publication: Waltz, Kirsten, Gouvin, Sean, and Forth, Michael,
*"The Project Afterwards: Using Post-Occupancy
Evaluations to Improve Healthcare Environments,"*
ACHA White Paper, November 2016

"When I look for a partner in a project it is someone with Kirsten's knowledge of the guidelines, regulatory specifications and a keen eye toward healthcare design"

—Deborah Provost, MBA, BSN RN
CCMSCP

Former Chief Regulatory Officer,
Baystate Health



AIA Framework for Design Excellence

- Design for Discovery
- Design for Well-being

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility for the project within this exhibit. That responsibility included the Project Executive and co-author.

Sean Gouvin
Director of Engineering, Mass General Brigham
Previous Director of Facilities Planning &
Engineering at Baystate Health

3.6 Baystate Medical Center South Wing Fit-out: Post-Occupancy Research

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

Synopsis

Baystate Health, in Western Massachusetts, encompasses over 1,000 beds at four campuses. While Kirsten was a Principal at Steffian Bradley Architects, she organized a large multi-year study to improve Baystate's in-patient unit and room design. With the nationwide shift to single patient rooms and the urgent need for patient safety, Kirsten designed a remarkably pragmatic study where tangible data from initial expansion projects could improve similar future work. Kirsten applied this targeted research to improve inpatient design codes for the Facilities Guidelines Institute.

Approach

Building on her work as a healthcare principal at UCONN Health Center and at Walsall Medical Center in the UK, Kirsten developed a detailed post-occupancy study of Baystate's phase 1 in-patient expansion to refine design details of a second tower (shell space) soon to follow.

The team tracked outcomes in the first 96-bed expansion to inform the remaining 2 phases of shell floors remaining for inpatient beds. After phase 1 was operational for 9 months, Kirsten led the development of an online survey questionnaire sent to doctors, nurses, and support staff. Topics included:

- Safety and security
- Access and wayfinding
- Patient room and bathroom design
- Off-stage and on-stage work and support areas
- Design of clinical suite

Impact

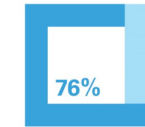
The research directly responds to the most common challenges that hospitals and healthcare architects face when replacing their old multi-bedrooms with single patient rooms:

- Patient comfort
- Technology
- Accessibility
- Safety
- Durability and cleanability of materials
- Storage (patient and nursing)
- Family design features

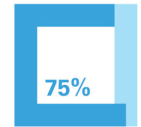


Nurse station and inpatient corridor featuring integrated lighting, artwork and wall protection, enhancing both aesthetics and durability within the inpatient unit.

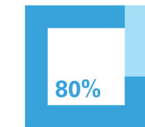
Safety and Security Findings



felt very safe or safe



felt badge access was satisfactory



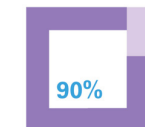
felt there was adequate lighting

Opportunities for Improvement
Panic buttons functionality, staff lack of knowledge, and locations

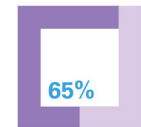
Staff feelings of isolation with large floor plate and decentralized nurse stations

Findings from the Post Occupancy Evaluation (POE) which informed the updated design in the remaining 2 phases.

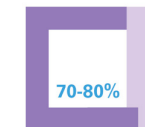
Inpatient Room Findings



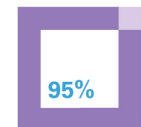
felt patient rooms were always or usually quiet at night



felt layout and navigation was very good or good



felt aesthetic features were successful



Felt the rooms and bathrooms were always or usually clean

Comments from patients, family members and staff led to improvements in the inpatient room design.



In the white paper, *The Project Afterwards: Using Post-Occupancy Evaluations to Improve Healthcare Environments*, Kirsten and two co-authors documented successes and results for patients, families, and staff as well as changes like decentralized nursing stations and offstage work areas. Published by the American College of Healthcare Architects, these findings now inform best practices for inpatient design across the country.



Existing Condition

Phase 1 inpatient foot wall design. Post-occupancy evaluation revealed that the light soffit and sconce were rarely used by patients or caregivers. Further investigation with facilities teams identified the soffit as difficult to maintain. See below for further enhancements.



Interventions

1. Removed light soffit
2. Relocated clock for better visibility
3. Removed wall tile on non-wet surface
4. Added charging station for families
5. Maintained family zone and seat which converts to family sleeping

Northern Dutchess Hospital: Patient Safety Research

Client: Nuvance Health (Formerly Health Quest)
Location: Rhinebeck, NY
Size: 87,000 gsf
Completed: 2015

Firm of Record: Steffian Bradley Architects
Role: Principal in Charge /
Lead Medical Planner



“Kirsten’s technical skills combined with her unique ability to incorporate team input and resolve concerns’ in a timely and effective manner resulted in a magnificent building opening.”

—Denise George

Former Senior Vice President, Northern Dutchess Hospital, Clinical Services, Health Quest

AIA Framework for Design Excellence

- Design for Discovery
- Design for Well-being

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee’s responsibility for the project within this exhibit. That responsibility included the Principal in Charge and Lead Medical Planner.

David Keith,
Senior Project Manager, Nuvance Health
(Previously Health Quest)

3.7 Northern Dutchess Hospital: Patient Safety Research

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

Synopsis

Design for fall prevention is important for healthcare facilities outside large cities where older people make up a growing segment of the patient population. For Northern Dutchess Hospital, Kirsten tested new design strategies that anticipate resiliency, patient falls, and the flexibility to transport patients to specific locations is essential for such facilities.

Approach

Between 2012 and 2016 Kirsten integrated lessons from the concurrent Baystate Hospital of the Future Project to focus specifically on improved patient safety at Northern Dutchess Hospital. Unlike the regional scale of Baystate Health (with 780 beds), Northern Dutchess is a much smaller 84-bed, acute care facility serving a much older population in Upstate New York.

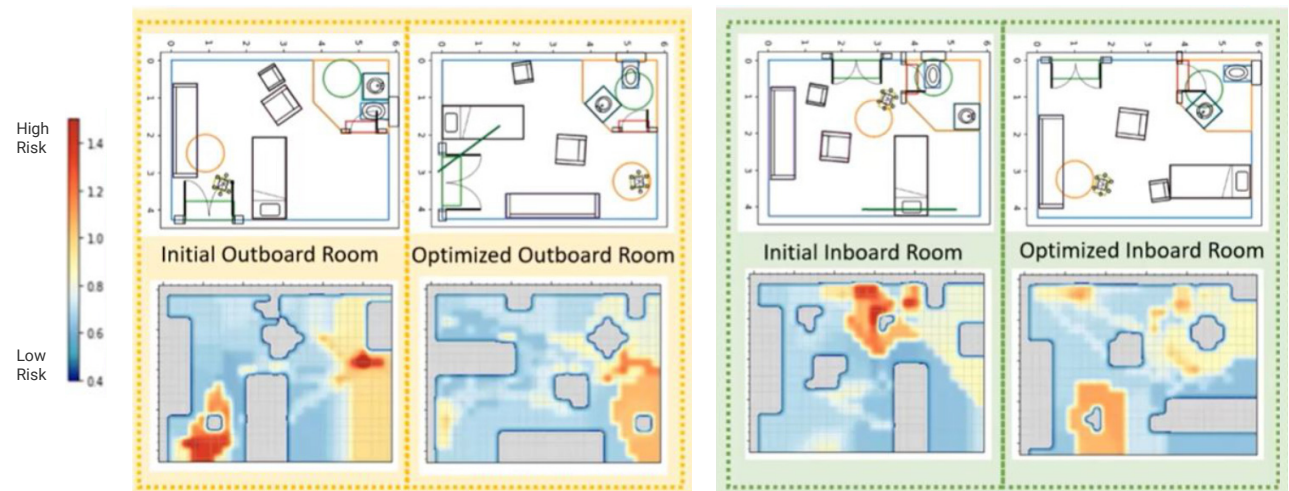
This community hospital proved to be an ideal case study because the 65+ population in Dutchess County grew by 43.1% between 2010 and 2022.¹ By contrast, the 5-19 age group declined by 18.8% during the same period.

With her post-occupancy observations from Baystate, Kirsten's adapted evidence-based strategies to balance privacy with the need for Northern Dutchess staff to see patients and for patients to understand and navigate where they are.

Designed with the concepts of "lean" medical planning and patient safety, 37 rooms are identical with the intent to reduce medical errors and to efficiency. The remaining 3 rooms are designed for patients of size with ceiling lifts from the bedside to into the patient toilet room.

Impact

In 2019, the Center for Health Design partnered with the University of Utah to develop best practices and an inpatient room design to prevent falls. As a member of their National Design Advisory Committee focusing on patient fall risk, Kirsten was able to share the inpatient room layout to incorporate into this important study that continues to shape national design guidelines and best practices.



Upper: New inpatient room

Lower: The Northern Dutchess inpatient room data was utilized in the Center for Health Design University of Utah fall risk study. These heat maps identify fall risks due to the geometry of the inpatient room and furniture/equipment layout. Red is high risk, Orange is moderate, Yellow is some risk, and blue is low risk for patient falls.

1. USA Facts. <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/new-york/county/dutchess-county/>

Baystate Children's Specialty Center: A New Model for Pediatric Outpatient Services

Client: Baystate Health
Location: Springfield, MA
Size: 34,000 gsf
Completed: 2013
Firm of Record: Steffian Bradley Architects
Role: Principal in Charge /
Lead Medical Planner

Awards:

- 2014 Honor Award, Boston Society of Architects
- (BSA) Healthcare Design Awards
- 2014 Citation Award, Western Massachusetts AIA
- (WMAIA) Design Award

“More than 70 percent of our young patients are treated in our outpatient clinics. This facility will better serve our patients and families because it brings doctors, nurses, social workers, and other providers together in one place to work together to facilities the most efficient care for each child.”

—Dr. Lindsey K. Grossman, MD,
Department Chair of Pediatrics,
Baystate Children's Hospital



AIA Framework for Design Excellence

- Design for Discovery
- Design for Well-being
- Design for Equitable Communities

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility for the project within this exhibit. That responsibility included the Principal in Charge and Lead Medical Planner.

Rebecca Eldridge AIA, LEED AP
Senior Architect, Associate
Steffian Bradley Architects

3.8 Baystate Children's Specialty Center: A New Model for Pediatric Outpatient Services

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

Synopsis

The Baystate Children's Specialty Center is a nationally recognized model for outpatient pediatric care. It consolidates more than 15 pediatric specialties, previously spread across six separate locations, into a single, integrated facility. This consolidation fosters collaboration among providers and streamlines care delivery.

By locating these services outside of a large hospital campus, the Specialty Center sets a new precedent for pediatric outpatient design. Facilities like this have been shown to significantly reduce emergency room visits and improve health outcomes for children and their families.

Approach

As Principal-In-Charge, Kirsten led the design of a pediatric outpatient facility that prioritizes family access and clinical flexibility. The plan features adaptable "neighborhoods" that support multiple care models, allowing specialists to come to the patient rather than requiring families to navigate multiple rooms or locations.

The 34,000 gsf facility houses over 15 core specialties—including Gastroenterology, Pulmonary Medicine, Neurology, and Infectious Diseases—organized into five distinct neighborhoods. A multi-specialty space accommodates rotating providers. Kirsten's design process began with a charrette involving user groups and former Disney Imagineers, resulting in a playful, high-tech environment inspired by children's museums. She also introduced pre-COVID patient isolation rooms with positive and negative air pressure—typically found only in inpatient settings—advancing outpatient safety standards.

Impact

Kirsten's innovations at Baystate directly shaped the 2018 Guidelines for Design and Construction of Outpatient Facilities, which now inform healthcare design codes nationwide. The Specialty Center's success—growing from 27,000 to over 30,000 annual pediatric visits—demonstrates the effectiveness of her model in improving access, safety, and outcomes. Her work continues to influence national standards and inspire new approaches to pediatric outpatient care.



“An excellent design process began with a charrette among former Disney “Imagineers” from and resulted in a playful, whimsical, high-tech medical center.... The exterior front entrance is well executed and enjoyable, utilizing intertwining brick and metal panels to create a distinct identity while blending into the masonry of the surrounding buildings. Details are thoughtful throughout, with especially interesting snake-like elements on the ceiling.”

**—Boston Society for Architecture
2014 Healthcare Design Award
Jury comments**

Baystate Children's Specialty Center waiting room designed for child of all ages – with interactive elements designed to engage children without over stimulating.

1729 East Monument Street Building: Transforming the Johns Hopkins East Baltimore Medical Campus

Client: JHU School of Medicine
Location: Baltimore, MD
Size: 445,000 gsf
Phasing: 2024, 2025 & 2026

Firm of Record: Ayers Saint Gross
Role: Owner's Architect



Located on Monument Street between Broadway and Rutland, the project reorients the campus to one of Baltimore's most historic corridors

“To realize this transformative project, Kirsten Waltz demonstrated exceptional leadership and a rare combination of talents—strategic vision, design acuity, technical expertise, and decisive judgment. She guided a diverse team of contractors, architects, engineers, donor representatives, and senior Johns Hopkins stakeholders, fostering collaboration and improving the built environment, and elevating standards of architectural practice.”

—Adam Gross, FAIA
Principal, Ayers Saint Gross

AIA Framework for Design Excellence

- Design for Discovery
- Design for Well-being

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee's responsibility for the project within this exhibit. This includes responsibility as the lead Owner's architect.

Adam Gross FAIA
Principal, Ayers Saint Gross

3.9 1729 East Monument Street Building: Transforming the Johns Hopkins East Baltimore Medical Campus

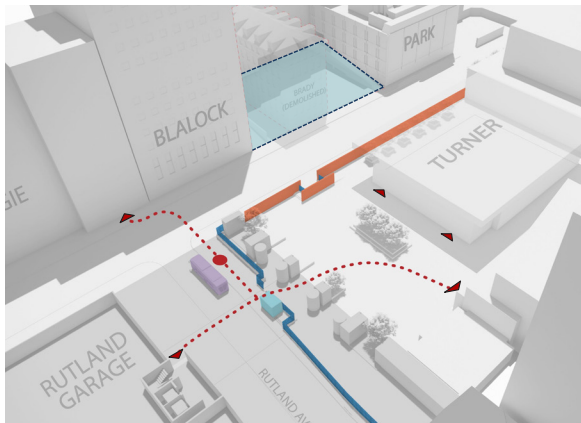
Kirsten Waltz AIA, FACHA, EDAC, LEED AP

Synopsis

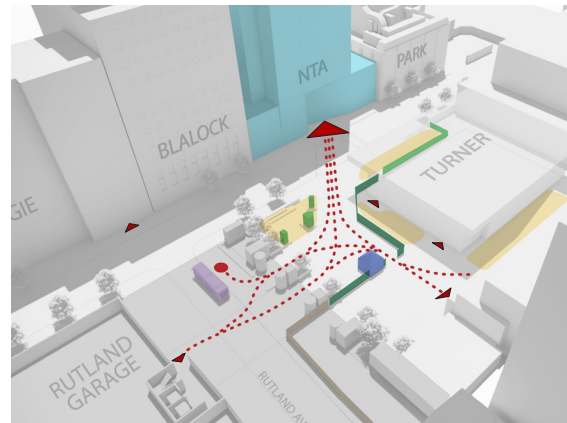
At Johns Hopkins' East Baltimore Campus, Kirsten's leadership exemplifies how architecture and public space can catalyze long-term campus transformation. The 2019 East Baltimore Framework Plan by Ayers Saint Gross identified the need to improve connectivity, entry experience, and public perception at the campus's northern edge. Confronting physical barriers and safety concerns, the design of 1729 E. Monument and SOM Entry Plaza forges vital links between existing facilities—enhancing safety, fostering collaboration, and embodying the plan's vision for a more integrated and welcoming campus.

As architect for the Johns Hopkins University School of Medicine, Kirsten oversees the phased opening (2024–2026) of the 1729 E. Monument building—a transformative project encompassing 445,000 gsf of new and renovated space, including 200,000nsf dedicated to research laboratories. The project serves as a major urban design opportunity to reshape the campus's identity through:

- A new entry on Monument Street
- A welcoming entry plaza at the building's front door
- Enhanced open space and improved access across all School of Medicine buildings
- A direct connection to the soon-to-open Life Sciences Building (LSB), a hub for interdisciplinary research (see Exhibit 10)



Pedestrian travel blocked due to a wall (shown in orange) blocking the connection between the plaza and Monument Street.



The wall along Monument Street was removed, creating a direct connection between the renovated plaza and the new entry to the 1729 E. Monument Street Building (shown in blue).



Former Brady Building, razed to provide space for the 1729 E. Monument Street Building. The rendering on the right illustrates the direct connection between the renovated plaza and the entry to the new building. The redesigned plaza offers public gathering space while enhancing security for occupants of the SOM buildings.



3.9 1729 East Monument Street Building:

Transforming the Johns Hopkins East Baltimore Medical Campus

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

Approach

Originally conceived as a generic laboratory facility, the 1729 E. Monument building was transformed mid-construction into a highly specialized hub for Neuroscience and Biomedical Engineering. Over the course of a year, Kirsten led a complex redesign through a deeply collaborative process involving Principal Investigators (lead research scientists), the design team, and the contractor. Together, they overcame significant constraints—including limited floor-to-floor heights—by developing innovative engineering solutions that support advanced research laboratories and scientific rigs. This adaptive transformation reflects Kirsten's ability to align architectural vision with evolving research needs while navigating technical challenges.

Kirsten also led the design for the SOM Entry Plaza, connecting the existing School of Medicine Buildings and the larger campus. Kirsten worked in partnership with OLIN to develop design for the School of Medicine Entry Plaza. This important new open space underwent multiple reviews with Johns Hopkins stakeholders and Baltimore City agencies.

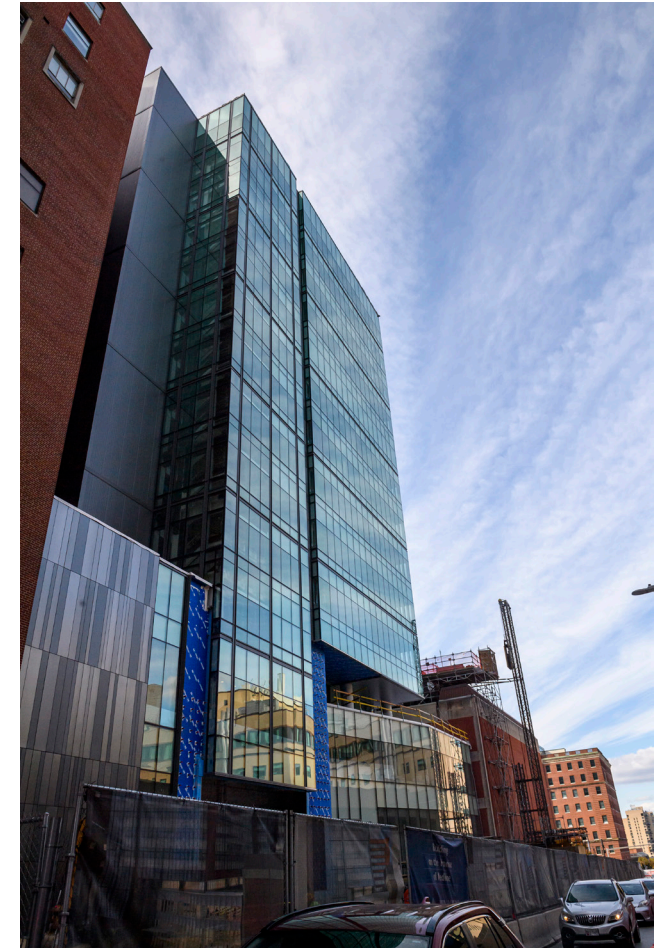
She guided the design of the project's most significant architectural feature: the 3,415-square-foot art wall in the lobby, prominently visible from Monument Street and extending to the hospital's Main Loop. Kirsten assured the art wall's successful integration through meticulous coordination with artist Nnenna Okore, German fabricator Mayer of Munich, and the full project team. Visual mock-ups, pre-installation workshops, and design charrettes ensured the wall's seamless execution and artistic impact.

Impact

The Johns Hopkins East Baltimore Medical Campus exemplifies excellence in architectural design and urban integration. As a key advancement of the 2019 Framework Plan, the 1729 Building and the SOM Entry Plaza redefine the campus's interface through a new entry along Monument Street and activating the "Life Sciences Corridor." This strategic placement enhances visibility, accessibility, and identity for the institution's research and clinical enterprises.

The reimagined SOM Entry Plaza and the art wall create a welcoming and culturally resonant gateway to the campus. They elevate the public realm and foster a sense of place for researchers, and the community.

More than a building, the project is an urban model for how architecture can catalyze institutional growth, elevate scientific inquiry, and contribute meaningfully to the urban fabric of the campus.



Entry of the 1729 E. Monument Street Building, providing the first entry for the East Baltimore campus off of Monument Street.

Johns Hopkins Life Sciences Building: Reimagining an Ecosystem of Basic Science Research

Client: Johns Hopkins University
Location: Baltimore, MD
Size: 528,000 gsf
Expected: 2029

Firm of Record: Payette
Role: Owner's Architect



“Kirsten plays an essential role as our owner’s advocate and liaison for visionary projects such as the Life Sciences Building. Her specialized design knowledge and leadership are key to translating the faculty’s novel vision of biomedical science for the future into the built world.”

—Antony Rosen MBChB, MS
Vice Dean for Research,
Dr. Mary Betty Stevens Professor of
Rheumatology, Johns Hopkins Medicine

AIA Framework for Design Excellence

- Design for Integration
- Design for Energy
- Design for Discovery

DECLARATION OF RESPONSIBILITY

I have personal knowledge of the nominee’s responsibility for the project within this exhibit. This includes responsibility as the lead Owner’s architect.

Michael Hinchcliffe AIA, LEED AP
Principal, Payette

3.10 Exhibit: Johns Hopkins Life Sciences Building: Reimagining an Ecosystem of Basic Science Research

Kirsten Waltz AIA, FACHA, EDAC, LEED AP

Synopsis

The Life Sciences Building (LSB) will be one of the most innovative medical research facilities ever built. It is also an unprecedented project driven by the scientists and researchers who will use it. Kirsten is leading an extraordinary process to bring these experts' ideas into built form.

Whereas many university health research buildings are organized around departments, the LSB is a new model to propel healthcare breakthroughs. Its program and design move beyond research departmental silos to bring scientists from many fields together within Neighborhoods and Tech Hubs.

Approach

Throughout the extensive pre-design and programming phases, Kirsten coordinated expertise and input from several JHU divisions, including the School of Medicine, Bloomberg School of Public Health, Krieger School of Arts and Sciences, School of Nursing, and Whiting School of Engineering. Forums were also coordinated during programming to hear voices from other Universities across the country and internationally.

Kirsten led the design phase through meetings, mock-ups and visiting other institutions. She led the Johns Hopkins scientists through a bold and challenging process to create a reimagined ecosystem for basic science research.

Impact

This reimagined ecosystem for basic science at Johns Hopkins will dramatically increase access to technology and broaden collaboration across the university, drive the education and training of the next generation of scientists, and unleash the synergistic potential between researchers throughout Johns Hopkins. The LSB will build on JHU's long-standing tradition as the nation's first research university and produce discoveries that underpin the next evolution of translational research and clinical care.

The future of biomedical research at Johns Hopkins depends on empowering our faculty and trainees with the most sophisticated research technology available to solve the most pressing and challenging scientific questions. The LSB will transform the research ecosystem where our scientists innovate, discover and teach.

The new "Life Sciences Corridor," along Monument Street, on the School of Medicine East Baltimore Campus, will provide state-of-the-art, technology-centered spaces for our scientists across One University, expanding on the 1729 Building (exhibit 9).

"We are thrilled to advance our scientists' vision of creating research infrastructure designed to speed the pace of discovery and foster interdivisional collaboration across the university."

—Theodore DeWeese
CEO, Johns Hopkins University

Project Highlights

- **Lab Capacity:** 1,200+ occupants, with a 60/40 split between experimental and computational research
- **Collaborative Design:** Six "scientific neighborhoods" and five "technology hubs" to foster interdisciplinary innovation
- **Sustainability & Light:** Natural light throughout, passive design strategies, and indoor/outdoor collaboration zones
- **Flexible Infrastructure:** Modular lab layouts and robust mechanical systems tailored to life sciences research
- **Academic Integration:** Supports faculty-led research and graduate student training across multiple divisions



North-facing section of the building: the research wings frame either side, with a central atrium that provides natural light.