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HEALTH CARE & LIFE SCIENCES Quarterly

What your waiting room is costing you



Halkin Mason Photography LLC

Offering seating options and outdoor views allows patients to choose the environment that best fits their needs.



Bill Turner, AIA
Principal, HCM



John Menno Nap, AIA
Principal, HCM



Rhonda Malone Wyskiel, RN, MSN
Principal, HCM

What makes a patient's wait time feel bad is not the clock. It's the gap between what people expected and what they got. That's a mistake developers and health systems are starting to pay for in dissatisfied patients. It's a problem worth investing in, and almost nobody in healthcare real estate is doing it.

In the first half of 2026, metro Denver leased more medical office space than in any full year since 2022, while close to a third of the region's regular office space sits empty. Money is moving into healthcare buildings, and it's fair to ask what that money is buying.

On most projects, exam rooms, imaging suites, and procedure rooms get planned down to the inch. The waiting room gets whatever space is left and whatever furniture budget survives. Yet it often ends up treated as little more than a hallway with chairs. It is typically the longest uninterrupted stretch of a patient's visit, occurring at a vulnerable moment and often shaping whether they choose to return.

■ What the research says. David Maister's 1985 paper, "The Psychology of Waiting Lines," and a follow-on retrospective analysis in 2025 point to one critical insight: People need to see progress. They do not really mind time passing, but they do mind feeling stuck.

So, the question is not *how do we make waiting nicer?* It's *how do we make it obvious that things are moving?* The second question is cheaper to answer, and it accomplishes more.

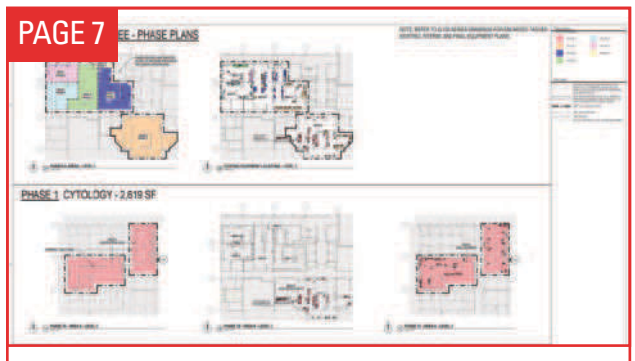
Four places to spend the money:

1. The first minute. The worst part of any wait is the stretch before anyone has acknowledged you. Getting a patient checked in before they sit down,

Please see Turner, Page 16

INSIDE

PAGE 7



Lab plans

A proactive approach to lab planning can help avoid challenges, support future growth

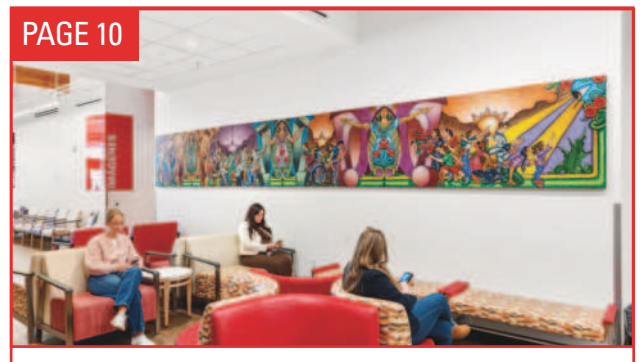
PAGE 9



Climate changes

As climate-related risks intensify, hospitals must be prepared for tomorrow's uncertainties

PAGE 10



Art for health

When art is integrated into the design process from the beginning, patients benefit

CONTENTS

3
Healthcare real estate trends to watch in 2027
Stephani Gaskins, Anna Schornstein & Maggie Mills

4
Beyond MOB: Real estate in healthcare strategy
Nancy Olson & Lauren Cenicola

5
Is a suburban MOB resurgence in the offing?
Eric Rehm

6
The reality of AI in modern healthcare development
Jaime Northam

7
Lab planning can be a strategic facility investment
Greta Stepp

8
The amazing intricacies of behavioral healthcare
Mark D. Arnold

9
Reimagining Louisville hospital after Marshall Fire
Brenna Costello

10
Art deserves a line item in healthcare TI budgets
Genevieve Rogers

11
Advanced imaging leads to scientific discovery
Bill Fester

12
Design: Take a smarter approach to renovations
Julia Bailey



HEALTH CARE

Healthcare real estate trends to watch in 2027

Healthcare providers continue to face pressure to control costs, but that does not mean demand for quality outpatient real estate is slowing. Instead, we're seeing a change in where providers want to be, what types of buildings they will consider, and where owners are choosing to invest.

As we head into 2027, the continued shift toward outpatient care, rising costs associated with new construction, and growth throughout Denver's suburban markets are creating new opportunities within healthcare real estate. For owners, providers, and healthcare real estate professionals alike, the conversation is increasingly centered on how real estate can support long-term medical strategy, operational efficiency, and patient experience.

Below are three trends and conversation starters that should be on every healthcare real estate professional's radar as we head into 2027:

■ **Outpatient growth isn't slowing down.** The migration of healthcare services to outpatient settings is not a new trend; its impact on real estate continues to grow.

The ongoing phaseout of Medicare's inpatient-only list is creating additional opportunities for procedures to move to outpatient environments. At the same time, cost pressures are encouraging providers to make their operations as efficient as possible. CBRE's 2026 healthcare outlook identified the continued shift toward outpatient care and persistent cost pressures as key drivers of medical outpatient building demand, while



Stephani Gaskins
First vice president, Health Care Real Estate, CBRE

projecting construction completions to fall 26% in 2026 amid elevated construction costs and development constraints.

As ambulatory surgery centers and other outpatient services expand, both on-campus and off-campus medical outpatient buildings will play an important role in accommodating demand. The appropriate real estate strategy varies by provider and service line, making it increasingly important to evaluate how location, infrastructure, and surrounding healthcare networks support current operations and future growth.

Where are patients coming from? Which service lines are growing? Is the practice positioned near complementary physicians and referral sources? Does the building provide the infrastructure and accessibility needed to accommodate future growth?

A real estate decision made to address today's requirements should also take into consideration where the practice wants to be five or 10 years from now. Understanding those objectives early can help ensure real estate supports, rather than limits, the broader medical strategy.

■ **Reinvestment in existing buildings is creating new opportunities.** With limited supply of outpatient medical buildings and the cost of



Anna Schornstein
Vice president, Health Care Real Estate, CBRE

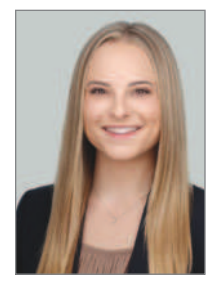
ground-up construction remaining high, ownership groups are finding creative ways to meet demand and enhance existing assets.

Adaptive reuse properties are already a national trend. At midyear 2026, CBRE reported that 42% of medical outpatient building conversions were from traditional office properties and 43% were from retail properties. Conversions were expected to account for a record 5.5% of healthcare construction in 2026.

Not every office or retail building is appropriate for medical use. However, properties with the right location, current tenant mix, and building characteristics can provide additional options for healthcare groups.

There is an equally significant opportunity within existing medical outpatient inventory. Owners are making capital investments to reposition established medical properties and remain competitive for today's healthcare users. Thoughtful reinvestment can strengthen an asset's market position while improving efficiency and experience for both tenants and patients.

Investments in more efficient building systems can help reduce operating expenses and create meaningful cost savings. Improvements to common areas, amenities, and available suites can further enhance the tenant and patient



Maggie Mills
Associate, Health Care Real Estate, CBRE

experience while strengthening a property's overall marketability.

As part of these investment strategies, owners are creating move-in ready and spec suites – an approach we continue to see generate value and leasing success. For providers facing lease expirations, expansions, or other near-term requirements, speed matters. A functional medical suite that reduces the time and capital required to open can provide a meaningful advantage over space requiring extensive design and construction.

The takeaway heading into 2027 is that older does not necessarily mean obsolete.

■ **Healthcare is following population growth and changing patient access patterns**. Healthcare continues to follow the patient, but location strategy is rarely one-size-fits-all.

Across the Denver metro area, strong demand for medical outpatient space is creating opportunities for healthcare organizations to evaluate how new access points can complement established locations. In the first half of 2026, metro Denver recorded 298,000 square feet of positive medical office building net absorption – the strongest annualized pace since at least 2022 – while direct vacancy fell to 5.3%, the lowest

Please see Gaskins, Page 16

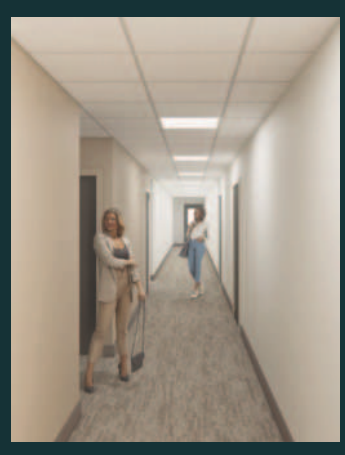
Redevelopments Underway at
Highlands Ranch Healthcare Plaza
and **Ridgeline Medical Campus!**

Planned Improvements Include:

- Medical Spec Suites
- Lobby Refinish
- Corridor & Restroom Refinish
- Ceiling Grid & Lighting Updates
- Updated Elevator Cab Interiors
- Creation of Amenity Space Between Buildings *(Highlands Ranch)*
- Exterior Painting
- Upgraded Tenant Building Facade Signage









Ridgeline Medical Campus Interior Paint Colors

CONTACT **Stephani Gaskins** • +1 720 528 6346 • stephani.gaskins@cbre.com | **Anna Schornstein** • +1 303 583 2099 • anna.schornstein@cbre.com

CBRE

HEALTH CARE

Beyond MOB: Real estate in healthcare strategy

For decades, healthcare real estate has been defined by a familiar set of property types: hospitals, medical office buildings, clinics and administrative offices. Those assets remain fundamental. But some of the most interesting real estate questions facing healthcare organizations increasingly fall outside those traditional categories.

Patient lodging can affect access to care. Workforce housing can influence recruitment. Parking, deliveries and building operations can determine whether a lease truly works. Underutilized land may be either excess property or a long-term strategic asset.

■ **Looking beyond traditional "highest and best use."** Commercial real estate professionals are accustomed to thinking about highest and best use largely through an economic lens. What will the market support? What can be built? What will generate the strongest return?

Healthcare organizations often need a broader definition of value. Financial performance remains important, but the most valuable use may also improve patient access, simplify operations, support workforce needs, preserve flexibility or advance a community mission.

For patients traveling long distances for recurring or extended treatment, lodging may become part of the practical equation of accessing care. A residential or hospitality property near a healthcare campus can therefore have value beyond conventional real estate economics.

The same logic applies to workforce housing, outpatient space, logistics and complementary services. Not every ancillary use belongs in a healthcare portfolio, but property should not be labeled "noncore" without considering whether it supports the larger mission.



Nancy Olson
RMI Healthcare Real Estate Advisors

In our work, we increasingly find that the most useful real estate conversations begin not with a particular building or transaction, but with a more fundamental question: What problem is the organization actually trying to solve?

■ **Real estate decisions increasingly begin with operations.** A property can make financial sense while creating operational challenges. Parking, access, deliveries, building systems, signage, security and operating hours can all influence whether a location works.

A third-party campus tenant may pay market rent and provide a useful service, yet compete for parking, loading areas or other shared resources. Routine office-building rules may also conflict with healthcare operations.

Healthcare lease negotiations therefore benefit from thinking beyond rent and term. A healthcare lease functions partly as an operating agreement, establishing how the occupancy interacts with the larger property or campus.

■ **The details can matter as much as the economics.** A lease may allocate parking by a standardized ratio, but healthcare demand is more nuanced. Patient volumes, appointment patterns, employee schedules and caregiver traffic vary. The real question is how parking functions throughout the day.



Lauren Cenicola
RMI Healthcare Real Estate Advisors

Deliveries present a similar issue when a clinical tenant and the campus rely on shared loading areas. Depending on the use, electrical capacity, HVAC, plumbing, waste handling, security or backup systems may also matter far more than in a conventional office.

The goal is not to make every healthcare lease more complicated. It is to identify the operational issues that genuinely matter and address them intentionally. Sometimes the most consequential provision has nothing to do with rent.

■ **Start with the need, not necessarily the building.** This broader thinking also opens the door to adaptive reuse. Not every healthcare-related need requires purpose-built medical space. Existing office, residential, retail, hospitality or industrial properties may deserve consideration.

The distinction begins with how the requirement is framed. "We need a new building" leads to one set of alternatives. "We need real estate capable of supporting this function" can lead to a very different conversation.

Adaptive reuse is not automatically simpler or less expensive. Zoning, code, accessibility, building systems and condition require careful diligence.

■ **Preserve flexibility where it matters.** Healthcare needs can change faster than the real estate supporting them. Services migrate, programs grow or contract, partnerships evolve, and technology changes space requirements.

That makes optionality valuable even when it is difficult to quantify on a pro forma. Expansion rights, relocation provisions, renewal structures, flexible use language and strategic control of land can help organizations adapt.

Underutilized land is not necessarily surplus simply because it is not needed for immediate hospital expansion. It may accommodate complementary uses or preserve options that would be difficult or expensive to recreate later.

The same thinking applies when health systems monetize real estate. A sale-leaseback can free up capital, but once ownership changes hands, the lease becomes the primary tool for protecting operational control. Rights of first refusal, use restrictions, assignment limits and control over future campus redevelopment deserve as much attention as the sale price.

■ **A broader definition of healthcare real estate.** Healthcare organizations still need disciplined real estate decisions. Rent, construction costs

Please see Olson, Page 16

HEALTH CARE

Is a suburban MOB resurgence in the offing?

Two lines are about to cross in Colorado health care: the number of patients and what each visit pays.

The first is rising, and the decade is half spent. Colorado's 65-and-older population grew from 870,165 in 2020 to 983,514 in 2024, and the State Demography Office projects nearly 1.14 million by 2030, another 154,000 people in six years, with the fastest growth now in the 75- to 84-year-old bracket. These patients are aging in place in the suburbs where they raised families; nearly 1.06 million Coloradans are on Medicare this year.

The second is falling. The proposed 2027 Medicare fee schedule cuts the conversion factor 1.68%, and the proposed outpatient rule would pay off-campus hospital imaging at physician-office rates, about 40% of today's payment. Colorado Medicaid rolled back a 1.6% rate increase in October 2025, capped many rates at 85% of Medicare in April and cut another 2% in July. Work requirements begin Jan. 1 for about 377,000 members, and the hospital provider fee covering roughly 427,000 Coloradans starts stepping down in October 2027.

More patients, less revenue per patient. Care will move to cheaper space, closer to home.

■ **The release valve is already built.** New medical buildings won't absorb that demand. CBRE projects national medical office completions will fall 26% this year to a decade low. Metro Denver medical outpatient vacancy hit 5.3% in the first half of 2026 at $32.68 per square foot full-service, and the pipeline is down to one 88,000-sf AdventHealth building in Aurora.



Eric Rehm
Portfolio manager, Recentric Realty Capital

Metro Denver has 36.6 million sf of office directly available, much of it suburban, near the patients described above. The math has flipped. Northmarq pegs the average office-to-medical conversion at $415 per sf against $574 for ground-up, and conversions grew from 4% of medical office deliveries in 2019 to 12% this year. Many buildings will still fail on parking, plumbing, power or data.

■ **What conversions do to rents and TI.** Purpose-built MOBs will stay tight. The competition lands on second-generation medical space and converted office, and we expect it to show up in concessions rather than face rents. Denver general office already shows the shape, with TI allowances up from $90-$100 to $125-$150 per sf.

Who signs matters. The Colorado Hospital Association expects the provider-fee phase-down to cut $10.4 billion in federal funding by 2032, so health systems will be selective with outpatient capital. Independent and specialty practices, often first into converted space, will need someone to fund the build-out, and increasingly that is the landlord. TI is financing for the practice; the question is how to extend it without underwriting a default.

Decisions with purpose:

• Structure the capital. Amortize TI into rent over seven to 10 years, make unamortized TI repayable on default, and require guarantees that burn down as the tenant performs.

• Buy infrastructure, not finishes. Fund power, plumbing, data and flexible exam rooms the next tenant will use too.

• Choose locations using drive-time data on patient demographics and growth.

■ **Two maps, one decision.** Before committing capital, we run every medical acquisition and lease prospect through CRE Labs, our proprietary analytics platform. The starting point is a drive-time zone; the area patients can reach on real roads within a set number of minutes of the building. Inside that zone, we can track metrics, like where the 65-plus and 75-plus population is growing, and how dependent the area is on Medicaid. County data can't do this alone because patients don't stop at county lines. The Colorado Department of Health Care Policy and Financing reports 14% of Jefferson County residents on Health First Colorado compared with 27%

Please see Rehm, Page 17

Fact	Source
65-plus population 2020, 2024, 2030	Colorado SDO Population Summary, vintage 2024
1,056,627 Medicare enrollees (2026)	CMS 2026 landscape via Medical News Today
PFS conversion factor -1.68%	CMS CY2027 PFS fact sheet
OPPS imaging at PFS rate (~40%)	Radiology Business; King & Spalding
Medicaid 1.6% rollback, 85%-of-Medicare cap (April), 2% cut (July)	HCPF rate reductions fact sheet; HCPF July 2026 bulletin
Work requirements, 377,000, provider fee 427,000, Oct 2027	HCPF H.R. 1 presentation; Legislative Council fact sheet
CHA $10.4B by 2032	Colorado Hospital Association
MOB completions -26% (2026)	CBRE U.S. Outlook 2026, Healthcare
Denver MOB 5.3% direct vacancy, $32.68 FSG, 88K sf pipeline	CBRE Denver MOB Figures H1 2026
Conversion cost $415 vs $574/SF ground-up; conversions 4%g12% of MOB deliveries	Northmarq Healthcare Vital Signs, Part 3 (Sept 2026)
36.6M sf office directly available	Lee & Associates Denver Office Q2 2026
Denver office TI $90-$100 g $125-$150/SF	Allwork.Space citing Bisnow/CBRE/C&W, Sept 28 2026
Health First Colorado share: Jefferson 13.96%, Denver 26.82% (FY25)	HCPF Jefferson FY25; HCPF Denver FY25

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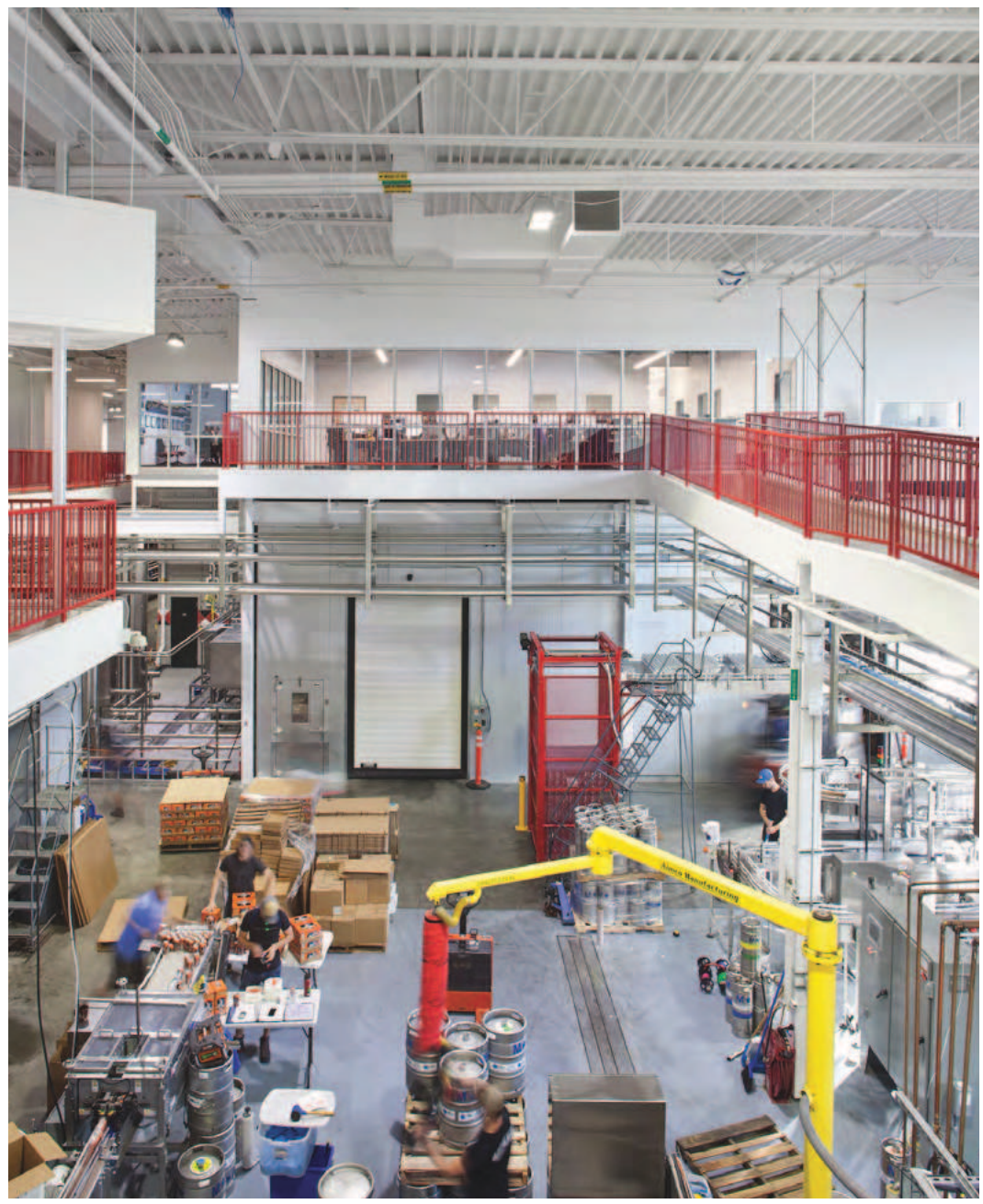


HEALTH CARE

The reality of AI in modern healthcare development

Artificial intelligence has dominated the headlines across every business sector, but nowhere are the stakes higher, or the conversations more urgent, than in healthcare on the national scale.

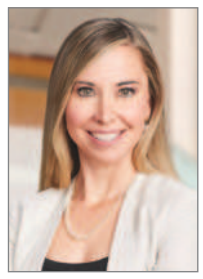
From diagnostic imaging that detects disease in seconds to ambient algorithms that draft clinical notes in real time, digital transformation is accelerating at breakneck speed.

Between the promise of digital health and actual care delivery sits a reality: physical buildings.

Healthcare real estate cannot be upgraded with an overnight software upgrade. While AI applications continue to build over months, hospitals, ambulatory surgery centers, and medical outpatient buildings take two to five years to plan, permit, and construct, and are designed to stand for decades.

This timing gap creates operational tension. According to Cisco's AI readiness index, it is reported that, "While 97% of health leaders believe AI is essential to their future, only 14% are equipped to deploy it effectively today."

As AI continues to accelerate, it is essential for real estate developers and owners to bridge that gap. This period presents an opportunity to reimagine how care environments are built. The delivery of successful healthcare spaces in this new era will require looking past software hype and understanding how clinical technologies directly impact physical floor plates, mechanical loads, structural requirements, and lease frameworks.



Jaime Northam
Senior vice president, real estate development, Ryan Cos.

■ **The frontline reality.** Public conversations about AI often drift toward futuristic clinical automation, however on the ground, its most immediate impact is on operational efficiency. This is a shift that has direct consequences for building design. While some of these efficiencies are happening in back offices, such as using AI for portfolio lease abstraction, automated billing, or market analytics, the most transformative changes are happening at the point of care.

The most immediate relief on the front lines of patient care is coming from ambient AI scribes. By securely listening to patient consultations, these systems draft clinical notes in real time, which can save clinicians up to an hour of administrative work daily, allowing them to focus more on face-to-face patient care. That type of technology gives physicians more freedom from their computer screens. Which, in turn, means designers and builders can prioritize creating more flexible layouts that prioritize the patient-provider connection instead of having to account for bulky hardware. Developers who anticipate these digital efficiencies can design adaptable floorplates that maximize active clinical space and prevent buildings from becoming prematurely obsolete as AI continues to evolve.

■ **Smart devices.** As medical devices evolve from passive equipment into connected, AI-driven diagnostic instruments, their physical space requirements change. This has unfolded across a variety of health systems in different capacities. For example, at Advocate Health, AI imaging models embedded across several of their clinical sites assisted radiologists in screening for pulmonary embolisms and hemorrhages. The health system reported from its two-state pilot study in 2024 that, "Nearly 63,000 patients each year will benefit from faster prioritization and earlier diagnoses." Advocate Health said the use of its imaging AI is expected to enable "reduction in wait times for outpatient imaging, easing backlogs and improving access to care." From a real estate planning perspective, this type of breakthrough becomes an important consideration for developers, designers and owners on similar projects that utilize familiar technology. It changes their conversation on the possibilities of designing smaller, more efficient waiting areas and reallocating square footage toward active clinical care and specialized imaging suites.

To help with staffing shortages, some health systems are turning to "ambient intelligence" in patient rooms. This pairs virtual nursing platforms with advanced LIDAR and optical sensors allowing care teams to passively monitor patient movement without violating privacy, which can automatically alert staff to potential fall risks before they happen.

For developers and designers, these advancements impact the future design of healthcare building layouts. Several key discussion points are now coming into focus. Most notably, we are exploring space repurposing, specifically, how decentralized smart devices and technology can shrink traditional nurse stations to free up square footage for exam rooms and other critical building areas. Also, more technical considerations need to be brought to the table, such as ceiling backing, structural loading, clearances and power drops.

■ **The human element.** Behind every algorithmic model and digital breakthrough is a truth: Healthcare remains fundamentally human. While software can synthesize clinical data in a split second, it cannot hold a patient's hand through a terrifying diagnosis, nor can it replicate the intuition and knowledge of a seasoned clinician. That reality explains why health systems are proceeding with deliberate caution.

A joint report by ECRI and the Institute for Safe Medication Practices (ISMP) underlined that while AI can reduce cognitive fatigue, these systems must remain strictly decision-support tools. Clinicians must maintain strict oversight. ECRI

Please see Northam, Page 17



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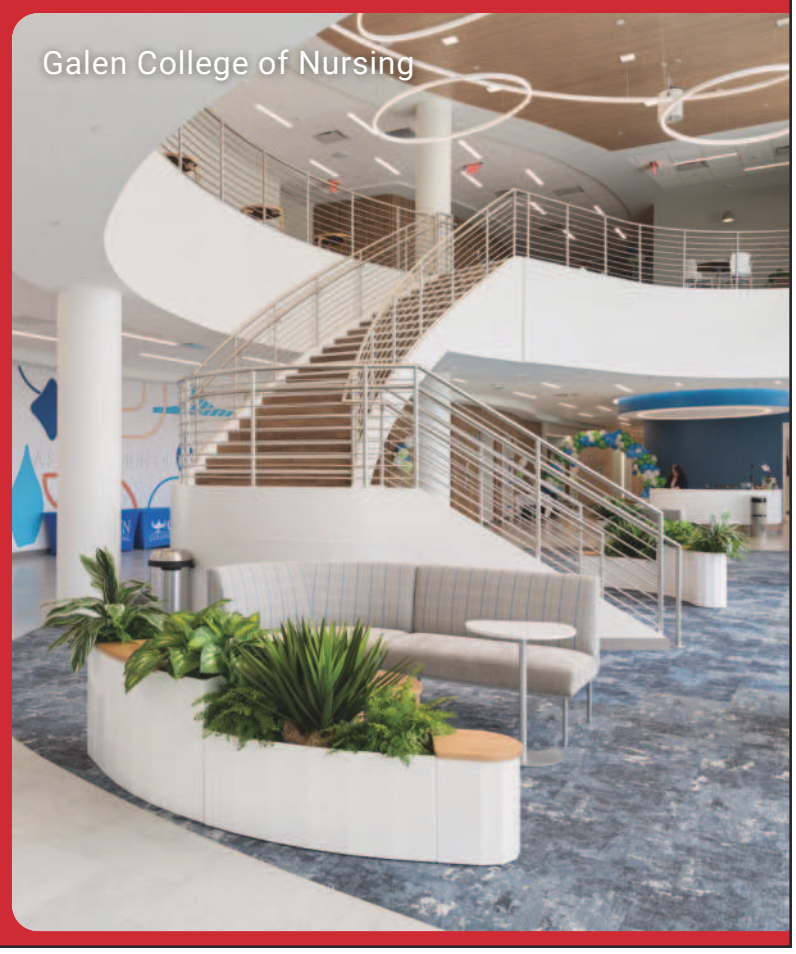
CSOG Medical Office Building



Galen College of Nursing

HEALTH CARE

Lab planning can be a strategic facility investment

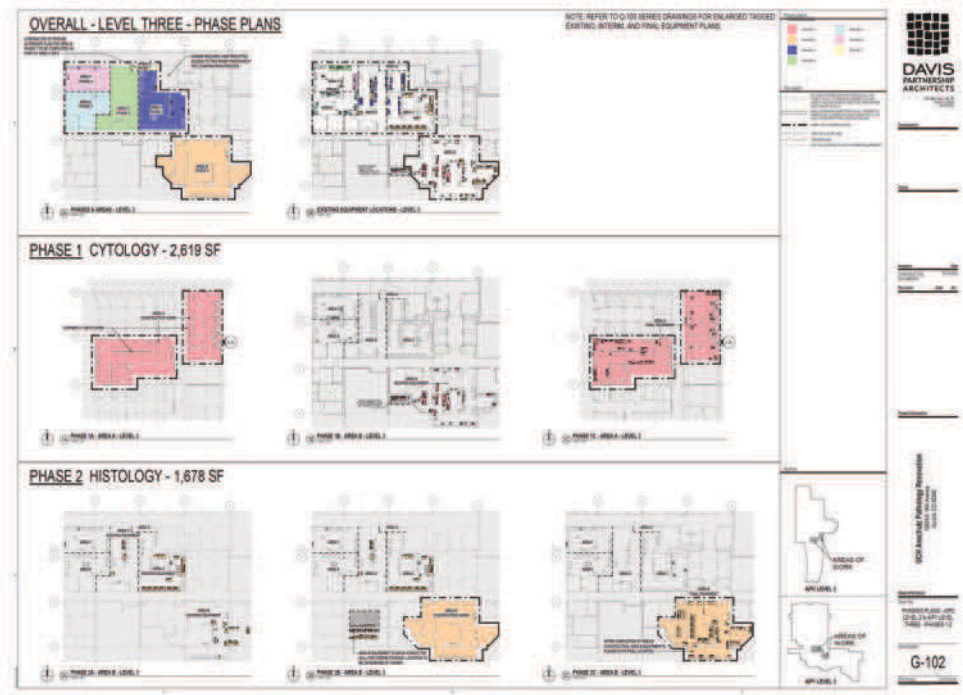


Greta Stepp, AIA, EDAC, NCARB
Associate, Davis Partnership

Hospital laboratories rarely receive the same attention as emergency departments, surgery suites or patient care areas. Yet few departments have a greater impact on daily hospital operations. Laboratories support clinical decision making across virtually every service line, influencing diagnosis, treatment planning, patient throughput and overall operational efficiency. Despite their importance, laboratory projects are often deferred until existing space, aging infrastructure or equipment limitations begin to affect operations. At that point, hospitals may be forced to renovate an active department, work around infrastructure constraints and maintain uninterrupted testing services throughout construction. Taking a proactive approach to laboratory planning can help organizations avoid these challenges while supporting future growth and operational goals.

Laboratory operations continue to evolve as automation increases and testing technologies become more sophisticated. These changes affect far more than equipment selection. New systems often require additional power, cooling capacity, data infrastructure and maintenance access. In many cases, the infrastructure supporting the laboratory becomes a greater constraint than the available floor area. As a result, a laboratory designed around today's equipment may not adequately support future needs. Hospitals that evaluate anticipated service line growth, testing volumes and technology trends early in the planning process are often better positioned to accommodate change without major disruption or costly renovations. The goal is not to predict every future need, but to create a facility that can adapt as those needs emerge.

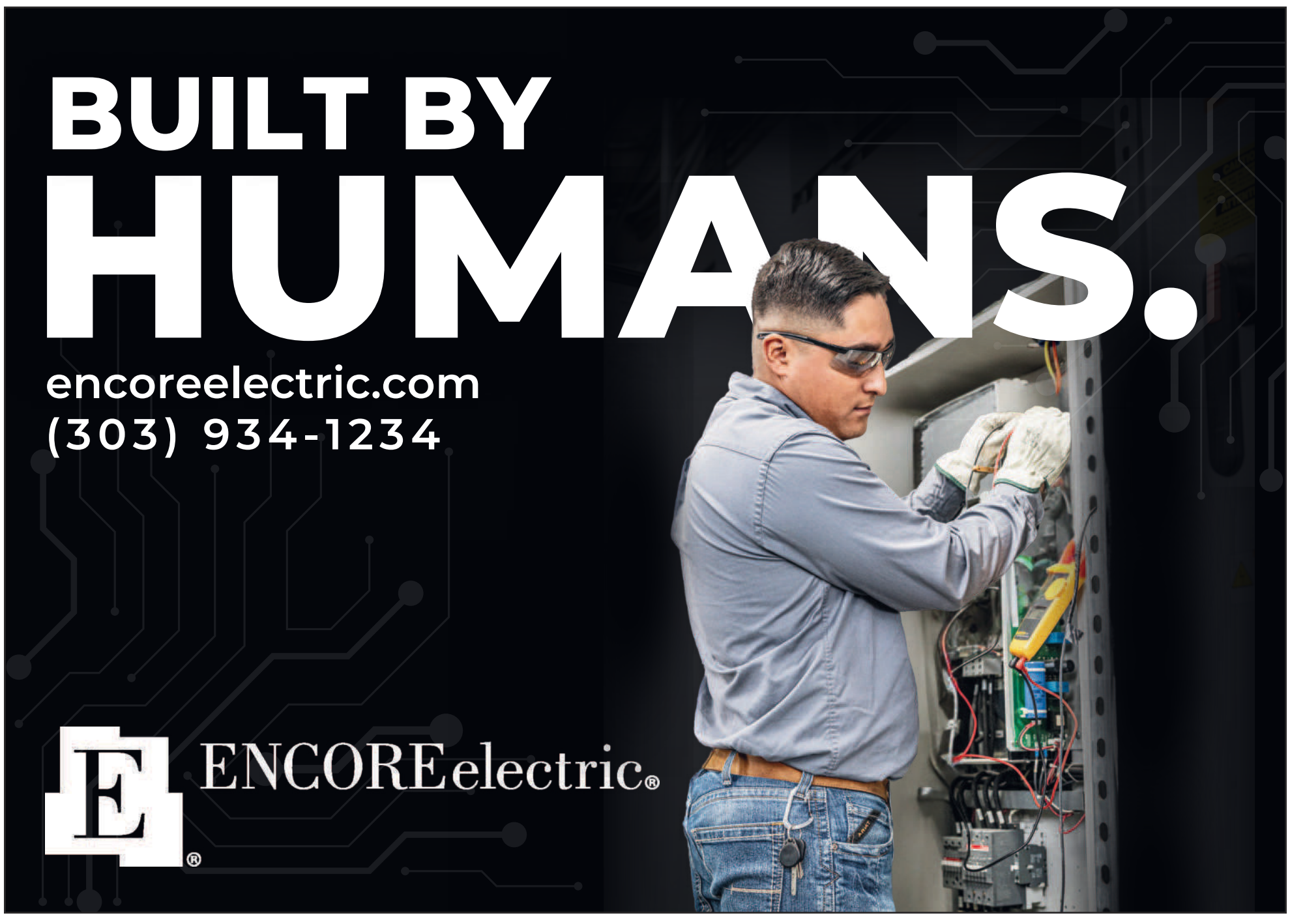
In many projects, what begins as a laboratory equipment replacement ultimately reveals broader facility limitations, including insufficient electrical capacity, aging mechanical systems or restricted opportunities for future expansion. New testing technologies may also require infrastructure upgrades, modifications to building systems and additional space for future growth. Consequently, laboratory planning frequently influences larger capital investment decisions that affect the hospital beyond the laboratory itself. Successful laboratory planning starts with understanding workflow. Specimens, staff, supplies and information all move through the department, and each movement affects efficiency. Evaluating how specimens are received, processed, tested, stored and distributed can reveal bottlenecks and inefficiencies that may not be obvious from a floor plan alone. This evaluation can also identify opportunities to improve adjacencies, reduce travel distances and streamline operations. Simply adding new equipment to an inefficient workflow rarely produces the desired result. Laboratory technology should support operational goals, not compensate for planning deficiencies.



Many laboratory projects involve renovation rather than new construction. While renovation may appear to be the most practical solution, it often presents significant challenges. Testing services typically must remain operational throughout construction, requiring careful phasing and coordination. Temporary equipment locations may be needed, and utility interruptions must be planned to avoid disruptions to patient care. Existing conditions can also limit available options. Ventilation capacity, electrical service or utility distribution may require upgrades to support new equipment. Understanding these constraints early can help hospitals make informed decisions regarding renovation, expansion or replacement.

Laboratory staff play a critical role in the design process. Their understanding of daily operations, workflow challenges and testing priorities provides valuable insight that can influence project success. Engaging users early often leads to better planning decisions and fewer surprises during construction. Flexibility is another important consideration. While movable casework is often associated with flexibility, adaptability extends much further. Effective laboratory planning

Please see Stepp, Page 17



HEALTH CARE

The amazing intricacies of behavioral healthcare

As a young man in West Texas, I grew up with a unique situation in my household. My father joined the U.S. Army in order to leave Puerto Rico and have an opportunity to go to college. He used that opportunity to eventually attend medical school and become a psychiatrist. Not only was he a psychiatrist serving fellow soldiers in the Army, but also he became the only board-certified child and adolescent psychiatrist between Midland, Texas, and Albuquerque, New Mexico, to take care of their entire families. For those of you not from the middle of nowhere, that is a very large desert – literally a desert and a behavioral healthcare desert. Thanks to my father, I've known my whole life how unique the behavioral health segment of healthcare is, and now that I have the opportunity to build these facilities, some of the unique characteristics still fascinate me.

Above all else, the principles of trauma-informed design inspire me to work on these projects even more. When I first came across this on a pediatric psychiatric project 10-plus years ago, it blew me away. Utilizing the built environment to give someone the sense of agency they've lost through their experiences is truly inspiring. Letting an individual make the choice about how they spend their time outdoors or where they focus their time indoors may seem like daily life to us, but it's the experience this population needs to be able to focus on their treatment. Biophilic design, natural flow, different-sized gathering or individual areas are all critical components that mean so much more than someone in mainstream might think. Experts in this field of work are truly wonderful people that really understand the human experience and physiology.



Mark D. Arnold
Director of healthcare construction, GH Phipps

In addition to the typical building resilience and maintenance concerns, this built environment has stressors others don't. Given the experience of a recent project – Psychiatric Residential Treatment Facility at the Colorado Mental Health Institute Fort Logan – we have had the ability to address these concerns all the way back at the programming phase in order to stay on budget and deliver a 50-year institutional facility that can help some of the most severe cases private care can't help. Like every building, there are the typical maintenance concerns – longevity of the mechanical system, energy paybacks, future expansion capability, etc. Beyond that, the design delves deep into the small details. Because it is an institutional building, it needs to be built to last. In high- and medium-risk patient areas, walls need to be hardened and plywood-backed. Typical Type X drywall will "dent" when hit and eventually deteriorate. That condition and any patching required are not characteristics an operator or facilities team wants in an institutional building. Utilizing abuse-resistant drywall will eliminate the issue and provide a much better long-term solution. Understanding the patient population also helps the design team make the right decision for building components such as door slabs and door hardware. There are many different grade options on the market now, so understanding the patient population's level of mental severity is key to making the right door selection so patient units won't have to shut down in the future to reinstall what's truly needed. A note here regarding resilience and maintenance: Any value engineering needs to be approached very carefully. Cost cutting often comes with trade-offs. The value engineering list often mirrors what makes building a behavioral healthcare facility different from a traditional commercial building. All reviews of these items need to be seen through a patient-first lens before being approached.

Minimizing safety risk to the patients through the built environment is also a critical element. These buildings truly aim to strike a balance between patient safety and security and the needs of healing humans. Patient safety and patient comfort have a symbiotic relationship that facilitates healing. The small, mindful choices in design can make huge differences for patient experience and healing. Where should trees be located to deliver a natural feeling and provide privacy for a sense of control? What is the right size cobble to include in the landscaping to prevent patients from doing any reflexive self-harm or accidentally utilizing it as a weapon? Understanding complex industry standards with regard to anti-ligature products is critical to delivering useful feedback and understanding the intricate nature or using and installing these products.

With all these moving parts and pieces, it's easy to see how this type of construction is highly unique and specialized. Being a member of the expert team that understands and delivers these projects is something I'm truly proud of and continues to deliver on the mission my father built his life around and unknowingly passed on to me. As this healthcare segment continues to expand and we deliver ED behavioral health crisis remodels as well as different-level inpatient facilities, we continue to look forward to doing our part to deliver the care needed in the communities we work and live in. ▲

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HEALTH CARE

Reimagining Louisville hospital after Marshall Fire

What started as a grass fire in Boulder County became one of the most destructive wildfires in Colorado history. Driven by hurricane-force winds and fueled by extreme drought, the 2021 Marshall Fire moved with extraordinary speed, consuming neighborhoods, leaping roadways and threatening entire communities.

Many of these communities relied on AdventHealth Avista hospital, which stood directly in the fire's path.

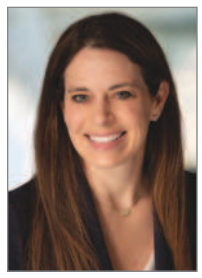
A question no healthcare organization ever wants to confront suddenly became reality: Could the entire hospital be evacuated before the fire arrived?

The challenge was compounded by circumstance. The COVID-19 Omicron variant was surging, and reaching evacuation routes required an 11-minute drive. Every decision carried enormous consequences.

The teams that navigated those hours protected patients under extraordinary circumstances, evacuating 51 patients and 100 staff in under two hours – some knowing their own homes were in the fire's path.

But when the immediate crisis passed, a larger question remained: How do we ensure this never happens again?

That question became the impetus for the AdventHealth Louisville replacement hospital. More than a replacement facility, the project reflects a broader shift in how healthcare organizations are thinking about resilience. As climate-related risks intensify, hospitals must be prepared for tomorrow's uncertainties while continuing to serve as healing environments.



Brenna Costello, AIA, FACHA, EDAC
Vice president and Health Studio leader, SmithGroup

Central to that preparedness is accessibility. Unlike the current facility, the replacement hospital is situated less than a mile from a primary highway (approximately a three-minute drive), ensuring that patients, staff, and emergency responders can reach the facility quickly and safely – even under the most demanding conditions.

■ **Safety as a design driver.** The existing hospital's wildfire exposure and constrained emergency access highlighted risks that no critical community institution can afford to carry forward.

From the earliest planning conversations, resilience was treated as a core design driver rather than a compliance requirement. Working closely with code consultants, fire protection engineers, and facility stakeholders, the team integrated life safety strategies into the building's circulation and infrastructure from the outset. Fire-resistant building assemblies, smoke and fire compartmentalization, intuitive evacuation pathways, and optimized emergency circulation support occupant safety and operational continuity, while continuous fire lanes and carefully planned egress routes help first responders and occupants respond efficiently during an emergency.



In light of the Marshall Fire, AdventHealth Louisville's replacement hospital is focused on preparedness.

This approach reflects a simple but important shift in thinking: Safety and architecture are not competing priorities. For AdventHealth, the disaster reinforced the organization's responsibility to both protect and serve its community.

"Safety is at the heart of this new hospital, which will help AdventHealth serve a growing community and provide greater access to care," said David Nelson, vice president of planning, design and construction for AdventHealth's Multistate Division.

Yet, resilience alone does not define a community hospital. A community hospital must also earn trust through the experience it provides patients, families and caregivers every day.

■ **Designing for healing.** As the design team reimagined the campus, we focused not only on how people would respond during an emergency, but also on how they would arrive for a routine appointment, visit a loved one or begin a difficult healthcare journey.

The hospital's main entrance will be visible from both Interstate 36 and the Northwest Parkway, creating a recognizable and welcoming front door. The goal is straightfor-

Please see Costello, Page 18

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HEALTH CARE

Art deserves a line item in healthcare TI budgets

In many healthcare projects, art is one of the last decisions made and one of the first budget items scrutinized. Too often, it is treated as decoration: a finishing touch selected after major design decisions have already been made.

Tepeyac Community Health Center's new facility in Denver's Elyria-Swansea neighborhood demonstrates what is possible when art is integrated into the design process from the beginning. Throughout the project, art helped shape wayfinding, reinforce organizational identity, strengthen community connections, and support the patient experience.

The impact is evident in the feedback the facility has received since opening. Dr. Pamela Valenza, Tepeyac Community Health Center's chief health officer, has shared that one of the most common reactions during tours of the facility is, "Wow, someone with a clinical background thought about this space." That response speaks to something every healthcare project team strives for: creating environments that feel intuitive, welcoming and centered on the people using them.

For healthcare organizations investing in new facilities, renovations, and tenant improvements, that's why I believe art deserves a place in the budget from day one.

■ **Art can solve problems.** One of the most valuable lessons from the Tepeyac project was that art can serve practical functions within a healthcare environment.

When our team visited Tepeyac's original clinic, we were struck by the vibrant murals created by local artist Dan Luna. His work had become closely associated with the organization and was immediately recognizable to patients and community members. Rather than simply finding wall space for artwork in the new building, we looked for ways to incorporate that visual language into the facility itself.



Genevieve Rogers
Project manager, MOA Architecture

We ultimately used the recurring colors in Luna's work as the foundation for the project's wayfinding strategy. Distinct colors were assigned to clinical pods and carried through flooring, signage and interior finishes. White walls became an intentional backdrop that allowed those colors to guide visitors through the building.

In a facility housing medical, dental, behavioral health, pharmacy, and laboratory services under one roof, intuitive navigation is critical. By integrating artistic elements into the architecture and interiors, we created a wayfinding system that reinforces Tepeyac's identity while helping patients move through the facility with confidence.

The lesson is straightforward: When art is considered early enough, it can contribute to how a building functions, not just how it looks.

■ **Art creates a sense of place.**



Distinct colors were assigned to clinical pods and carried through flooring, signage and interior finishes.

Healthcare facilities increasingly compete not only on clinical outcomes, but also on patient experience, staff satisfaction, and community trust. The physical environment plays an important role in each of those areas.

At Tepeyac, leadership was intentional about creating a facility that reflected the community it serves. To help achieve that goal, the organization partnered with Jennifer Perlow, founder and chief curator of PS Art Consulting, to develop an art program that reflected the culture, diversity and character of north Denver.

"The client and team wanted to make sure the community was reflected in the art," Perlow said. "The goal was to bring joy and optimism into the space and reflect the fun color palette that the design team had selected."

Artwork was evaluated not simply on aesthetics, but on how effectively it reflected the organization's values and the people it serves. The selection process required multiple rounds of refinement because Tepeyac was intentional about finding pieces that felt authentic to its mission and community.

Just as importantly, the organization wanted the facility to feel welcoming to everyone. While Tepeyac Community Health Center is not a religiously affiliated organization,

Please see Rogers, Page 18

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LIFE SCIENCES

Advanced imaging leads to scientific discovery

Biomedical research is advancing alongside technologies that keep pace with evolving research demands. In fields such as neuroscience, cancer biology, and molecular and cellular research, advances in microscopy have expanded what scientists can see, measure and understand in cells and tissues, creating a parallel need for instrumentation that can keep pace with complex research.

As imaging capabilities become more sophisticated, closer interaction between scientists and technology developers can influence product development, collaboration and the environments where discovery takes place.

The relationship between scientific inquiry and technology development has shaped Intelligent Imaging Innovations (3i), a Colorado company founded in 1995 by scientists with backgrounds in cell biology, immunology, neuroscience and computer science. Today, 3i develops integrated microscopy systems for basic and translational research groups around the world.

3i recently relocated its headquarters to Fitzsimons Innovation Community, consolidating its manufacturing, research and development, sales, support and service operations in a new home designed to support the company's expanding operations. The move also places 3i alongside its largest concentration of customers in Colorado and within the broader biomedical research environment surrounding the University of Colorado Anschutz Medical Campus.



Bill Fester
Vice president of business development, 3i

■ **Engineering around the science.** Advanced microscopy allows researchers to visualize cell structures and processes that cannot be observed with the naked eye. Doing so depends on the integration of precision optics, hardware, software and image analysis, with each component contributing to the clarity, speed and detail researchers can achieve when observing cells, tissues and other biological samples. 3i develops complete microscopy platforms rather than individual components, combining spinning disk confocal, multiphoton and lightsheet systems with SlideBook, the company's software platform for instrument control, image acquisition, processing and data analysis.

The same emphasis on integration extends to the company's physical environment. Its approximately 10,000-square-foot headquarters at Fitzsimons includes manufacturing and research and development operations, as well as an upgraded wet lab adjacent to its demonstration lab. The configuration allows visiting researchers to prepare and maintain cells, tissues and other biological samples while evaluating microscopy systems, creating a setting where instruments can be tested under conditions that more closely reflect how they will be used in active research.



The photo features a system installed at the University of Colorado Anschutz Medical Campus in the lab of Mark Dell'Acqua in the NeuroTechnology Center.

Direct access to researchers and biological samples supports 3i's process of refining existing systems and developing new ones in response to emerging scientific needs. Researchers can also evaluate technologies alongside the technical teams responsible for designing and supporting them.

Moving to Fitzsimons puts us much closer to the scientists and research happening at Anschutz, including many researchers who already use our systems. That proximity creates opportunities to collaborate more closely, better support our customers and continue developing technologies around the needs of the scientific community.

Researchers also travel to Colorado from across North America and internationally for hands-on demonstrations of 3i systems. The new headquarters gives 3i a dedicated environment for those interactions while maintaining convenient access to Denver International Airport and the Anschutz Medical Campus.

■ **A Colorado company within a global research network.** While 3i remains rooted in Colorado, its systems are used internationally, with operations in Europe and Asia supporting researchers across multiple biomedical disciplines. Working across that network gives the company insight into how instruments are being used, where technical limitations remain and what emerging research questions may require from

Please see Fester, Page 18

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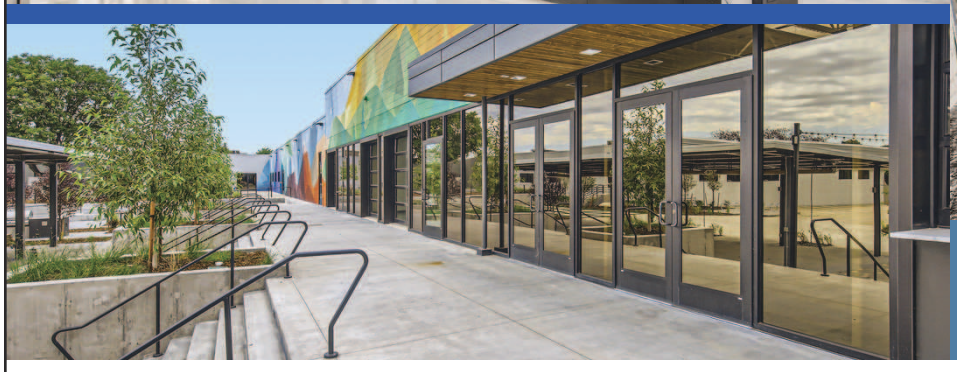

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SENIOR HOUSING

Design: Take a smarter approach to renovations

As older adult communities evolve to meet the expectations of today's residents, renovation is becoming an increasingly important tool for reinvigorating existing environments. While a renovation can certainly involve significant capital improvements, some of the most meaningful transformations can come from a more focused approach: understanding how a community is being used today, identifying opportunities within existing spaces, and making strategic modifications that enhance the resident experience.

■ **Start with the people who know the community best.** Perhaps the most important part of a renovation process happens before design begins. Staff and residents experience the community every day. They know which spaces are consistently busy, which ones are avoided, where bottlenecks occur, what residents ask for and which seemingly small issues have a big impact on daily life. Their insight can provide a level of understanding that cannot be gained from drawings or a site walk alone.

A collaborative renovation process can begin with a combination of observation, conversations, surveys, focus groups and tours. The design and operations teams can spend time observing how spaces are actually used at different times of day, while staff can identify operational challenges and opportunities. Residents can provide insight into what they value, what is missing and how they envision using spaces differently.



Julia Bailey, NCIDQ
Senior associate, OZ Architecture

These conversations can reveal patterns that help the team prioritize improvements based on actual needs rather than assumptions.

■ **From feedback to action.** The next step is translating those insights into a clear renovation strategy. The design and operations teams can identify common themes, evaluate them against budget and operational constraints, and develop a hierarchy of improvements – from quick refreshes to larger capital projects.

It can also be valuable to bring staff and residents back into the process once concepts are developed. Sharing early ideas, renderings or material options allows stakeholders to see how their feedback is being translated into design and provides an opportunity to refine the direction before decisions are finalized.

■ **Reimagining underutilized spaces.** Every community has spaces that are not living up to their potential. An activity room may sit empty for much of the day. A formal lounge may be used only for occasional events. A library may no longer reflect how residents spend their time. Even circulation spaces can represent missed opportunities when they simply move people from one destination to another.

Renovation provides an opportunity to rethink these spaces based on how residents actually live, socialize and engage with their community. An underutilized room might become a wellness studio, creative makerspace, game room, private dining venue or flexible gathering space. A large, formal room might be divided into smaller-scale destinations that feel more intimate and inviting. A corridor can become more than a path of travel by incorporating seating, artwork, views or moments of connection.



Holly Creek Retirement Community dining and wellness renovation: Resident design focus group

The goal isn't necessarily to add more amenities. It is to make better use of the amenities and square footage already available.

■ **Designing for flexibility.** Flexibility is another key consideration when evaluating existing spaces. The needs of a community can change significantly throughout the day and over the life of a building. A room used for exercise in the morning may host a resident club in the afternoon and a family gathering in the evening. Dining spaces may need to accommodate everything from everyday meals to private dinners and large community events. Flexible furniture, movable partitions, integrated technology, adaptable lighting and thoughtful storage can allow a single space to support multiple uses without feeling like a multipurpose room.

This approach can also help communities adapt to changing programming and resident preferences

Please see Bailey, Page 18



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nflock@arvada.org
arvadaeconomicdevelopment.org
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Ramartinez@brightonedc.org
www.brightonedc.org
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Economic Vitality Director & Economist
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jromine@broomfield.org
www.investbroomfield.com
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Economic Development Manager
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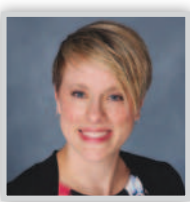

Cecilia Harry, CEcD
Chief Economic Development Officer
719-575-4310
charry@cscedc.com
www.cscedc.com
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Director of Economic Development
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Deputy Director of Economic Development
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bphetteplace@c3gov.com
www.c3gov.com
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David Worley
President & CEO
303-792-9447
admin@denver-south.com | roslyn@denver-south.com
www.denver-south.com
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President & CEO
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www.downtowndenver.com
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Director of Economic Development
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jjacoby@firestoneco.gov
https://www.firestoneco.gov/
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SeonAh Kendall, CPA
Economic Health Director
970-416-2164
Skendall@fcgov.com
www.fcgov.com/business
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Kimberly Bailey
Economic Development / Urban Renewal Director
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kbailey@fountaincolorado.org
www.fountaincolorado.org
www.furaco.org
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Derrek A. Jerred, CecD
Interim Deputy Director of EDUR
970-381-4034
derrek.jerred@greeleygov.com
www.greeleyco.gov/economic-development
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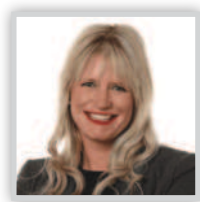

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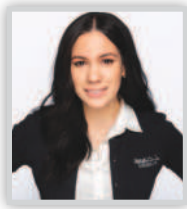

Sarah Crosthwaite, MPA
Economic Development Director
970-578-9612
scrosthwaite@johnstownco.gov
www.johnstown.gov
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Will Chan
Economic Development Director and Lakewood Reinvestment Authority Executive Director
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wchan@lakewood.org
www.lakewood.org
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CEO & President
303-651-0128
kelly@longmont.org
www.longmont.org
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Director of Economic Development and Public Affairs
303-708-1818
jeff.holwell@cityoflonetree.com
http://www.cityoflonetree.com
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Marcie Willard, CecD
CecD
970-962-2604
Marcie.Willard@cityofloveland.org
lovelandeconomicdevelopment.org/
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Raymond Gonzales
CEO
303-620-8092
raymond.gonzales@metrodenver.org
www.metrodenveredc.org
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Allison Moeding
Economic Development Director
303-450-8743
amoeding@northglenn.org
www.northglenn.org/biz
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Weldy Feazell
Director of Economic Development and PAR
303-805-3168
wfeazell@parkerco.gov
www.parkerco.gov
Targeted Industries:

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Adam Krueger, CEcD
Economic Development Director
303-538-7398
Adam.Krueger@thorntonco.gov
www.businessinthornton.com
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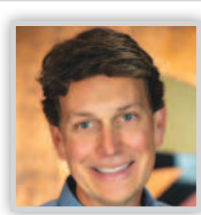

Scott Robinson
AICP, Community Development Director
970-224-3211
srobinson@timnathgov.com
www.timnath.org
Targeted Industries: Currently refining targeted industries; exploring AgriTech, clean energy, professional services, and light industrial aligned with smart growth.

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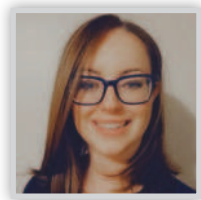

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Economic Development Manager
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ellenr@superiorcolorado.gov
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Economic Development Manager
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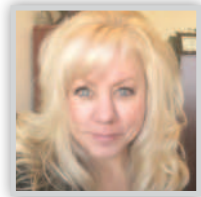

Stacy Miller
Economic Development Director
970-674-2414
smiller@windsorgov.com
www.windsorgov.com
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Turner

Continued from Page 1

or greeted the moment they walk in, moves the start of care earlier in their mind. Clear signs from the parking area to the front desk do the same thing. **In practice:** Use signage and screens before adding walls. It's a low-cost way to make progress visible.

2. Show people what is happening. A realistic time estimate does not shorten the wait. It shortens the complaint. Activity a patient can see or sense feels like progress. Silence feels like being forgotten. **In practice:** Scripted front desk communication, frosted glass and signage show that work is underway.

3. Give people somewhere to choose. A big, open room with identical chairs is the cheapest thing to build and the most expensive thing to live with. People arrive in different states and with different needs. Someone who is frightened wants a corner and a wall behind them. A family with three kids does not want to be sitting on top of another patient. **In practice:** Mix seating types, create smaller alcoves, use zoned lighting and acoustic treatment, and provide window views where possible. These are often the first features cut and among the most noticeable to patients.

4. The way out. People will wait a long time for something they think matters. The minute they have it, they are done. That is why 15 minutes at checkout produces more anger than an hour in the waiting room did. Fixing it is not expensive. **In practice:** Consider in-room discharge, seating by the exit, covered pickup and clear signage back to the car. It's the last thing that happens to a patient and often the first thing they tell someone about.

■ **How to measure change.** While none of this is free, it is a low-cost, high-reward investment in patient satisfaction. Here's how we recommend closing the gap between experience and perception. Any owner with two comparable buildings can start tomorrow:

- **What patients think they waited versus how long they actually waited:** Ask on the way out, then check the time stamps.
- **Whether tenants renew, and what they say about the space when they do.** The exit interview matters as much as the renewal rate. A tenant who leaves will tell you exactly what the building cost them.
- **What online reviews actually say about arriving and waiting.** Patterns in the comments can reveal problems that operational data misses.

We can't control how many patients show up, how the schedule runs, or how fast the lab turns around a result. What we can control is what a space says to a person while they wait and how that affects your bottom line.

In a market where healthcare buildings are bought and valued like any other asset, that is worth real money, and the owners who measure it will know something the rest of the market does not. ▲

bturner@hcmdesign.com
jnap@hcmdesign.com

Gaskins

Continued from Page 3

level since the onset of the pandemic (CBRE).

At the same time, the right location depends heavily on the provider and service line. For some specialties, proximity to a hospital campus, referral base or complementary providers may be critical. For others, an off-campus location closer to the patient population may better support the medical strategy.

As a result, site selection is becoming an increasingly strategic part of the real estate conversation. Population growth alone does not tell the entire story. Patient demographics, competition, referral patterns, accessibility and service-line demand can all play a role when evaluating a location.

This creates an opportunity for healthcare real estate professionals to become involved earlier in the strategic process. Instead of beginning with available square footage, the conversation can start by understanding what a healthcare organization needs from its real estate and how a location fits within the broader medical strategy.

■ **Looking ahead**. The common thread across these trends heading into 2027 is efficiency and strategy.

Providers are looking for cost-effective ways to deliver care. Owners are reinvesting in assets to remain competitive and create better environments for tenants and patients. Healthcare organizations are evaluating how their locations fit within broader networks and support changing patient populations.

For healthcare real estate professionals, the question is no longer simply, "Where is space available?" but "How can real estate support the medical strategy?" We expect this conversation to become increasingly important as we close out 2026 and head into 2027. ▲

Stephani.Gaskins@cbre.com
anna.schornstein@cbre.com
maggie.mills@cbre.com

Olson

Continued from Page 4

and property values matter, but they tell only part of the story.

A complete analysis also asks whether the property improves access, supports operations and people, offers a different solution, and preserves flexibility for changing needs.

And perhaps most importantly: Are we evaluating the building as a piece of real estate, or as part of the infrastructure supporting the healthcare enterprise?

For brokers, developers, landlords, health systems and advisers, that distinction matters. The strongest strategy increasingly comes from understanding not only the property, but the organization and operations it is intended to support.

Sometimes the most strategic healthcare real estate may not look like healthcare real estate at all. ▲

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Rehm

Continued from Page 5

in Denver. A 15-minute drive from a Lakewood building crosses both, so neither county figure describes the patient base that building actually serves.

Where aging is strong and Medicaid exposure moderate, aggressive TI makes sense; where Medicaid dependence is high, tenant credit carries more risk through the provider-fee phase-down and deal structure should tighten. Our platform runs these exact scenarios, through mapping drive-time zone demographics and specialty, giving us greater insight into the patient experience and, thus, local markets.

Colorado's aging wave will outlast any single reimbursement cycle. The owners who treat today's squeeze as a financing opportunity, and pick tenants and locations with real data, will own the buildings that serve it.▲

erehm@recentric.com

Northam

Continued from Page 6

said, "Users should not treat it as a replacement for clinical expertise."

Clinical teams and nursing associations have been sharing concerns that automation could erode staffing ratios, compromise bedside manner, or replace clinical empathy with automated checklists. Patients, too, can have apprehensions. When entering a modern clinic, individuals want reassurance that they are being treated by an empathetic caregiver, not monitored by an unblinking machine. If a facility feels more digital rather than a place of healing, trust can deteriorate.

This places a unique responsibility on developers: The physical environment must actively protect and dignify the human connection:

• *Restoring face-to-face engagement:* Exam rooms should be reconfigured to remove screens as physical barriers between doctor and patient. Ambient listening technology works best when the room layout emphasizes direct eye contact, supported by acoustic isolation that gives patients absolute confidence that their intimate health conversations remain private.

• *Physical cyber-resilience:* Because patient data represents healthcare's most sensitive currency, building owners must integrate physical safeguards including dedicated, secured IT spaces and separate wiring pathways, so facilities can keep critical diagnostic tools running safely onsite without missing a beat whenever external network disruptions happen.

These challenges highlight that patient care must remain visibly human.

■ **Looking ahead.** The ascent of healthcare AI is not an invitation to build speculative technological showcases. Healthcare systems do not need novelty; they need resilient, operationally sound environments that empower their caregivers and bring dignity to their patients.

For the commercial real estate community, our responsibility is to provide the steady physical foundation upon which digital progress can safely take shape. Software and algorithms will continually shift, evolve, and rewrite clinical practices over the coming decade.

By merging technical foresight with human-centered architectural design and construction practices, developers and health system partners can create spaces that do more than merely house technology. We can build environments that protect patient trust, alleviate caregiver burnout, and ensure that our physical assets grow in value and have positive clinical impact for generations to come. ▲

jaime.northam@ryancompanies.com

Stepp

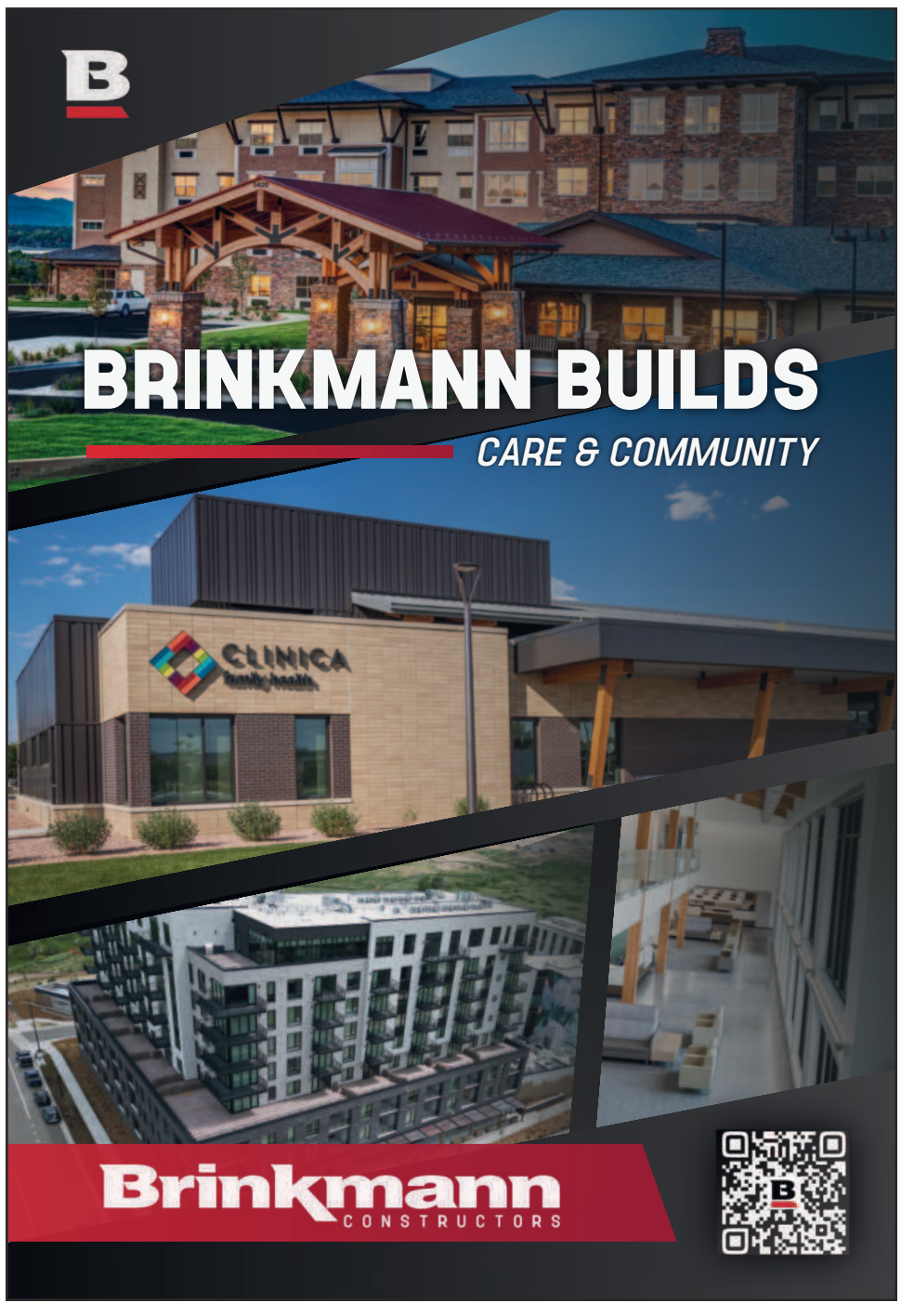
Continued from Page 7

considers how equipment, utilities and work areas may need to evolve over time. Open laboratory layouts, modular workstations and accessible utility distribution can make future modifications less disruptive. Planning for future electrical loads, data requirements, emergency power capacity and ventilation demands can reduce the need for costly infrastructure upgrades later. Even something as simple as evaluating future equipment replacement paths can prevent problems as technology changes. Not every laboratory requires the same level of flexibility. Appropriate solutions vary based on testing volumes, available funding, operational needs and long-term organizational goals. However, facilities that incorporate adaptability into the initial planning process are often better positioned to respond to changing clinical and operational demands.

Supply chain disruptions, utility interruptions and unexpected testing surges have also highlighted the importance of resilience. Laboratories must continue functioning during events that can challenge normal operations. Backup power systems, equipment redundancy, reliable data infrastructure and contingency planning can help maintain critical testing services when disruptions occur. Facility design can either support or hinder these efforts. Infrastructure capacity, circulation patterns, equipment access and departmental organization all influence how effectively a laboratory can respond when conditions change. These features may not be highly visible, but they become critically important during periods of operational stress.

The most successful laboratory projects begin before an operational issue becomes a crisis. Bringing together laboratory leadership, facilities personnel, the design team and equipment vendors early in the planning process allows organizations to align operational objectives with infrastructure, technology and capital investment strategies. While laboratories often operate behind the scenes, they should not be overlooked in long-term facility planning. When approached strategically, laboratory investments can improve efficiency, support future growth, accommodate technological advancement and strengthen the resilience of the entire hospital system. ▲

Greta.Stepp@davispartnership.com





Costello

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ward: Minimize stress and make arrival as intuitive as possible.

That same thinking shaped the broader campus. Open space, a continuous greenway, and views of Colorado's Front Range create opportunities for respite and reflection.

The building's long, slender massing was designed to maximize patient access to those views, helping shape the patient experience throughout the facility.

Research consistently demonstrates the positive impact of daylight, nature views and restorative environments on patient outcomes and staff well-being. Those findings informed patient rooms, family spaces, and public areas that support physical, emotional and spiritual healing. These decisions are rooted in AdventHealth's commitment to whole-person care, a philosophy that extends beyond clinical treatment.

"From the moment patients arrive, we want them to feel the difference," said Brett Spenst, senior executive officer of the Rocky Mountain Region for AdventHealth. "Every aspect of the campus, from its connection to nature to the experience inside the building, reflects our commitment to whole-person care."

■ **Preparing for the future.** The lessons of the Marshall Fire also prompted broader questions about how healthcare facilities can adapt over decades of change.

The hospital will open with 150 licensed beds and can expand to 250 over time without major operational disruption. Expansion capacity is built into the original plan, allowing the campus to grow alongside the community it serves.

That long-range thinking extends to sustainability as well. Solar energy generation is integrated into the campus strategy to reduce operating costs and strengthen emergency preparedness.

■ **Building for what's next.** When AdventHealth Louisville's replacement hospital opens, it will represent a community's response to one of the most defining events in its history.

Replacing a 30-year-old hospital is a once-in-a-generation opportunity. More importantly, it is a chance to redefine what a community hospital can be: resilient in crisis, restorative in everyday care, and prepared to serve future generations. ▲

Brenna.Costello@smithgroup.com

Rogers

Continued from Page 10

its name was inspired by a story associated with Tepeyac Hill outside Mexico City and themes of hope and healing. Throughout the curation process, leadership remained focused on artwork that reflected community and culture without creating barriers or excluding anyone from the story being told.

The result is an environment that feels connected to the neighborhood it serves while remaining broadly inclusive, an important balance for community healthcare providers.

■ **Art supports the patient experience.** Conversations about patient-centered care often focus on operations, workflows and clinical outcomes. The physical environment deserves a place in that discussion as well.

Many people arrive at healthcare facilities feeling anxious or uncertain. While artwork cannot eliminate those feelings, it can help create a more welcoming atmosphere and a stronger sense of connection to the community being served.

Perlow has seen that impact across healthcare projects.

"Art in healthcare can reduce anxiety, provide a positive distraction and elicit joy," she said. "This is more important in a community setting where there may already be some disparity."



Art in healthcare can reduce anxiety.

When asked what she hopes patients and visitors feel when they encounter artwork that reflects their own culture and community, her answer is simple: "Seen."

For healthcare organizations, that feeling carries meaningful implications. Community health centers, in particular, rely on trust, accessibility, and patient engagement. Design elements that reinforce those goals can contribute to the overall effectiveness of a facility and the experience it provides.

■ **Budget for it early.** The most important lesson from Tepeyac is simple: Don't leave art until the end of the project.

When artwork is treated as an afterthought, it becomes a decorative layer added after key decisions have already been made. When it is considered early, it can influence wayfinding, inform material selections, reinforce organizational identity, and support patient experience goals.

As Perlow put it, "Sometimes art is just treated as an afterthought, when it really has the opportunity to provide a significant impact on patients, visitors, and staff."

As healthcare organizations continue investing in new facilities and tenant improvements, there is an opportunity to think differently about art's role in the built environment. The most successful healthcare facilities do more than function efficiently. They communicate mission, build trust, and create stronger connections to the communities they serve.

If art can help people navigate a building, reflect the community being served, and support a better healthcare experience, it is more than decoration.

It deserves a line item in the budget. ▲

grogers@moaarch.com

Fester

Continued from Page 11

future technologies.

Over the past three decades, 3i has worked with eight Nobel laureates through the use of its microscopy systems, software and research collaborations. Those relationships include 2022 chemistry laureate Carolyn Bertozzi and 2018 medicine laureate James Allison, whose research has helped shape advances in chemical biology and cancer immunotherapy. The company also collaborated with 2014 chemistry laureate Eric Betzig on Lattice LightSheet technology, which expanded researchers' ability to capture high-resolution images of living biological systems over time.

■ **Building for continued growth.** After more than three decades in Colorado, 3i's new headquarters expands its scientific, manufacturing and customer-facing operations while positioning the company for its next phase of development. Access to research institutions, specialized talent and other life sciences companies supports that trajectory.

Approximately 25 employees are based at 3i's new headquarters, with the team expected to grow to between 30 and 35 over time. The company also brings advanced scientific instrumentation to a Fitzsimons community of more than 80 life sciences companies working across biotechnology, diagnostics, therapeutics and medical devices.

"Bringing the people who design and manufacture these imaging systems closer to the researchers who use them creates opportunities to solve problems faster, strengthen collaboration and accelerate innovation," said Kelly Brough, president and chief executive officer of Fitzsimons Innovation Community.

For 3i, the new headquarters supports the next phase of a company that has spent more than three decades developing advanced microscopy technologies in Colorado while serving researchers around the world. As biomedical research becomes more specialized and technically demanding, 3i continues to develop the instruments, software and technical expertise researchers need to investigate increasingly complex questions. ▲

bill@intelligent-imaging.com

Bailey

Continued from Page 12

without requiring another major renovation in the future.

Good, flexible design doesn't simply allow a room to do more; it allows the space to feel intentional regardless of how it is being used.

■ **The impact of an interior refresh.** Not every renovation needs to involve walls, plumbing or major infrastructure. In many cases, an interior refresh can dramatically change the perception and experience of a community.

New furniture, updated lighting, refreshed flooring, artwork, accessories, window treatments and a more contemporary color palette can breathe new life into an existing space. Reupholstering or selectively replacing furniture can extend the life of existing pieces while introducing a fresh aesthetic. Layering in new artwork or accessories can help establish a stronger sense of identity and create visual interest.



Holly Creek Retirement Community dining and wellness renovation: interior rendering

These relatively targeted improvements can be particularly valuable when a community is trying to remain competitive while managing limited capital resources. A successful refresh is not simply about making a space look newer. It should reinforce the community's identity, support how the space is used and create an environment that feels relevant to current residents.

Ultimately, successful renovation is about more than updating a building. It is about reconnecting the physical environment with the people who use it. Existing communities already have a tremendous amount of value embedded within them: familiar places, established relationships, existing infrastructure and spaces with untapped potential. By listening to residents and staff, rethinking underutilized areas, incorporating flexibility and making strategic interior improvements, communities can create meaningful change without starting from scratch. ▲

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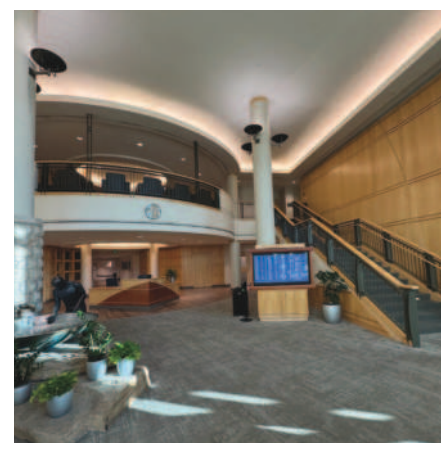

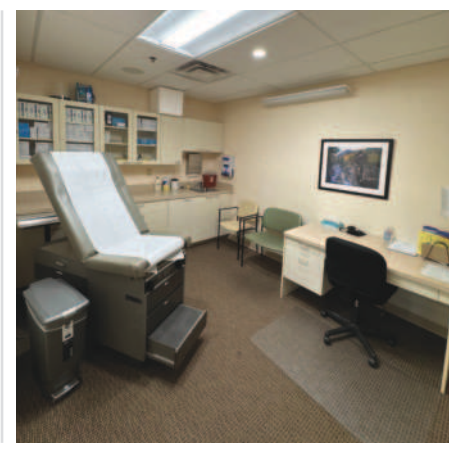

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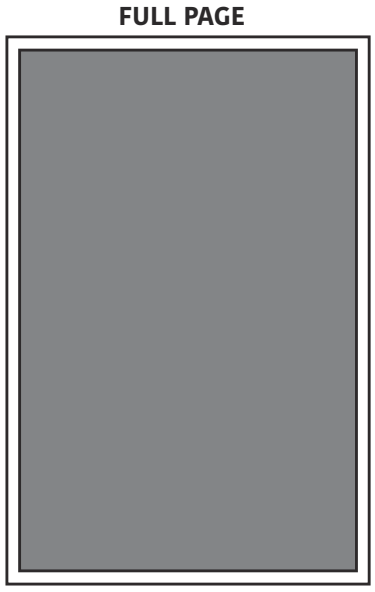

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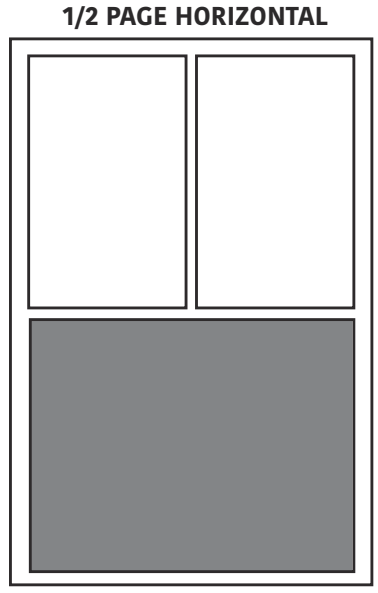

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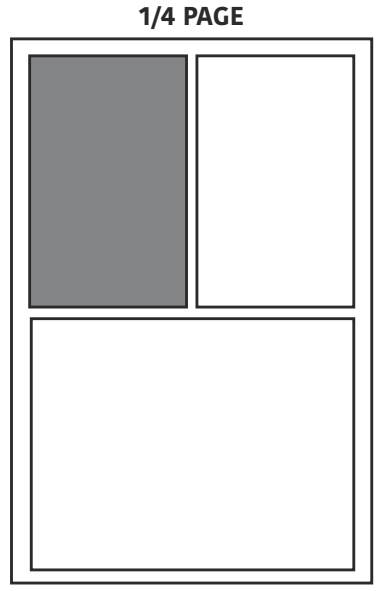

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