A New Future Begins!

After 14 years of planning and building, Ronald Reagan UCLA Medical Center opens as the most technologically advanced hospital of the 21st century.
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A Place to Call Home. After 14 years of blood, sweat and tears, Ronald Reagan UCLA Medical Center opens its doors to usher in a new and exciting future for UCLA and for medicine.

It has taken a long time to get here, but Ronald Reagan UCLA Medical Center is open for patients. Just as the inauguration 53 years ago of the original Center for Health Sciences launched UCLA on a trajectory that would establish it among the finest medical centers in the world – ranked No. 3 in the country by U.S. News & World Report and No. 1 for 19 straight years in the western United States – the opening of this hospital for the 21st century will carry us forward and elevate us to even greater heights.

But a building is more than just what we see when we look at it from the outside. It is built upon a strong foundation and has a hidden internal framework that supports and gives strength to the edifice. That framework is more than steel and cement; it is the vision of the people who invested so much of themselves to bring it to fruition. It takes a human touch to successfully carry off something like this, to build an enduring structure that will serve Los Angeles, the state and, in fact, the nation and world well into this new century.

For our patients, this medical center, our new home, will be a haven where each one of them, rich or poor, will receive the absolute best care, delivered by the absolute best people, in an environment that emphasizes healing, compassion, respect and family-centeredness. For our physicians, researchers and staff, it will be a milieu where they will have the resources to practice their skills to the very best of the their abilities. For our students, it will be a classroom where they will learn both the science and the art of caring for their fellow human beings.

While all that has been accomplished – and all that we imagine will be accomplished in the years to come – makes us feel both proud and humble, our work is not done, and the coming years will see even more changes. Many people ask what will become of our “old” hospital. It will be seismically updated and converted to space for the David Geffen School of Medicine at UCLA. In addition, we plan to build beautiful new spaces and expanded resources for our researchers and teachers and healthcare partners on campus.

These new facilities, with Ronald Reagan UCLA Medical Center as the cornerstone, will have a powerful impact on patient care, research and education. More than it is already, UCLA will be a magnet for the best talent – the top practitioners, the most-brilliant researchers and the brightest students. People are going to want to be a part of this. They will want to practice here, to learn here, to refer patients here.

With the opening of Ronald Reagan UCLA Medical Center, we usher in a new and exciting future for UCLA and for medicine.

Gerald S. Levey, M.D.
Vice Chancellor, UCLA Medical Sciences
Dean, David Geffen School of Medicine at UCLA
CONVERSATION

Drs. Gerald S. Levey, David T. Feinberg and James B. Atkinson. The executive leadership team sits down to talk about the vision, collaboration and uncompromising attention to detail it takes to build and open a new hospital.

IT TOOK 14 YEARS of Herculean effort and uncommon commitment to conceive, plan and construct Ronald Reagan UCLA Medical Center. UCLA Medicine invited Dr. Gerald S. Levey, vice chancellor of UCLA medical sciences and dean of the David Geffen School of Medicine at UCLA, Dr. David T. Feinberg, CEO of UCLA Hospital System and interim associate vice chancellor of UCLA medical sciences, and pediatric surgeon Dr. James B. Atkinson, senior medical director of transition, to talk about the project and their vision for the future of the new hospital. The group met several weeks before the hospital’s scheduled opening on June 29, 2008, in the physicians’ lounge on the second floor of the new hospital building, where the operating rooms and interventional suites are located. Richard Azar, head of transition planning for the hospital project, moderated the discussion.

AZAR: We are just a few weeks from opening this new, world-class medical center. What are your thoughts as you walk through this building?

DR. LEVEY: It still is a thrilling experience for me to walk into this hospital because none of us who started this project knew that it would turn out so perfectly. The hospital has come out exactly the way we had envisioned it. And I feel a great sense of pride in the institution, that despite all the hair-pulling and everything else that went on over this project, it really is a testimony to how people who are determined to make something happen could produce this magnificent hospital. I feel all those emotions, and throw in, also, relief because there were times when we had some dark days ... when we didn’t know if we would be able to complete the project. I just find my feelings regarding the completion of the hospital are sometimes overwhelming.

DR. ATKINSON: We get lost sometimes in the mass of details that we’ve had to deal with, and don’t get much of an opportunity to step back and look at what’s been created here. When I walk into this building now and I see all the wonderful new spaces and equipment, it is easy to become jaded about how much better it is than our old spaces. The contrast is tremendous when you return to CHS (Center for the Health Sciences) and see our great staff working in very difficult and crowded conditions there. Thinking about how it’s going to be for them when they move into this new building gets you reoriented as to what really has happened here.

DR. FEINBERG: I have a vision of the great hall on the first floor being filled with people and patients coming in and out of the elevators and families and our staff having the facility that they deserve. I show people the ICU and the regular patient rooms and they say, wow, we must have had hundreds of people involved because...
we’ve thought of everything, and we really did, and now it’s going to be filled with patients and families, and I’m overwhelmed.

**AZAR:** This hospital is an incredible achievement. How will it affect research and education and patient care?

**DR. FEINBERG:** This is a gift to Southern California and to the western United States. Patient care is going to go to a completely different level because we have every component in place now – from the physicians and staff to the technology to the surroundings – and that will extend to our teaching as well. We’ll be training doctors and nurses and ancillary staff to deliver care that is completely patient- and family-centered as opposed to what’s convenient for the doctor or convenient for the facility. That’s a dramatic change.

**DR. ATKINSON:** I believe that the real test of success won’t come in the first week or month or even years. It’s really the durability of what we’ve built. The concept of changing the way that care is delivered – this floor that we’re on right now, for example, the interventional floor, predicts that the standard disciplines that we practice in today are going to disappear. It predicts that surgeons and cardiologists and interventional radiologists will share spaces, and that they won’t have distinct specialties, and that we may have altering needs for operating rooms or cath labs or radiology suites. So, the test of our success may come 20 or 30 years from now.

**AZAR:** What about its impact on UCLA and Los Angeles?

**DR. FEINBERG:** We are extremely fortunate that we’re actually on the campus; other academic medical centers are frequently down the block or across town. So, to be on campus really allows us, from an interdisciplinary standpoint, to integrate our research better, our education better, and to provide care to the campus, because we really are the community hospital for the campus. It’s a great synergistic relationship, the south part of campus with the north part of campus.

**DR. LEVEY:** Some day, this city is going to face a dreadful tragedy of one kind or another. Either it’s going to come in the form of an earthquake or terrorism or some other disaster, and this hospital, which is geared now to convert every room into an intensive-care unit if necessary, will somehow be critical to the survival of Los Angeles. The occurrence of a disaster is not a pleasant thing to contemplate, but this is what we built this hospital for, and this is why FEMA (Federal Emergency Management Agency) gave us as much money as it did, the $432 million for this facility. So, it’s going to have a powerful impact in Los Angeles.

**AZAR:** The design features – natural light, openness and community space – were intended to create a healing environment. Is it successful?

**DR. LEVEY:** Yes, I think so. We planned it to have a major impact, to be very patient-friendly, family-friendly. We really worked hard to achieve that.

**DR. ATKINSON:** Patients who are extremely ill come to us in the existing 50-year-old building from all over the country, and they come because of the doctors and nurses and the research and the educational programs … in spite of the condition of the physical building. Now we are taking the excellence of everything we have to offer and putting that into the right kind of building.

**DR. FEINBERG:** Our patients and their families don’t really care about the building per se. What they want is to be treated in a way that is compassionate and dignified. That is what they deserve. The building itself, the artwork on the walls, the beautiful views, those are, in a way, below the radar. But in a building where there are stains on the carpet and chips in the walls and the chairs have cuts in them, those are
distractions for people that take them away from what they should be focused on. What we’ve done here is to remove those distractions, to create a comfortable environment where we can get down to the business of real healing.

**DR. LEVEY:** When we dedicated the building last summer and Nancy Reagan walked through the entrance, her jaw literally dropped, and I think that’s symbolic of every patient who will come here. Patients and their families will feel they are in a special place. Everything really has been designed for our patients and their families in a way that’s exponentially greater than what we’ve been able to offer before.

**AZAR:** It has been a long, challenging process to get here.

**DR. LEVEY:** I naively expected that the project was going to be much easier. I never anticipated a project this long. It took us two years just to finish with FEMA. It took us another two-and-a-half years to plan the building, and then once we broke ground, we had issues that slowed the project. To be perfectly candid, I thought we would have been further along. On the other hand, knowing what I know now, and knowing how complicated it is to build a facility like this, it’s probably appropriate in terms of the length of time that it took. I just never anticipated it.

**DR. ATKINSON:** I recall that our original construction fence listed January 6, 2004, as the completion date, and then we repainted it and put it to 2005, and then 2006, and then we quit putting the date up because it just kept moving. But technology moves, programs move. Did we achieve what we expected? We are opening with state-of-the-art science, state-of-the-art equipment and a physical plant that really works. That’s what’s important at the end of it, not the time it took us to get here.

**AZAR:** Given what you know now about the complexities of a project of this nature, what would you do differently?

**DR. FEINBERG:** I’d add more beds – another 200 beds.

**DR. LEVEY:** We all probably agree about that. We thought in the mid-to-late ’90s that hospitals would be reducing their number of beds because more would be done in the outpatient setting. I think if we had it to do over again, we would certainly have another floor on this hospital. But, you know, that’s life. You can’t always anticipate what will happen. The other thing is, it’s good that we didn’t know how complicated this project would be because we might have made other decisions and found the task too daunting to do it. But having done it, it was worth the effort.

**DR. Feinberg** (speaking directly to Drs. Levey and Atkinson, who have been involved from the earliest stages of the project): Your vision has been incredible. This new building is only here because of a level of dedication, professionalism and fortitude that I’ve never seen in my professional life. I’m thrilled to tag along, but to watch you two has been really special. Had you blinked at any point or had you gone fishing, we wouldn’t be here. Obviously there’s a team involved … but the leadership has, to me, been a model that I’m extremely grateful to have witnessed. It has been incredible.

**DR. LEVEY** (speaking directly to Dr. Feinberg): There’s no such word as undauntable, but you never thought anything was too big a challenge. Your attitude is ‘Don’t worry, we’ll get over it,’ and we sure have. This whole thing has been a special experience for all of us.

**DR. ATKINSON:** It’s been kind of fun.

**DR. LEVEY:** We also really owe our thanks to the UCLA community as well. There have been hundreds and hundreds and hundreds of people who have been involved with the project, and everybody...
has been patient and understanding when they could have been persnickety. They understood how difficult the process was, and they’ve been wonderful. And this couldn’t have been done without the generosity of the donors. They have been truly amazing. They bought into this vision. There aren’t many hospitals that attract $300 million in donations for a specific project. Without those donations, this project wouldn’t have happened. I personally am very grateful to them for what they’ve done. I also hope that (former Gov.) Gray Davis feels a sense of satisfaction because he was a great friend of this hospital, and when we needed some lease-revenue bonds, he stepped right up to the plate to help, and I am very grateful to him for what he did.

AZAR: UCLA and its health system are known for many firsts. Is this another first, a breakthrough in healthcare design?
DR. LEVEY: We believe that’s a true statement. It is a first.
DR. ATKINSON: An important part of what we did in the design was to think about how we could build for the future. As we went through the whole process, we had to do some “value engineering” to choose where we were going to spend the money that we had. Whenever we had the choice, we always went for more infrastructure. If you think about the type of medical care that was being delivered when the old hospital was designed and built 50 years ago, it’s incredible that we’re able to practice sophisticated 2008 medicine inside that building. The question for us now is, will we be able to practice 2058 medicine inside this new building? My hope is that we will.

DR. FEINBERG: In 50 years, this will be an old building. But it’s our people who make the old building as fantastic as it is, and it is our people who will keep this new building cutting-edge, even when it gets old in decades to come.

AZAR: Do you have any concluding thoughts?
DR. FEINBERG: My No. 1 emotion is, I feel so lucky. I can’t believe that I’m here at this time, that I was given this opportunity at this time. I couldn’t pick better people to do it with, and it came out perfectly. It is so incredible. I just feel lucky.

DR. LEVEY: I couldn’t say it any better. What UCLA gave me, the opportunity to do this, is something I used to fantasize about, heading an academic medical center, and here it is. It gives me a lot of pause everyday to think about it. But, all this is done, and I feel that UCLA has been an extraordinary institution, and everybody has built on the work of the people who came before. I feel that I’ve made my contribution, and my colleagues here, and others who are not here today, have done an extraordinary thing. It is almost overwhelming when you think about the totality of what has been done here.

DR. ATKINSON: As a physician, I’ve always marveled how, when a mother gives me her baby to care for, she has placed her trust in my hands. That is how I felt when I was handed the responsibility for this new building, that so many people had placed their trust in my hands. To have been able to bring this to fruition is a great blessing.

AZAR: Thank you all.
FALL 2008

Open for Business

AFTER 14 YEARS OF PLANNING AND CONSTRUCTION, RONALD REAGAN UCLA MEDICAL CENTER OPENS ITS DOORS WITH A 21ST-CENTURY BUILDING THAT IS BOTH CUTTING EDGE AND HUMANE.

By Dan Gordon • Photography by Benny Chan/Fotoworks

FOR ALL OF ITS GRAND SCALE and cutting-edge technology, the heart of the newly opened Ronald Reagan UCLA Medical Center is its humanity.

The 530-bed medical center, situated on four acres at the southwest corner of Westwood Plaza and Charles E. Young Drive South, “embraces the idea that good architecture is an integral part of the healing process,” says C.C. Pei, who, with his father, the Pritzker Prize-winning architect I.M. Pei, was a principal designer for the project. “We aimed to design an environment for people, not just machines.”

Open spaces that include plazas, fountains and gardens surround the complex, which encompasses Ronald Reagan UCLA Medical Center, Mattel Children’s Hospital UCLA and Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA. The exterior is clad in travertine marble that was imported from the same quarry in Tivoli, Italy, as the stone used for the Getty Center in Los Angeles. Outdoor terraces on the fourth and fifth floors enable patients to enjoy the open air and mountain views, encouraging therapeutic interaction in a beautiful environment. Inside, the design allows abundant natural sunlight. Even at more than 1-million square feet, with 23 acres of floor area and nearly 300,000 square feet of corridors, the overall feel of the building evokes several smaller hospitals instead of a single overwhelming structure.

“What is the true impact of space, light and nature on wellness?” asks I.M. Pei. “I believe the design of Ronald Reagan UCLA Medical Center will affect the people who work, visit and receive care here. The principal objective is to create an environment of healing.”

Achieving that balance between the high-tech and the humane was a central goal of the project from its inception in the wake of the 1994 Northridge earthquake.

“Today we have a very modern facility with an environment geared to providing a healing and
soothing atmosphere for our patients and their families,” says Dr. Gerald S. Levey, vice chancellor of UCLA medical sciences and dean of the David Geffen School of Medicine at UCLA. “When compared to the old hospital, which was rapidly becoming out of date structurally, it is wonderful to contemplate how our patients will benefit from being in such a facility.”

IT HIT WITH A JOLT AT 4:31 A.M. on January 17, 1994, and registered 6.7 on the Richter scale. Seventy-two people died in the Northridge earthquake, thousands were injured and the shaking caused an estimated $12.5 billion in damage. UCLA Medical Center was among the dozen hospitals in the region that were significantly damaged by the quake.

When it came time to consider how to respond to the damage, UCLA’s leadership embarked on an ambitious mission to bring the finest in hospital technology and design to Los Angeles. With $432 million in earthquake relief from the Federal Emergency Management Agency and $44 million from the State of California – and the groundwork laid for a philanthropic campaign that eventually would raise nearly $300 million in private donations, including a $150-million gift pledged in honor of Ronald Reagan by a group of prominent civic and cultural leaders – the Pei were brought in to conceive a facility that would marry the best ideas in design, medical science and patient care.

The two-year planning process – from 1997 until the first shovel of dirt was turned on December 7, 1999, to begin what, at a cost of $830 million, would be the single-largest construction project in the history of the University of California – included a series of focus groups that brought patients and their families together to talk about what they liked and disliked about the current hospital. More than 500 physicians, nurses and designers also were consulted, offering their insight into how to execute a design that would ultimately best serve the patients.

Meanwhile, I.M. and C.C. Pei spent hours atop an adjacent parking structure studying the site for the new building before visualizing a design. The result is a hospital that is functional but also beautiful and stylish. To adapt to the changing needs of healthcare over the next century, the design team emphasized openness and flexibility, creating a technologically smart building with the capacity to be upgraded on an ongoing basis.

And the building also is incredibly strong – perhaps one of the strongest public buildings in California. As one of the first hospitals built to
Ronald Reagan UCLA Medical Center was constructed to withstand an 8.0 earthquake and remain structurally sound and fully operational independent of outside resources for up to 72 hours. Literally a pillar of strength, its skeleton is a 26,000-ton web of steel – more than 17 times the amount found in the average office building. Each large-scale weld required about 20 hours to complete, double the time of a standard weld.

Ronald Reagan UCLA Medical Center opened its doors on June 29, 2008. “As we moved in the first patient, we realized … we’ve turned on the building and it’s on forever,” recalls Richard Azar, the director of transition planning. “It is a building that will never shut down.”

Visitors entering the new building will immediately notice the sense of spaciousness, both in the public areas on the first floor and on the upper patient floors. They also will notice the natural light, which streams through the multitude of large windows – the hospital incorporates more than 80,000 square feet of window glass. Light is a key element of the hospital’s design. “It really helps both patients and staff to be able to experience light from the outside world rather than artificial light,” says Azar.

At 10 stories, with eight above ground, Ronald Reagan UCLA Medical Center is the same height as the old UCLA Medical Center, but it is much more compact. To walk from one end to the other requires half the steps it took in the old facility, Azar notes. Space was saved and efficiency maximized by clustering related activities on a single floor or by stacking them in vertical cores.

Among those happiest with the new design are the hospital’s nursing staff. “Fifty years ago, the typical hospital design featured long corridors, so our nurses have had to walk great distances to get what they needed, whether it was linens, pharmaceuticals, or, more recently, to get to a computer station,” says Heidi Crooks, senior associate director of operations and patient-care services. “With the new design, everything required to care for the patient is located in the center of each pod, easily accessible to the staff.”

Other efficiencies go a long way toward improving patient care. The 154 intensive-care beds, for example, are designed to allow caregivers 360-degree access to the patient. A movable overhead power column delivers electricity, essential gases and other necessary functions.

Equally important at a facility that treats some of the sickest and most-complex patients, all rooms outside the ICU are equipped with outlets and connections necessary to convert those rooms to ICU suites if necessary, reducing the need to transfer patients from one room to another. All patient rooms, except for a few on the Mattel Children’s Hospital UCLA floor, are private, and each provides space for family members to stay overnight in the room with their loved one.

Technology not yet invented when planning for the new hospital began is now woven into its fabric, giving clinicians new ways to monitor patients, fight disease, track information and survey patient progress. It includes wireless access to reports, lab results, clinical imaging and patient vital signs; audiovisual communications; diagnostics; robotics; imaging systems; and advanced audio and high-resolution video-conferencing capabilities.

With both medical technology and information technology advancing at warp speed, the planning team was challenged to ensure that when the nearly decade-long construction process was complete, aspects of it wouldn’t already be out of date. Magnetic resonance, computerized
technology and other equipment used for imaging and in the interventional catheter labs are huge pieces of machinery with a half-life of a few years. “You wouldn’t have wanted to select that equipment back in 1997 and be installing it in 2007,” says Dr. James B. Atkinson, chief of pediatric surgery and senior medical director of transition. Thus, in many cases both selection of the equipment and the building design around it were put off until the project was closer to completion.

Likewise, the way medicine is practiced is constantly changing. For example, Dr. Atkinson notes, cardiologists today perform heart-repair procedures that were once the sole province of surgeons, and vascular surgeons are using diagnostic and therapeutic techniques once confined to interventional radiologists. With that in mind, the new hospital was designed and built to provide for maximum flexibility.

“We felt that the building needed to outlast current trends,” Dr. Atkinson says. In response, space was not specifically designed around particular patient populations, diseases or programs, and planners strived to include maximum infrastructure to support future advances in technology. The goal, Dr. Atkinson says, was to “optimize spaces around generalized concepts of patient care so that we could adapt to changes without major remodeling.”

The state-of-the-art technology is prominently on display on the second floor, where the hospital’s 23 operating rooms and 17 interventional-procedure suites boast the most-advanced equipment available. Ronald Reagan UCLA Medical Center is also the only hospital in the world with a comprehensive neuroimaging unit immediately adjacent to, and integrated into, a OPPOSITE PAGE: (Left) Nurses’ stations are located to put staff within easy reach of their patients. (Right) By positioning beds and equipment in the center of ICU rooms, caregivers have 360-degree access to patients.

THIS PAGE: (Left) The Edward D. & Anna Mitchell Dining Commons offers a relaxed setting for patients, family and staff to enjoy a meal. (Right) In Maddie’s Room, families of patients have a comfortable place to wait while their loved one is in surgery.

The 18,000 tiles of travertine marble that wrap the exterior of Ronald Reagan UCLA Medical Center are much more than just a beautiful adornment. They are a testament to the quality of the healthcare that UCLA is known for and will continue within those walls. That is because the Ambralight marble was provided by a man who himself benefited from that healthcare, and in his desire to thank UCLA made available the stone from his family’s quarry in Tivoli, Italy, at $1 million below market cost. Physicians at UCLA twice saved the life of Carlo Mariotti, treating him for more than 12 years for bone and gall bladder cancer. Stone from Mariotti & Figli quarries graces some of the most-significant buildings in the United States, including Sears Towers in Chicago, Lincoln Center in New York, Los Angeles’ Walt Disney Concert Hall and the Getty Center, as well as towering skyscrapers in Shanghai and Kuala Lampur and elsewhere in the world. (Mariotti travertine also was inside the World Trade Center towers in New York. In an interview with the Los Angeles Times, Mariotti said that watching the images of the towers fall on September 11, 2001, felt like losing a child.)

The buff-colored travertine used for Ronald Reagan UCLA Medical Center has pronounced gray-green and white veins that convey a visual strength that suits the scale of the building and keep it from looking monolithic.

Unfortunately, Mariotti did not live to see the project completed. He died in 2004.

— UCLA Medicine staff
A Child’s Place: Mattel Children’s Hospital UCLA

The design of Mattel Children’s Hospital UCLA aims to create a compassionate healing environment that is as warm and inviting as a hospita can be. That Mattel has achieved such an atmosphere is clear from the moment families enter through the hospital’s dedicated entrance off of Gayley Avenue and are greeted by an interactive Welcome Wall, and it continues to prevail on the hospital’s third and fifth floors.

“We found that we harmonized very well with I.M. Pei’s concept of human-scaled space,” says Dr. Edward R.B. McCabe, physician-in-chief of Mattel Children’s Hospital UCLA. “In pediatrics, this is particularly important because kids can be intimidated by large spaces.”

A butterfly canopy marks the Mattel entrance. The child-friendly décor of the main lobby features the 60-foot-long, 12-foot-high multimedia Welcome Wall of photographs, children’s art and video content displayed on eight screens. The messages include stories of hope, healing and recovery from patients and their families, as well as a view port into which children can peek and then find their own image projected on the screens.

The corridors upstairs are divided into three separate pods, with no grouping of patients larger than 26. Even within that group, a smaller-feeling environment is created by replacing the long-hallway arrangement of traditional hospitals with a quarter-circle design.

Age-appropriate playrooms are bright and sunny, with views of the ocean on a clear day, and a large terrace on the fifth floor allows children to enjoy the outdoors.

The theme of family-centered care is reinforced throughout the hospital. In neurosurgical ICU. On the sixth floor, the Singleton Clinical Neuroimaging Research Center is equipped with state-of-the-art brain-imaging devices (PET/CT scanner and 3.0 Tesla MRI scanner) to provide the highest level of care for patients with brain injury, stroke, hemorrhage from aneurysm rupture, brain tumors and epilepsy. The center also allows for unprecedented noninvasive neuroimaging research into the nature of neurological disorders.

The new building includes a robust IT system with both wireless and wired connections and a single network through which all of the systems run. Data centers operate on different levels on opposite sides of the building to provide redundancy in case one goes down. Computers on carts are available in every patient room for clinicians, and every nursing area has multiple stations.

A SINGULAR GOAL was behind all of the architectural and technological decisions: to provide a patient experience that emphasizes compassion and healing.

Clustered in nursing-unit pods of 26 beds each around the perimeter of the building, the large, private patient rooms benefit from an abundance of natural light and a sense of plentiful space, with views through large windows that overlook gardens, green spaces and gathering places. Each includes a visitor’s nook so families can spend time in the room comfortably, without crowding the patient or interfering with care. The rooms come with residential-style furniture and a window seat with a daybed that can be pulled out for sleeping. Family members and patients alike have Internet access, along with on-demand hotel-style meal service. There are no longer visiting

THIS PAGE: From the nurses’ stations to the playroom to the teen activity area, Mattel Children’s Hospital UCLA is geared toward creating a home-like environment that is kid-friendly and welcoming.

OPPOSITE PAGE: The bright and airy Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA is all about caring for patients with dignity and compassion.

PHOTOGRAPHY: CHILD A/DAHAGAN — Dan Gordon
Light & Hope: Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA

Natural light streams in through a large window of the new Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA that looks out on the city below and the mountains beyond. A flat-screen TV, contemporary furnishings of blond wood and a comfortable sitting area give the space an attractive, modern feel. Outside, a fountain trickles gently in a Zen garden. “There is a very nice synergism between the best-in-the-West doctors and staff of our hospital and the most-advanced (psychiatric) physical plant in the world,” notes Dr. Thomas B. Strouse, medical director of Resnick Neuropsychiatric Hospital at UCLA.

U.S. News & World Report consistently ranks Resnick Neuropsychiatric Hospital at UCLA the best psychiatric facility in the western United States, and among the top-five in America, based largely on the quality of care. Until now, however, the physical setting was another matter. Lighting in the old facility was poor, the floors scuffed and the furniture mismatched. A single room could be shared by as many as four patients.

The new, bright and airy Resnick Neuropsychiatric Hospital at UCLA is all about caring for patients with dignity and compassion. The 74 patient rooms are spacious, and most are private. Nurses’ stations are open in a way that imparts a sense of community.

At 75,000 square feet, Resnick Neuropsychiatric Hospital at UCLA occupies most of the fourth floor of Ronald Reagan UCLA Medical Center, with its own entrance off of UCLA Medical Plaza. The hospital is divided into three pods that function like small neighborhoods and will go a long way toward giving patients “a better sense of well being,” notes Diane Moreau, director of nursing. Each pod can be programmed for various activities, depending on the needs of the patients. Instead of one large and chaotic dining commons, there are smaller and more intimate eating areas. Each pod has its own outdoor terrace, where patients can take advantage of Southern California’s year-round sunshine for therapy, recreation or quiet time.

Since its founding in 1960, Resnick Neuropsychiatric Hospital at UCLA has been a cornerstone of care for patients with mental-health, developmental and neurological disorders, from autism to eating disorders to schizophrenia. The hospital’s child-and-adolescent-care unit is the only such specialized medical program on the West Coast. The geriatrics unit was the first such facility in the United States, and is rated best by U.S. News. The autism program produces results that are so positive that the wait list for admission stretches to two years.

Still, Resnick Neuropsychiatric Hospital at UCLA strives to achieve even greater heights. “Our most-important patient,” says Dr. David T. Feinberg, who before becoming CEO of UCLA Hospital System was medical director for Resnick Neuropsychiatric Hospital at UCLA, “is the next one who walks in the door.”

— Anne Burke

hours – family members can be with their loved one 24 hours a day.

“Families are an important part of healing,” says Dr. David T. Feinberg, interim associate vice chancellor and CEO of UCLA Hospital System. “We felt that what was important was not only the physical structure but also the ability for the family to take part in the process.”

One of the main conclusions to come out of the focus groups held with families and patients was their desire for more privacy. Beyond the private rooms, the new hospital delivers in several other ways. Absent the traditional long corridors, patients no longer experience the bustling hallways with people walking by their door. Instead, the design minimizes foot traffic going past rooms.

“Every ward is like a cul-de-sac off of the main circulation grid from the elevators,” Azar explains. Because they are far-more plentiful than in the previous hospital, there are now elevators for patients and visitors and separate “core” elevators for support staff.

UCLA HAS BEEN A LEADER in patient care, medical research and teaching for more than 50 years. Today, UCLA Health System physicians provide an array of cutting-edge and research-based primary- and specialty-care services in four hospitals on two campuses, and in more than 75 clinic locations. U.S. News & World Report has ranked UCLA Medical Center the No. 1 hospital in the western United States for the past 19 years, and the publication’s 2008 survey ranked UCLA Medical Center among the top-three hospitals in the country.

That was before the move. There are many

“THE NEW HOSPITAL WILL ENHANCE OUR ABILITY TO DELIVER CARE SAFELY, EFFICIENTLY AND WITH COMPASSION.”
reasons to believe that in Ronald Reagan UCLA Medical Center, the quality of care UCLA delivers will be even better, says Tod Barry, director of quality-management services. The most-obvious advantage comes from the shift to larger, single-occupancy rooms, he says. “The rate of hospital-acquired infections is a national concern,” Barry notes. “Certain infections can jump from patient to patient even with the best hand-washing techniques. With private rooms, however, that risk should be dramatically lower.”

The larger room size also means there will be decreased need to move patients within the facility for services that would otherwise require more space. The ability to bring ICU-level monitoring capabilities to every patient bed also reduces the necessity of transferring many of the sickest patients. With computers available at every bedside, access to patient information will be at the point of care, lowering the likelihood of miscommunication among clinicians – the leading cause of errors in U.S. hospitals, Barry says. A newly implemented electronic medication-management system using bar-coding technology reduces the risk of medication errors.

“The new hospital will enhance our ability to deliver care safely, efficiently and with compassion,” asserts Dr. Feinberg. “And when you think about it from the patient’s perspective, that is by far the most-important thing. Patients don’t really care as much about fancy technology or the physical structure of the hospital. They want care that is effective and delivered in the most-humane way.”

“The bottom line is that this hospital will markedly enhance the quality of care we deliver and enable us to continue doing what we do best,” adds Dr. Levey. As the opening in June of the new facility neared, he reflected on all of the people who rallied around the idea of a top-notch new hospital being built in Westwood, including the many donors whose generosity ultimately made the project possible.

“To have seen this beautiful hospital evolve from that first shovel that went into the ground on what used to be Parking Lot 14 has been very rewarding,” Dr. Levey says. “Thinking about all of the people whose lives will be better because of the care they receive in this hospital is a very humbling, satisfying and exciting prospect.”

Dan Gordon is a regular contributor to UCLA Medicine.

For a virtual tour of Ronald Reagan UCLA Medical Center, go to http://virtualtour.uclahealth.org/reagan

“THINKING ABOUT ALL OF THE PEOPLE WHOSE LIVES WILL BE BETTER BECAUSE OF THE CARE THEY RECEIVE IN THIS HOSPITAL IS A VERY HUMBLING, SATISFYING AND EXCITING PROSPECT.”

This Page: Labor-and-delivery rooms in Ronald Reagan UCLA Medical Center have a clean, home-like feel. After the birth, fathers or a family member can stay overnight with the mother and baby.

Opposite Page: Santa Monica-UCLA Medical Center and Orthopaedic Hospital combines the accessibility of a community hospital with the extended benefits of the greater UCLA Health System.

By the Numbers

530 Licensed beds  
23 Operating suites  
6 Cardiac catheterization laboratories  
1,700 Networked medical devices  
8 Interventional radiology suites  
8 Outdoor patios and garden areas  
1.05 million Square feet of interior  
2 Helipads  
23 Acres of floor area  
294,736 Square feet of corridors  
26,000 Tons of structural steel  
4,396 Doors
Community Health:
Santa Monica-UCLA Medical Center and Orthopaedic Hospital

The 315-bed Santa Monica-UCLA Medical Center and Orthopaedic Hospital is an integral component of UCLA Health System, designed to serve as the principal destination for primary and specialty care, freeing the Westwood hospital to treat the highest-acuity cases.

This division allows each facility to focus on its areas of expertise, says Dr. Michael Herbst, medical director of Santa Monica-UCLA Medical Center and Orthopaedic Hospital, enabling the system to deliver all services in a coordinated and integrated fashion. “The idea is to have hospital facilities that are designed and operated in a way that optimizes those services to our patients,” he says.

Currently undergoing a major renovation, the Santa Monica hospital is scheduled to be completed in 2010. When it is done, the Santa Monica campus will boast more than 500,000 square feet of state-of-the-art facilities. The new structures replace all but the Merle Norman Pavilion from the previous hospital.

The medical center embodies the best elements of two worlds, says Posie Carpenter, chief administrative officer of the Santa Monica hospital. “We want to retain the accessibility and friendliness of a community hospital,” she says. “At the same time, we benefit from being part of the greater UCLA Health System, which is known for not only its patient care but also its research and educational missions.”

A centerpiece of Santa Monica-UCLA Medical Center and Orthopaedic Hospital is the Nethercutt Emergency Center, which was completely redesigned and expanded. It is the first emergency department on the Westside with an onsite 64-slice CT scanner. This capability allows for rapid diagnosis and treatment of such conditions as heart attacks and strokes. An upcoming fast-track system will provide prompt medical attention to patients with minor injuries and illnesses.

The Nethercutt Emergency Center was the first STEMI (ST-elevation myocardial infarction) Receiving Center on the Westside; the Westwood hospital also is a STEMI receiving center. This means that the Los Angeles County Department of Health Services has designated the hospitals as a destination for paramedics transporting patients whose EKGs indicate possible heart attack. The strict criteria for this classification includes a requirement that no more than 90 minutes can elapse between the time the paramedics identify the STEMI to when the patient is in a cardiac catheterization lab undergoing angioplasty.

A 9,000-square-foot laboratory, featuring the latest chemistry, hematology and blood-bank analyzers, opened simultaneously with the new emergency center.

Among the new facilities on the Santa Monica campus will be six operating rooms, a 22-bed critical-care unit and other inpatient units. The new birthing center, The Birth Place, which is located on contiguous floors in the Southwest Wing and Merle Norman Pavilion, opened earlier this year. It includes an elegantly designed labor-and-delivery unit, 16-bassinet neonatal-intensive-care unit, nursery and postpartum rooms.

The new facility also represents a 10-year collaboration with Orthopaedic Hospital, which has moved inpatient services from its downtown location to the Santa Monica hospital.

Designing the new hospital from the ground up made for a “superb physical plant,” equipped for the information age and flexible enough to adapt to future needs, says Dr. Herbst. And that, he says, supports UCLA’s ultimate goal: “to provide care that’s uncommonly well coordinated, uncommonly caring and uncommonly high-tech.”

For a virtual tour of Santa Monica-UCLA Medical Center and Orthopaedic Hospital, go to http://virtualtour.uclahealth.org/santamonica

—Nancy Sokoler Steiner

70,000 Cubic yards of concrete
1.7 million Pounds of ductwork
18,000 Pieces of furniture
7.5 million Linear feet of copper and fiber cable
3 million Pounds of travertine marble
2,200 PCs
3,800 Phones

*Bed total: Ronald Reagan UCLA Medical Center (456, including 90 for Mattel Children’s Hospital UCLA and 11 for the Neurological Rehabilitation and Research Unit, located in CHS); Resnick Neuropsychiatric Hospital at UCLA (74)
In architecture, as in medicine, those things of greatest interest are sometimes to be found on the inside. That certainly can be said of Ronald Reagan UCLA Medical Center.

This is not to suggest that the new building – designed by the world-renowned architect I.M. Pei, his son C.C. Pei and Pei Partnership of New York, with the Los Angeles office of Perkins+Will as executive architects – is not a good-looking structure. The 1-million-square-foot Ronald Reagan UCLA Medical Center is handsomely dressed in a suit of 18,000 travertine panels. Abundant exterior public spaces such as plazas and courtyards invite communal interaction. Sunshine floods through large diamond windows, a signature of Pei design, and ceiling-to-floor glass to drench the main foyers in light. The interior is crisp and clean, with white-paneled walls, terrazzo floor and 15-foot-high coffered ceiling. An elegant, curving staircase to the lower floors punctuates the main lobby, and the long corridor that links the building’s three primary entrances – Ronald Reagan on the east, Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA on the south and Mattel Children’s Hospital UCLA on the northwest – is faced in rich honey maple.

This warm and sophisticated image is a far cry from the chilly glazed-brick hospitals built in the 1960s and ‘70s. While hospital design is often more functional than beautiful, the Peis’ quiet façade and the building’s graceful interior are an exception, and the complex makes for a dignified, if slightly understated, gateway to the UCLA campus. As Dr. James B. Atkinson, a pediatric surgeon and senior medical director of transition, notes: “It was a huge challenge to put a hospital inside of an architecturally beautiful building. I don’t think that’s been done in the past, and I’m not sure it will be done in the future.”

Yet the first impression of a building, however attractive, is only one dimension of architecture. And for those who will work – and those who will heal – inside, it is not necessarily the most-important one. If we are looking for the design document that tells us why Ronald Reagan UCLA Medical Center is out-of-the-ordinary, the floor plan of the patient floors is a good place to start. At first glance, that floor plan seems little more than a functional diagram: a square doughnut with fan-shaped spaces on three sides and an M-shaped space on the fourth.

Those odd shapes turn out to be more than a designer’s caprice.

(Left) Curving corridors place patient rooms within easy reach of the nurses’ stations.
(Right) With its marble-clad exterior, the hospital makes for a dignified gateway to campus.
The quarter-round fans are patient clusters that bring an optimal number of patient beds within view of the nurses’ stations. The M-shaped floor is the intensive-care wing of each floor, and here again the odd outline of the floor is about making patient beds more visible, and closer, to caregivers. The floors are all about functionality and efficient use of space.

Architecture is about making spaces pleasant and humane as well as functional. Natural light is the major strategy here to humanize the modern hospital.

The typical hospital of yesteryear had long, dark corridors that often ended in a shadowy corner or dead end. Patient corridors were double-loaded, with patient rooms on either side, like the hallways of a hotel. In Ronald Reagan UCLA Medical Center, on the other hand, the corridor spaces are comparatively short, and single-loaded corridors called “clusters” replace the conventional, double-loaded halls.

When elevator doors open to each patient floor, visitors face a window. Hallways, rather than dead-ending in shadow, culminate with a large window that brings both light and the outside world into the space. The combination of simple organization, compactness and attractive views makes the new medical center easily navigated. It’s simple for visitors, who are often emotionally stressed and easily confused, to find their way, and that is humanizing.

The abundance of natural light is another expression of humane values, reflecting recent research that suggests that views of sunlight and greenery help in healing. Says C.C. Pei, co-principal of Pei Partnership, “We worked hard to create a design that not only meets the project’s technical and scientific goals but also creates an environment that is cheerful, inspirational and intimate, despite its large size.”

Hospitals are immensely intricate buildings, and famously hard to design. “Unlike a museum or art gallery, all of the hospital spaces are so interdependent that it creates a challenge to have the architectural freedom to design the building the way you want to,” says Richard Azar, an architect and the head of transition planning for the project. “When UCLA made the decision to hire the likes of the Peis, it was a commitment to bring the design up to the next level. And because of our success, future projects are likely to emulate this one.”

C.C. Pei downplays somewhat the challenges of the project. “I wouldn’t use the word difficult” to describe healthcare design, he says, “but it is complex. You are taking all these diverse pieces of information and constraints and finding a synthesis, something that addresses all of them.”

The most-interesting challenge, perhaps, was to design patient and treatment rooms in ways that anticipate the development of new medical technologies. If architects cannot predict the future, the best they can do is to design for optimal flexibility. Working with Pei Partnership – and providing most of the interior design as well as completing the programming for the hospital – was the Los Angeles office of Perkins+Will.

Led by Eric Aukee, the team’s design priorities were to maximize natural light, flexibility and “universality.” The last term refers to spaces that can easily change use, such as a large operating room that can be changed into several smaller procedure rooms through

FALL 2008
the use of movable partition walls. (The second floor, where the operating rooms and other interventional suites are located, has a large sterile environment the architects call the “red line” that can be freely reconfigured for different kinds of procedures.)

Standard patient rooms, too, are flexible and, if the need arises, can be converted to intensive-care rooms. For the sake of versatility, patient rooms in intensive-care clusters are free of clutter. Lights and other equipment are suspended from the ceiling in the form of booms that can move up, down and side-to-side with little effort. Likewise, there is little clutter in the operating rooms. Essential equipment is suspended from overhead, while there is little on the walls beyond TV monitors. A wall in the OR is set aside for “plug ins” if surgeons or other caregivers need power or data for additional equipment.

The history of hospitals has evolved from almost prison-like buildings to places like Ronald Reagan UCLA Medical Center, where the comfort of patients can be accommodated to the extreme demands of medical technology. In its reconciliation of the humane and the technical, Ronald Reagan UCLA Medical Center is a benchmark in hospital design. The calm exterior embraces the exciting innovation within. ♦

Morris Newman has written about architecture for such publications as the Los Angeles Times, Architecture and The New York Times.
They’d been planning for years, practicing for months, and then the day arrived: June 29, 2008, when UCLA Medical Center would move across the street from its half-century-old Center for the Health Sciences into the new Ronald Reagan UCLA Medical Center.

Executing such a tightly choreographed move – one of the largest ever undertaken in the United States – took, literally, a cast of thousands; 2,300 nurses, lifters, porters, therapists, ambulance drivers and hospital volunteers, all divided into color-coded teams and assignments, were on hand to safely and efficiently move 342 patients. (The hospital census had been reduced from more than 500 in the weeks leading up to the move.)

“Moving into a new hospital is like orchestrating a symphony,” says Richard Azar, head of transition planning. “It is crucial that everything be perfectly coordinated,” with the goal, first and foremost, to ensure patient safety and to provide seamless continuity of care before, during and after the move.

Part of that planning involved visiting other hospitals that had undertaken similar moves, and based, in part, on those experiences, transition planners were able to determine what would work best for UCLA. There were also mock moves to coordinate and practice their timing. Finally it was time.

“This is it. This is our house of healing,” Dr. Gerald S. Levey, vice chancellor of UCLA medical sciences and dean of the David Geffen School of Medicine at UCLA, said to a group that had gathered early in the morning in the Edward D. & Anna Mitchell Dining Commons at Ronald Reagan UCLA Medical Center to receive its marching orders.

“This is your home.”

In a feat executed with military precision, thousands of staff and volunteers successfully moved hundreds of patients from the old medical center to UCLA’s new ‘house of healing.’

BY JUDY LIN • PHOTOGRAPHY BY ARA OSHAGAN

Home,
Sweet Home
He recounted the long and often-difficult road that had been traveled to reach this time and place. It had been “a challenging project,” he said, recalling the 14-plus years of planning and construction that went into making the new hospital a reality. “We’ve had obstacles. We’ve had times when we didn’t know if we could finish the project. Cherish it. Love it. Take good care of the patients. Thank you so much for everything that you do. And thank you for making this day possible.”

Here are scenes from the day.

“It’s going to go fine,” said “wayfinder” Chris—a volunteer wearing a white T-shirt with a prominent black “?”—who would help point the way through unfamiliar hallways—to another wayfinder, Tom. “It’s a great thing … an event you don’t want to miss.” “I think that’s why we all volunteered for this,” responded Tom. “This will never happen again.”

“OK,” a move leader called out. “Can I get a show of hands for the blue team? And for the gold team? Remain calm. We’re all here to help each other. Let’s have a good day.”

At 4 a.m., Westwood Plaza and several surrounding streets were closed to public traffic. Thirty minutes later, sheets of cardboard that had covered the exterior signs at Ronald Reagan UCLA Medical Center were removed, and at 5 a.m. the emergency department at the “old” UCLA Medical Center closed forever—ambulances were diverted to other hospitals for the duration of the move—as the new ED across the street opened its doors.

“It is our pleasure to open the David I. Saperstein Emergency Center at Ronald Reagan UCLA Medical Center, Mattel Children’s Hospital and Resnick Neuropsychiatric Hospital,” said Amir Rubin, CEO of the medical center, as he cut a blue ribbon to signify the event. “We are open for business. Welcome!”

Pediatric patients had priority. An ambulance with 11-year-old Miranda Beck and her mother, Lisa Beck, pulled away from the old medical center at 7:08 a.m. for the short trip to Ronald Reagan UCLA Medical Center. Bundled in a UCLA sweatshirt, the hood pulled over her head to keep her warm and an antiseptic mask covering her mouth, Miranda’s eyes popped wide open as the gurney turned the corner into her new room. “Wow!” she exclaimed. “It’s so pretty!”

“You’re the very first person in this bed,” said Mattel Physician-in-Chief Dr. Edward R.B. McCabe. “We’ve been looking forward to this for a long time,” said Chelsea Hoffman, Miranda’s nurse. “It will be great, especially for patients like Miranda. We’re all really happy about it.”

In what really did, in many respects, resemble a precise military maneuver, one patient was moved from his or her room every two minutes. The 30 ambulances drove along predetermined routes to deliver patients to the new hospital—in most cases 15 minutes from bed to bed. As the ambulances arrived, their doors would be flung open, and waiting hands of porters and lifters would grasp the gurneys bearing patients, gently lowering them to the ground to take them to their new rooms. After each person was moved to a bed, a three-person “pit crew” in green latex gloves and face masks stripped the linens off the gurney, wiped it clean with disinfectant, put new linens on and rolled the gurney away for another trip. One hospital executive was heard to comment that he had never seen the gurneys so clean.

PHOTOGRAPHY: (GURNEYS, HALLWAY) REED HUTCHINSON

PREVIOUS PAGE: Volunteers direct an arriving patient to his new room at Ronald Reagan UCLA Medical Center.

THIS PAGE: Gurneys are lined up in the parking structure of the old UCLA Medical Center in preparation for the patient move on June 29.

OPPOSITE PAGE: (Left) One patient was moved every two minutes from rooms in the old UCLA Medical Center. (Right) A young patient enjoys the fresh air on the outdoor terrace of Mattel Children’s Hospital UCLA in the new building. (Below) Volunteers await the arrival of ambulances bearing patients.
Jane Boubelik, chief legal counsel for UCLA medical sciences, who volunteered as a wayfinder, was assigned to a post at the Reagan entrance. “Welcome to Ronald Reagan UCLA Medical Center,” she said to each arriving patient. “It’s been tremendous,” she said between patients. “It’s a momentous day. I wanted to be here to see it all.”

The red team was responsible for moving critically ill patients. They also moved 22 neonatal-intensive-care infants to the new NICU – infants who had to be moved in special “transport isolettes” that would keep their hypersensitive body temperatures stable. NICU physician Dr. Marianne Anderson stood in the sunlight of a nearby window as she settled a tiny infant into his tiny bed. “Is this place different? Oh, very much so,” she said. “It’s bright. It’s big. It’s beautiful.”

Two days before the move, Carlos Garcia, 18, had a kidney transplant. He arrived in his new room with his mother, Julia Garcia, who’d spent the previous nights in a chair beside his bed at the old hospital. His nurse showed them around the new room. “You have your own shower. And” – she pointed to Julia and then to a convertible sitting area beside the window – “you can sleep in this bed!”

It was anticipated that it would take until 3 p.m. to complete the move. But at 12:40 p.m., Dr. James B. Atkinson, senior medical director of transition, made an announcement over the public address at Ronald Reagan UCLA Medical Center: “The last patient has been moved in! Ronald Reagan UCLA Medical Center is officially open. Welcome.” The hospital lobby echoed with the cheers and applause of staff and volunteers.

Afterward, Dr. Levey told a press conference that he found the day “very emotional” and described how wonderful it felt to see the new hospital filled with people. “My hat goes off to our incredible team that worked so hard,” said Dr. David T. Feinberg, CEO of UCLA Hospital System. “All patients are now safely in their rooms, all family members have been escorted up to be with their loved ones, we’re now functioning as a hospital,” he said. “We have a couple of mothers in labor. We have a liver transplant and a kidney transplant that will probably take place sometime later today, and an appendectomy in the ED.”

Said Dr. Atkinson, “This building is alive. It’s really a great feeling that finally we’re home.”

Judy Lin is a senior writer for UCLA Marketing and Communications and UCLA Magazine. Freelance writer Jeanne Wright contributed to this article.
TOP: (Left) Architect’s rendering of UCLA Medical Center’s outpatient lobby. (Right) The waiting lobby of the David I. Saperstein Emergency Center at Ronald Reagan UCLA Medical Center. MIDDLE: (Left) In 1950, the Los Angeles Times illustrated a “typical” operating room in the “projected great medical center to be built at UCLA.” (Right) One of 23 “operating rooms of the future.” BOTTOM: (Left) A model of UCLA Medical Center from the 1950s. (Right) A 3-D model representing an early version of I.M. Pei’s design for Ronald Reagan UCLA Medical Center.
When it opened a half-century ago, UCLA Medical Center was hailed as a marvel of healing technology. Today, Ronald Reagan UCLA Medical Center builds upon that tradition of excellence. By Brad A. Greenberg

“UCLA TO BUILD FIRST ATOM ERA HOSPITAL.” So proclaimed the Los Angeles Times on February 26, 1949. The $15.5-million medical center would serve the campus’s 2-year-old School of Medicine, which had yet to enroll its first student, and would be designed to provide cutting-edge medical care for the whole region.

“Construction on one of the greatest medical meccas in the world will begin in the next few weeks at the University of California at Los Angeles,” another Times article gushed on November 30, 1950. In the new “Atomic Hospital,” the story said, the radiology department would shield exposure from powerful X-ray machines by burying them in the basement. Operating rooms would also be underground to improve efficiency and protect against disaster, and would be equipped with observation domes so medical students could watch surgical procedures instead of just reading about them. Medical gases would be delivered directly to double-occupant patient rooms through a central system, not individual tanks. And the massive facility, with 600,000 square feet and 12 miles of walkable corridors, would be flexible enough to adapt to rapid change.
“Because this is really going to be an entirely new kind of medical school and research center, we have had to plan it for 50 years ahead of time – for A.D. 2000,” said Dr. Stafford L. Warren, founding dean of the UCLA School of Medicine and former medical chief for the Manhattan Project.

But medicine has evolved so rapidly since the 320-bed Atomic Hospital first opened in July 1955 that the gap between it and the hospitals of today seems more like points in parallel realities than two eras separated by scientific advancement. And UCLA is once again at the forefront of a new frontier in medicine. It has taken 14 years, but in June the doors to Ronald Reagan UCLA Medical Center, the first new major hospital of the 21st century, opened to patients.

Welcome to the Digital Era hospital.

The new facility combines the operations of UCLA Medical Center, Mattel Children’s Hospital UCLA and Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA in a 1-million-square-foot, 10-story (eight above ground) building at Westwood Plaza and Young Drive South. An architectural masterpiece designed by I.M. Pei and his son, C.C. Pei – along with a team headed by Perkins+Will and including RBB Architects Inc. – the new hospital is flush with sunlight, an ultra-fast computer network and a digital attitude.

“We have been able to combine high-technology, 21st-century medicine with an environment that is very soothing and comforting to [patients’] families,” says Dr. Gerald S. Levey, who, as vice chancellor of UCLA medical sciences and dean of the David Geffen School of Medicine at UCLA, spearheaded the project. “UCLA medical services and medical school are in a great position to be the preeminent medical provider in the United States.”

From installing Internet hook-ups in every patient room, to operating rooms crammed with enough high-tech to turn heads at the Consumer Electronics Show, to a surgical robot that allows physicians to observe and communicate with intensive-care patients from their office or home, Ronald Reagan UCLA Medical Center already is being called the hospital of the future.
Take, for example, the operating rooms. The “Digital Hospital” has 23. Everything around the patient – digital-display panels, lights and camera hoods, endoscopic hardware – is suspended on booms hanging from the ceiling to increase mobility and reduce clutter. The ceiling booms are wired for the Internet, enabling a surgeon to involve, say, the overseas physician of an international patient. Flat-panel monitors controlled by the display panels hang from the wall. They cast pre-op X-rays, endoscopic video of the ongoing surgery, patient-monitor data and test results, journal articles related to the surgery, even 3-D reconstructions of MRIs, CT scans and X-rays.

That means that before making the first incision, a doctor can do what amounts to a full-dress rehearsal.

“It is interactive. You can twist it, turn it, manipulate it ... in the operating room,” notes Dr. Neil A. Martin, chair of the Department of Neurosurgery. “You can remove the tissue; you can remove the bone; you can remove layers just by telling the simulator; you can remove the tumor or the affected tissue to see from which direction you want to go at it.”

When the Atomic Hospital opened, cardiac-care units and CT, MRI and PET scanning didn’t exist. To check for a brain tumor, physicians would inject air into a patient’s spinal column and look with X-rays for the air to fill the head and outline the contours of the brain. Organ transplants were in an infant stage. (UCLA’s transplant program now is among the largest in the world.) Deep-seated cancer was treated with gamma rays from a radioactive-cobalt unit locked behind a 700-pound lead door and three-foot-thick concrete walls.

“In 1955, we were in the IBM adding-machine stage; now we are at the work-station stage,” recalls Dr. Dieter Enzmann, the Leo G. Rigler Chair of Radiology. But unlike a desktop computer, technology in the Digital Hospital is portable. Thanks to software developed by two researchers in UCLA Neurosurgery’s Brain Monitoring and Modeling Lab, physicians can study radiological images and bedside-monitor data on any PDA or smart phone registered to the network, which moves files at gigabit to 10-gigabit speeds. Even massive MRIs and X-rays won’t cause congestion. “Our network speed won’t blink when these big images come through,” Dr. Enzmann says.

Technology also streamlines responsibilities for nurses. Instead of the long, intersecting hallways of the original UCLA Medical Center, the corridors of Ronald Reagan UCLA Medical Center are loops that connect to the various units on that floor. Nurses’ stations are in the middle, and patient beds are equipped with a button to page nurses, not over the intercom or at the nurses’ station but on a digital phone each carries. Food? Medicine? Pillow? The page tells the nurse what the patient needs.

And then there is RP-6, the first ICU robot. She resembles Rosey from The Jetsons, except with a flat-screen monitor for a face and Webcam for eyes. RP-6 also has a name: RONI, short for “Robot of the Neuro ICU.” Until UCLA helped create RONI several years ago, there was a standard procedure for ICU doctors to be awakened at home with word that a patient was crashing. Get up. Get dressed. Hop in the car and race to the hospital. Perhaps 30 minutes later – that is, if the doctor lived close enough to make it through L.A. traffic in that time – he or she was at the patient’s side.

But with RONI, “you can be there right away,” says Dr. Martin, who, along with neurointensivist Dr. Paul Vespa, can access RP-6 from office or home. “You can see the patient. You can see what kind of movements they have, what color they are, if they are breathing well.”

Postmodern surgical robots aside, the foundation of UCLA Medical Center laid down half-a-century ago by the Founding Five – Dean Warren, Dr. Charles Carpenter (infectious diseases), Dr. Andrew Dowdy (radiology), Dr. John Lawrence (medicine) and Dr. William P. Longmire Jr. (surgery) – was to advance the School of Medicine. Today’s Ronald Reagan UCLA Medical Center has been built to continue that tradition. Instead of squinting through an observation dome to faintly watch a complicated surgery, the high-resolution cameras in the operating rooms transmit live feeds to an underground conference room. Students can see minute details, thanks to the OR cameras’ ability to zoom into incisions and capture images through endoscopy.

In 53 years of pioneering medicine, UCLA Medical Center has saved tens of thousands of lives and dramatically improved countless more. Recently, UCLA doctors helped an Iraqi girl, reconstructing her nose, which had been blown off in her war-torn homeland, and also separated Guatemalan conjoined twins in a landmark 23-hour procedure. Before that, they delivered the first child born to a mother who had received a kidney transplant. And going all the way back to 1956, the year-old hospital gave Beverly Hargreaves Billey a new lease on life. Twenty-five-years-old and having been told by doctors that without surgically repairing a heart defect she might not live past 40, Billey chose the operating knife, making her one of the first open-heart-surgery patients west of the Mississippi. Though she knew there were risks, “I went in there with great confidence,” says Billey, now 77. “It was UCLA. They were doing great things in those days.”

That hasn’t changed. This year, U.S. News & World Report ranked UCLA the No. 3 hospital in the United States and, for the 19th consecutive year, the best hospital in the western U.S. All that in a building designed for a bygone, “Atomic” era.

Dr. Levey recalls walking through the halls of the new Ronald Reagan UCLA Medical Center while it was still under construction and thinking, “This is really going to happen.” And then I thought of the patients who would be coming here for the phenomenal care that has become synonymous with UCLA. It brought tears to my eyes.”

Brad A. Greenberg is a writer in Los Angeles. This article is adapted from one that originally was published in UCLA Magazine.
The Givers

By Roberta G. Wax  Photography by Dan Chavkin
EACH GAVE FOR THEIR OWN REASON,

BUT WITHOUT THE GENEROSITY

OF CARING PHILANTHROPISTS

CONSTRUCTED.

JUST AS IT TAKES a village to raise a child,

so, too, it takes a community of devoted

and generous individuals to elevate the

hopes for better-quality healthcare. It

was in such a spirit that donors small

and large contributed to the successful

completion of Ronald Reagan UCLA

Medical Center.

“This couldn’t have been done without the generosity of the donors,” says

Dr. Gerald S. Levey, vice chancellor of UCLA medical sciences and dean of

the David Geffen School of Medicine at UCLA. “They bought into this vision. Without [them], this project wouldn’t have happened.”

All told, private giving raised nearly $300 million for the hospital, a

staggering amount for a single project. To recognize the contributions of

benefactors, their names are etched in glass on a donor wall in the main

lobby that is inscribed with a quote from architect I.M. Pei: “What is the

ture impact of space, light and nature on wellness? I believe the design of

Ronald Reagan UCLA Medical Center will affect the people who work, visit

and receive care here. The principal objective is to create an environment

of healing.

UCLA is grateful to all who gave to the hospital project, but it is im-

possible to recognize each individually on these pages. To celebrate the

breadth of the giving – and of the givers – we highlight a handful of do-

nors whose generosity is emblematic of everyone who contributed to make

Pei’s vision of “an environment of healing” a reality.
By attaching their name to UCLA’s neuropsychiatric hospital, Stewart and Lynda Resnick hope to elevate awareness of “an under-funded and under-appreciated area [of medical care] that doesn’t get the support it needs.”
And they are vigorous advocates. “They spread the word about us in such a positive way,” says Dr. David T. Feinberg, CEO of UCLA Hospital System. “When they speak on our behalf, it is very valuable because it has credibility coming from them.”

THE SUPPORT OF THE RESNICKS for the Neuropsychiatric Hospital was particularly important. “There is still a stigma attached to mental-health issues,” Stewart Resnick says, and private support for mental health lags behind that for other areas of medicine.

While the Resnicks were initially reluctant to have their name on the hospital, they decided it would be beneficial because it signals a deeper level of support. “This is an under-funded and under-appreciated area [of medical care] that doesn’t get the support it needs,” Stewart Resnick says. Making their gift so visible “sets a good example.”

Their commitment to philanthropy extends to their own businesses, and the Resnicks encourage a charitable ethic among their employees. For example, the Roll Giving Program offers employees $1,000 a year to give to an eligible charity of their choice; while the checks come from Roll, the name of the giving employee is included on the check, along with a letter indicating the donation is given on behalf of that particular Roll employee. “We want to encourage giving but don’t want employees to feel it is a burden,” Stewart Resnick says. Roll Giving offers an additional matching-gift benefit to employees, which ranges from $1,000 to $5,000.

“We are building a philanthropic mentality within the organization,” Lynda Resnick notes. Giving employees a say in where the company makes charitable contributions makes sense because they recognize where the needs are in their own communities. “They know if the school yard needs a fence or if the local hospital needs help to serve their needs,” she says.

BEYOND THEIR PHILANTHROPY, the Resnicks have close ties to UCLA. Stewart Resnick earned his B.S. degree in business administration at UCLA, and his J.D. from the UCLA School of Law. He is a member of UCLA’s Executive Board for the Medical Sciences and is on the advisory board of the Anderson School of Management.

On Lynda Resnick’s side, her mother, grandmother and son all have received medical treatment at UCLA. Her son has multiple handicaps, and UCLA, she says, “saved his life.”

In addition, they are committed Angelenos. “We love Los Angeles,” Lynda Resnick says. “It is great to do something that is good for the city.”

Add to that “a passion for life,” says Jane Nathanson, a fellow philanthropist and long-time friend, and there’s a powerful drive to make an impact. “They have a lot of interests and a tremendous social consciousness,” she says. “They feel that they have been fortunate, and they want to give back.”

Their own personal experiences have made them knowledgeable about various aspects of the medical and mental-health fields, Nathanson says, and that has guided some of their philanthropy. “They’re really terrific philanthropists. If there is a need somewhere in the community, and you go to Stewart and Lynda, and they see that it is important, they will give,” she says. “Los Angeles is lucky to have them.”

“If you are fortunate to make enough money, you want to do something for the rest of the world.” Government can’t be expected to do it all, so “the private sector has to help, and we are trying to do our part ... to make a difference.”
As Howard Ruby shows a visitor his photographs displayed on the sixth floor of Ronald Reagan UCLA Medical Center, he pauses to watch a man who is looking at one of his stunning Arctic landscapes. Beaming, Ruby comments that seeing others enjoying his work “is what it’s all about.”

Many patients, families and staff are enjoying Ruby’s work. The renowned nature and wildlife photographer donated about 200 of his photographs – many of them direct from an exhibition at the Smithsonian in Washington, D.C. – that now hang on the walls of public corridors and in meeting rooms throughout the new hospital.

The images of shimmering blue glaciers and jagged icy crevices in the Arctic, African bush and exotic wildlife – amazing close-ups of puffins, polar bears and polar bears – contribute to the new hospital’s environment of community and healing, says Dr. David T. Feinberg, CEO of UCLA Hospital System. They “elicit a sense of nurturing and beauty and real life,” he says, adding that beautiful surroundings contribute to patient wellness and encourage patients, as well as the hospital staff, to focus more fully on the work of healing.

There is a deep sense of serenity to many of the pictures: a dark bison shrouded in white in a Yosemite snowstorm; rows of bold red poppies in Washington; flowers that seem to glow with their own internal light.

As a neighbor of UCLA, Ruby watched the progress of the new hospital while it was being constructed and felt he wanted to make a contribution. “I watched this hospital being built. I’m a member of the community. I’ve been a patient at UCLA. This is not a typical hospital, it’s a beautiful building,” he says. A lengthy tour of the hospital with Dr. Feinberg, followed by a tour of his studio that he gave the hospital CEO, solidified the relationship, which both men say is ongoing. “The hospital was such a surprise,” Ruby says of his first visit. “It didn’t feel like a hospital. They’re looking for wellness here.” If his pictures help to accomplish that, then Ruby says he is gratified and happy.

Besides donating the specially framed photographs, Ruby moved quickly to install all the large-scale pieces in time for the hospital’s opening in June. He worked with Debby Doolittle, the art curator for the medical center, to match photos to specific areas of the hospital. For example, polar bears, puffins, penguins and two 7-foot-tall photographs of a giraffe and polar bear are placed in the public areas of Mattel Children’s Hospital UCLA. For Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA, there are soothing landscapes, snowscapes and seascapes. Some photos are mounted high on the walls of the interventional surgery floor to give patients – and staff – tranquil images to look at.

In addition to being a photographer, Ruby is a successful businessman. He is the founder, chairman and CEO of the Oakwood Worldwide temporary-furnished-apartment chain. But it is photography that is his passion, going back to when he was in junior high school taking snapshots with a Brownie camera. That passion has earned him numerous accolades, including being named the 2007 Conservation Photographer of the Year by the National Wildlife Federation and Nature's Best Photography Magazine for using his photographs to help create awareness about climate change.

There is a thrill for him that goes beyond the public showing of his work. “It’s wonderful to be in Nature’s Best Photography Magazine, to be in the Smithsonian,” he says. “But when you know there is a broader purpose, it adds another dimension.”

Ruby’s biggest fan remains his wife of more than 20 years, actress Yvette Mimieux Ruby. It was she who convinced him to show his work publicly. “He was a little shy,” she says. For Ruby’s birthday three years ago, she gave him his first show – a two-day event at the Bill Lowe Gallery in Santa Monica showcasing about 70 of his photographs.

His wife is still awed by Ruby’s work. There were tears in her eyes when she saw his Arctic sunset hanging in the Elizabeth and Jim Wiatt Executive Board Room of the medical center. “It’s stunning,” she says of the 20-foot-long by 5-foot-high panorama – 22 separate shots that are stitched together in the computer – which captures melting sea ice beneath a spectacular orange-and-gold sky just 400 miles from the North Pole. “It gives me chills.”

Dr. Feinberg says that the powerful image fits so well within the elegant space that it looks like it was created expressly for the board room.

One of Ruby’s favorite photos is of a polar bear cub cuddling up to its mother. The mother bear’s head is inclined toward her cub, but her eyes are narrowed as she looks in the direction of the camera, as if to warn, “Keep away.”

“Look how she’s protecting the cub,” Ruby says, pointing at the picture. “And how the cub looks up at mom with such love and feeling of being protected.” What better metaphor is there for the caring that goes on within the walls of the new hospital where Ruby’s pictures now hang. 🌼

The beautiful nature images that photographer Howard Ruby donated contribute to the healing environment of Ronald Reagan UCLA Medical Center.
For generations, the roots of the Hagigi and Missaghieh families have been intertwined in the soil of Iran. Family members on both sides worked in healthcare, including a physician to the royal family, and in the 1950s they together founded one of the first modern hospitals in their country, Missaghieh Hospital in Tehran.

"It was among the best in the country," says Dr. Fred Hagigi, a UCLA professor of public health, whose father had been chief of the hospital. Its physicians were trained in Europe and the United States, and it was the first in Iran to include a nursing school.

"We loved the hospital in Iran," says Dr. Hagigi’s wife, Latifeh, a UCLA lecturer in Iranian studies and a member of the Missaghieh family. "It was modern. It was open to all. It was a great step forward."

But as the political climate in Iran shifted, leading up to the Islamic Revolution in 1979, many members of both families fled Iran. "They had to leave everything," says Latifeh, who, with her husband, came to study in the United States several years before the revolution. "It was especially difficult to leave Missaghieh Hospital."

Among those who came to the United States was Latifeh’s uncle, Hooshmand Missaghieh, a mechanical engineer. He and Dr. Hagigi had been close since Dr. Hagigi was a child – "Fred was like a son to him," says Latifeh – and Dr. Hagigi imagined that he would one day take over Uncle Hooshmand’s company in Tehran.

Instead, he became his uncle’s financial adviser in the United States, and when Missaghieh became ill, assumed responsibility for overseeing his medical care. When the older man began having cardiac problems, Dr. Hagigi brought him to UCLA for treatment.

“When it came time to plan my uncle’s will, we discussed places where he could donate money," says Dr. Hagigi. With the family’s deep history of supporting healthcare, “it wasn’t difficult to decide on the type of institute to which to donate. It was just a question of which one.”

The new Ronald Reagan UCLA Medical Center reminds Dr. Hagigi of the hospital in Tehran that his family helped to establish. “It resembles the ideal of what our families built in Iran,” he says. “Even though we are far from our homeland, we can bring our dreams here.”

So when Hooshmand Missaghieh died several years ago, Dr. Hagigi decided it would be appropriate to make a donation from his uncle’s estate to the place that had given him such good care in his final years. That donation established the Missaghieh Family Cardiac Interventional Suite.

“I tried to be objective about where we would choose to give, but in the end your heart has to be there. UCLA is our home,” Dr. Hagigi says. “We work here. Our son rode his bicycle all over the campus when he was a child, just as I played as a child on the grounds of Missaghieh Hospital, and he earned his B.S. in business economics and his M.P.H. in healthcare management here. We have a personal feeling of intimacy with this place. There is a sense of family here.”

The gift to establish the Missaghieh Family Cardiac Interventional Suite is essential to helping UCLA maintain - and advance – its standing as a leading cardiac-care center, says Johanna Bruner, director of Cardiology Services. The state-of-the-art invasive and non-invasive cardiac labs ensure that UCLA provides “the highest standard of care in a safe, comfortable and caring environment,” she says. “We are grateful to everyone who supports our mission to deliver the finest cardiac care in the world.”

Dr. Hagigi also recognized that the largest Iranian population outside of Iran lives in Southern California. That community, with UCLA in its geographical heart, links to the heritage of the Missaghieh and Hagigi families and the hospital they left behind. Having the family name perpetuated at UCLA “is another way to compensate for that loss,” Dr. Hagigi says. “And we also hope that this will encourage other Iranians to donate, to feel that connection.”

A legacy of giving is ingrained not only in Dr. Hagigi’s family, but also in their Baha’i faith. “We have been very blessed to be born into families that are financially capable. We have to make sure that others benefit,” he says. “Health and education are the most-fundamental basic rights of any human being. This is the foundation of our giving and the foundation of our faith.”

Dr. Hagigi has also personally established a fellowship at UCLA, and he hopes that his family’s example will inspire other members of the UCLA community to give something back to the university. As a teacher, he says, he tries to “plant a seed about giving and sharing. It’s important to cultivate a sense of community among faculty and students.”

And the Hagigis want the family’s legacy to continue. “In the history of medicine in Iran, people still talk about Missaghieh Hospital,” says Latifeh. “I wish my uncle had lived long enough to see this new UCLA hospital. He would have been proud.”
His great-grandmother, Jonathan Mitchell says, taught the family the meaning and importance of charity. ‘sees the big picture and takes the long-term view. He sees and understands not just what needs to be done at this instance, but what will make a difference today and particularly tomorrow.’

Mitchell himself became involved in charitable work “as soon as I could afford to.” He runs his family’s investment portfolio and serves as president of the family foundation.

“It is important to me that my grandparents’ names are connected to good things,” Mitchell says. “I want my children to see that, to see them as role models. I want my grandparents to be remembered for their wonderful accomplishments in improving our world.”

Indeed, now Mitchell’s four children are learning that lesson. His oldest son, Jason, sits on the foundation board. “My father has taken over my grandfather’s work,” says Jason. “We have a long history of philanthropy. He feels passionate about these causes … and talks a great deal about helping others, about changing people’s lives through education and healthcare.”

GIVING TO: Ronald Reagan UCLA Medical Center “was an easy call,” Mitchell says. His parents met as students at UCLA – his mother, Beverly, who is also on the foundation board, graduated with a degree in physical education (and received a UCLA Alumni Award for Community Service in 1974), and his father was in the Class of ’42 until he left to serve in World War II.

Years later, Joseph would be treated at UCLA. “I was truly impressed with the care he received,” Mitchell says. “They stabilized him and got him on the right medication and treatment plan. That made a big difference to our family. They enabled him to function well enough to come home and live comfortably for a good number of years before his passing in 2004.”

Other members of Mitchell’s family also received medical treatment at UCLA, he adds.

When deciding where to turn his philanthropic attention, Mitchell says he looks for organizations that are responsible and not wasteful. “I understand that there are administrative and fundraising costs in any charitable endeavor, but I want to help an organization where the money will do the most good,” he says.

He also wants to feel a connection to a group, and he likes charities that help people help themselves: “I like giving money to help gifted students, to educate people who exhibit a desire to learn and apply their learning.”

Why is giving important? “We’re always trying to better ourselves, to better society,” he says. “It’s up to those of us who are able to set an example. Others will surely follow, and we’ll all live happier lives as a result.”

WHEN JONATHAN MITCHELL’S great-grandparents emigrated from a small village in Europe to New York’s teeming Lower East Side, they were so poor that the children wrapped rags around their feet in winter because they didn’t have shoes. At the age of 4, his grandfather, Edward, roamed the streets selling collar buttons, shoelaces and old newspapers – anything to help the family survive.

“He might come home at night with a few pennies,” says Mitchell. “He’d turn them over to his mother, who would put some of them into a small box. At the end of the week, she’d take my grandfather by the hand and give what was in the box to dispossessed people on the street who had nowhere else to sleep.

“They could barely eat themselves, yet they gave to others.” His great-grandmother, Mitchell says, “taught our family the meaning, the importance of charity.”

As an adult, Mitchell’s grandfather founded Beneficial Standard Life Insurance Co., and, together with his wife, Anna, established his family foundation. Edward contributed greatly to the fledgling State of Israel, and his son, Mitchell’s father, Joseph, supported many Jewish organizations, chaired the Los Angeles Music Center Unified Fund Campaign and was chairman of the board of Cedars-Sinai Medical Center. As a board member of Hillcrest Country Club in Los Angeles, he initiated the requirement for members to give at least 10 percent of their income to charity.

THESE ARE LESSONS that Mitchell learned well. On behalf of the Mitchell Family Foundation, he has given to numerous educational and healthcare institutions. Now, in honor of his grandparents, a gift to UCLA has underwritten the Edward D. & Anna Mitchell Din and medical organizations where the money will do the most good,” he says.

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A story about a man who loves and misses his wife. It is about a woman who loved to tend her flowers. It is about two people who loved to help others.

That desire to help has materialized as gifts to numerous institutions, including UCLA. But for Wing K. Chung, his most personal, perhaps his most cherished, is the gift he made to create a garden at Ronald Reagan UCLA Medical Center in memory of his late wife.

Teak benches, chairs and tables dot the brick-lined garden outside of the area where families will wait while their loved ones are in surgery. A lavender Chinese wisteria creeps up the wall and will eventually cover the overhead beams to create a shady bower.

It’s a peaceful spot – a “sanctuary to soothe the anxiety of patients and their families … and help people find comfort,” he says – and an appropriate tribute to his wife, Alice Lee-Tsing, who was affectionately known to friends and relatives as Lee-Tsing and was herself a patient at UCLA Medical Center.

There’s a woman who aspired to be a nurse. Lee-Tsing was born in Shanghai, one of 12 children, and came to the United States as a student. Wing grew up in China during World War II. It was a hard life, he says, and as the oldest son among six siblings, he was responsible for his family. “I always felt that if only someone would help, life would be better,” he says. He vowed to give back to the community when he could.

Lee-Tsing, a medical technologist, was living in California when a mutual friend arranged for her to meet Wing, a civil and structural engineer, who was living in Boston. She flew across the country to meet him.

“I knew right away she was right for me,” says Wing. “She was not an ordinary woman. She always had a plan. She would fight for what she believed in. She was not afraid of anything.” They married the next year.

They were a devoted couple “brought out the best in each other,” says a friend, Mary Anne Anthony, who worked with Lee-Tsing at the UCLA Medical Center blood bank. And they shared a long history of philanthropy, whether it was taking in someone who needed a place to stay, helping friends and relatives find jobs or donating money to promote health and education.

“Lee-Tsing believed in the power of education and its ability to improve one’s quality of life,” says Wing. “She was always helping people.”

Her caring was evident even when she was dying. Wing recalls that when his wife was in the hospital, about 10 days before she died, she met a woman who aspired to be a nurse. Lee-Tsing immediately called over a nurse to ask how this woman could apply to nursing school.

It is Lee-Tsing’s selfless, enduring spirit that inspired Wing to establish the Wing and Alice Lee-Tsing Chung Garden.

“A garden is the best tribute to Lee-Tsing,” says Anthony. “She loved the beauty of flowers and the peace of a garden.”

Besides paying homage to his beloved wife, Wing hopes his donation will inspire others, especially Chinese Americans, to give. “I’m just a little guy who has limited resources. But if I can inspire others to do something, we can accomplish great things,” he says. “It doesn’t matter how much money you have, you can still do something.”

If everyone contributes a little, Wing says, the world, like the garden named in Lee-Tsing’s memory, will be a more beautiful place for all.

The garden named in memory of Alice Lee-Tsing is a “sanctuary to soothe the anxiety of patients and their families … and help people find comfort.”

The devotion shared by Wing K. Chung and Alice Lee-Tsing (above) “brought out the best in each other,” a friend says.

(Below) The view looking east from the garden that Wing dedicated to the memory of his late wife.
Jim and Elizabeth Wiatt’s long association with UCLA healthcare began with close encounters of the personal kind.

At a social gathering, they met the noted UCLA psychiatrist, researcher and civil-rights activist Dr. Louis Jolyon West, “a dynamic and brilliant thinker” who “impressed us with his work” to deprogram prisoners of war and cult members, says Jim Wiatt.

They also came to know another esteemed UCLA physician and researcher, Dr. Gary Gitnick, chief of the Division of Digestive Diseases and founder of the Fulfillment Fund, a non-profit he established in 1977 to help disadvantaged students graduate from high school and go on to complete their college education. Dr. Gitnick, Jim Wiatt says, “inspired us with his vision and dedication.”

And there has been a long association with Dr. Gerald S. Levey, vice chancellor of UCLA medical sciences and dean of the David Geffen School of Medicine at UCLA. “I was drawn to both his innovative approach to management and his endless enthusiasm and dedication,” Jim Wiatt says. “UCLA is lucky to have him.”

That, says Jim Wiatt, “is the way you get drawn in, by the people you know. You meet amazing people at UCLA.”

That connection has led to strong ties with UCLA, both philanthropic and personal, and the Wiatts’ donation to Ronald Reagan UCLA Medical Center named the Elizabeth and Jim Wiatt Executive Board Room. But their contributions go “beyond monetary gifts,” says Dr. David T. Feinberg, CEO of UCLA Hospital System.

“It is also the gift of time and energy. They offer wise counsel and great ideas. They bring their heart and soul. They’re like our ambassadors in the community,” Dr. Feinberg says.

Jim and Elizabeth Wiatt are a quintessential Los Angeles power couple – informed, influential and involved. He is the chairman and CEO of the talent-powerhouse William Morris Agency. She is an entrepreneur; in June, she and a close friend opened a clothing store for ‘tweens in Beverly

Elizabeth and Jim Wiatt’s deep involvement in community service, says friend Robert Iger, “is very real and comes from their hearts.”
Hills called Fashionology LA. Both sit on a variety of boards. Jim Wiatt is chairman of UCLA’s Executive Board for the Medical Sciences and the Los Angeles Police Foundation, and is a member of the board of the Los Angeles Music Center, among other creative institutions. Elizabeth Wiatt has served on the boards of the Fulfillment Fund and the Natural Resources Defense Council, and is on the board of Los Angeles Mayor Antonio Villaraigosa’s Million Tree Initiative. Last year, she was named to the Los Angeles Times Magazine list of “People of Influence.”

“Jim and Elizabeth represent the best of what our city has to offer,” says Mayor Villaraigosa, who first met the couple in 1998 when he was Speaker of the State Assembly. “They are the kind of people who raise their hands whenever there’s a good cause and a need for someone to step forward.”

Community, Elizabeth Wiatt says, is a “core value” for the couple and their family, which includes daughters Isabel, 10, and Caroline, 8, and getting involved is part of their nature. “We believe strongly that it is important to have a safe, healthy community,” Jim Wiatt says. “It’s important to do something for the community we live in.”

As exemplars of humanitarian commitment, they look to friends and fellow philanthropists like Robert Day, the founder and chairman of the investment-management firm TCW Group Inc. and president and CEO of the W.M. Keck Foundation, one of the largest philanthropic organizations in the nation, and his wife, Kelly, who is a co-chair of UCLA’s annual Millennium Ball, and to entrepreneurs Stewart and Lynda Resnick, whose gift to Ronald Reagan UCLA Medical Center named the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA.

“We are constantly inspired by both the Days’ and the Resnicks’ philanthropic giving and commitment to our community,” says Jim Wiatt, who also is co-chair of the Millennium Ball. “They are role models to us, having touched so many different people at UCLA, and beyond, through their dedication and generosity.”

The Wiatts’ enthusiasm for community engagement “is very real and comes from their hearts,” says Walt Disney Co. CEO Robert Iger, who has known the couple for nearly two decades. “They don’t do these things for show. They do them because they truly care about numerous issues and how they impact their community.”

Such commitment has been passed on to their daughters. The girls are “ferocious” about protecting the environment, Elizabeth Wiatt says. At school, they formed the “Tee5ie Greenie Team,” and at home they’re kid-sized conservation enforcers. “If I don’t bring my own shopping bag to the supermarket, they’re on me,” Elizabeth Wiatt says, with a laugh. “They watch to make sure we turn off the water when we brush our teeth.”

Jim Wiatt smiles as he listens to his wife describe their children’s activism. “The thing about activism is, you have to show by example,” he says.

ELIZABETH WIA TT CREDITS HER HUSBAND for her sense of social awareness. “Jim inspired me through his passion and commitment,” she says.

She recalls when they were first dating and she read something in the newspaper that riled her. “Someone should do something about this,” she said to him, to which he responded, “What about you?”

“I realized at that moment that that ‘someone’ would be me,” she says.

Jim Wiatt’s own social awakening came from his parents, who “always gave more than they could afford,” he says. They were active in the civil-rights movement, and he recalls as a child sitting on the stairs in his parents’ home and listening to Martin Luther King Jr. speak during a party they hosted for the civil-rights leader. Later, Jim Wiatt was a volunteer for Robert F. Kennedy, and he was at the Ambassador Hotel in Los Angeles on the night in 1968 that Kennedy was killed. A week after Kennedy’s death, he and other young volunteers formed the Kennedy Action Core to lobby for gun control.

Those lessons learned as a youth continue to this day. “Jim is very conscious that life has been good to him. He’s worked very hard to get where he is, and he consciously believes in giving back,” says Los Angeles Police Chief William Bratton. “The Wiatts are real people. It’s that simple. There’s a lot of depth to them, and that’s what people respond to.”

Roberta G. Wax is a writer in Los Angeles.
In addition to the standard (though most-up-to-date) operating-room equipment, the hospital’s 23 ORs are equipped with advanced audio and high-resolution video-conferencing capabilities, so that medical students at home or colleagues around the world can observe surgeries in real time; a cardiac-catheterization suite has equipment to enable physicians to perform magnetic-guided catheterization from inside the blood vessel; an MRI with a 3.0 Tesla magnet – twice as large as what existed until only recently – allows UCLA radiologists to do imaging tests in far-greater detail than they ever have before; a wireless network gives immediate access to medical reports, lab results, clinical imaging and patient vital signs; and the building’s complex and redundant infrastructure enables it to be self-sustaining for 72 hours after a catastrophic event such as a large earthquake.

All this comes with a cost, of course, and it’s not just monetary. Constructing a state-of-the-art hospital means having to confront enormous challenges, not the least of which is keeping up with the rapidly advancing fields of medical and information technology.

“On a project of this scale, it takes time to get the drawings done and get it built, and while you’re doing that, a lot of the technology that you were planning on is becoming obsolete,” says Richard Azar, the director of transition planning. Half-a-dozen major remodeling projects and two-dozen minor ones – all stemming from needs to adapt to changes in technology – were identified for the building while it was under construction.

Although it’s difficult to quantify the extent to which concessions to medical advances contributed to the delays in completing the hospital, which originally was slated to open in 2004, they certainly were a factor.

“Because we are UCLA, with a mission that includes teaching and research as well as providing the most-advanced medical care, we needed to have the latest equipment,” says Azar. “While the equipment that you’ve purchased is evolving during a lengthy construction process, it’s hard to draw a line in the sand and say, ‘No more changes,’ even though at some point that’s what you have to do.”
THE GOAL FROM THE BEGINNING was to build a very advanced and sophisticated physical plant to best serve UCLA’s patient population, which often includes the most-complex cases. As a consequence, the race to complete the construction also was a race to keep up with the technology.

“If we purchased an MRI or CT scanner that was available when the construction documents were created in 1999, that equipment would be discontinued by the time we were ready to install it,” says Dr. James B. Atkinson, senior medical director of transition. “We ran into that kind of thing quite a bit.”

As much as possible, the planning team tried to wait until the last-possible moment to make decisions about technology. Take, for example, the wireless-network infrastructure that was installed throughout the building. “At the start of the project, there wasn’t even 802.11b,” says Dr. Atkinson, referring to the first widely accepted wireless-networking standard. As the standards evolved and new generations came and went, Dr. Atkinson’s group sought to buy as much time as it could to get the very-latest networking standard available. “The contractor starts to close off the ceilings [where the cabling is located], and you begin to get nervous because you still haven’t decided what your wireless network is,” he says.

And in the case of bulky and heavy equipment, specific types of construction were required to provide adequate support and meet seismic-safety standards. The equipment also had unique power, cooling and data requirements, all of which could change when the manufacturer updated the machinery. Thus, as equipment evolved during the course of the project, so did construction requirements in the areas affected such as diagnostic and interventional radiology, cardiac catheterization and surgery.

CONSIDER ONE EXAMPLE. As the finishing touches were being made to the building last year, the transition-planning team received a call from the manufacturer of the 3.0 Tesla MRI around which they had specially designed a suite on the sixth floor, with extra reinforced structural support to accommodate the machine’s size and weight, as well as its vibration. (An upper floor would not be the usual location for such a large and heavy machine, which normally would be placed on a ground floor or in the basement.)

“They told us they were no longer producing the magnet we had ordered,” recalls Dr. Atkinson. “They wanted us to buy a newer model of the magnet – which, by the way, would weigh 4,000-to-5,000 pounds and require five-times the cooling capacity.”

And there was one other not-so-minor hitch: The magnet was 10 inches wider than the one they’d planned for, meaning that the carefully mapped-out path to hoist the behemoth instrument into the building through a removable exte-
CONSTRUCTING A STATE-OF-THE-ART HOSPITAL MEANS HAVING TO CONFRONT ENORMOUS CHALLENGES.

THE PLANNING TEAM KNEW from the outset of the project that it would face challenges such as these. “Building a hospital is going to take a lot longer than building a typical office building,” says Azar.

Because medical technology advances so rapidly, it is necessary to anticipate change. Even then, “it often took longer than anticipated to select the equipment and do the design and engineering that was required for the installation of that equipment,” says Dr. Atkinson. The resulting delays, however, were often viewed as a necessary price to pay to stay on top of the latest technology.

Even so, “at a certain point you have to say no more,” Atkinson says.

Not that there is even the slightest disappointment with the technology that was put into place. Says Dr. Neil Martin, chief of the Department of Neurosurgery, of the new imaging unit: “This is really the embodiment of UCLA’s mission, which is to support research and teaching while providing excellent care.” He notes that advanced brain imaging has been a driving force in clinical neuroscience. The new equipment available at Ronald Reagan UCLA Medical Center “represents a quantum jump in the quality of brain-imaging and diagnostic and monitoring capabilities, and it enables us to define, at a molecular level, what’s going on in the brain in patients, so that we can identify new targets for therapy and design new treatments,” Martin asserts.

Of course, it is only a matter of time before even the most-technologically cutting-edge equipment will become obsolete. That reality weighed heavily during the planning process, and decisions were made, whenever possible, to increase infrastructure to accommodate future needs. For example, Dr. Atkinson estimates that the IT data rooms are currently being used at only 30-40 percent of their capacity. Extra-high ceilings on the interventional floor ensure there is room for the large pieces of equipment that are required, and the space within the ceilings was designed to allow ample flexibility to run additional utilities as necessary. On the building’s exterior, “zipper panels” can be removed to bring in sizable new pieces of equipment. The ICU rooms can all be used for minor procedures, and all of the non-ICU beds have the capacity to be used for ICU purposes.

Anticipate and adapt. “Flexibility,” says Azar, “was our motto.”
Robots help perform the most-pinpoint operations; soothing green light improves visibility and protects surgeons’ eyes during long procedures; power booms suspended from the ceiling swivel within easy reach and lift cables off the floor and out of the way; endoscopic hardware and touch-screen displays provide immediate access to medical records, vital signs, x-rays and MRIs.

Audiovisual capabilities are fully integrated to provide surgeons with necessary information for each operation – all in real time. Performing a particularly complex surgery? Use a touch screen hanging from the boom to confirm the approach with published research on the procedure or confer via streaming video with a colleague on the other side of the country.

From the operating table, surgeons can control not only the medical equipment but also the lights and images shown on wall monitors. They have access to patient information, reference materials and the Internet. And throughout the procedure, the surgeon can capture images that will be electronically attached to the patient’s record – all using an easily navigable display.

The future is now.

“Traditionally, surgeons have been isolated in operating rooms. The phone would ring, and the nurse would hold it up to your ear. Now, just by touching a sterile touch screen, a surgeon can communicate with anyone in the UCLA environment or anyone outside UCLA,” says Dr. E. Carmack Holmes, a professor of thoracic surgery. “The surgeon is now connected locally and nationally. If he wants to be in contact with a surgeon in Chicago and talk about something, he can do it.”

Whether it’s colleagues in different cities consulting on a case or a group of postgraduate students observing a procedure from a remote location, the ability to transmit what is happening in the OR in real time offers a remarkable tool.

When Ronald Reagan UCLA Medical Center
was first conceived in the wake of the 1994 Northridge earthquake, hospital administrators wanted the next surgical facility to be ahead of the curve. But as Dr. Holmes, who was chair of surgery at the time, observes, state-of-the-art for surgical technology is “a moving target.”

Then he read a well-known statement by Alan Kay, an adjunct professor of computer science at UCLA: “The best way to predict the future is to invent it.” Dr. Holmes set out to do just that, beginning with the formation of The Center for Advanced Surgical and Interventional Technology (CASIT).

CASIT became deeply immersed in planning for the 23 operating rooms that share the second-floor of Ronald Reagan UCLA Medical Center with 17 suites for interventional procedures like endovascular, endoscopic and minimally invasive surgery. Here, on the second floor of the $830-million building, Dr. Holmes saw his chance to “predict the future.”

The walls between specialty interventional procedures had broken down, but few hospitals had adjusted their floor plans accordingly. Often, procedure rooms were spread throughout the building – even on different floors – putting a burden on anesthesiologists, support staff and pre- and post-operative care. But why?

This layout didn’t make sense to Dr. Holmes. The obvious course, he thought, would be to pair the space for related procedures, which he anticipated would reduce surgical errors, improve outcomes and decrease costs – not to mention the opportunities for more-aggressive procedures.

“Suppose you are doing a procedure to open a blocked artery, and you are doing it in radiology, and for some reason the artery is torn and there is bleeding,” Dr. Holmes says, explaining why integrated space is so important. “Then the patient needs to go to the operating room and have an incision and have the artery repaired.” The time to transport the patient to the operating room is a potentially dangerous lag, he continues. But with interventional suites and ORs in close proximity, “our surgeon will be able to just walk in and do the surgery right in the interventional suite, if it is appropriate. Or they can move the patient right over to the operating room.”

So CASIT advocated placing the interventional rooms on the same floor with the operating rooms, a forward-thinking effort that, coupled
with the latest technology, has attracted attention around the world. The new operating rooms also are built to withstand what has been a constant challenge in UCLA’s 1950s atomic-era hospital: the moving target of new technology, which has shifted numerous times just in the years that Ronald Reagan UCLA Medical Center was being built.

“It is the heartbeat of the building,” Richard Azar, director of transition planning, says of the interventional floor. “Usually hospitals only have one or two rooms with this equipment. It’s expensive, and you can’t really have your operating rooms offline (while upgrading). We were lucky to be building a brand new hospital because we could bring them all in at one time.”

SLEEK AND STREAMLINED, with gadgets and displays that could drive an electronics buff wild, the ORs are free of the clutter that is common to most operating suites, without the heavy, cord-laden carts and the abrasive lights. Instead, the technology was designed and arranged as integrated units to make the jobs of the surgeon and OR staff easier and improve patient care, says Dr. James B. Atkinson, chief of pediatric surgery and senior medical director of transition, leaving the operating rooms with a spacious, sterile feel.

Dr. Atkinson cites a tumor resection as an example of how this integrated technology works to improve patient care: “The surgeon, in the course of the operation, records selected images that show the tumor before and after the resection. Afterward, the surgeon can attach those images to the patient’s medical record; a pathologist can then see what actually was done and if any gross tumor was left behind.”

That ability to visualize the pathology is very useful for subsequent planning of treatment such as chemotherapy or radiation. “It’s much more useful than just looking at a written description. Even though the narrative may be of very good quality, it is not as informative as looking at the images,” Dr. Atkinson says.

The new operating rooms also raise the potential for global education. Whether in a classroom on campus or somewhere around the world, students can observe a procedure through streaming video. They won’t simply see incisions obscured by surgeons’ shoulders, but will view transmitted images from cameras embedded in the lights directly over the operating field.

“If we want to raise the level of treatment in developing countries and remote locations, then a transmission of information as a global teaching tool is very helpful,” says Dr. Neil Martin, chief of the Department of Neurosurgery. “The only other way you could do that is to fly to another country and do the operation there. There is an audience of surgeons around the world who would like to see this, learn from it and bring their surgeries up to the level of what is being done at UCLA.”
Hard Steel, Delicate Beauty

Photograph by Dr. Richard M. Ehrlich

Dr. Richard M. Ehrlich, a physician at UCLA for more than 30 years and a fine-art photographer of national reputation, spent more than four years documenting the construction of Ronald Reagan UCLA Medical Center. He was attracted to the brutal beauty and sometimes surprising delicacy of the building – how rebar and iron played off each other, creating repeating patterns of broken light and interlacing shadow; the way that steel girders, coated with a patina of rust and bearing coded instructions scrawled in chalk and paint, glowed in harsh afternoon sun. It was, he says, “like watching the emergence of a vision for the future. I saw marvelous new medical technologies, brilliant minds and caring people all fused in this artistically beautiful environment.”
Workers unveil the signage at the entrance to the new Emergency Department as Ronald Reagan UCLA Medical Center prepares to open on June 29, 2008.