

BALTIMORE CITY DEPARTMENT OF PLANNING
URBAN DESIGN AND ARCHITECTURE ADVISORY PANEL
MEETING MINUTES

Date: December 19, 2019

Meeting #27

Project: UMMS – MSGCCC Addition

Phase: Schematic

Location: University of MD Medical Center – Greene and Baltimore Street

CONTEXT/BACKGROUND:

Linda Whitmore with UMMS introduced the project and the project team providing context on the existing hospital and cancer center. Kent Bonner with HDR introduced his design team and began the presentation of the project within the existing site conditions. The proposal is for a 10 story building addition at +/- 125 feet which would front the intersection of Baltimore and Greene Street and the park space across the street. Site circulation was reviewed in detail with a review of the visual approach of the massing from multiple access points. A review of the massing within the overall urban context was shown and sections were reviewed to articulate the internal program components of the building. The main entrance is shifted south slightly and the staff entrance is separated out into a new access point further south along Green St. A patient garden is envisioned south of the entrance, accessed only from the interior. A brief review of the interior program at the base level and typical in-patient floor were reviewed for their impact on the exterior architecture. The team shared the 12 originating ideas that led the team down to the 3 concept ideas that the team is pursuing currently. The leaderships goals are for this building to be as forward looking as the medicine and patient care that they provide.

Option 1 – explores the ideas of highlighting moments within the City, the Campus, and within the building program. The base datum aligns with the surround buildings as the addition completes the street wall. A field of glazing interrupts the elevation to highlight the entrance. Perforated metal panel provide screening to the simple elevation design that clads the building field. A secondary moment in glazing is expressed at the upper corner where the active office spaces are located. The perforated screens were reviewed and provide shading for the glazing.

Option 2 – explores an inward facing approach where the elevations reflect the interior program more directly. Movement across the façade from the intersection of Greene and Baltimore towards the main entrance was also explored within the architectural skin in this option. Horizontal banding groups floor programs together and a rain screen/curtain wall system is used with an opaque panel system is applied, slightly proud, of the glazing.

Option 3 – explores a desire for a new identity for the hospital overall. The idea is that a curtainwall ‘gem’ sits atop a base element at the corner. The curtainwall has slight variation within the panels so that it is monolithic overall but has finessed detailing within the facades with a mixture of vision, spandrel, and opaque panel within the frame. Using color/ a material with color into the panels along with variations within the mullion caps is also being explored within the scheme.

A discussion of the pedestrian movements and the circulation of the ground plane was had with the Panel.

DISCUSSION:

The Panel asked questions related to Pedestrian circulation at the ground plane, previous circulation diagrams for vehicular access to the main entrance, location study of the main entrance, and timing of a potential vertical expansion.

Site:

- Continue investigating the vehicular and pedestrian movements at the ground plane as it relates to main entrance location and massing articulation at the corner of Baltimore and Green St. There was concern about the added north travel lane within the site and the goal of creating a welcoming space for patients and visitors. Ideas that were discussed were eliminating the vehicular access point from Baltimore Street such that all circulation is off of Green. With this, sliding the entrance north towards the corner of the site and consolidating the pedestrian circulation with the street crossing and adjacent bus stop would eliminate all pedestrian conflict with the vehicular circulation within the site. Alternately, it was discussed that vehicles can enter off Baltimore, the circulation pattern should be one way south only (eliminate the north bound lane from Greene Street on the site), with the exit only onto Greene/across to the parking structure. This would capture cars from Baltimore Street and those traveling south on Greene would use the curb indentation for temp. drop off/pick up within the urban realm. This move would allow greater expansion of the pedestrian area under the new addition and avoid the multiple conflict with peds. and cars but may cause circulation conflicts between the proposed vehicular entry and the Baltimore St bus stop currently located in close proximity. Both scenarios were discussed with respect to advantages and disadvantages, subject to project team’s consideration and further site plan development prior to next review and discussion with the Panel.
- Investigate the inclusion of a more purposeful pedestrian landing space, with clear visual cues that do not rely solely on signage at the front door and shifting the pedestrian entrance closer to Baltimore Street rather than buried deep in the site.

Building:

- Is there an opportunity to shift the main entry north towards Baltimore Street to allow broader access from all pedestrian points? How would that help strengthen the urban presence of the building in relation to its surroundings?
- The angled column peaked interest and ideas of how it may be incorporated within a broader vocabulary of the ground plane.
- IF there are 3 additional levels anticipated, then consider designing it as a taller building now as it will impact two of the current schemes that have clear base, middle, tops.
- There was conversation around the experiential aspects of having a screen across your vision glass as a patient and, conversely, the idea that some of the windows may have smaller vision glass apertures than others.

Next Steps:

Continue schematic design addressing the comments above.

Attending:

Kent Bonner, Shawn Xu, Hamed Aali, Tyler Dye, Susana Erdegian – HDR

Linda Whitmore, Laura Kautz, Darryl Mealy, Bret Elam – UMMC

Gordon Ingerson – KPN Architects

Ed Gunts – Baltimore Fishbowl

Mr. Anthony, Mses. Ilieva, O'Neill and Bradley – UDAAP Panel

Anthony Cataldo*, Renata Southard, Ivor Quashie– Planning