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GreenSource

Healthcare May Take LEED in New Directions

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The Green Guide for Health Care (GGHC) has provided guidance for the design, construction, and operations of healthcare facilities since it was developed in 2003. From the beginning, GGHC was designed to be a voluntary, self-certifying best practices toolkit. After a two-year pilot period that included 115 projects, GGHC version 2.2 was released in January 2007, and the guide provided the foundation for a full-fledged registration and self-certification system. Working collaboratively with the U.S. Green Building Council (USGBC), GGHC provided expertise in developing LEED for Healthcare, which was released for its first public comment period in November 2007. After anticipated revisions and a second public comment period in early 2008, a balloted version should be available in spring 2008, providing the first third-party certifiable green building rating system for healthcare facilities.



Photo © John Durant

Dell Children's Medical Center of Central Texas, a Green Guide for Health Care (GGHC) pilot project in Austin, was designed by the architecture and planning firm Karlsberger.

According to Owens, the LEED for Healthcare committee and the MR-TAG wanted to offer the credit to the marketplace for feedback. "That strategy is a little bit new, but I think it's appropriate given the nature of the issue—we want to get the comment of people in the industry."

MR-TAG members who opposed the credit cited the February 2007 report by USGBC's Technical and Scientific Advisory Committee (TSAC) showed that PVC was not always the worst environmental choice among common building materials. In the

The current draft of LEED for Healthcare incorporates many aspects of GGHC, including credits that would, if approved, address topics that so far haven't been targeted by credits in other LEED rating systems. According to Brendan Owens, vice president of LEED technical development, the rating system addresses some challenges that are unique to healthcare settings. "We want to have a document that brings human health more front and center than other LEED systems might," he said. Among these is a prerequisite requiring project teams to use an integrated design process. The project team must set goals, conduct a design charrette, state the health mission statement of the project, and outline the owner's requirements. Another credit is available for teams that practice integrated design at a higher level. Of this credit, Gail Vittori, chair of the LEED for Healthcare committee and a member of the GGHC steering committee, said that "putting the spotlight on integrated design to highlight the shared goals for the project is the way to set a project on a solid pathway to a successful outcome."

Controlling the acoustics of health-care facilities is important for patient privacy—it is required by the Health Information Portability and Accountability Act—and well-being. LEED for Healthcare thus offers up to two points for meeting specific acoustic requirements.

Several credits in the Materials and Resources section of the draft stem from human health concerns unique to healthcare situations and represent new territory for LEED. These include credits for reducing use of mercury, lead, cadmium, and copper—all considered persistent, bio-accumulative, and toxic (PBT) chemicals. Credit 4.1 may be the most controversial, however. It offers a point for avoiding cement made in kilns that burn hazardous waste, and materials that incorporate halogenated compounds, including PVC.

This credit is called out in the draft's introduction for special attention from reviewers because it was not approved by LEED's Materials and Resources Technical Advisory Group (MR-TAG). The draft notes that the MR-TAG was unable to reach "unanimous consent" on the credit and chose not to approve or disapprove it.

opinion of these members, "it is illogical and counter-productive to eliminate a category of materials about which we know the most in favor of materials for which the life-cycle impacts are less clear." More generally, this opinion within the MR-TAG objected to the use of a credit for avoiding certain materials, as opposed to one preferring certain materials.

In its note in the draft document, the committee behind the LEED for Healthcare draft counters that TSAC found PVC to be among the worst materials in terms of human health impact, making the credit a logical one for healthcare environments. The committee also directly counters the MR-TAG's opinion, noting, "The indications from the TSAC report are that the building as a whole will not likely come out worse on the overall environmental score either."

In reference to the specifics of the Materials and Resources credits, Vittori noted that LEED for Healthcare is still in its first public comment period, so many of its details could change before the final system is released. She and the rest of the committee, however, are looking forward to addressing and responding to comments.

In all, LEED for Healthcare promises to produce a lively debate and may result in some credits that bring LEED into new areas, such as acoustics and materials to be avoided. With USGBC also working on its "LEED bookshelf" system for standardization of LEED credits, it's conceivable that these credits could find their way into other LEED systems.

For more information:

[Green Guide for Health Care](#)

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