

HEALTHCARE

On the Fast Track: Public Hospitals Condense Schedules, Challenge Teams

If you can design or build public healthcare projects in New York City, you can design or build anything,” said Anita O’Brien, project executive, Harlem Hospital Center, a New York City Health and Hospital Corporation institution.

O’Brien, has worked with HHC for more than two decades and has seen how publically funded capital construction of healthcare facilities has changed and opportunities have shifted.

Right now the Office of Facilities Development (OFD) is responsible for

tern now. I know we will be going forward with more construction, but with healthcare reform and the downturn in the economy, it is unclear right now what the plan will be.”

O’Brien said she sees over the next five years a possibility that HHC will add more ambulatory and primary care facilities and downsize its in-patient facilities. She also envisions more specialization. “Everyone knows each facility would like to offer every specialization at the highest, level, but it’s clear we can no

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managing the last of the Health and Hospitals Corporation’s (HHC) \$824 Million, 5-Year Capital Plan; for providing construction management services, consulting, planning, budgeting and accounting for the Corporation’s capital program; engineering, contracting, real estate and other technical services to HHC’s facilities and Central Office departments; and the preservation, care, and exhibition of HHC’s permanent art collection.

There was a time with HHC had a \$2 billion to \$3 billion capital plan, and new construction was taking place at Kings County, Queens County, Elmhurst and more.

“Now we’re at the tail end of \$1.3 billion in capital spending since 1997,” O’Brien said. “We’re in a holding pat-

longer afford that luxury.”

Renovation projects and energy efficiency upgrades will always be part of HHC’s plan because of the aging of its infrastructure.

One thing is for certain, HHC projects will continue to challenge design and construction teams. The three biggest challenges, said Helen Cohen, senior healthcare planner, HOK, New York, N.Y., are schedule, budget and Wicks Law.

Every HHC project is fast-tracked, she said. HOK started schematic design of Queens County Hospital back in January, 1998, and they broke ground in August the same year.

“The days of having three years to design a project are dead and gone,” O’Brien added. “If we have to wait



Clockwise from top Left: O’Brien, Jones, Cohen, Gecsedi

three years for the design, then it takes three years to build, the project is obsolete. You are no longer capable of delivering healthcare in the way that is required.”

During the planning stages, for public hospitals, the administration typically makes many of the decisions for the staff, Cohen added. When she completed user groups with nurses and other staff, she found that they were used to their “third world” accommodations and weren’t able to foresee a better way to work. And sometimes, the engineering staff was nervous that it might lose jobs if the staff doesn’t manually adjust systems any more.

“Working with the users required a lot of education of the staff, which was not familiar with cutting edge technology

and was nervous about what we were going to do to them.”

“After that, it was document it, draw it and get it out there,” she said.

In addition to an intense compression of the schedule, the fast tracking forces the team to break up the job into smaller bid packages so construction can proceed as design moves along. At Queens County, there were 18 bid packages, Cohen said.

The team at Queens County was planning to bid the entire enclosure as one package, but when it got no response to the bid, it had to separate it into parts and re-bid it.

Having five prime contractors on a project is a “totally different animal” from private construction, Cohen said. “Team meetings can include up to 50 people, and half of them are primes. It’s a huge administrative load on the design firms.”

Even with all the obstacles on Queens County, the staff is quite pleased with the outcome, O’Brien said. “The systems and the flexibility of the design has served them well,” she added.

The Kings County and Queens County projects were the first to be completed with the Dormitory Authority of the State of New York as HHC’s design and construction partner. “HHC will never go back to managing its own projects,” O’Brien said.

Public healthcare projects are public projects, so they are restricted by legislation to a design-bid-build procurement methodology and Wicks Law, said Ronald Gecsed, DASNY’s chief project manager.

Typically one of the ways DASNY makes up time in the design-bid-build procurement is by fast tracking, he said. “We can do early bid packages for foundations, steel and curtainwall and have them issued and awarded while we’re

still finalizing design,” Gecsed said. It allows the team to get into the ground a year or more earlier and deliver the project more quickly.

At Harlem Hospital’s \$150 million New Patient Pavilion, currently under construction, the team broke up the project into nine bid packages, which is driven by the need to deliver product

more quickly to client, and by market conditions, Gecsed said.

DASNY pays close attention to specifications written by the design team to ensure that they are specific and that they ask contractors for exactly what is needed. “If it’s not in the spec, then it’s going to be difficult to get,” he added. DASNY works closely with the design teams to tailor specifications precisely to what it wants to accomplish in the field.

As construction manager for Harlem Hospital’s New Patient Pavilion and about \$2 billion in public healthcare construction over the past 10 years, TDX Construction knows the value of ensuring the design documents are crystal clear.

“On the front end, a lot of our effort goes into preparing the scope of work for the different contractors,” said James Jones, president, TDX Construction Corp., New York, N.Y. “We spend a great deal of time with the architect working to make sure nothing slips through the cracks as far as scope goes,” Jones said.

One way that the construction manager orchestrates the prime contractors and multiple contracts is by acting as the

general contractor when it comes to supplying common services on the site, like the scaffolding and the hoist “because all the trades have to use it,” he said. “It’s critical that the control of the scaffolding and the hoist be under the CM’s jurisdiction.”

Cost control is another critical element of the construction manager’s role

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on the project. Typically, the architect will have a cost control consultant, the CM will perform a very detailed cost analysis and then there is a third level of cost review by the owner.

DASNY also emphasizes commissioning. “You can build the best building in the world, and when you turn the keys over, if it can’t be operated and maintained the way it was intended, you’re not going to have a facility that operates efficiently,” Gecsed added.

“It’s important for design and construction professional to know that time is of the essence,” O’Brien said. HHC has been “extremely pleased” with DASNY. They have helped facilitate a “drastic change” in the way the agency builds healthcare facilities. ♦