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Regional Health Care Today

Collaborating to Improve Response

Frontline workers, designers and builders join forces to keep things moving

By Marge O'Connor

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Funding and Flexibility Are Key to Current Projects

Health care has had many challenges this year. At the start of the COVID-19 pandemic, frontline workers faced an overwhelming influx of patients and an increasing need for more help and more space. Then revenue took a dip as elective surgeries were canceled. Now, although more areas of health care are open, the construction outlook is mixed.

“While 2020 has been tumultuous, health care construction is among the most stable sectors. There is continued competition for best patients, and a need for more mental health and addiction services. We are seeing less new construction, and most of it is on essential projects. New standalone facilities are moving forward, and renovation projects are good, perhaps stronger. Across the Northeast, more regional facilities, community clinics, locations for basic health services, mental health counseling and addiction services are still needed in greater numbers,” says

Jay Brotman, AIA, managing partner, Svigals + Partners, New Haven, Conn.

Much of the current work is in response to lessons learned from the pandemic, such as including more beds, designing for greater flexibility and dealing with increased surge capacity. “COVID-19 has shown the construction community a new way to collaborate and fast-track projects with each other and our partners. This kind of teamwork will be expected by our clients going forward and will become the new norm,” says Christopher Shaw, vice president, LF Driscoll Healthcare, New York.

Funding, location and purpose are all factors in projects being active. “Big cities like Boston and Albany have high levels of activity, and the largest institutions have significant momentum. New regional projects are moving forward, some of which were funded before the pandemic. Projects that are moth-balled vary from medium to smaller in size and are in less-central locations.

Also, the focus and regulatory situation in recent years has favored outpatient care facilities,” Brotman says.

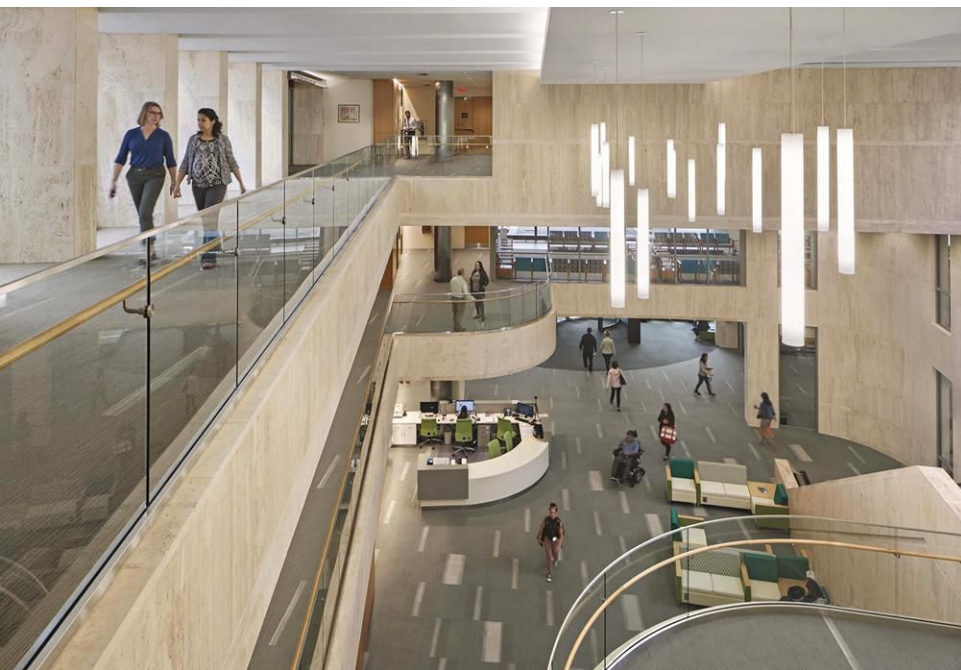
As the demand for health care services expands and new construction stalls, the focus will be on reconfiguring current spaces or adapting existing buildings to meet consumers’ needs while working with limited budgets.

Designers and builders continue to face the unknown. “Health care construction management firms must remain nimble and flexible as health care systems and institutions walk the line between having to plan and spend for future pandemics or similar circumstances. In other words, we also have to face what ‘might’ happen and contend with recovering budgets, capital plan adjustments and delays due to the gap in income from elective surgeries,” Shaw says.

Outside funding is also a challenge to the financial outlook. “Weaker federal funding for hospital improvements has resulted from the current administration’s preference to push responsibility to states for health care challenges, including COVID-19. Also, the Affordable Care Act (ACA) and its coverage for mental health and long-term care have a direct impact on funding projects for these patients. If the ACA is overturned, the resulting uncertainty could quickly eliminate a lot of planned construction spending,” Brotman says.

Health care needs for 2021 will be similar to 2020. “We will need more targeted new construction, a lot of renovations, including some related to COVID-19 impacts, and improvements that increase flexibility. Competition for the best-insured patients will continue to drive improvements, such as uplifting spaces, more art, and more spaces for family to visit, support and interact,” Brotman says.

Similar to the health care process, health care construction right now is doing the best it can with what it has. ♦



A recently completed renovation at the 300,000-sq-ft University of Connecticut (UConn) Health Center included turning 150,000 sq ft of space into a new multi-specialty clinic that replaces separate nephrology and pulmonology clinics. The center’s teaching hospital houses the UConn School of Medicine and School of Dental Medicine.

Adapting to Continue Construction During a Pandemic

COVID-19 has upended the way we live and work—but nothing compares to the impact it has had on the health care sector. Frontline health care workers were sacrificing their health to battle the virus, and health care facilities and processes had to be entirely reconfigured to care for patients and protect against further infection.

As it became clear that the virus was spreading, hospitals became proactive about what they could do to get ahead of the predicted surge. For managers of health care facilities, this meant reevaluating how they were using their spaces—including those with active construction projects.

In New York City, LF Driscoll Healthcare was working on several renovation projects, including a 15-bed surgery unit. The hospital asked the project team to convert some of the in-process patient rooms into negative air pressure rooms. The renovated floor would provide a new medical surgery unit with 15 private rooms and dialysis capability. Among them were two patient lift rooms and four negative pressure rooms. The team station area would include Epic monitoring, a pneumatic tube station, and staff and support spaces. Infrastructure systems would include modular headwall systems, mechanical infrastructure improvements, a new dedicated air-handling unit on the floor and an inline exhaust fan to the louver. LF Driscoll Healthcare orchestrated multiple shutdowns to the active and surrounding areas to coordinate electrical shutdowns of critical power, equipment power and normal power with hospital staff.

“The project was well underway when we were asked to modify it on the fly,” says Christopher Shaw, vice president and health care leader at LF Driscoll Healthcare. “We reworked the design collaboratively, made decisions based on what materials were readily available, and focused on how to get the job done before the next potential surge—safely within our COVID-19 site guidelines.”



Safety is the number-one focus for building in a hospital setting, and many construction companies like LF Driscoll Healthcare have continued to emphasize this while continuing work throughout the COVID-19 pandemic.

In New Jersey, LF Driscoll Healthcare’s clients were similarly assessing what was coming and how to prepare. Finding essential materials and equipment quickly became the focus, along with ensuring that construction crews could protect each other, hospital staff and patients from exposure.

“We had a mission to help our clients help their patients, and we have been laser-focused on having each other’s backs to get it done.”

—Christopher Shaw, Vice President and Health Care Leader, LF Driscoll Healthcare

LF Driscoll Healthcare’s New Jersey construction management team responded, connecting clients to suppliers and donating its in-house stock of negative air machines, as well

as dust-barrier systems, door window kits, coverall suits and hundreds of N95 masks. At the same time, the team mobilized to act on dozens of projects to retrofit hospitals’ existing spaces for infection control. This included replacing interior windows with insulated metal panels, and installing Edge Guard barriers to create isolation rooms and temporary treatment areas.

“We are used to working at a fast pace,” says Joseph MacInnes, health care sector leader for LF Driscoll Healthcare in New Jersey. “We reached out to all of our existing vendors and new ones, and worked with our subcontractors to explore all options. Everyone really came together to make it happen.”

While working in health care is rewarding on its own, helping the front lines fight the pandemic brought the LF Driscoll Healthcare teams an added level of pride. “We knew what we had to do. We had a mission to help our clients help their patients, and we have been laser-focused on having each other’s backs to get it done,” Shaw says.

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