

TOP 10 CONSIDERATIONS IN HEALTHCARE RENOVATION

Top 10 Considerations in Healthcare Renovation

1. Patient as Priority

When it comes to construction in a medical environment, patient and staff needs are as important for contractors to understand as the technical aspects.

Having project managers and superintendents who specialize in healthcare and are certified in healthcare compliance is essential. They understand the impact that a project can have on the patient's experience, and will take every precaution necessary to minimize project disruptions and maximize convenience.

2. Early Planning

Because hospitals function 24/7/365, they are unlike other businesses where renovation activities can be scheduled at night, during weekends or other less intrusive times. However, contractor involvement during preconstruction can help healthcare clients save millions of dollars, prevent costly surprises, and minimize the operational impacts of construction.

A few key areas where early input can be especially valuable include:

- Constructability – where feedback is provided on how the design can be built
- Phased scheduling – where the contractor provides recommendations on how the project can be segmented to meet the overall timeframe
- Documentation – where drawings are reviewed with the client to ensure they are correct and complete

3. Collaborative Approach

Truly collaborative relationships between contractor and client can shorten project time, saving significant dollars and allowing the

renovated facility to begin generating revenue much sooner.

Expect the contractor to encourage a constant exchange of ideas and information, and to help satisfy user groups, stakeholders and the community throughout the construction journey.

The superintendent and team always should act with the client's best interests in mind, involving the client in interesting aspects of the project such as milestones or other celebrations.

4. Phased Scheduling

Scheduling construction in phases — which can be likened to a series of smaller projects done in succession — is especially suited to healthcare renovations. Using a multi-phased schedule can minimize the construction impact on day-to-day facility operations, and make it easier to synchronize construction activity with the kinds of timing and scheduling restraints that are unique to healthcare facilities.

5. Digital Visualization

Electronic modeling technologies, such as virtual design and construction (VDC) and building information modeling (BIM) are driving the construction industry away from two-dimensional processes toward a true, model-based approach. The best contractors are early adopters and avid users of these technologies, which add value, facilitate decision-making and provide guidance to clients and to all members of the project team.

Other advantages of VDC and BIM include: visualizing the project's schedule, coordinating mechanical, electrical, plumbing and fire protection systems, reducing requests for information (RFIs) and change orders, and identifying safety and quality issues before construction starts.

6. Infection Control

Contractors must be aware of, and plan accordingly for, the safety and health of patients, visitors and medical staff in regard to infection control and environmental hazards. Therefore, the contractor should be directly involved, as early as possible, in helping the client develop the necessary Infection Control Risk Assessment (ICRA) documents. The preconstruction risk assessment (PCRA) is one of the most important and most underutilized tools available to healthcare facilities contemplating a construction project. Often the PCRA is completed just prior to the contractor performing the work and describes only the infection control requirements. However, incomplete or ineffective implementation of the PCRA can increase construction costs and put patients, staff, and visitors at risk.

Expect the contractor to develop and complete a pre-planning action item checklist, and to conduct ongoing compliance monitoring. The contractor also should conduct pre-planning meetings that include the facility safety director, infection control director, area-specific supervisors, maintenance engineer director and housekeeping director.

7. Interim Life Safety Measures

The chosen contractor should have the expertise and processes in place to ensure compliance with the Joint Commission on Accreditation of Healthcare Organization's Interim Life Safety Measures. These include general safety, fire safety, exits and security. As with infection control, it is the contractor's duty to conduct an in-depth analysis of the existing facility — long before any construction begins — to identify and cite any discovered safety risks, and determine what steps may be necessary to address those risks.

8. Clear Communication

For each and every action taken on a job site, communication is key. Whether it's with the facility manager, the health and safety officer, the infection control officer, the department head, the head nurse or the facility cleaning crew, all stakeholders need to be part of day-to-day site communication.

9. Self-Performed Services

Larger, self-performing contractors provide value by covering all the bases of project delivery methods: preconstruction, general contracting, construction management, design/build and best value. Self-performing contractors establish project goals and expectations early, set the project's pace, and keep everyone focused and on-task.

Better management of client-initiated design changes is another advantage of self-performing contractors, and any savings accrue to the client, not the contractor. Contractors with a track record of self-performance on healthcare renovations also tend to have a strong infrastructure of tradespeople and project managers with demonstrated success working as a team.

10. Value-Conscious Budgeting

Use of a value engineering or value analysis process can reduce renovation costs considerably. Having the contractor involved with the client and architect in the earliest part of the design phase helps ensure that budgets do not get out of hand.

When the contractor is involved in initial conversations with user groups – doctors, nurses, maintenance staff and others – the contractor can help identify and prioritize the costs of design inputs from these groups with respect to the overall design, and consideration for the

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