### New York Building Congress | June 30, 2011

# Collaborative Project Team

Louis Saksen, AIA, FHFI
Vice President Facilities Planning & Development
Parkland Health & Hospital System, Dallas, Texas



**PROJECT** 

APPROACH

TEAM

TOOLS

LESSONS LEARNED

SUCCESSES

a collaborative project team case study

New Parkland Hospital



- Public Hospital for Dallas County (pop. 2.4M)
- Academic Medical Center, the primary teaching hospital for University of Texas Southwestern Medical School
- A system of 11 Community Oriented Primary Care (COPC) clinics throughout Dallas County
- 968 licensed bed hospital (approx 725 operating beds)
- Level 1 Trauma Center
- Only Burn Unit in North Texas
- Level 3 Neonatal Intensive Care Unit (NNICU)

## Parkland Today





40,117 adult inpatient discharges



12,905 Surgeries **15** 15,192

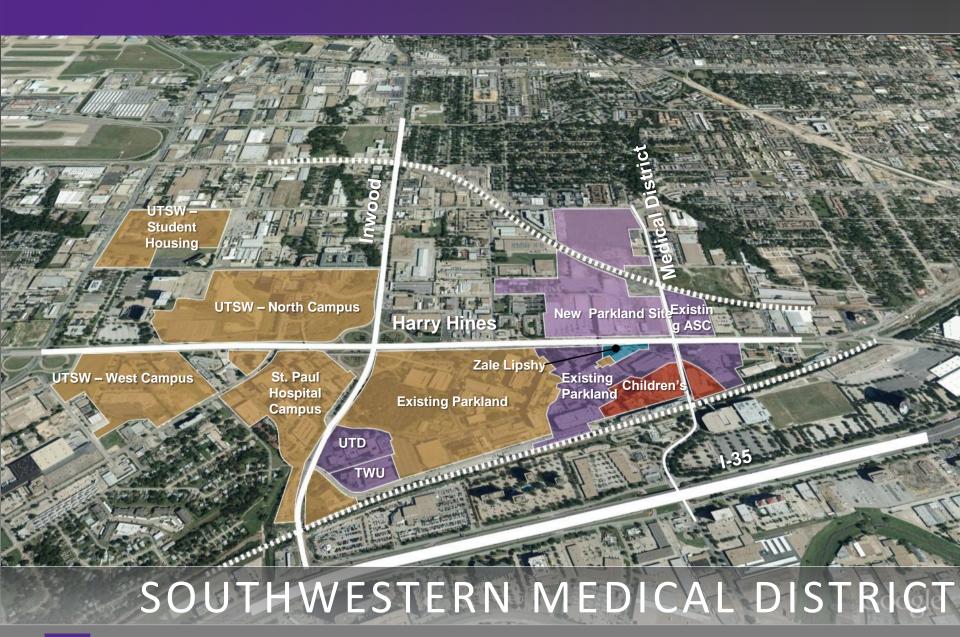




153,717 emergency department visits

Parkland by the Numbers

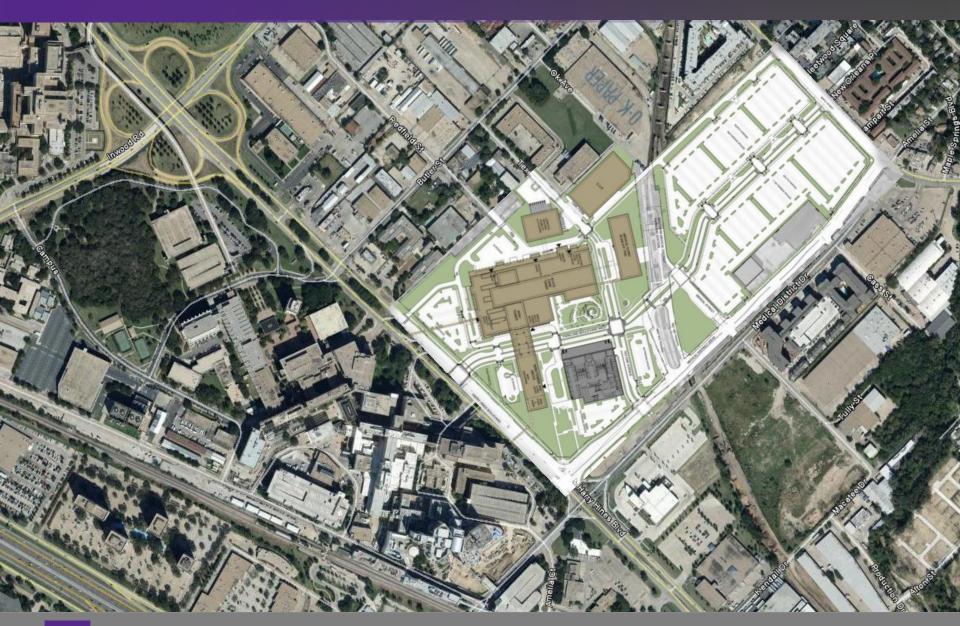












### LEGEND

- 1- ACUTE TOWER
- 2- WISH TOWER
- 3- WISH CLINIC
- 4- MEDICAL CLINIC
- **5-** PARKING
- 6- ED WALK-IN
- **7-** ED AMBULANCE
- 8 SERVICE/ LOGISTICS
- 9 DART RAIL STATION
- **10** CENTRAL PLANT











11/04/08 - County Bond Election



APPROACH

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New Parkland Hospital





Collaborative Project Delivery Model





Our Approach to Program Delivery





Program Team Co-location Office



### Parkland Project Delivery Team Covenant

Created July 16, 2009 with Ann McGee-Cooper and Associates, Inc.

- We make decisions and create solutions for what is best for the team, not just ourselves, and can be endorsed by all. We consider what is best for the patient to guide our decision-making. Decision-making and Problem Solving We enjoy the energy of ideas and the satisfaction that comes when the team has ownership and creates the solution.

  - We seek win-win solutions.
  - We identify and mitigate risk.

- We share honestly our own thoughts and ideas. Honesty and Trust
  - We trust all members of the team.

- We listen and ask clarifying questions to understand and validate concerns. We don't assume we know what others mean. We deliver on our promises. Listening and Communication We listen to all thoughts and ideas.
  - We listen with both ears and both eyes.
  - We communicate freely, openly, concisely.

### Conflict Resolution

- We know that there will be problems; our measure of success is how we resolve them. We assume goodwill and that everyone is a reasonable and rational person.
- We own our individual parts of any conflict.
- We persevere through challenges and changes. We communicate concerns early to allow time for proper reaction.
- We relinquish ego for the betterment of the team. We acknowledge something positive before indentifying a problem/challenge.
- We respectfully confront rather than stew on something.

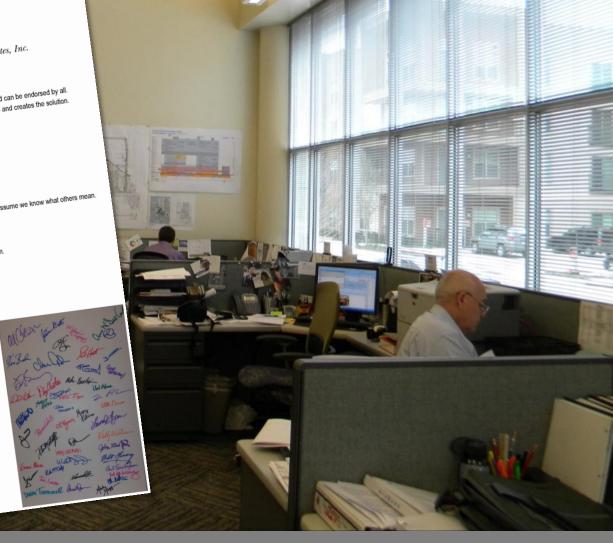
- We maintain perspective and balance, making time for self and family. Life/Work Balance
  - We have fun and celebrate successes along the way.
  - We don't forget the humanity.

### Innovation

We challenge ourselves and others to stretch and creatively think "outside the

### Positive Attitude, Public Relations, and Success

- We work in the spirit of "we will," not "I can't" and never "we won't." We are highly dedicated to the project. We enjoy positive humor and eliminate "sniping."
- We measure success on a team scale.
- We all help tell the story.



Co-location + Covenant





Co-location + Covenant











By our actions, we will define the standards of excellence for public academic health systems.



Establish Quality Expectations





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## New Parkland Hospital

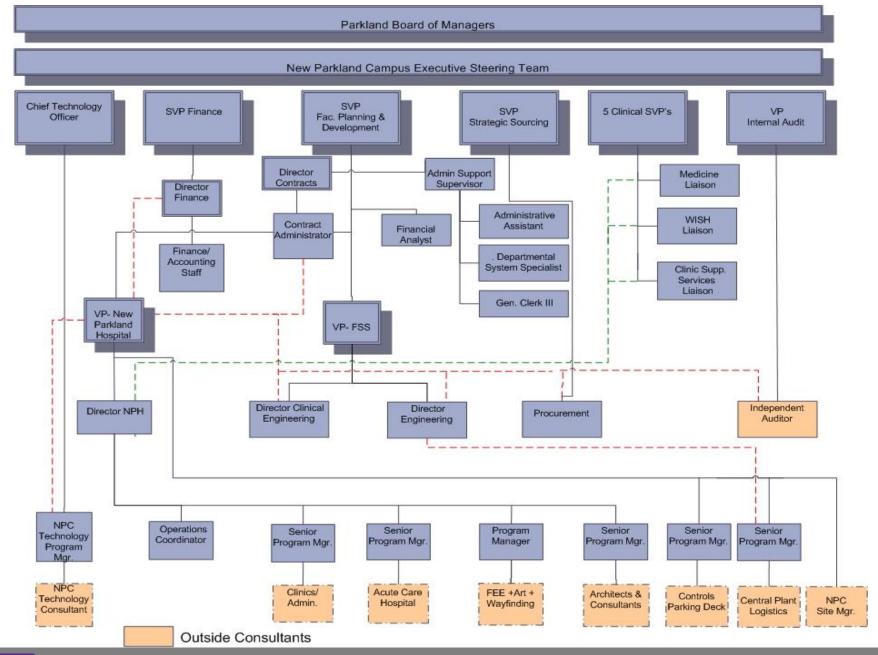


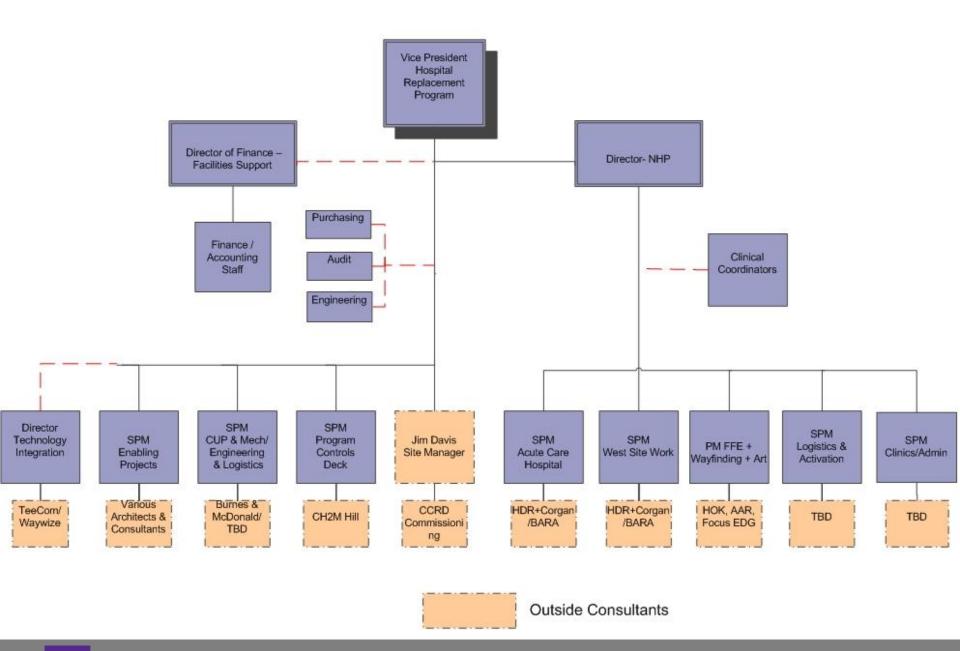
### **Hybrid Management Model**

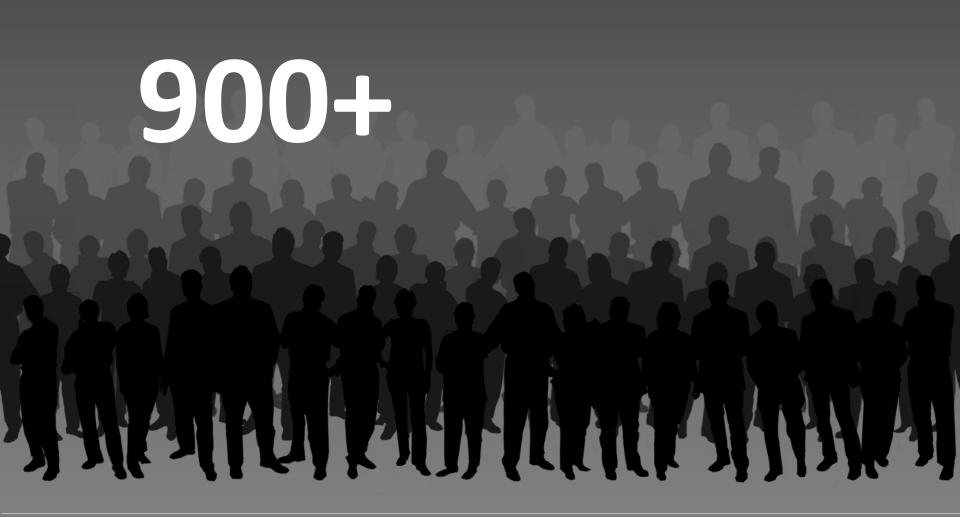
Leveraging internal strengths with related external consultants in order to maximize resource utilization by incorporating best practices including:

- Multiple levels of checks and balances through a comprehensive program controls manual
- Multiple peer reviews
- Independent audit from outset to closeout
- Matrix management to insure continuity of budget and schedule control
- Weekly executive oversight
- Thorough Board scrutiny









Our Team







# omniplan

















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MESA







landscapearchitects

Major Consultants













### 30.5% Goods & Services















## 35.6% Construction Service

District Goals 30%









M/WBE Consultants















Patient & Family Advisory Committee





### Debra Levin

President and CEO The Center for Health Design

### Daniel J. Miesle

Director of Facility Planning & Development UK HealthCare University of Kentucky

### Carolyn Rhee

CEO Olivo V

Olive View-UCLA Medical Center and VallevCare Network

### Blair L. Sadler, JD

President Emeritus Rady Children's Hospital and Health Center

### Kathy A. Swanson

President

Winnie Palmer Hospital for Women & Babies

### Ellen Taylor, AIA, MBA, EDAC

Research Consultant

The Center for Health Design

### Frank Zilm, D.Arch, FAIA, FACHA

President Frank Zilm & Associates, Inc.

### David Allison, AIA, ACHA

Professor Director of Graduate Studies Architecture + Health Clemson University

### Peter Bardwell, FAIA, FACHA

Principal BARDWELL+associates

### Rosalyn Cama, FASID, EDAC

President Cama Incorporated

### Skip Gregory, NCARB

Bureau Chief Office of Plans ar

Office of Plans and Construction Agency for Healthcare Administration

### Cheryl L. Herbert, RN, MBA, FACHE, EDAC

President

Dublin Methodist Hospital

### Amy Keller, M.Arch, EDAC

Research Associate / Pebble Design Strategist The Center for Health Design

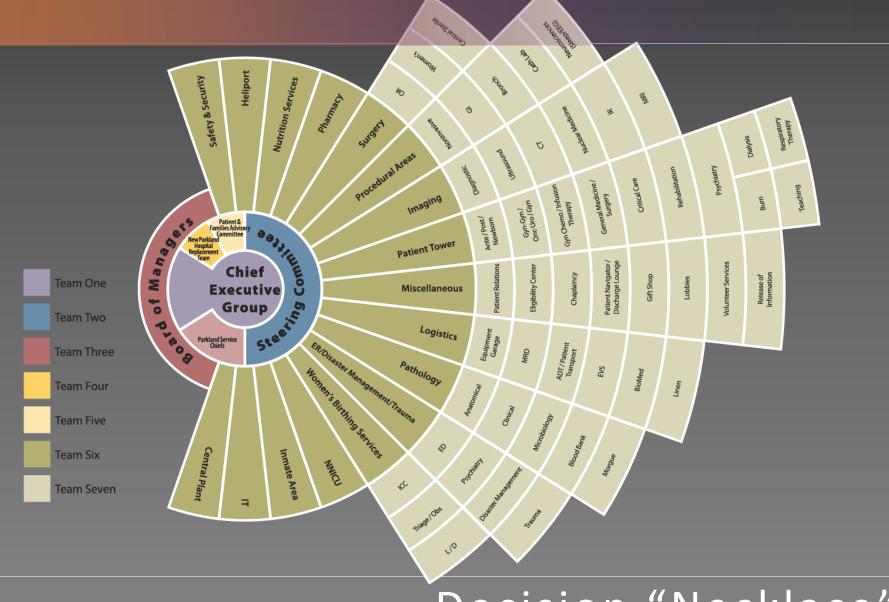
# Peer Review Campus Master Plan



### **Facilities Development Advisory Committee**

- Gil Andres Andres Construction, Chair
- Larry Goode, FAIA Goode, Fulton & Farrell
- Bob Zollars, PE Huitt-Zollars
- Jim Williams LandPlan Development Co.
- Lewis McMahon former VP Facilities with Texas Instruments





Decision "Necklace"



**PROJECT** 

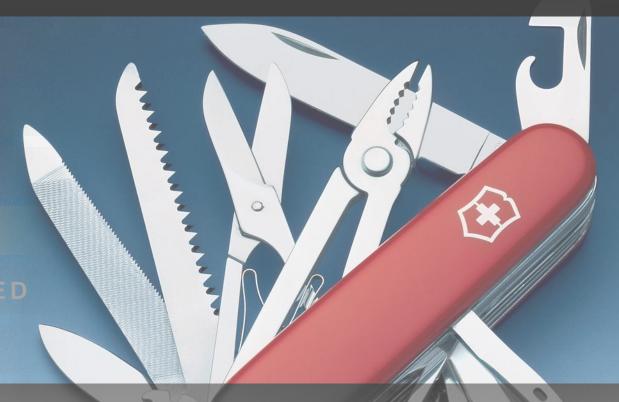
APPROACH

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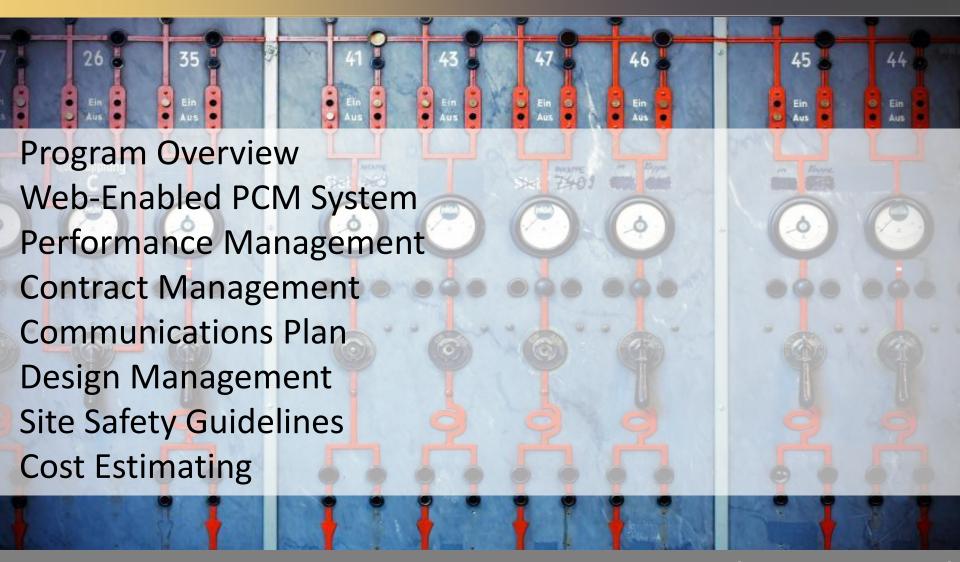
SUCCESSES



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New Parkland Hospital



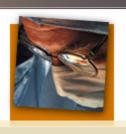


Program Controls Manual













vjects ▼ | Collaboration ▼ | Events ▼ | Site-Aid •

7558: New Parkland Hospital And WISH Clinic Core & Shell

Period: 2010 January As of: 25 Dec 0

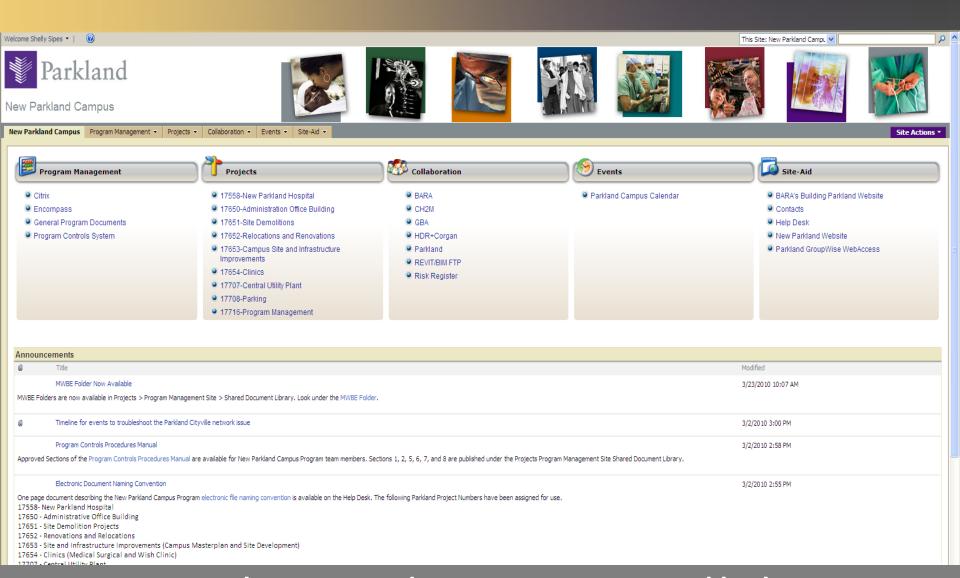
# Program Control Management System Program Collaboration

Dashboard and Program Performance Metrics

	CUMULATIVE COST TO DATE					FINAL COST				
PCM Training										
PCM System Avail	lahilit	\$94,015K			\$94,015K	\$1,069M	\$1,071M			
I CIVI System Avam	abilit	\$85,839K				\$265M	\$266M			
☐ New Parkland Hospital - Administration	\$260M	\$84,068K			\$84,068K	\$263M	\$265M			
☐ New Activity	\$1,771K	\$1,771K			\$1,771K	\$1,771K	\$1,771K			
□ NPH - Design	\$5,122K	\$7,678K		\$2,557K	\$7,678K	\$37,084K	\$37,084K			
■ Construction Administration	\$0	\$0	\$0	\$0	\$0	\$2,952K	\$2,952K	\$0	0	0
⊞ Close Out Services	\$0	\$0	\$0	\$0	\$0	\$77,691	\$77,691	\$0	0	0

Web-Enabled PCM System





## Web Based Program Collaboration





Systems Integration



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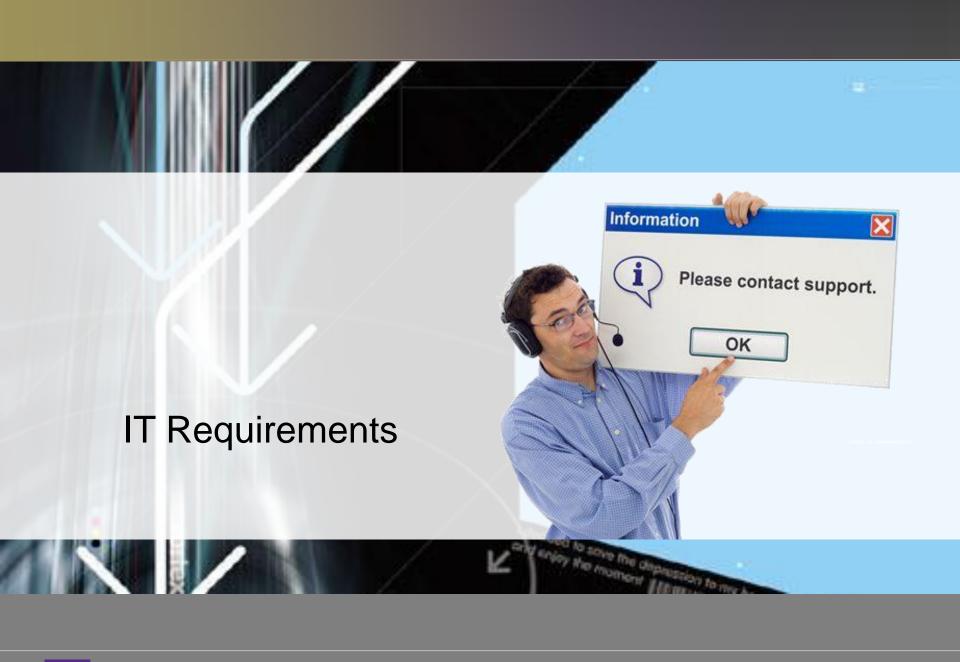
SUCCESSES

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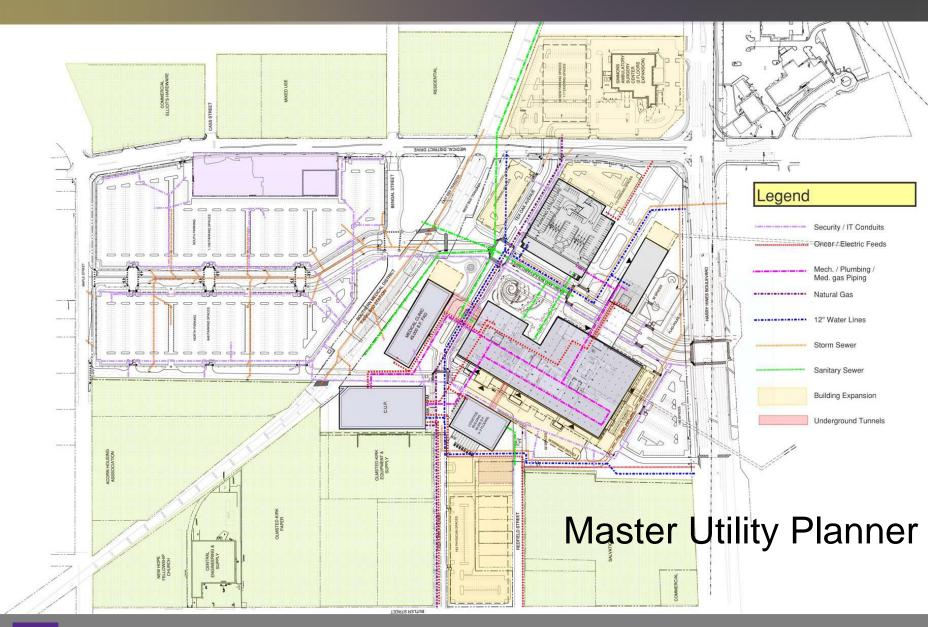
New Parkland Hospital















Procurement Strategy







Example: Future Off-stage Area



**Current Corrido** 







Work / Life Balance



PROJECT

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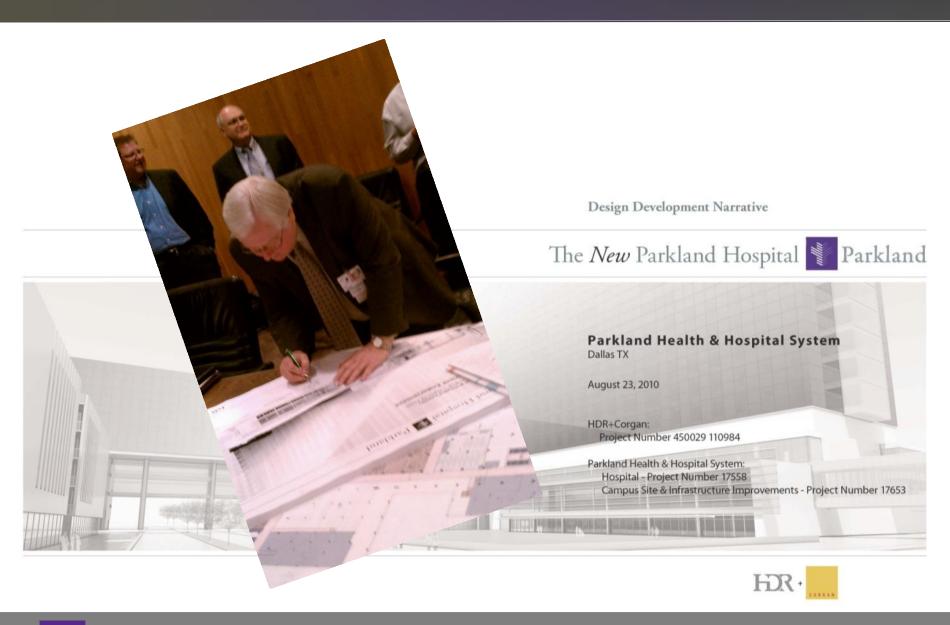
SUCCESSES



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New Parkland Hospital





#### **Executive Steering Committee**

Parkland Leadership Dedicated to the Program - Weekly Meetings

#### **New Parkland Campus Program Management Team**

Dedicated Program Management Team (New Hires – Top Talent)!

Dedicated Finance Team with AP Capabilities

Dedicated Clinical Team – Clinical Liaisons

**Dedicated Logistics Planning Team** 

**Dedicated Transition Planning Team** 

**Dedicated Technology Integration Manager** 

**Dedicated Procurement Manager** 

**Dedicated Audit Team** 

Dedicated FF & E Manager

#### **Parkland Staff Augmentation**

Program Controls - Critigen / Foster CM / APEX Owner's Consultants

SWIFT and TIGER Teams - Solve Problems....Move on!



## New Parkland Campus NPC Revised Budgets - June 13, 2011

				INPC	VEAI2	eu bi	Juget	.5 - Ju	me I	3, 201	LT								
Project Cost Items	Subtotal Project Costs (All Projects)		molitions ase 1 7651	Site Dem Phas #TE	ase 2		& Renovations 7652		work of Dart) 7653	(West	ework of Dart) 7727	Utility	ntral y Plant 7707	1	Structure 7708	WISH	e Hospital + Tower 7558	WISH Clinic Offic Core & #177	ices & Shell
Footnote:		Amount	+, (-)	Amount	+, (-)	Amount	+, (-)	Amount	+, (-)	Amount	+, (-)	Amount	+, (-)	Amount	+, (-)	Amount	+, (-)	Amount	+, (-)
	3,489,342 GSF	NA		NA		NA		19 Acres		40 Acres		90,000 GSF \$815/SF		823,473 GSF \$12,000/Car		1,866,112 GSF \$338/SF		135,000 GSF \$140/SF	
Construction	\$ 787,936,262	\$ 1,384,896	\$ (251,329)	\$ 251,329	\$ 251,329	\$ 3,523,107	\$ (45,338)	\$ 6,229,987	\$ (732,550)	\$ 27,079,335	\$ -	\$ 67,822,830	\$ (83,951)	\$ 23,863,932	\$ -	\$634,303,360	\$ -	\$ 23,477,486	\$ -
Owners Cost	\$ 17,664,155	\$ 172,700	\$ (35,000)	35,000	\$ 35,000	\$ 266,528	\$ (24,652)	\$ 93,298	\$ -	\$ 3,151,000	\$ -	\$ 1,720,100	\$ 83,951	\$ 915,529	\$ -	\$ 10,910,000	\$ 2,000,000	\$ 400,000	\$ -
A/E Fees	\$ 55,748,232	\$ 211,377	\$ (19,698)	\$)\$ 19,698	\$ 19,698	8\$ 356,255	\$ (51,263)	) \$ 536,948	. \$ -	- \$ 2,390,198	. \$ -	-\$ 4,719,142	\$ -	\$ 905,000	\$	-\$ 45,624,244	\$ -	\$ 985,370	\$ -
Medical Equipment	\$ 88,820,292	\$ -	\$ -	-\$ -	\$ -	\$ 40,436	\$ -	-\$ -	\$ -		\$ -		\$ -		\$ -	\$ 88,779,856	\$ (4,672,624)	\$ -	\$ -
FF&E	\$ 22,901,929	\$ -	\$ -	\$ -	\$ -	-\$ 44,629	\$ (187,418)	1	\$ -	. !	\$ -	\$ 32,000	\$ (268,000)	\$ 370,000	\$ (30,000	\$ 22,455,300	\$ (1,536,817)	\$ -	\$ -
ІТ	\$ 31,644,559	\$ -	\$ -	\$ -	\$ -	-\$ 585,887	\$ (221,229)	\$ 144,165	\$ -	- \$ 50,000	\$ (50,000)	\$ 800,000	\$ (755,500)	\$ 111,000	\$ .	\$ 29,763,507	\$ (620,133)	\$ 190,000	\$ (100,000)
Contingency	\$ 34,972,542	s - !	\$ -	\$ -	\$ -	-\$ -	\$ (50,000)	\$ -	\$ (767,450)	\$ 1,640,000	\$ -	\$ 3,805,875	\$ (1,524,295)	\$ 550,000	\$ (645,147	\$ 27,716,667	\$ (6,168,965)	\$ 1,260,000	\$ -
Subtotal - Approved Projects	\$ 1,039,687,971	\$ 1,768,973	\$ (306,027)	\$ 306,027	\$ 306,027	\$ 4,816,842	\$ (579,900)	\$ 7,004,398	\$ (1,500,000)	\$ 34,310,533	\$ (50,000)	\$ 78,899,947	\$ (2,547,795)	\$ 26,715,461	\$ (675,147)	\$859,552,934	\$ (10,998,539)	\$ 26,312,856	\$ (100,000)
Subtotal - Projects to be Loaded in 2011	\$ 120,668,854	l																	
(A) Total Project Costs	\$ 1,160,356,825	ı									l				Projects to be	Loaded in 2011			
Program Cost Items Land (#12000)	\$ 17,458,312	+,(-)										Project Cost Rems	& Admir (Inte	Clinic n. Offices riors) 7729	Admin.	rg Clinic & I. Offices 7654		Center Bldg. 7730	SUBTOTALS
Parkland Program Management (#17717)	\$ 13,550,000	\$ -											\$69/SF	+ , (-)	\$200/SF	+ , (-)	\$144/SF	+ , (-)	
CH2MHILL Program Controls (#17716)	\$ 14,800,000	\$ -										Construction	\$ 9,259,000		\$ 63,000,000		\$ 12,960,000	1	\$ 85,219,000





#### New Parkland Campus

#### Owner Controlled Insurance Program

#### **Projected Program Premium and Claim Costs**

June 22, 2011

<u>Coverage</u>	Recommended Insurer	Quoted Premium	Surplus Lines, Expenses	Terrorism	Fixed Total Costs	Max. Claims, Est. Ded.	Estimated Total Costs	Summary, Estimated Total Costs
General Liability *	Hartford Ins. Co.	1,482,028		14,820	1,496,848		1,496,848	11,258,581
WC & EL *	Hartford Ins. Co.	2,389,947	720	47,316	2,437,983	7,323,750	9,761,733	
Excess Liability	AWAC	610,000			610,000		610,000	1,277,400
Excess Liability	Liberty Int'l	267,400			267,400		267,400	
Excess Liability	Arch	99,000		1,000	100,000		100,000	
Excess Liability	Chartis	297,000		3,000	300,000		300,000	
Pollution: Owner's**	Chartis	185,830	9,124		194,954		194,954	556,428
Pollution: Contractors'**	Chartis	344,556	16,918		361,474		361,474	
Prof. Liab.: Design	Zurich	2,850,000		28,500	2,878,500		2,878,500	4,387,642
Prof. Liab.: Contractors'	Zurich	1,424,300	70,599	14,243	1,509,142		1,509,142	
Builder's Risk ^	FM Global	2,280,984			2,280,984		2,280,984	2,280,984

12,231,045 97,361 108,879 12,437,285 7,323,750	19,761,035	19,761,035
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Max Claims Est based on deductibles per occurrence: Max claims cost may vary based on actual project payroll

WC / GL - 250,000 Per Occurrence

Pollution Liability - 100,000 Per Occurrence

Builders Risk - 25,000 Per Occurrence



### **Scoring Criteria**

"5" - Exceeding all goals and expectations

"4" - Better than average performance

"3" – Meeting requirements

"2" - Substantial improvement required

"1" – Unacceptable performance

•Incentive Payout Scale						
From	То	% Bonus Paid				
4.83	5.00	100%				
4.65	4.82	95%				
4.46	4.64	90%				
4.28	4.45	85%				
4.10	4.27	80%				
3.92	4.09	75%				
3.73	3.91	70%				
3.55	3.72	65%				
3.37	3.54	60%				
3.18	3.36	55%				
3.00	3.17	50%				

Category 1 - Drive Client Satisfaction

Category 2 – **Predictable Financial** 

**Performance** 

Category 3 – Schedule Effectiveness &

Reliability

Category 4 – Effective Communication

Category 5 – **Subcontractor Management** 

Category 6 - Quality Assurance

Category 7 – Maximize M/WBE Participation

Category 8 - Close-Out

### **Contractor Incentive Plan**





## Completed to Date

- Relocation and Renovation Projects
- Demolition Phase 1
- East /Trinity Parking Lot (19 acres)
- In Progress June 2011
  - New Parking Garage
    - On Schedule and under Budget Construction Completion January 2012
  - Acute Care Hospital, WISH Clinic Core & Shell, West Site Work
    - BOM Approval of Guaranteed Maximum Price (GMP) January 25, 2011
    - \$8 Million under Budget
    - Construction Substantial Completion August 2014
    - Activation and Move Late 2014/Early 2015



## In Progress June 2011 (Continued)

- Central Utility Plant
  - Guaranteed Maximum Price (GMP) received April 2011
  - Seeking Board Approval May 24, 2011
  - \$68 Million Construction Cost (under budget)

## Future Projects

- Phase 2 Demolition Lofland Garage and Skybridge
  - Completion April 2012
- Logistics Building
  - Anticipated Construction Start August 2012
  - Anticipated Construction Substantial Completion August 2013
- Med-Surg Clinic / Administration
  - Finalizing Program / Scope
  - Anticipated Construction Start January 2013
  - Anticipated Construction Substantial Completion August 2014











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## Thank You!

# Collaborative Project Team

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Vice President
Facilities Planning & Development