When St. Louis-based SSM Health Care decided to replace an outdated facility, the organization saw this as more than just a construction project. They viewed building SSM St. Clare Medical Center as an opportunity to “achieve breakthrough performance across the various disciplines of healthcare,” says Robert G. Porter, president, programs and services/chief strategy officer, SSM Health Care.

For inspiration, the health system looked to the six “aims for improvement” identified by the Institute of Medicine, the health care branch of the National Academy of Science. These aims state that health care delivery should be safe, effective, patient-centered, timely, efficient, and equitable.

Just as each of these aims was considered of equal importance to the project, SSM Health Care created a project team on which everyone’s expertise was equally valued. Drawing on the complementary skills of health, design, and construction professionals, SSM Health Care hoped to “craft better solutions than any of the disciplines could do on their own,” says Porter.

The team followed lean construction principles, including signing an integrated agreement for lean project delivery. This agreement was developed to allow design and construction teams to focus on working together to eliminate risks rather than transferring risks to other parts of the project. SSM Health Care had successfully used this approach on an earlier renovation at SSM Cardinal Glennon Children’s Medical Center, St. Louis, a project that won a 2009 Vista award.

Timothy M. Gunn, project director for St. Louis-based Alberici Constructors, general contractor for both the Cardinal Glennon and St. Clare projects, says the intent of the integrated agreement document is to “build an environment in which collaboration is encouraged and rewarded.”

Of the St. Clare project, he adds, “I thought the team was true to the spirit of that document. We saw a quality advantage, we saw a cost advantage, and we saw a schedule advantage.”

Throughout the project, representatives of the owner, architect, and general contractor met weekly to discuss the project and make consensus decisions. This core team was joined by other stakeholders as necessary.

By bringing everyone into the same room, “I think you have lots of opportunity for an exchange of ideas that enrich the solutions,” Porter says.

This consensus collaboration paid off in ways large and small. When the team learned from other hospitals that nurses seldom open the leaves of double-leaf doors because the multiple latches are cumbersome, one of the builders on the SSM St. Clare project suggested rigging the door leaves with a button for easy operation, making this feature much more usable.

Additionally, when the team decided to switch from a mirror-room layout for the patient units to a same-handed room layout, which they came to understand would be safer for patients, they were able to do so—even though construction was already underway. “If you think about all the trades involved, it would have taken months” to accomplish this change under a traditional work agreement, says Kurt Spiering, AIA, ACHA, vice president and principal-in-charge on the project for HGA Architects and Engineers, Milwaukee.

Despite the design change and record-setting rainfall that caused numerous construction delays, the project was completed on schedule and under budget. “We were all focused on the end goal,” Spiering says.

That goal, ultimately, was to have “a measurable impact on thousands of lives at their most vulnerable moments,” explains Porter. The team was galvanized, he says, by the “unique opportunity to leave our mark through the work of our hands on the important occasions that occur in people’s lives inside of hospitals.”
Project Information
Number of square feet: 430,000
Number of beds: 154 occupied; 20 shelled (shelled beds fit out October 2009)
Project budget: $226,832,814
Actual cost: $223,461,560
Start date: September 2006
Completion date: March 2009

Team Members
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