



Mark Howell

2022 Candidate for Associate Member Advisory Board Representative

Bio

As Sr. Vice President and Account Manager at Skanska USA Building, Inc., Seattle, Mark Howell brings more than 38 years of construction experience. Much of Mark's focus throughout his career has been executing challenging, complex healthcare projects. Many of these projects have utilized a collaborative partnering approach including formal and informal IPD, Integrated Project Delivery, methodology. Mark has spent 30 years partnering with healthcare organizations and engaged in delivering projects throughout the Puget Sound region.

Two notable projects that Mark oversaw are the Palo Alto Medical Foundation Medical Office Building, San Carlos, CA, and the MultiCare Good Samaritan Hospital, Puyallup, WA. Currently Mark is overseeing the completion of multiple projects for Virginia Mason Franciscan Health throughout the Puget Sound region, and Providence St. Joseph Health's St. Peter Hospital Modernization.

Mark is an active community member, participating in several important organizations on a local and national level. He currently holds membership with the Northwest Construction Consumer Council (NWCCC), American Association of Airport Executives (AAAE), American Society for Healthcare Engineering (ASHE), Washington State Society for Healthcare Engineering (WSSHE) and Architects in Healthcare Practice (AHP). He currently serves on the NWCCC Executive Board and the ASHE PDC Abstract Review Committee.

Mark holds a B.S. in Construction Management from Washington State University. He is active with Skanska's Healthcare Advisory Council, as well as a member of Skanska's Seattle Leadership Team.

Speaking Topics:

- IPD, and collaborative project delivery
- Healthcare construction in and around ongoing operations
- Aviation manufacturing construction around active production and airport flight lines

Candidate Questionnaire

1. As the health care landscape continues to change, what are some of the common challenges facing the entire ASHE membership?

Our membership is challenged to meet the balance between the healthcare facility's needs and available budgets, which have been challenged by the COVID pandemic. Our healthcare institutions are faced with ever changing technology that requires the appropriate space and infrastructure to support these advancements. Now post pandemic, institutions are grappling with how to be better prepared for the future – acuity adaptable rooms, ante rooms and having the ability to create negative air pressurized patient floors. Add to this the need to reduce our institutions' carbon footprint with aging infrastructure. Plus, an aging work force and the difficulty to find, recruit and hire the work force of the future. All these challenges must be met in an

economy of escalating wages and costs, and a recovering supply chain. The only way we can tackle the challenges our ASHE members are facing is collaboratively rolling up our sleeves and working together with our care providers, facility teams, design, construction, and product supply partners. Together we can prevail.

2. What can ASHE do to ensure that the needs of all members are being met?

Our members are looking for education and training, advocacy, and leadership to prepare them for the future and to enhance their career growth. ASHE must continue to offer in-person and virtual training for all its various members in the vast topics and trainings required to meet FGI Guidelines, NFPA Requirements, Joint Commission Preparedness and Compliance, Patient Protection, Sustainability and Carbon Footprint Reduction, and Technology Advancements. ASHE must continue to advocate for its membership to ensure codes are revamped and aligned to eliminate conflicts and ambiguity and supports its membership in maintaining proper certifications and credentials to design, build and operate our healthcare facilities. ASHE must continue to offer conferences for training and education and networking opportunities for all its constituents so that we can continue grow in our abilities to actively collaborate amongst our design, construction, facility, and care providers to deliver highly functional, operating hospitals and health care facilities within the limited available resources. I believe this can only happen as we draw closer together understanding each other's needs and strengths.

3. The Advisory Board sets the vision and strategic direction for the organization. What specific initiatives would you like to accomplish to help advance the ASHE strategic plan?

Several areas I am passionate about and believe are essential for us to grow our membership and enhance our society overall. First is diversity, equity and inclusion in gender, race, and ethnicity. We need diversity in our organizations to bring forth diversity of thought, backgrounds, and perceptions of the challenges we face to support developing the most collaborative well thought out long-term solutions as we move forward our health care institutions. As we face the challenges of global warming, we must pro-actively work toward more sustainable solutions in our facilities, new and old, as well as establish aggressive de-carbonization goals to enhance the future for generations to come. The next challenge we face is recruiting, retaining, engaging, and developing young and established professionals entering the healthcare field. We must continue to grow our training, educational and leadership programs, and opportunities as well as continue to implement the existing programs whether in-person, virtually or in a hybrid format.

4. What professional or personal experiences have helped prepare you to serve as an ASHE leader?

As a Sr. VP at Skanska with over 30 years of healthcare experience I oversee all of our health care construction in our region, and I bring critical leadership experience to Advisory Board role. I have been involved in almost every type of healthcare facility - Medical Office Buildings, Ambulatory Surgery Centers, vertical Acute Care Tower Expansions, Advance Surgery Units, Green Field Acute Care Campus expansions,, University Medical Center expansions adjacent to Cancer Care Centers and active Operating suites, and multiple renovations of various departments in operating hospitals. Beyond the type of facilities, I believe more importantly is the delivery methods employed - Lump Sum Bid, Negotiated Guaranteed Maximum Price, Contractual and Informal Integrated Project Delivery, IPD, and General Contractor Construction Manager, GC/CM. I have been involved in delivering the first LEED Gold Hospital in Washington and leveraging every aspect of BIM on health care projects including virtual 3D scheduling, estimating and turnover of a model linked to the Operating & Maintenance Manuals. Furthermore, I have been active in ASHE since 2006 and during that time I participated in the

PDC Planning Committee, been an Abstract Reviewer, taken multiple ASHE courses and presented at ASHE PDC.