



## PREPARING FOR THE FUTURE

Seven years might seem like a long time, but for the size and scope of the project, keeping everything in order and on target for completion is an enormous undertaking.

“As a public hospital, there are multiple authorities who are all in play,” said Walter Jones, senior vice president of facilities development. We are governed by a seven-member Board of Managers who are appointed by the five elected Dallas County Commissioners.”

“We elected to select and engage several teams to execute the project in a collaborative manner. While we are not quite using integrated project delivery method to do the project, we have borrowed heavily from that model,” Jones added.

The teams were brought together early and they leased 48,000 square feet of retail space directly across from the new site to give all parties involved a place to work together.

“We have our master architect, our construction manager at-risk, our program controls manager and all of our major consultants. They reside in this one area, and it’s where my office is as well,” Jones said.

This area also houses space for hospital staff, including three nurses who work as clinical liaisons, to provide an information link between the architects, engineers and consultants and more than 500 stakeholder or user contacts.

“The ability to continually inform each other across the partition, at the copy machine or in the break room has been incredibly valuable and very ef-

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## NEW PARKLAND HOSPITAL



Walter Jones  
Senior Vice President of  
Facilities Development

The current Parkland Memorial Hospital was built in 1954 in Dallas, Texas. In the nearly six decades since, Parkland has become an overcrowded and undersized facility that has fulfilled its mission of “Dedication to the individuals and communities entrusted to our care.” Parkland serves as a public, safety-net hospital and an academic teaching hospital.

In 2007, the Dallas County Commissioner’s Court gave the approval for a bond election so voters could decide if a new health care campus should be built. In November 2008, the Dallas County taxpayers overwhelmingly approved the bond by an 82 to 18 percent margin.

After extensive planning, Parkland broke ground in October 2010 for the 2.5 million square-foot medical campus that includes an 862-bed hospital, ambulatory clinics, an administration facility, new central utility plant, and staff and patient/visitor parking. The new Parkland hospital is expected to be completed in mid 2014.



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fective in terms of communicating the information on a project of this size and scope,” Jones said.

### BUILDING TO ACCOMMODATE IN 2014 AND BEYOND

The larger the project gets the more crucial flexibility becomes. The goal is not only to build infrastructure that will be prepared to house healthcare needs in 2014, but to build infrastructure that will also be flexible enough to accommodate healthcare needs 50 years beyond. Predicting what might happen in terms of IT and medical equipment can be daunting.

“We won’t necessarily be able to build exactly what the newest device system in 2014 will require,” Jones said. “What we are attempting to do is design and construct a building that is flexible enough in terms of layout, design of the room and floors and such, that as change happens, we will be able to accommodate it. Even if we get it right in 2014, in 2015 it may be something different.”

Designers work from the assumption that the peripheral pieces may change, but the backbone, the pieces of the system that are embedded in the building must be robust and prepared for whatever



comes because changing it is far more difficult, disruptive and expensive. Based on the flow of data needs today, for instance, and how rapidly those needs are increasing, accommodations are being incorporated now to prepare for how much information may be travelling through that network five, 10 or 15 years from now. The building may be designed to be wireless, but leading up to the antenna that makes the system wireless is a bundle of cables that must be laid within the structure of the building itself. The last thing you want is to find upon opening that you’ve maxed out the infrastructure of your IT capacity.

“Our CIO has said that the rate of technology changes is not linear, it is hyperbolic. That’s the real challenge in terms of projecting. You look at technology that was first available four years ago and ask how that changes the way you do things. That’s probably going to be the same level of change you see in the next four years,” Jones said.

“I’ve got plenty of places for computers in the rooms, plenty of places for computers at decentralized stations in the corridors, plenty of places for computers to be in work areas in the core on

each of the nursing floors, but it’s highly likely that computers won’t even need to be fixed because they’ll be in everybody’s pocket,” he added. “I need to plan for mobility, and I need to plan for a lot of convergence of different tools and devices that are doing individual things right now that will probably converge into whatever device it is a clinician will be using to deliver care in the future.”

### TIPS ON BUILDING BIG

“On a project of this scale, it all goes back to engaging the consultants. You have to engage as many as you can, as early as you can. Co-locate them. That level of communication is invaluable and highly efficient in getting a project like this done accurately and keeping it on time. I think that’s probably the biggest advantage we have here,” he said.

“It’s exciting to do a project like this,” he added. “You can never be too prepared or have too much understanding of what it is going to take to implement and execute the project.”

**BY T.M. SIMMONS**

“IT’S A HIGHLY COLLABORATIVE PROJECT IN THE BEST SENSE.

