

BACKGROUND

In order to meet state pressure to increase inpatient behavioral health capacity, a New England Health System determined the best solution would be to renovate 2 vacant (>5 yrs.) med-surg units into state-of-the-art behavioral health units. These units were part of an aging facility (original construct in 1928). This project was poorly defined as \$2.5 million in required utility updates were not identified. Furthermore, this renovation was completed at the height of the Covid-19 pandemic with significant uncertainty and while every aspect of 'normal' business operations was being redefined.

CHALLENGES

Challenge #1: Complicated politics with 3-party decision making:

- Pintail Solutions is addressing this challenge by overseeing the development of a comprehensive business plan to clarify the scope, identify sources of revenue, and recommend a governance structure.
- Pintail Solutions performed benchmarking of similar public/private partnerships to identify best practices and lessons learned.

Challenge #2: Project was underfunded

- Original budget est. was \$14 million, however only \$11 million was approved to avoid the state's CON requirement.
- Another \$2.5 million in required utility updates were not included in original budget

Challenge #3: Project scope poorly defined; required utility updates that were not considered

- Three failing CB firetube boilers
- Abandoned-in-place Trane air-cooled screw chiller
- Zero steam or chilled-water redundancy
- Failing plumbing infrastructure throughout

Challenge #4: COVID complicated all project aspects

- Hospital priorities, personnel safety/availability, construction cost/timing.

PINTAIL'S SOLUTIONS

Program relationships and communications

- Mediated critical decisions among senior executive team
- Influenced CEO & CFO that the new behavioral health units would never open without utility plant investment
- Managed broad communications with internal and external stakeholders

Project Management: schedule, budget, and risks

- Forged strategic partnerships across team—OPM, CM, CFO/CEO, Infection Prevention, Safety, Life Safety Engineer to manage:
 - Schedule impacts and change-orders associated with materials/equipment costs and labor shortages
 - Financial and schedule impacts related to clinical authority
 - Partnered on safety management components
 - Handled CA duties collaboratively due to absence of designer
- Identified alternatives for hard-to-get items due to supply chain issues

Additional Impact:

- Hired CM to manage MEP project as well, thus eliminating mobilization costs.
- Designed, issued RFP, and engaged MEP contractor to complete the central plant upgrades within the same project timeline as the behavioral health unit renovation so the units could be opened as planned
- Secured a temporary boiler, allowing the clinical team to maintain outpatient operations during construction

NEXT STEP AND OUTCOMES

Project completed in early-2021, with a 28-bed net gain for less than \$14 million including utility updates amid Covid pandemic. **Expert project leadership, executive mediation moxie, and persistent grit delivered this project.** The addition of 28 behavioral health beds in a state as small as this one has tremendous impact to patients throughout the state and beyond. Every additional bed reduces the number of patients being held in Emergency Department observation rooms at any given time.

CONTACT