

## Facts & Figures

**Owner:** Redlands Community Hospital

**Type of Project:** An addition to an existing hospital

**Size:** 72,000 square feet

**Cost:** \$47.25 million

**Construction Time:** May 2005 - August 2007

**The Need:** To expand and modernize the hospital's surgical, labor and delivery, and neonatal intensive care unit services as well as its support functions

**The Challenge:** Meeting OSHPD's requirements



**Lee, Burkhardt, Liu**  
Architect

**Intelisyn, Inc.**  
Construction Manager

**Swinerton Builders**  
General Contractor

**Health & Safety Resources**  
Environmental Consultant

**John Jory Corporation**  
Drywall Contractor

**Martin Integrated**  
Acoustical Ceilings & Wall Panels

**SASCO**  
Electrical Contractor

**Syska Hennessy Group**  
Consulting Engineer



Redlands, California

# Redlands Community Hospital Addition

In 1903, Redlands Community Hospital opened its first clinic hospital, which was created by a group of local physicians. One year later, the hospital raised enough money to build its first official hospital. Through more than 100 years of providing medical services in Southern California, it has continued to grow in size and services offered to its surrounding community. The Redlands Community Hospital Addition for maternity and

surgical services that opened in August 2007 will help the hospital continue to improve its quality of care and services.

The project involved the demolition of an older part of the hospital in order to make room for the new construction. Harvey Hansen, vice president for Redlands Community Hospital said, "The site was chosen because is represented the end of the useful life for the oldest buildings on campus, replacing them

with newer structures." According to him, the footprint of the addition required demolition of two buildings, which dated back to 1929 and 1938, and had previously housed the hospital's engineering security, housekeeping, education and volunteer departments.

The purpose of the three-story addition was to expand and modernize the hospital's surgical, labor and delivery, and neonatal intensive care unit (NICU) services, as well as its support functions. It expands the hospital's capacity in maternity and postpartum, operating rooms (ORs), neonatal care, and overall available bed space. The new facility meets all current seismic codes, is spacious, has natural lighting and boasts beautiful views from the upper floors. Indeed, the project contributes to the care offered by the hospital on every measurable level.

A particularly unique feature of the project involves the configuration of the ORs. Traditionally, nurses would have to their charting in



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the OR on computers situated along the walls with their backs to the surgical field. However, the new ORs feature computers and other equipment that are lowered by booms that pivot from the ceiling, allowing nurses to always face the surgical field while updating necessary notes.

The structural aspects of the project are brace-frame steel construction with concrete cast over metal decks, while the exterior is plaster with several sheet metal elements for aesthetic purposes. Erich Burkhart, AIA, principal in charge for Lee, Burkhart, Liu, the project's architect, said, "The building design achieves compatibility and uniformity with the remainder of the existing hospital."

The construction process was well organized from a functional standpoint. Mark Mony, construction manager for Intelisyn, Inc., the project's construction manager, said, "Through careful planning and consistent communication with hospital staff there was minimal disruption to the existing ongoing operations. [Demolition and construction occurred] less than 50 feet away from the existing operating rooms where surgeons never missed a scheduled operation."

According to Terry Gee, senior project manager for Swinerton Builders, the project's general contractor, the project was under the jurisdiction of the Office of Statewide Health Planning and Development (OSHPD), and meeting OSHPD's requirements was challenging. However, by cultivating and managing the relationships with OSHPD's inspectors and engineers, Swinerton was able to manage on-site change approvals and keep the project on

schedule. "All design changes, regardless of nature, required OSHPD approval prior to construction. Establishing and abiding by an inspection protocol with the OSHPD team resulted in an environment in which construction progress was rarely hindered by pending inspections and approvals," he said.

Despite the challenge, the project was completed successfully, due to the cooperation of the team members. Hansen said,

"We had a group of people that worked well together, were mutually accommodating and kept our eyes on the main purpose to have a successful project." ■

— Stacey Nathanson



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