

## Sutter Health picks architects for "hospital-of-the-future" prototype

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Sutter Health, which faces huge seismic replacement or retrofit projects at many of its Northern California hospitals, has selected an architecture and engineering firm to help it implement a "hospital of the future" prototype.

The slimmed-down design is intended to make acute-care facilities more efficient to run and less costly and time-consuming to build.

The single-story prototype design, to be used to build 60-bed to 120-bed community hospitals, appears similar to a template being used by Oakland-based Kaiser Permanente to plan and build many of its new hospitals in California.

But Bill Gleeson, a Sutter spokesman insisted that the design -- which is based on assumptions that still need to be fully validated and confirmed -- "is unique in the industry, and could help differentiate us from competitors," including Kaiser.

"This is not a template approach that allows us to stamp out a similar building over and over," Gleeson told the San Francisco Business Times. Rather, it's an innovative "kit of parts that can be constructed in different configurations, depending on community needs."

The design requires a flat site of approximately 20 acres to work, including space for a parking lot, as opposed to a parking structure, Gleeson said. Although not fully tested, he said the model could cut hospital construction costs in some areas from the current \$2.5 million per bed to as little as \$1.4 million to \$1.5 million per bed -- a significant drop.

"There are substantial potential savings," Gleeson said.

The nonprofit Sutter system, based in Sacramento, operates 26 hospitals in the region, including San Francisco's California Pacific Medical Center, Alta Bates Summit Medical Center in Berkeley and Oakland, Burlingame's Peninsula Medical Center, and Eden Medical Center in Castro Valley, all of which are embarking on or considering major seismic projects. The same is true for many other Sutter facilities in the Sacramento area and the Central Valley.

Sutter selected HGA Architects and Engineers to implement the prototype project, the firm announced late Wednesday. It has offices in San Francisco, Los Angeles, Sacramento, Minneapolis, Rochester, Minn., and Milwaukee.

HGA officials said the template "will be adapted as Sutter Health develops multiple replacement hospitals over the next several years."

In its statement, HGA said the goal was to create a model that is efficient, safe and adaptable for future health-care delivery methods and community needs. The design -- which includes associated staffing plans and operational "models" -- is expected to achieve 50 percent greater

patient "throughput" with 46 percent fewer full-time workers than current designs, the architects said. It's also expected to require 30 percent less space and one-fourth less natural resources, while taking a third less time to build.

At press time, HGA officials could not be reached for comments about those statistics, which sound almost too good to be true. And Sutter's Gleeson suggested as much.

"These aren't Sutter Health estimates," he said. "These are assumptions from other parties and haven't been validated -- specifically, the assumption regarding FTEs, we believe, is overstated."

David Chambers, Sutter's director of health facility planning and development, said in the June 6 statement that hospital construction costs in Northern California have spiked nearly 40 percent over the last two years. In response, he said, Sutter used outside design, construction and clinical operations experts to develop a "cost-effective" approach intended to minimize waste, design and construction delays, and inefficiency.

To come up with the new template, HGA's health-care design team participated in brainstorming sessions with two other architecture firms, three general contracting firms and three clinical management consulting teams. "The design selected for the prototype integrates the best ideas from each of the participating teams," Bonnie Walker, vice president of HGA's Sacramento office, said in the statement.

Gleeson agreed that the idea has significant potential merit. "The model does promise to save substantial costs on construction, which could be as much as 40 percent," he said, as well as slashing long-term operating and energy costs, while improving patient care and service.

But no final decisions have been made on implementation. "We still have to go through the process of validating these assumptions," Gleeson added, "to see how they match with our capital investment strategy, and if it makes sense to pursue it."

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