



# Post-Storm Trauma 101



## PROJECT OFFERS CRASH COURSE IN LIFE SUPPORT CENTER DESIGN

BY DIANE M. CALABRESE

LSU University Hospital now features state-of-the-art emergency departments with on-call space.

“Contributing to the lifeblood of a community” is a much-banded phrase. But in the case of the transformation of Louisiana State University (LSU) University Hospital to a Level I trauma center, it is entirely appropriate.

Historic Charity Hospital suffered greatly during Hurricane Katrina. When its doors closed due to severe damage, the greater New Orleans area lost its only Level I trauma facility. The residents of New Orleans regained access to the highest-level trauma care when the LSU University Hospital Level I trauma center opened in 2007.

“This project was literally essential to the livelihood of the community,” says Ken Knevel, Principal at Blich Knevel Architects, the architect for the trauma center project. “Learned doctors and rejuvenated patients are beholden to this facility.”

### Project Scope

Readying LSU University Hospital to take on its top-flight trauma center role entailed many changes, which occurred in phases through various bid packages. Katrina swept away construction documents for

the original structure. So the project was replete with change orders.

Knevel describes the project’s ever-green mentality. “This project was being designed as it was being built,” Knevel says. But everyone cooperated to complete what is “one of the most technically demanding of all building types, with medical gases, sophisticated equipment, and sterile environments.”

The hospital has a state-of-the-art emergency department, on-call space, surgery intensive care units, a laboratory, and a roof-based heliport.

in December, while Part B held an April completion date.

As general contractor, The McDonnell Group “coordinated the work of a multitude of specialty subcontractors and hundreds of workers,” Knevel says. In addition, there were “reams of paperwork such as requests for information or change, owner-generated change orders, contracts, and more.”

Through it all, construction continued. Work included interior build-out of architectural, mechanical, and electrical facilities as well as plumbing for the flooded

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The McDonnell Group was selected as contractor for Package E, or Phase II, of the LSU upgrade, Knevel says. Work on this segment, valued at \$11 million, began on August 9 and was divided into two parts (A and B). Part A was completed

basement and mold-ridden upper floors, Knevel says. There also were damaged interior finishes slated for replacement on the first eight floors as well as new roof installations on the ninth level and penthouse. The powerhouse also received

attention, including mechanical, electrical, plumbing, and air conditioning.

### Limited Space and Time

Charity Hospital encompassed one million square feet. LSU University Hospital offers only 300,000 square feet of space. Because of the limited space, “Only essential services were programmed for LSU University Hospital,” Knevel says. Secondary services went into an adjacent medical office building.

Reconfiguring LSU University Hospital, however, was just one of many challenges. The fast-tracked schedule was so accelerated that everyone working on the project went above and beyond normal working requirements to meet the slated completion date.

Kirk LaBorde, Project Superintendent for The McDonnell Group, was faced with the compressed schedule every day. “It was very demanding, not just on me but on everyone,” he says. “We worked six days a week, 12 hours a day. And Sunday was a make-up day for whoever was behind.”

Many employees of The McDonnell Group who worked on the project were still trying to get their homes repaired from the storm damage, LaBorde says. Yet, even as they were sheltered in Federal Emergency Management Agency (FEMA) housing or living with family or friends, they were dedicated

to the long hours required by this effort because of their city’s great need.

### A Collaborative Effort

During the first phase of Package C, The McDonnell Group completed demolition work at the site of the emerging trauma center. In regard to the speedy progress, LaBorde credits the contractors who worked together to seamlessly hand off segments of work completed ahead of schedule, such as mold abatement and remediation.

Package D, which belonged to another contractor, covered air and electrical work done concurrently with Package E. All the work was complementary, and everyone shared the same overarching goal, which was to have

New Orleans’ only Level I trauma center up and running by January 2007. Equipment was moved in by December 30.

There was more work scheduled after the move-in, however. Martin Scheve, Senior Project Manager with The McDonnell Group, says the existing emergency room was closed and renovated.



**The Level I trauma facility serves as a training ground for nurses and physicians all across the area.**

### Overwhelming Support

For Knevel, there is symbolic significance as well as practical importance in the completion of LSU University Hospital. “The resurrection of this hospital equates to the rising of New Orleans,” he says.

Knevel appreciates the dedicated effort to Package E. “The McDonnell Group is a rare contractor, one truly capable of successfully undertaking such a monumental endeavor,” he says.

Everyone involved in the project was enthusiastic about its progress and its outcome. In fact, the support comes from across the region and state. “The governor was behind this,” Scheve says. “She wanted this to happen.”

“Whatever it takes” was the mindset. “A normal job is eight hours a day, five days a week,” Scheve says. “We had 120 days to put in \$11 million worth of work. We were determined to meet the schedule, and that meant seven days a week, 12 hours a day.”

There was a common sentiment felt by those involved with the LSU University Hospital project. Deep down, all would have liked to have seen the return of Charity Hospital for many reasons, including its history, aura, and architecture. They point to its legacy as a training ground for nurses and physicians all across the area.

However, everyone agrees that the first objective was to ensure New Orleans residents have access to the best possible health care close to home. 



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Keeping construction and hospital spaces separated once contiguous areas were open to patients was a must. “We put up partitions,” Scheve says. “We had a separate entrance for patients.” Having worked on numerous hospital projects, Scheve understands the complexity and necessity of meeting all specifications when patients are nearby.