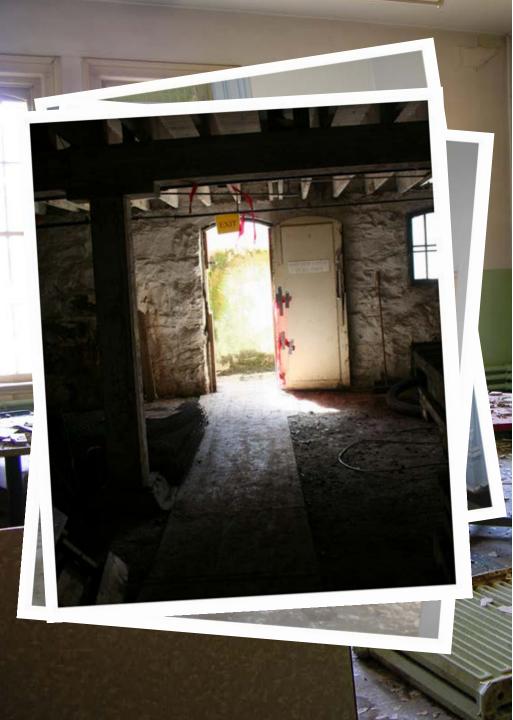
Oregon State Hospital Replacement Project







Why was the original facility replaced?



The facility was decrepit

More than 40 percent of the building space was unusable Water leaked from roofs and walls were crumbling

Compromised safety Exposed piping, seismic issues, lead and asbestos contamination

Expensive to operate No insulation, single pane windows, inefficient heating, electrical and lighting systems



What does a modern facility incorporate?



- Cost-saving energy management
- Modern heating and air conditioning
- Design promoting safety and security
- Well-lighted and open areas
- New technology for treatment
- Access to fresh air



- A city-within-a-city model with modern physical space that can adapt to future treatment needs
- Allows patients to function and participate in treatment during the day in a manner similar to typical daily living
 - Treatment space away from patients' immediate living area
- Clinicians with a manageable number of patients at any one time in smaller treatment areas

BHIP Summary

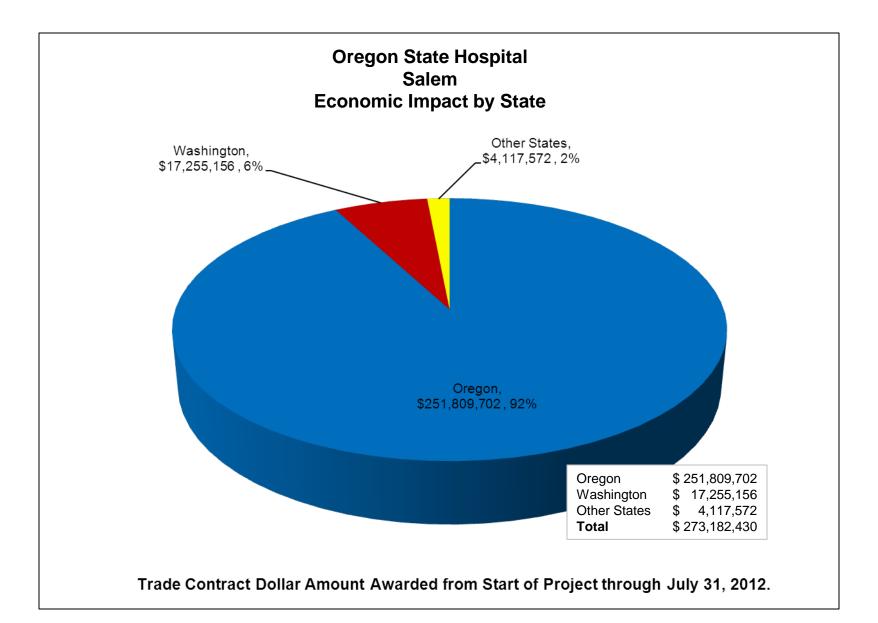
In addition to replacing the hospital, the project team also was charged with moving the hospital from a paper-based to an electronic record keeping system.

On November 1, 2011, the project team, with its technical partners, celebrated a successful go live with the first rollout of the electronic health record now known as Avatar.

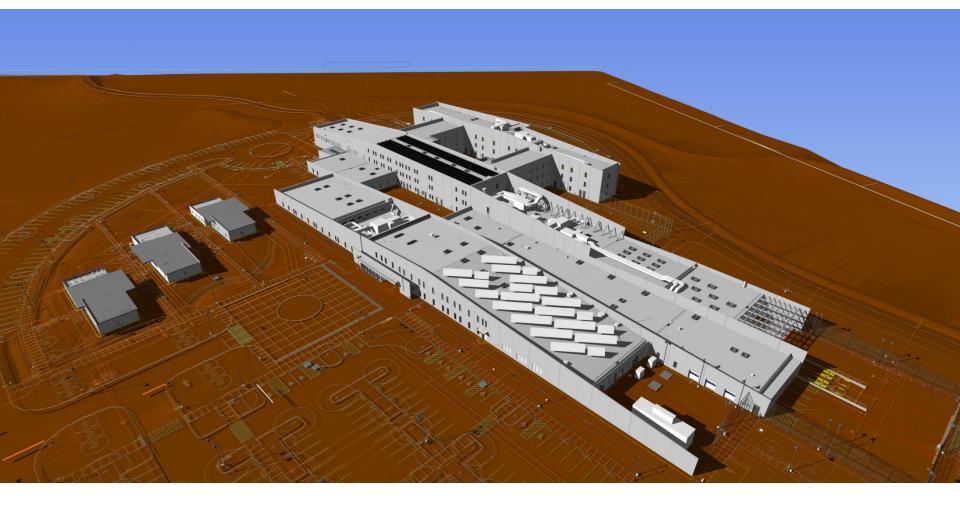
Since then, hundreds of OSH staff have been successfully using several features in their day-to-day work.

OSH continues to bring online additional components of Avatar, including billing, food and nutrition services, and lab.

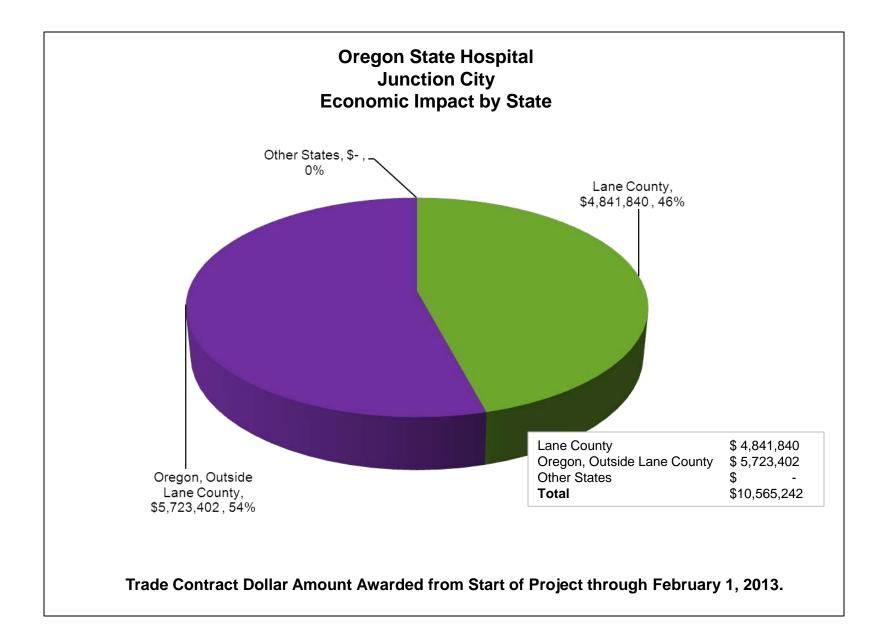




Junction City

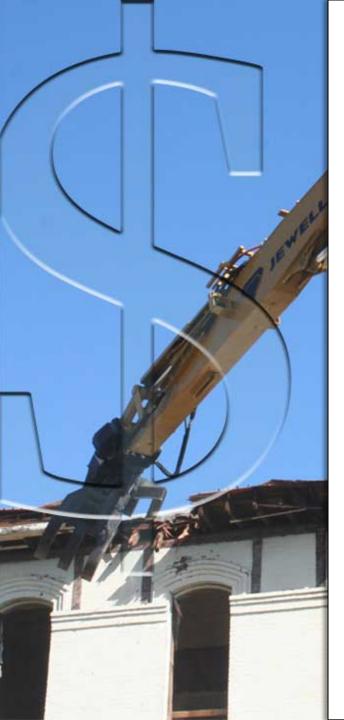






Junction City Bid Result Status

- To date, of the 6 sub-contracting firms on this project, 6 or 100% are Oregon businesses contracted to provide services, building materials and workers.
- Of the 53 construction workers who have contributed to the project, 53 or 100% are from Oregon.
- As directed by the Legislature and our leadership, these are taxpayer dollars putting Oregonians back to work. As a result of these efforts, of the \$10.6 million in funded contracts, \$10.6 million is specific to Oregon.



Original budget

The original budget was set during the master plan phase of the project and assumed:

► Treatment hours would be consistent with 2005 levels – 5 hours of active treatment per patient per week; the requirement was raised in 2007 to a minimum of 20 hours of active treatment per patient per week, which translated into additional square footage.

Staffing levels would be consistent with 2005; new treatment and safety requirements have raised staffing levels by one-third on both campuses, again requiring additional square footage.



Cost drivers

Historic District (Salem):

Design required restoration of the Kirkbride building, Physical Plant, and Building 60.

Utilities (Salem):

Separation of utilities to the ongoing functions of facilities on the north side of Center Street in Salem.

Legislative directive (Salem /Junction City):

Per instructions from the Legislature the cost of furniture, fixtures & equipment (FF&E) were to be absorbed into the budget.

Energy (Junction City):

Junction City site must meet ORS 279C.527 – 279C.528 requirements for solar energy. Costs were not included in original budget approved by the Legislature.

Wetlands (Junction City):

The recognition of additional wetlands needing mitigation in Junction City

Consultants

CH2MHILL – the engineering and construction project management firm assisting the state with oversight of the design and construction of both replacement hospitals.

HOK/SRG – vested with the responsibility to design and engineer both the 620-bed facility in Salem and the 174-bed facility in Junction City.

Hoffman Construction Company – the construction manager/general contractor for both the Salem hospital and the Junction City hospital.

Oregon State Hospital Replacement Project





