

IOWA

Design & Construction

2025 COAA Project Leadership Award Submission

Iowa Health Care Medical Center – North Liberty Campus

August 29, 2025



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SECTION I – GENERAL PROJECT INFORMATION

Name of Project:	UIHC at Forevergreen Road – Construct Facility Iowa Health Care Medical Center North Liberty
Location of Project:	701 W. Forevergreen Road North Liberty, Iowa 52317
Type of Project:	Medical
Delivery Method:	CM at-Risk
Name and Address of Owner:	Board of Regents, State of Iowa Represented by University of Iowa Facilities Management – Design and Construction (D&C) 200 W. Prentiss Street Iowa City, IA 52242
Name and Address of Design Professional(s):	Neumann Monson Architects (NM) 221 E College St, Suite 303 Iowa City, IA 52240
Name and Address of Construction Professional(s):	JE Dunn Construction Company (JED) 515 E Locust St Des Moines, IA 50309
Other Consultants or Professionals:	
HKS Architects	Health Care Architect, Furniture Planner
Shive-Hattery	Civil Engineer
Genus	Landscape Architect
Raker Rhodes Engineering	Structural Engineer
IMEG	Hospital Mechanical, Electrical, Plumbing, Fire Protection, Fire Alarm Engineer
AEI	Central Utility Plant MEP/FP/FA Engineer

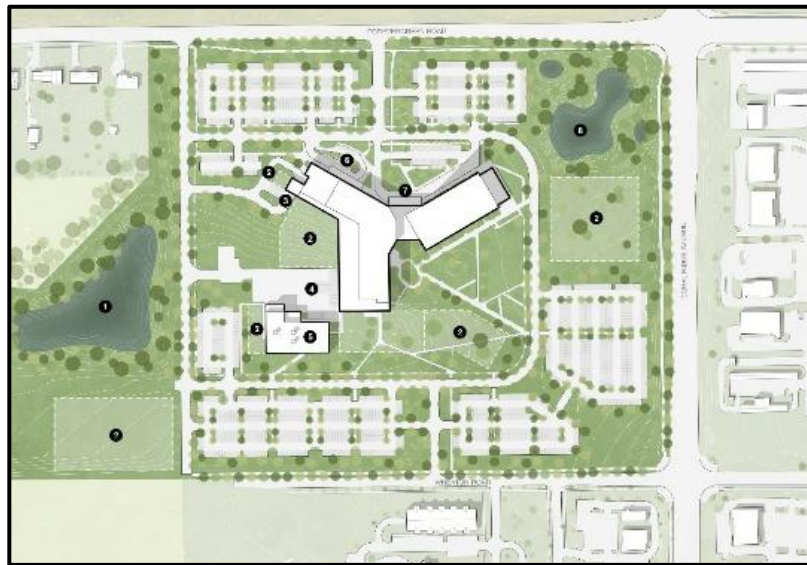
Design Engineers	Telecom and Site Electrical Engineer
Lighting Elysium	Lighting Design Consultant
Lerch Bates	Vertical Transportation Consultant
Rippe Associates	Food Service Consultant
Studio08 Consultants	Door Hardware Consultant
FP&C	Code Consultant
Rich & Associates	Parking Consultant
Speccetera	Specifications Consultant
Simpson Gumpertz & Heger Inc.	Building Envelope Commissioning Agent
Questions & Solutions Engineering Inc	Building Systems Commissioning Agent
Carter Inc	Transition and Activation Planning, Implementation, Stabilization, Decommissioning
Introba	Medical Equipment Planner
Baker Tilly	Auditor
The Knowledge Collaborative	Process Improvement

General Project Description:

The University of Iowa Health Care North Liberty Campus represents the most ambitious capital project in the university's history. Located approximately seven miles north of the main campus on a greenfield site. This new satellite facility anchors a long-term vision for expanded healthcare access and innovation. The master plan spans 60 acres and is designed to accommodate over 1.15 million square feet of building area and more than 4,600 parking stalls across multiple surface and structured facilities. This project focuses on Phase One—the foundational development of a multi-phase campus expansion.

Phase One encompasses a 40-acre site featuring a 469,000-square-foot hospital, clinic, and central utility plant (CUP). Designed with shelled-in space to support future service expansions, the facility integrates a wide range of clinical, diagnostic, and support services, including:

- Level 4 Emergency Treatment Center (14 exam/treatment rooms + 3 shelled)
- Urgent care and outpatient orthopedic clinics (84 exam rooms + 12 shelled)
- Physical therapy and rehabilitation spaces
- Comprehensive diagnostic imaging:
10 X-ray, 3 MRI + 1 shelled, 2 CT, 2 EOS, 1 fluoroscopy, 3 ultrasound
- Surgical suite: 12 operating rooms + 4 shelled, 2 procedure rooms, perioperative services
- Inpatient care: 36 acute beds + 12 shelled
- Central and retail pharmacy, pathology lab, sterile processing
- Research and education spaces, and faculty offices



The building's structural system includes concrete foundation walls with post-applied waterproofing, slab-on-grade with pre-applied underslab waterproofing, slab on metal deck, and a structural steel frame with spray-applied fireproofing. Exterior cladding features precast concrete panels and EIFS at temporary locations, with metal paneling at the mechanical penthouse. Fenestration systems include ribbon curtain walls, window walls, and punched windows, while the physical therapy gym showcases a multistory curtain wall façade. All roofs—including the inset terrace at Level 2—utilize low-sloped, single-ply PVC membrane systems. The facility includes 14 elevators to support vertical circulation across clinical and support zones.

The hospital and clinic house essential building systems such as fire sprinklers, air handling units, heating and chilled water pumps, DI and RO water systems, electrical switchgear, medical gas, and pneumatic tube infrastructure. Electrical and electronic safety and security systems include lighting controls, power monitoring and controls, isolated power systems, a building-wide uninterruptible power supply (UPS), fire alarm, access control, security cameras, nurse call, distributed antenna systems (DAS), and sound masking.

The CUP was constructed to support all Phase One utilities, including boilers, chillers, cooling towers, emergency generators, domestic water treatment, and head-end electrical gear. It is designed for future horizontal expansion and additional equipment to support the build-out of shelled spaces. The CUP exterior features precast concrete insulated panels and insulated metal panels, with a matching PVC membrane roof system.

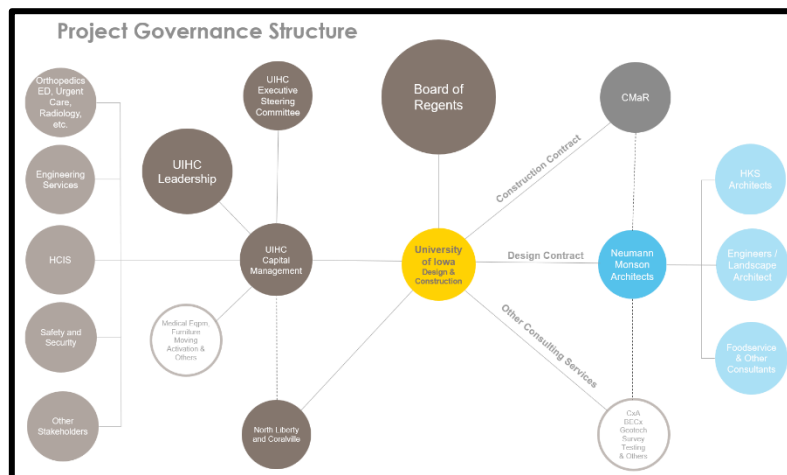
Project Duration:	
Construction	1432 Calendar Days
Project Start Date:	
Start of Design	January 1, 2020
Start of Construction	5 calendar days
Adjusted Contractual Substantial Completion:	September 20, 2021
Project Completion Date:	
Planned Completion:	December 23, 2024
Approved Time Extension:	5 calendar days
Adjusted Contractual Substantial Completion:	December 28, 2024
Actual Substantial Completion:	December 30, 2024 - Although construction was completed on schedule, the client opted not to take possession of the building over the weekend. As a result, the official Substantial Completion date was recorded as Monday, December 30, 2024.
Changes in Schedule:	
A 5-day time extension was granted at the beginning of the project to allow the farmer leasing the land to complete harvesting a soybean field prior to the start of mass excavation by JE Dunn. This was the only formal time extension issued for the project. Throughout the remainder of the schedule, the project team proactively managed changes to avoid further delays. Notably, the team collaborated with Iowa Health Care and transition consultant Carter, Inc to coordinate early delivery and installation of medical equipment and furnishings prior to occupancy. This strategic move enabled the client to begin operations 63 calendar days ahead of the originally scheduled first patient date.	
Construction Costs:	
Initial	\$362,741,767.00
Final	\$367,246,236.00* * GMP is in the process of being reconciled. It appears there will be approximately \$2M in savings that will be returned to the Owner.
Percent of Change Orders:	1.24%* * This does not include the GMP savings that will be returned by change order

SECTION II – OVERALL PROJECT MANAGEMENT

The project followed a structured management model led by the Design and Construction (D&C) department, which assigns a Design Project Manager to oversee all phases from programming through design, and a Construction Manager to lead the project through construction. The formal transition of responsibilities occurs at the Notice of Award, with the Construction Manager typically engaged during the Design Development (DD) or Construction Documents (CD) phase. From that point forward, any design-related issues or client-driven changes arising during construction are managed solely by the Construction Manager, with minimal involvement from the Design Manager.

For this project, Ryan Dehart served as the Design Manager, while Kirsta Scranton led construction efforts as the Construction Manager. She was supported by a team of three additional construction managers and a newly introduced role, a part-time superintendent, created specifically to meet the unique demands of this project.

A notable complexity of the project was the shared governance structure between Design and Construction and Capital Management. Design and Construction led the design process, managed the CM at-Risk, coordinated campus stakeholders, and oversaw all construction activities. Capital Management focused on hospital programming, Iowa Health Care stakeholder engagement, end-user coordination, and medical equipment and FF&E planning.



While each group operated independently, D&C was responsible for integrating Capital Management's findings and requirements into the design and construction workflow. This required ongoing collaboration, clear communication, and a flexible management approach to ensure that evolving clinical needs and operational priorities were accurately reflected in the built environment.

Both groups maintained parallel reporting lines to their respective leadership teams, which in turn, reported to the University's Central Administration. Central Administration was accountable to the Board of Regents, who, 15 months into the project, engaged Baker Tilly, an external auditor, to conduct a comprehensive review. This audit encompassed project management protocols, CM at-Risk monthly pay applications, and all change orders and claims, reinforcing transparency and accountability throughout the project lifecycle.

Project Management:

Recognizing the scale and complexity of the North Liberty Campus project, the Design and Construction team actively refined management processes to improve efficiency and responsiveness. Meeting structures were streamlined to reduce redundancy and focus discussions on actionable items. The change management process was simplified to eliminate unnecessary steps, enabling faster resolution of design clarifications. A dedicated Change Committee was established to triage end-user requests, ensuring that project priorities remained on track while still accommodating critical operational needs. Close collaboration with JE Dunn and Neumann Monson was instrumental in aligning design intent with construction execution, fostering a shared commitment to problem-solving and continuous improvement. By remaining flexible and open to evolving needs, the team created a more agile management framework that supported collaboration, reduced delays, and enhanced overall project performance. Further detail on these improvements is provided in Section III – Overall Project Success.

Tracking Project Constraints

Leveraging Trello for issue resolution and team accountability given the complexity of the project and the volume of open issues and constraints, the Design and Construction team implemented Trello as a centralized tracking tool. Every team member was granted access to Trello allowing them to update issue cards with relevant details including emails, photographs, and supporting documentation. This transparency ensured that all stakeholders could see the status of each issue and identify who was responsible for resolution. Weekly meetings were held to review the Trello board, prioritize urgent items, and address constraints that could impact schedule or budget. During a plus/delta check-in, team members noted that Trello was highly effective in keeping everyone informed and accountable. The tool fostered a culture of ownership and responsiveness, contributing to smoother coordination and faster issue resolution.

Scheduling:

Despite significant external challenges—including a 162-day COVID-related pause and a 195-day delay due to the Certificate of Need process—the Owner demonstrated exceptional leadership in maintaining, and ultimately accelerating, the project's first patient date. Through strategic planning and collaborative execution, the team delivered first patient 64 days ahead of schedule.

This achievement was made even more impressive by the number of interdependent schedules the team had to manage and align. In addition to the overall construction schedule, the team coordinated the phased design schedule with bid package deliverables, the Iowa Health Care enterprise schedule, Board of Regents meeting and approval timelines, the Certificate of Need review process, commissioning activities, and medical equipment procurement and installation. Each schedule carried its own constraints and critical milestones, requiring constant communication, real-time adjustments, and a disciplined approach to integration and accountability.

Development of Bid Packages

During design, Ryan and Kirsta partnered closely with JE Dunn, Neumann Monson, and other stakeholders to develop multiple bid packages. This approach enabled construction to begin while design was still underway, allowing critical path activities to proceed without waiting for full design completion. The phased bidding strategy helped mitigate delays and maintain forward momentum, demonstrating agility and foresight.

Incorporating Scheduling Requirements into the Contract Documents

From the start, Design and Construction established clear scheduling expectations and embedded them into the Contract Documents, ensuring transparency and accountability. This structured framework fostered a culture of schedule ownership and enabled early identification and resolution of potential delays, keeping the project on track despite external pressures. These included:

- D&C participated in all scheduling meetings.
- Weekly reviews of the six-week lookahead schedule.
- Crew planning discussed and visually represented in the schedule.
- Work durations limited to 10 calendar days, with longer activities broken into smaller tasks.
- Maintenance of a constraint log to track and resolve schedule blockers.
- Visual crew plans showing progression through the project.
- Monthly executive summaries covering recap of prior month's activities, upcoming work, milestone comparisons, community impacts, coordination needs, areas of concern, budget updates, and progress photos.
- Listing Submittals that require a longer Owner/ stakeholder review duration.

This structured framework fostered a culture of schedule ownership across all stakeholders and enabled early identification and resolution of potential delays.

Coordinating Medical Equipment Installation During Active Construction

Design and Construction collaborated with Capital Management, JE Dunn, and transition consultant Carter Group to phase medical equipment installation during active construction, rather than waiting until Substantial

Completion. Through coordinated meetings and schedule modeling, the project team demonstrated the benefits of early installation to end users, successfully shifting a long-standing practice. This proactive strategy allowed critical equipment to be installed in parallel with construction activities, accelerating readiness. As a result, the hospital advanced its first patient date from July 1, 2025, to April 28, 2025, a major milestone achieved through cross-team collaboration and innovative scheduling.

Cost Management:

The total project budget was amended from \$395M to \$525M during design as the programming was further developed and designed continued. The final program that went into this building was not finalized until the project was at Design Development. The building was right sized from 300,000 square foot to 469,000 square foot to capture the finalized building program.

**Strategic Value Management and Design Leadership**

During design and preconstruction, Ryan guided the project team through targeted value management exercises with targeted scope modification to keep the project aligned with budget goals. While some efforts were in response to evolving design and market conditions, Ryan ensured that value engineering remained a collaborative and solution-focused process.

At key milestones, he paused design progression to evaluate cost-saving alternatives and provided Iowa Health Care with the time and information needed to make informed and often difficult decisions. He also supported requests for alternative design options, consistently working to identify the best value for investment.

Working closely with the design team, Ryan implemented several impactful strategies. He initiated additional soil testing to refine the site's seismic classification, replacing the standard survey approach. This \$15,000 investment led to a seismic downgrade and unlocked \$10 million in structural cost savings. In areas designated for future expansion, Ryan guided a shift from precast to EIFS for the exterior envelope, balancing long-term flexibility with immediate cost efficiency.

Change Management and Financial Oversight

Early in the project, Kirsta worked with JE Dunn to structure trade partner GMPs, specifically for electrical, mechanical, and building controls, within the overall GMP. Each trade partner provided detailed backup documentation for their self-performed work, which was audited monthly as part of the pay application process. To ensure accuracy and transparency, the team established a reconciliation process that compared GMP values from the original GMP set to the final bid set once trade partners reached 75% billing. To support this, \$2.3 million was held in uncommitted buyout until reconciliation was complete. This approach allowed trade partners to complete their work within the original GMP amounts, avoiding the need for additional funding any of the variance.

As construction progressed, change orders were reviewed biweekly in meetings that included JE Dunn, its trade partners, the design team, and D&C. These sessions enabled real-time resolution of questions, reduced delays, and eliminated the need for repeated resubmissions. At project closeout, Baker Tilly reviewed more than 950 change orders and found no significant issues, validating the team's disciplined approach.

Kirsta also met monthly with JE Dunn to review contingency usage. This consistent oversight enabled the return of the entire escalation contingency, approximately \$4.4 million, well before project completion. While not contractually required, this return was made possible through the strong working relationship between Design and Construction and JE Dunn, and it occurred with 18 months remaining in construction.

In addition to construction oversight, Kirsta managed the full \$525 million program budget. She collaborated with Capital Management as they procured medical equipment and FF&E, ensuring funds were allocated appropriately across all components. This coordination allowed her to issue a \$9.6 million funding adjustment, four months

prior to Substantial Completion, returning unused funds to Iowa Health Care to support other institutional priorities.

Quality Management:

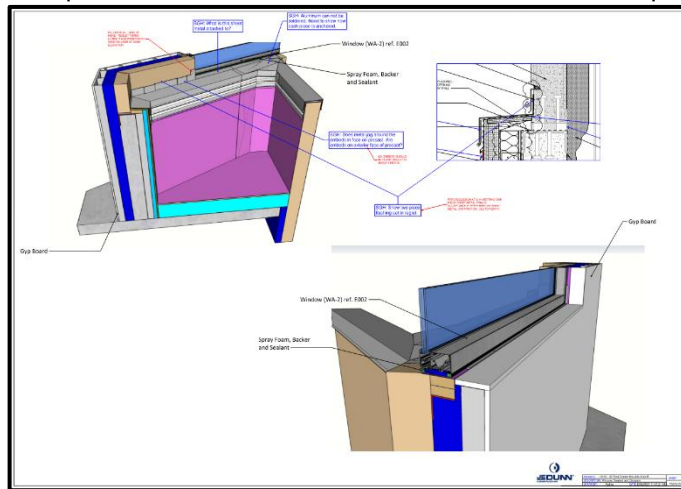
Design and Construction maintains a robust quality management system that includes the creation of an Owner's Project Requirements (OPR), the engagement of both a building envelope commissioning agent and a MEPT commissioning agent, and comprehensive design document reviews as a standard of care for all major projects.

Building Envelope Playbooks

During the development of Bid Package 05, Core and Shell, Kirsta challenged the team to reconsider the value of a standalone exterior mockup. Her concern was that constructing and testing a mockup could introduce artificial conditions that would not accurately reflect real-world installation. Instead, the funds allocated for the physical mockup were redirected to create building envelope playbooks, or virtual mockups.

Neumann Monson, SGH, and D&C reviewed design details to determine which conditions warranted a playbook. A total of 18 playbooks were developed, covering both typical and complex one-off details. JE Dunn used SketchUp to produce layered drawings that illustrated the sequence of material installation and construction techniques. These virtual mockups sparked valuable dialogue around unresolved design issues and helped bridge the gap between design and construction.

By working through the details and installation methods in advance, the project team was able to identify and resolve potential issues before field installation. JE Dunn submitted RFIs to clarify questions, and Neumann Monson issued ITCs to refine design intent. As a result, installation crews were able to execute the work directly from the playbooks, without delays or the need to wait for additional guidance.



Meetings with State Building Inspector and the Project Team

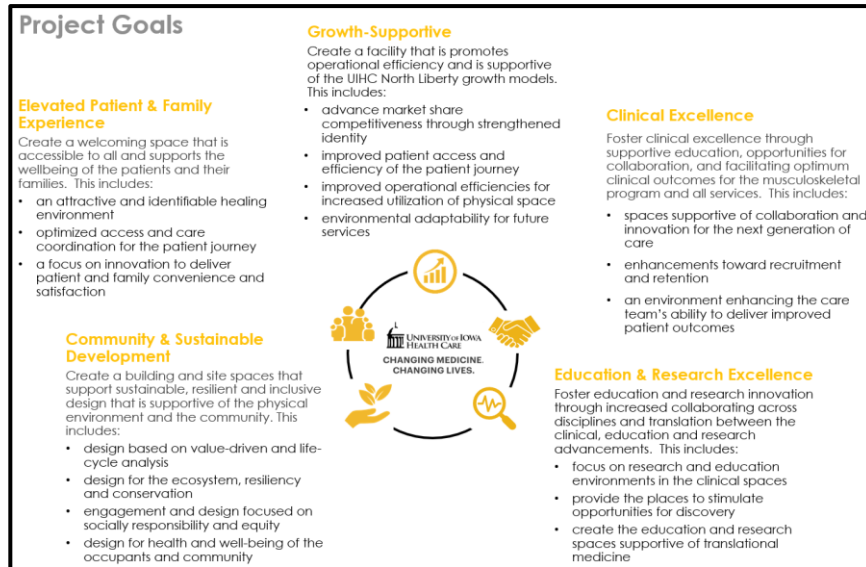
During the design phase, Ryan and the design team held preliminary plan review meetings with the State Building Department. These sessions allowed the team to address early feedback and incorporate necessary adjustments prior to formal submission.

Kirsta and the project team also implemented pre-occupancy check-in meetings with the State Building Inspector. These meetings clarified the occupancy inspection process, including roles and responsibilities, required documentation, and the status of medical equipment installation that would occur after Substantial Completion. The team also coordinated preliminary walkthroughs ahead of the official inspections, ensuring alignment and readiness across all parties.

SECTION III – OVERALL PROJECT SUCCESS

Establishing Project Goals and Defining Success

Project success cannot be measured without first defining what success looks like. From the outset, this project followed a robust process to establish clear goals and expectations. The University of Iowa Design Standards & Procedures—updated annually—provided a foundational framework for design requirements and material system specifications. Building on this, the Owner team convened a cross-disciplinary stakeholder group to lead a multi-week visioning process with the design team. Together, they developed project-specific goals and guiding principles that shaped decision-making throughout the project.



These goals were consistently reinforced. They were presented at all design workshops, integrated into onboarding and training for new team members, and revisited during value engineering exercises to ensure alignment between budget and scope.

Project Delivery Method & Team Selection

Selecting the Construction Manager at Risk (CM at-Risk) delivery method was a pivotal decision that contributed significantly to the success of this landmark project. CM at-Risk fostered early collaboration, enhanced transparency, and enabled shared decision-making—laying the foundation for a unified, high-performing team from the outset.

- **Collaborative Design Team Subconsultant Interviews:** Departing from traditional selection processes, the D&C, Capital Management, and Neumann Monson jointly interviewed subconsultants. This collaborative approach prioritized not only technical qualifications but also alignment with project goals, values, and communication styles. The result was a team built for cohesion and performance from day one.
- **Collaborative with CM at-Risk and its MEPT Trade Partners during Design:** Mechanical, Electrical, Plumbing, and Technology (MEPT) trade partners were engaged during the design phase, allowing the team to integrate their expertise early. This led to more informed design decisions, improved constructability, and cost-effective solutions that aligned with the project's goals.

The CM at-Risk approach empowered the team to build trust, streamline decision-making, and maintain flexibility throughout the project lifecycle—ensuring that collaboration remained a driving force from concept to completion.

Design and Construction's Project Management Structure

With the largest project ever undertaken by Design and Construction, the team recognized that conventional handoffs, particularly at Bid Award, posed significant risks under the CM at Risk model. Instead of following precedent, Ryan Dehart and Kirsta Scranton led a fully integrated delivery strategy that reimagined collaboration and set a new benchmark for departmental practice. From the outset, they operated as a unified leadership team, with Ryan guiding the project through programming and design, and Kirsta embedding herself in design

meetings to gain critical context that would later inform construction decisions. Their shared understanding of project goals, combined with Ryan's deep design expertise and Kirsta's construction leadership, allowed them to anticipate and respond to challenges from both sides of delivery. This created a level of continuity and cohesion rarely achieved in projects of this scale, resulting in faster decision-making, fewer missteps, and a more coordinated experience for stakeholders.

To support this level of coordination, the team introduced a dedicated project support role focused on managing scheduling, documentation, and closeout activities. This role absorbed operational tasks that would otherwise have diverted Ryan and Kirsta's attention from strategic leadership. By offloading administrative responsibilities, the project support role helped maintain momentum, reduce bottlenecks, and keep the leadership team focused on high-level decision-making and issue resolution. It also created space for broader team engagement, allowing other construction managers to participate in coordination efforts, gain insight into the full project lifecycle, and build shared understanding across roles.

Weekly meetings with D&C leadership further reinforced alignment, provided a forum for real-time issue resolution, and ensured that decisions were informed by both field conditions and institutional priorities. These sessions helped maintain momentum, supported proactive planning, and created a consistent feedback loop between the project team and department leadership.

The project became a successful pilot for the department's Integrated Project Team Delivery method, demonstrating the value of assigning a design manager, construction manager, and project support from day one. The outcome was a more cohesive, accountable, and agile delivery model, one that has since influenced how the department approaches complex projects moving forward.

Continuous Process Feedback and Improvement

Both Ryan and Kirsta welcomed feedback and ways to improve how the job was being managed. During the construction phase, Kirsta facilitated numerous feedback and touch base meetings with the Project Team to understand what was working and what needed to change or be stopped. D&C hired The Knowledge Collaborative to help facilitate these meetings and provide unbiased recommendations to help the project team be effective and efficient with processes. From this input, Design and Construction implemented the following new strategies for this project:

Meetings:

- Weekly progress meetings were restructured to reduce redundancy and improve focus. Large meetings were shifted to biweekly formats, balanced with targeted issue-based sessions (e.g., envelope, sitework, MEPT coordination). Meeting formats were adjusted to prioritize actionable.

Simplification for Design Team's Change Management Process:

- Eliminated contractual requirement for Design Professional (DP) to produce estimates on CARs over \$10k. This was not the best use of time for the DP, since this is a CM at-Risk project with estimators. The hours allocated in the design agreement were used to offset additional services.
- ITCs were not required for RFIs that changed scope, streamlining the process and reducing administrative burden.

Client Requested Changes:

- A Change Committee was established to help manage end user changes.
- A smaller group, with D&C, Capital Management, JE Dunn and Neumann Monson was formed to review client-requested changes, keeping the project focused on achieving Substantial Completion and Occupancy.
- Capital Management triaged requests before they reached the core team.
- This committee provided estimates and schedule impacts to help end users make informed decisions.
- ITCs were issued for the items that needed to be completed prior to Substantial Completion for the bigger team to implement.

Communication Improvements:

- A communication plan was developed to understand who needed to be involved for what scope of work.

SECTION IV – PROJECT COMPLEXITY

The COVID Impact

Challenge: The project launched during the pandemic, forcing all early collaboration to be virtual. The team didn't meet in person for over 15 months, making relationship-building and design coordination especially challenging.

Solution: Although virtual collaboration is common today, in 2020 it required creative problem-solving and rapid adaptation. Ryan coordinated with the design team to innovate the design process so all the design activities could be facilitated virtually, including researching and implementing new collaborative software tools for design ideation and document review and delivery.

Layers of Stakeholders

Challenge: Iowa Health Care operates independently from Facilities Management, reporting directly to the university president. The project involved numerous stakeholders with competing priorities as outlines in Section II.

Solution: Ryan established a clear governance structure, identified decision-makers, and ensured stakeholder alignment. Input from users and committees was elevated to leadership for final approval, keeping the project focused and moving forward.

Coordination with Local Jurisdiction & Utility Companies

Challenge: The site's location between North Liberty and Coralville required cross-city coordination. The rural electric cooperative had never served a project of this scale.

Solution: Ryan worked with the local jurisdictions and utility to understand who would be responsible for services, determine required loads, redundancies, and resilience requirements. Multiple options had to be developed and evaluated including a new substation and reserve capacity.

Owner Installed Div 28 – Electronic Safety and Security Systems

Challenge: Iowa Health Care typically managed Nurse Call, access control, cameras, and DAS, but lacked capacity due to project scale and campus workload.

Solution: Ryan led the team in revising HCIS's responsibility matrix, enabling the CM at-Risk to manage installation while HCIS focused on critical oversight.

Labor Availability

Challenge: Local market conditions limited availability of carpenters, electricians, and plumbers.

Solution: Kirsta collaborated with JE Dunn to assess schedule risks and identify key trades to onboard early via trade partners that had labor shortages. Electricians and plumbers were secured with GMP contracts that included owner-approved overtime allowances. To address the carpenter shortage, JE Dunn split the drywall scope between two firms to ensure coverage.



SECTION V – SUSTAINABILITY ELEMENTS/EFFORTS

Transforming a farm field into an ecosystem and community amenity:

- This project transforms farmland—devoid of habitat or ecological function—into a healthcare campus that supports human, plant, and animal life. An integrated stormwater strategy manages runoff from the site and two adjacent properties. Settling basins and water quality units filter contaminants and control peak water volumes.
- Fish habitat was introduced to the two ponds, which now support frogs, waterfowl, predatory birds, fox and other mammals. Vegetation across the site balances manicured landscapes with native ecology. There are over 18,500 trees, shrubs, and perennials in addition to the native prairie areas.
- Accessibility and inclusion are integrated throughout the site's design. Low-slope parking areas and concrete walking paths allow smooth movement across the campus and connect directly to community trails. Outdoor courtyards and dedicated rehabilitation zones immerse patients and visitors in nature, creating restorative environments that support therapeutic care and promote well-being.

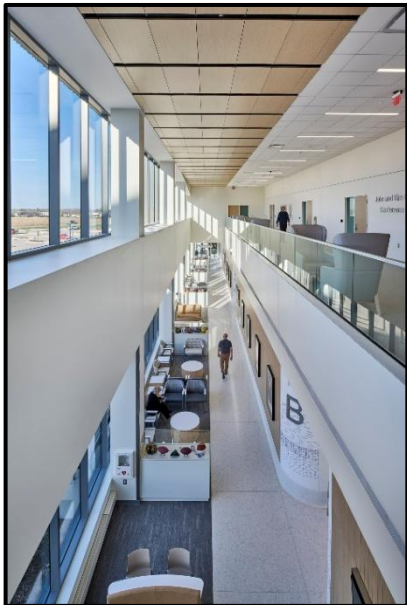
Achieving Significant Energy Savings:

- The campus includes its own utility plant to ensure system redundancy and operational resilience. Designed to exceed energy goals, the project achieved a 65% reduction in energy use compared to the industry baseline, far surpassing the University of Iowa's target of 20% over code.
- The building envelope features opaque walls with a continuous R-value of 26 and high thermal mass from precast concrete. Third-party commissioning, including air leakage testing and thermal imaging, ensured consistent thermal performance. A low 23% window-to-wall ratio was achieved through strategic placement and sizing of glazed openings to balance daylight and views.



A Healthy Space for Everyone:

- A primary goal was to elevate the experience of patients, families, and staff through a holistic approach to health and well-being. Guided by empathy & journey mapping, stakeholder interviews and workshops, the project team identified key opportunities to support privacy and dignity, physical, cognitive, and emotional health.
- Concepts centered on creating restorative, inclusive, intuitive, and flexible environments. Wayfinding strategies reduce stress: on-grade parking and valet drop-off simplify arrival, while clear sightlines, purposeful lighting, and custom graphics support intuitive navigation to elevators, treatment areas, and staff engagement points.
- Biophilic elements enhance connection to nature, with daylight access in all public spaces and staff lounges, direct views to natural surroundings, and outdoor amenities. Interior finishes use natural materials to reinforce this calming atmosphere.
- Staff wellness is supported through amenities like a kitchen, dining room, bike parking, and showers. Accessibility is enhanced by Universal Design features, and acoustic strategies improve comfort and privacy throughout the space.
- Dedicated wellness rooms support lactation and mental health. Air quality is optimized through tailored filtration, UV treatment, high air exchange rates, and low-VOC materials. Radiant heating in key areas ensures thermal comfort of patients and visitors.



SECTION VI – CONFLICT RESOLUTION

Conflict was treated as a natural part of collaboration, and Design & Construction played a central role in fostering a culture where challenges were surfaced early, addressed transparently, and used to strengthen team alignment.

Open Communication Culture

- D&C emphasized direct, honest dialogue across all levels. Tools like Trello (see Section II – Project Management) and weekly coordination meetings created visibility into issues and accountability for resolution.

Safe Space for Dialogue

- Ryan and Kirsta set the ground rules and provided a safe space for the team to pose critical questions to understand the underlying issues needing resolution. While allowing for the hard questions, there was also a validation of concerns to help guide the group toward common ground.

Solutions-Oriented Mindset

- When tensions rise, it's easy to slip into finger-pointing, but projects thrive when team members redirect the energy toward the issue at hand rather than the individuals involved. The Owner's team set expectations early that problems are shared challenges, and the entire team needed to have a solutions-oriented approach. Instead of asking "who caused this?", we asked "how do we solve this?". This shift helped the team keep conversations professional, fact-based, and forward-looking. This mindset fostered momentum, maintaining schedule, and upholding morale.

Closing the Loop on Issues

- D&C enforced discipline around documenting decisions and resolving open items. This helped prevent design from bleeding into construction and minimized confusion during submittal reviews and field coordination.

Expectation Setting and Transparency

- D&C established clear expectations around scope, standards, and decision timelines. Structured meetings, visual tools, and consistent communication helped the team stay aligned and reduced the potential for misunderstandings.

Team Values and Psychological Safety

- Trust, accountability, and open communication were consistently reinforced by D&C leadership, creating a psychologically safe environment where issues could be raised and resolved constructively.

SECTION VII – THE COAA WAY

This project was a living example of The COAA Way, where collaboration, trust, and shared purpose drive exceptional outcomes. From kickoff to closeout, the team operated with a unified mindset, prioritizing partnership over hierarchy and solutions over silos.

Shared Success Mindset

Ryan and Kirsta led with the belief that the project's success depended on the success of every individual involved. They cultivated a culture of mutual respect, where challenges were addressed collectively, and victories were celebrated as a team.

Embedded Collaboration

D&C's co-location within JE Dunn's office enabled real-time coordination and spontaneous problem-solving. The design team's consistent onsite presence reinforced continuity and responsiveness, ensuring that decisions were informed and timely.

Engaged Ownership

Ryan and Kirsta were actively involved from programming through move-in. Their presence and decisiveness created alignment across stakeholders and maintained momentum. Their leadership made the project not only efficient but enjoyable, as noted by JE Dunn.

Unified Team Culture

Team members consistently prioritized the success of the project over individual roles or affiliations. When challenges surfaced, support came from across the team, without prompting or hesitation. Strengths were recognized and shared, creating a collaborative environment rooted in trust and mutual respect. Neumann Monson described the leadership as patient, thoughtful, and open, qualities that fostered alignment and innovation.

Genuine Care and Connection

This team was more than a group of coworkers—it was a community. People looked out for one another, stepped in when someone needed help, and maintained a culture of care without compromising professionalism. The environment was supportive, respectful, and grounded in a shared commitment to doing the right thing for the project and for each other. As UI Health Care noted, the partnership was marked by efficiency, organization, and a deep sense of commitment.

Continuous Improvement

Regular retrospectives and lessons learned sessions led by Ryan and Kirsta drove process improvements and communication enhancements. Their commitment to growth ensured the team evolved together, becoming more effective with each phase.

Trust and Accountability

High standards were upheld with empathy and transparency. The team was empowered to take ownership while being supported through challenges. JE Dunn highlighted the team's structured approach to accountability and change management, which contributed to the project's success.

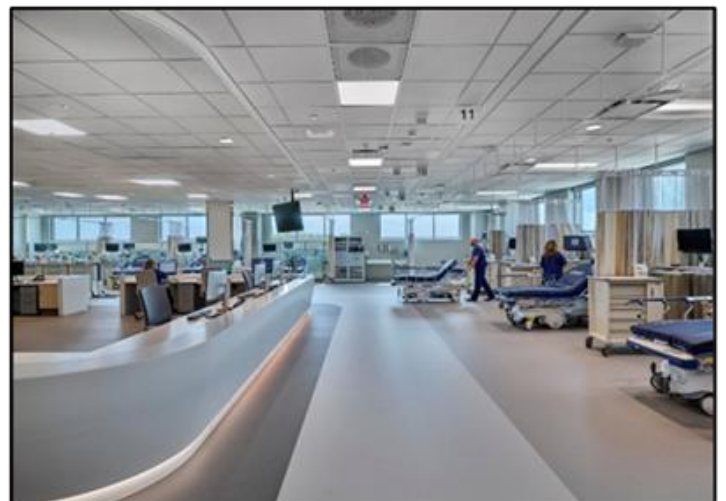
Legacy of Partnership

The same core team is now engaged on the next major project, proof of the trust and respect built during this one. The relationships formed and the culture established will continue to shape future successes.

This project didn't just meet expectations, it redefined them. It was a model of what's possible when people lead with purpose, listen with empathy, and work with integrity. This was The COAA Way, fully realized.



SECTION VIII – CUSTOMER SATISFACTION



NEUMANN MONSON ARCHITECTS

August 21, 2025

COAA Project Leadership Awards Committee
5000 Austell-Powder Springs Road, Suite 217
Austell, GA 30106

RE: COAA Project Leadership Award, Letter of Recommendation

Dear Members of the Selection Committee,

It is our honor to recommend **University of Iowa Design & Construction (D&C)** and their management of the **Iowa Health Care Medical Center North Liberty Project** for the **COAA Project Leadership Award**. This facility represents the best of collaborative project delivery, innovation, and community impact.

Collaborative Delivery - From the beginning, Ryan, Kirsta, and the entire D&C team were collaborative partners on the project. They set high expectations as we outlined project goals and processes, but they were also patient, listened deeply, asked thoughtful questions and were open to all the ideas and recommendations from the team. Even during challenging moments, they focused on the issue, brought the team together, and sought solutions that would bring the best value while meeting the project goals. We learned from our collective mistakes together, and it speaks volumes the same team will be working together on the next larger project.

Innovative - The facility was designed with a future-ready mindset - it is the first phase of a new site masterplan. Designed at the start of the pandemic, the D&C team had to be adaptable, innovating the delivery process with their many stakeholders while also considering the impacts of the pandemic on the design and the material and labor shortages that followed. Flexible clinical spaces, adaptable infrastructure, horizontal future expansion opportunities, and advanced building systems ensure the center can evolve alongside medical innovation.

Impact & Legacy - The project fulfills a critical regional healthcare need by expanding access to world-class clinical care, research, and education. It provides advanced patient services while ensuring the surrounding community benefits from both economic growth and improved quality of life. The D&C team cared deeply about serving their many clients and stakeholders within Iowa Health Care and represented their constituents with professionalism, passion, relatable candor, and kindness. The successful management of this project by the D&C team has led to the overall success of the project for the university and the community, leaving a lasting legacy.

For these reasons, we enthusiastically support **University of Iowa Design & Construction** for the **COAA Project Leadership Award**. It stands as a model of how owners, architects, and builders can work together to deliver projects of enduring value to their communities.

Sincerely,



Kim S. McDonald AIA LEED AP BD+C
Principal | Board Secretary



Matt Krieger AIA LEED AP BD+C
Associate Principal

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JE DUNN CONSTRUCTION
515 EAST LOCUST, SUITE 301
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August 26, 2025

COAA Project Leadership Awards Committee
5000 Austell Powder Springs Rd.
Suite 206
Austell, GA 30106

**Re: COAA Project Leadership Award
University of Iowa Health Care – North Liberty Campus**

Awards Committee,

On behalf of JE Dunn Construction, we would like to nominate the University of Iowa Health Care – North Liberty Campus for the 2025 COAA Project Leadership Award. JE Dunn was honored to work with the University of Iowa Design & Construction team to deliver an exceptional building experience for all members involved. Below are some key characteristics demonstrated by the university that engaged, challenged, and made the project fun to be a part of:

Engaged Ownership:

- UI Design & Construction was highly involved throughout every phase of the project — from design, through construction, to project turnover and move-in — ensuring alignment, timely decisions, and a shared sense of purpose.

High-Performing Team:

- Fostered a strong team dynamic by celebrating collective successes, which built morale and reinforced collaboration.

Continuous Improvement:

- Emphasized growth through regular retrospectives and lessons learned sessions, consistently asking, "How can we improve as a team?"
- Encouraged the team to try "new" ways of executing the work.

Accountability:

- Maintained high standards by holding all team members accountable for their responsibilities.
- Ensured efficiency and transparency with prompt and structured reviews of the change management processes.

These are just a few of the things that made being part of this project enjoyable and rewarding. The University of Iowa is an outstanding organization, and we enjoyed our partnership we had with them delivering this transformational project that will benefit the community and the entire state of Iowa for many generations to come.

If you have any questions or would like to learn more about our experiences working with the University of Iowa, feel free to reach out to me: 816.426.8119 or mike.trehey@jedunn.com

Sincerely,

JE Dunn Construction

A handwritten signature in blue ink, appearing to read 'Mike Trehey', is written over a circular stamp.

Mike Trehey
Project Executive

In pursuit of
building perfection®



IOWA HEALTH CARE

University of Iowa Health Care

Hospital Administration
North Liberty Campus

701 W. Forevergreen Road
North Liberty, IA 52317
Web: uihc.org

August 18, 2025

COAA Project Leadership Awards
5000 Austell Powder Springs Rd. Suite 151
Austell, GA 301

Dear COAA Project Leadership Award Review Committee,

I am delighted to endorse the nomination of UI Health Care Medical Center North Liberty (MCNL) for a COAA award. This beautiful new 470,000 GSF campus for UI Health Care opened its doors to patients on April 28, 2025. This project represented a massive undertaking, with significant coordination, collaboration, and planning required across multiple entities. Starting with a 60-acre greenfield site void of any associated utilities, roadways or other infrastructure, the planning team of architects, UI Design and Construction, UI Health Care Capital Management, and the health care "end users", developed the vision and design for the new campus to optimize the care experience for our patients and visitors as well as for our providers and multi-disciplinary staff.

Using a construction manager at risk delivery model, the planning team engaged in countless weekly and even daily meetings to refine the plans, define equipment and technology requirements, and work through value engineering exercises to meet our approved target budget. The fact that much of this work transpired during the throes of COVID inflationary and supply chain challenges speaks to the level of organization, problem solving, and collaboration that was necessary to successfully execute this nearly \$370M construction project on time and within budget.

Once the building was officially turned over at the end of CY 2024, we used the ensuing 4 months to consummate staff recruitments, load the building, practice new workflows, test equipment, and otherwise activate the new campus. Following a community grand opening with some 7,000 attendees touring the new facility, we welcomed our first patients and the reception to date has been spectacular. In the 3+ months since opening, we have realized over 30,000 clinic visits, 3500 ED visits, 800 admissions, 2500 OR cases, 27,000 radiology appointments, and so much more. Our patient satisfaction scores have been outstanding, and staff have expressed a similar positive perspective about working at this new campus, with abundant natural light and multiple staff wellness and support spaces incorporated into the design.

In sum, we are thrilled with our new home at the Medical Center North Liberty. Our vision could not have been realized without the remarkable partnership, efficiency, organization, experience, and commitment of our design and construction partners.

Sincerely,



Amy O'Deen, MHA, FACHE
Chief Administrative Officer
Medical Center North Liberty
UI Health Care

Changing Medicine.
Changing Lives.®

Affirmation and Release	
Nomination is submitted by:	Kirsta Scranton & Ryan Dehart
Company	The University of Iowa
Street Address	1 West Prentiss Street USB 200
City, State, Zip	Iowa City, IA 52242
Phone Number	319-335-5500
Email Address	Kirsta-scranton@uiowa.edu Ryan-dehart@uiowa.edu

In submitting this application, I (we) affirm to the best of my (our) knowledge, that the information contained herein is accurate and correct. I (we) also agree to grant permission for COAA® to use the nomination materials in their entirety (including photographs) for promotional purposes which may include, but not be limited to, the COAA® website and the *Owners Perspective* magazine.

SIGNATURE  DATE 08/29/25

TITLE: Senior Construction Manager

SIGNATURE  DATE 8/29/25

TITLE: Associate Director