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2026

# The State of Healthcare Construction

**ROBINS & MORTON**

Building With Purpose®

# Table of Contents

00 Introduction

01 Advanced Planning, Design, and Preconstruction

02 AI-Driven Design and Operational Efficiency

03 Community-Based Healthcare

04 Contributors

# Introduction

Now in its sixth year, Robins & Morton's annual State of Healthcare Construction Report explores the pressing questions that are shaping the healthcare construction industry in 2026.

To gain critical insights, Robins & Morton met with healthcare leaders, strategists, builders, and design experts to discuss a variety of topics, including overcoming tight budgets, implementing regional master planning, leveraging AI, and meeting the rising demand for community-based care.

Despite the economic challenges of the past half-decade, demand for healthcare construction remains strong. Strategies such as advanced planning, design, and preconstruction are empowering healthcare systems and construction experts to do more with less as they address long-term budgetary constraints.

Artificial intelligence (AI) presents a myriad solutions for healthcare systems and their design and construction teams, especially in its ability to reduce time-consuming administrative tasks and augment existing resources. Virtual reality tools and AI design modeling can provide valuable early insights into the planning process for stakeholders while also improving health, safety, and quality. Though not a complete substitute for human expertise, AI is quickly becoming an essential partner in shaping more intelligent and efficient healthcare environments.

Lastly, in a shift toward community-based care, healthcare systems are seeking to reduce costs while simultaneously providing localized services. Micro-hospitals, modular clinics, outpatient facilities, and hybrid care spaces represent a growing model of decentralized healthcare delivery that emphasizes patient experience and convenience.

To stay competitive and responsive, health systems and providers must partner with construction and design experts who understand these complexities and develop collaborative solutions. By doing so, they will facilitate project success, better futureproof their projects, increase workforce productivity, and enhance the patient experience.

# 01 Advanced Planning, Design, and Preconstruction

*With constrained budgets and growing competition for skilled labor, how are healthcare systems adapting their planning and delivery strategies to maintain project efficiency and meet community needs?*



Mayo Clinic Duan Family Building  
Jacksonville, Florida

## FINANCIAL CONSTRAINTS AND ADVANCED PLANNING

Amid ongoing economic uncertainty, healthcare organizations face the challenge of balancing near-term financial realities with long-term infrastructure goals. Thoughtful planning and data-driven design are enabling systems to make strategic choices that strike a careful balance between financial stability today and the flexibility to repurpose their spaces in the future.



Florida Coast Medical Center  
Port St. Lucie, Florida

“Preconstruction has become the place where value is either created or lost,”

explained Rachael Rome, global director of mental and behavioral health design and studio practice leader within the Dallas Health Practice at HKS. “When we model patient flow, staff ratios, and operational assumptions early, we can right-size every square foot before it is built. Aligning with construction partners during schematic design means we are not guessing; we are pricing, testing, and adjusting to protect budgets in real time.”

Johnathan Peavy, operations manager and Miami-Fort Lauderdale office leader for Robins & Morton, suggests that the key to successful preconstruction lies in developing a functional program that aligns with an organization’s vision for the next five to 10 years. Developing that program should begin early and remain focused on helping clients see their vision and anticipate market variability. “Organizations can look at their five- to 10-year growth plans, estimate what their needs will be, and decide how they transition into newer models of healthcare,” he explained.

This early planning enables the development of clearer front-end budgets, reducing the risk of overruns. Peavy noted that standardized industry benchmarks are also important for decision-making. Healthcare systems often have their own standards and preferences, sometimes aiming for higher-end specifications, but these must be considered alongside current and anticipated market conditions. “Realistically, you want to be within a fair range to manage build costs, achieve ROI, and ensure reimbursements are attainable,” he explained. By aligning projects within a reasonable cost range — neither excessively high nor unrealistically low — organizations can achieve a better balance.

One strategy to bridge financial goals and the need for infrastructure upgrades is to calculate ultimate operational savings, then position them for reinvestment.

Florida Coast Medical Center  
Port St. Lucie, Florida



**“Operational efficiency helps generate internal savings,” said Jason Hebert, director of operations and senior associate at TRO Jung | Brannen. “A hospital can save thousands of dollars each month through efficiency measures, which can then be reinvested into infrastructure without straining short-term finances.”**

Converting savings into sustainable growth requires both insight and strategy. Combining data-driven planning with adaptable infrastructure allows healthcare systems to ensure their investments evolve alongside the communities they serve. This is where advanced planning becomes critical. Chris Ressler, health lead and principal at Stantec, noted, “To plan for long-term strategy and growth, you must understand your community, its demographics, and how they’re changing. Our role as designers and contractors is to understand the data, recognize trends, anticipate challenges, and guide clients to the right decisions with confidence. And as computing power catches up, we can finally turn all that data into interesting and beneficial solutions.”



HCA Methodist Specialty and Transplant  
San Antonio, Texas

How does this work in practice? Jake Hughes, managing director at JLL, recommends scenario planning.

“For example, a 10-year community strategy might involve working with architecture, engineering, and construction teams to develop multiple potential scenarios, then designing with built-in flexibility, such as adding shell space that can be converted later when specific needs emerge,” Hughes explained. He elaborated that if demographic data suggests orthopedics demand will rise in an area with a growing 55+ population, planners might create adaptive facilities — “soft” space that starts as administrative offices but can be quickly converted into more clinic or ambulatory surgery center space as demand materializes.

*“Ultimately, the goal is futureproofing,” Hughes explained. “Using these methods, we can design spaces that can pivot to meet evolving population needs with minimal disruption and cost.”*



UK King's Daughters  
Ashland, Kentucky

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## FUTUREPROOFING

Futureproofing is an essential consideration for cost-effective and well-structured construction programs; however, its application can be less than straightforward.

“It’s like looking into a crystal ball. Our clinicians and administrators generally know what the future might look like, but there’s still some guessing involved,” said Penny Houchens, principal partner at Gresham Smith.

Houchens elaborated that while certain technologies may be beyond budget today, organizations are still building the infrastructure to support them in the future. As healthcare technology evolves rapidly, she added, organizations recognize that today’s state-of-the-art applications may quickly become outdated.

Jeremy Bolton, senior preconstruction manager based in Robins & Morton’s Raleigh-Durham office, explained that although futureproofing healthcare projects can be difficult, the key lies in unit layout and standardized design. “On patient floors, they’re standardizing rooms that have been tested to meet nearly every programmatic requirement, so they can be flexible with what units become over time,” he explained.



UHealth SoLé Mia Medical Center  
North Miami, Florida

Similarly, Stantec’s Chris Ressler emphasized that the best way to plan for evolving care models and technologies is to design with flexibility at the forefront. “While it is impossible to anticipate every scenario, it is critical to apply universal design principles. Creating ‘soft’ spaces that can adapt to future innovations, and incorporating modular strategies such as prefabrication and demountable walls, has become especially important since the COVID-19 pandemic.”

**“To ensure long-term flexibility in healthcare design, professionals should think in layers of permanence,” said HKS’ Rachael Rome.**

“Structural grids and building systems must be designed for longevity, while interior partitions, MEP systems, and technological infrastructure should remain modular and reconfigurable. Planning for multipurpose rooms, flexible adjacencies, and plug-and-play infrastructure allows facilities to evolve alongside shifts in care delivery models.”

Another important consideration in futureproofing, according to Ressler, is involving IT teams from the beginning of the planning process. “From robotics and automation to offsite and home-based care, buildings must be designed to meet current needs while remaining adaptable for the next decade,” he said. Ressler also explained that healthcare is no longer defined by a single building but by networks of interconnected sites enabled by robust IT infrastructure. Without it, systems risk falling behind.

Few industries face the same level of pressure to stay operational as healthcare. Even brief downtime can disrupt critical services and patient care, making resilience the highest priority. As Ressler noted, “The healthcare industry has proven time and again to be one of the most resilient to challenges on the facility delivery and care-providing sides, and that's because we have to be. We are the safety net for society.”

**Ultimately, futureproofing goes beyond preparing for future crises. It is a key method for creating a healthcare system that is strong enough to evolve alongside technology, data, and patient needs.**



Duke University Medical Center  
Durham, North Carolina



University of Louisville Hospital  
Louisville, Kentucky

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## TARGET VALUE DELIVERY

Target Value Delivery (TVD) is another proven tool in the preconstruction and planning process. In its purest form, TVD results in proactive budget management by developing a design to fit a project’s established budget. After dividing the project cost by scope — such as sitework, building skin, and MEP — a cross-disciplinary team of architects, engineers, contractors, and healthcare leaders creates an affordable, achievable facility design.

**While TVD can be transformative for all parties, it represents a clear shift from traditional project delivery.**

HKS’ Rachael Rome weighed in on this topic, stating, “Target Value Delivery works when it is treated as a philosophy, not a late-stage cost check. At its best, TVD aligns budget and decisions by defining value up front, then designing to that value with continuous cost feedback and shared accountability.”

She continued, “Success starts with honest market intelligence and a realistic target cost. We establish Conditions of Satisfaction with the owner and clinical leaders, translate them into measurable performance outcomes, and set an allowable cost that reflects actual labor, materials, and escalation costs. Trade partners join early with open-book estimating so every option carries a clear cost, schedule, and operational impact.”

Similarly, Robins & Morton’s Jeremy Bolton explained that the decision-making process requires radical transparency and a commitment to deep collaboration among all project team members in the earliest stages of the project.

“Through Target Value Delivery, design is validated through the contractor before it gets to the client. It’s a reversal of the typical loop, shifting from designer–owner–contractor to designer–contractor–owner. This way, the client is never promised something they can’t afford. If there is misalignment with the budget and goals, we can go back to the designers and work with them to develop a unified plan that we can then take back to the client.”

**Bolton emphasized that the process builds trust, strengthens partnerships, and keeps projects within the established financial framework.”**



Carilion Roanoke Memorial Hospital  
Roanoke, Virginia



## Target Value Delivery Success at Cone Health MedCenter Asheboro

The Cone Health MedCenter Asheboro project exemplifies the transformative power of Target Value Delivery (TVD) in healthcare construction. This 51,500-square-foot cancer center and ambulatory facility, completed in just 13 months with a \$51 million budget, demonstrates how TVD can drive exceptional outcomes even under the most challenging circumstances.

### THE CHALLENGE

Facing an extraordinarily compressed timeline due to an expiring lease, the project team had to generate a facility program and use case, as well as design, build, and open the facility within 24 months — a fraction of the typical duration for similar healthcare facilities. The client's existing cancer center lease expired in November 2024, creating an unforgiving deadline that, if missed, could have disrupted cancer treatments across the region.



### TVD IMPLEMENTATION

The team implemented a comprehensive TVD approach, dividing the project scope into components: sitework, building skin, and MEP systems. Clear cost targets were established for each scope, with Project Implementation Teams (PIT) assigned to maintain accountability for their respective budgets. This collaborative framework enabled the team to design within specific parameters while making informed decisions about materials and design elements.



Cone Health MedCenter Asheboro  
Asheboro, North Carolina

## MEASURABLE RESULTS

The TVD process delivered remarkable precision, with the final Guaranteed Maximum Price (GMP) varying only 0.54% from the original target. This exceptional accuracy demonstrates the power of continuous cost monitoring and collaborative decision-making throughout the design process.

## INTEGRATED SUCCESS FACTORS

TVD was seamlessly integrated with Integrated Project Delivery (IPD) and Lean construction practices, including Takt planning and extensive prefabrication. The team achieved 90% of its stretch goals through this coordinated approach, ensuring efficient workflow and predictable scheduling. The “Big Room” meetings and the co-location of all stakeholders onsite fostered transparency and trust, essential to TVD success.

## LASTING IMPACT

The facility opened on time, bringing world-class cancer care to patients who previously faced four-hour round trips for treatment. The TVD process not only controlled costs but maximized value, enabling the team to incorporate additional features and square footage while completing the project within half a percent of the GMP and meeting its exceptionally challenging timeline.

# Healthcare Construction Budgets Are Climbing

Survey data shows continued growth across major project categories, signaling post-pandemic stability and renewed capital investment.

## Construction Spending Increases

Percent of survey respondents indicating they will increase capital spending in the following categories.

**70%**

Infrastructure upgrades

**59%**

Renovation projects

*Level with 2025 after sharp 2024 gains*

**51%**

Offsite facilities

**45%**

New hospital construction

## Top Project Types in Healthcare Construction



### Acute Care Facilities

Leading project type since 2019



### Ambulatory Care and Outpatient Centers

Meeting demand for decentralized care



### Central Energy Plants

Supporting system resilience



### HVAC and Ventilation Upgrades

Optimizing air handler capacity and airflow



### Building Controls

Achieving cost savings through better automation



### Imaging Departments

Adapting to rapidly evolving technology

*Insights from ASHE/HFM's 2026 Hospital Construction Survey and Building Design + Construction's Healthcare Sector Trends*



UK King's Daughters  
Ashland, Kentucky

## SHIFTING CODE REQUIREMENTS AND REGULATIONS

Amid decisions on operational efficiencies, futureproofing, and early budget and design alignment, healthcare systems are also absorbing the cost of shifting code requirements in both renovations and new facility budgets. Evolving codes and standards influence facility design, necessitating early collaboration and adaptability to ensure compliance without compromising efficacy or patient care.

“We are seeing changes in [USP 797](#) and [800](#) in our pharmacy and lab projects, with new requirements for negative buffer rooms and dedicated exhaust,” TRO Jung | Brannen’s Jason Hebert said. “In behavioral health, there are increasing requirements for ligature-resistant and tempered fittings, even outside of traditional behavioral health suites. We’re also seeing more accessibility and bariatric clearance considerations, which affect layouts and sizes of bathrooms and other spaces.”

Complicating matters further, every municipality and state has its own healthcare codes, according to Robins & Morton’s Jeremy Bolton. Government facilities, he explained, are often the first to test new design standards. “About five or six years ago, we started updating facilities [to these standards] on military bases, and now we’re seeing that newer set of standards adopted in the public arena,” said Bolton. “Since then, they’ve become regulated and are now showing up in the privatized healthcare systems we serve as well.”

**For healthcare systems struggling to navigate these evolving codes and regulations, Stantec’s Chris Ressler emphasized that the most crucial step is to find a trusted partner who “understands the healthcare market, where it’s going, and how it’s growing.”**

With strategic foresight and early collaboration with trusted experts, healthcare systems and their design and construction teams can ensure compliance at the earliest stages, avoid costly mistakes, and facilitate the adaptability of these critical spaces.

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## CAMPUS AND REGIONAL MASTER PLANNING

# Meeting evolving patient needs while using resources efficiently is a complex challenge for healthcare systems.

Campus and regional master planning allow healthcare organizations to expand or repurpose existing facilities, streamline operations, and deploy new resources to meet current and future demand.

To deliver care where it's needed most, healthcare systems are reconsidering how campus and regional master planning can improve access and enhance efficiency. Jake Hughes, managing director at JLL, discussed an increased emphasis on early-stage planning and the use of innovative methods to position campuses to better meet patient needs. "Hospitals are using heat maps and demographic studies to understand where their patients are," said Hughes. "This helps us understand what their needs are and then locate facilities accordingly. These decisions facilitate detailed campus and regional master planning at the beginning of the process, with a strong focus on adaptability and scenario planning so plans can evolve as conditions change."



HCA Florida Mercy Hospital  
Miami, Florida



Matt Hardy, Robins & Morton's SmartFab® director, said that expanding and repurposing existing campus spaces is a growing trend in healthcare master planning.

*“As populations grow or more Certificates of Need become available or sunset, some clients focus on expanding existing facilities — both horizontally and vertically — rather than building entirely new structures,” Hardy said.*

He also emphasized that when designing new buildings, planners incorporate future expansion strategies to ensure population needs can be effectively accommodated over time.

Jason Hebert of TRO Jung | Brannen added that convenience and market capture are also key drivers. “Providing services in smaller outpatient facilities helps retain patients within the system for future higher-acuity needs,” he explained. Using campus and regional master planning in these ways, along with the methods Hughes described for scenario planning, empowers organizations to create adaptable models that will evolve with the communities they serve.

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## RESOURCE MANAGEMENT

Labor shortages are testing healthcare construction projects like never before. Robins & Morton's Matt Hardy discussed how competition for skilled labor — particularly in mechanical, electrical, and plumbing (MEP) trades — poses a considerable challenge. As workers flood fast-tracked sectors, such as data center construction, healthcare projects face increased labor costs and potential schedule delays. However, early planning and strategic resource management can help systems maximize efficiency, maintain flexibility, and ensure budgets and timelines remain unimpeded.

According to Robins & Morton's Jeremy Bolton, labor shortages in MEP trades also affect healthcare projects by extending timelines for materials and equipment. In the past, trade contractors were typically engaged during the design phase, just before mobilization. Now, earlier commitments from trade contractors are essential to secure labor and critical long-lead equipment, especially amid global supply chain fluctuations.

Hardy suggested that to mitigate these impacts, healthcare construction providers should leverage early trade contractor engagement, self-perform capabilities, and prefabrication to reduce onsite labor needs and maintain schedule certainty. For Bolton, the solution is straightforward: commit early and give trade contractors time to plan. This allows systems to manage their resources, control costs better, and preserve schedule flexibility — even in a tight labor market.



## CASE STUDY PHYSICIAN AND HEALTHCARE STAFF RECRUITMENT

# How Health Systems are Raising the Stakes for Talent Acquisition

Healthcare systems nationwide continue to face persistent staffing shortages driven by clinician burnout, demographic shifts, rising patient acuity, and intensified competition for skilled talent. Recruitment has become a core strategic priority with direct implications for access, quality, and financial performance.

Rather than relying solely on wage increases, health systems are deploying multifaceted recruitment and retention strategies designed to attract clinicians while supporting long-term workforce stability.

### 1. RELIEVING FINANCIAL BURDENS.

To remain competitive in tight labor markets, many systems are offering targeted, up-front financial incentives, from hiring bonuses to student loan reimbursement.



Mayo Clinic Duan Family Building  
Jacksonville, Florida



Carilion Roanoke Memorial Hospital  
Roanoke, Virginia

Many of these financial incentives are also embedded within personnel development programs such as nurse residency programs, which often include structured mentorship and training opportunities. These programs support successful transition into practice, reducing turnover and strengthening internal talent pipelines.

- Memorial Healthcare System, based in Florida, offers [clinical pay incentives](#) with hiring bonuses, tuition reimbursement, and student-loan consolidation services for nurses and allied health roles.
- AdventHealth, based in Florida, operates [a system-wide nurse residency program](#) that includes tuition reimbursement and professional development resources.

## 2. EMPLOYER-SPONSORED HOUSING.

Some systems — especially in high-cost or constrained housing markets — are working to secure housing for employees and recruits. Supplying concierge-style relocation services as part of frictionless hiring experiences can give health systems a significant advantage.

- [Vail Health](#) in Colorado has invested in workforce housing to help recruit and retain clinical and non-clinical staff in a resort market where housing scarcity directly threatens staffing. The system's most recent project, Fox Hollow, will add 87 units across 13 buildings once complete. Several buildings are already open in the multi-phased project.

- [Jackson Memorial Hospital](#) in Miami, Florida, was approved last year to begin construction on an 808-unit condominium comprised primarily of affordable and workforce housing. Once complete, the building will prioritize applicants who work for Jackson Memorial Hospital, followed by healthcare workers from nearby hospitals such as University of Miami Health and Veterans Affairs.

### 3. INVESTING IN FACILITIES AND THE BUILT ENVIRONMENT.

Capital investments in campus and facility design are now being deployed as workforce strategy tools. Research and industry reporting indicate that thoughtful space planning — from staff support areas to caregiver-centric design — can help attract and retain clinicians by improving daily work environments and well-being.

- Mayo Clinic is undertaking major transformations to its campuses through its [Bold. Forward. Unbound.](#) initiative. Through Bold. Forward. Unbound., Mayo Clinic is reinventing its clinical space to revolutionize care delivery and staff workflows through its campuses' physical and digital infrastructure. Some of the most significant elements of the initiative include creating “neighborhoods” of related services for patient ease; integrating predictive AI for diagnosis; deploying North America’s first carbon ion therapy unit for advanced cancer treatment; and opening the Integrated Education and Research Building for collaboration among scientists and students.



Mayo Clinic  
Jacksonville, Florida

- Recognizing the challenges of attracting professionals to a rural area, Artesia General Hospital in New Mexico is developing a 300-acre healthcare village, with a new hospital serving as its centerpiece. To make relocation more appealing, the first phase of development includes a variety of housing options – custom-built homes, condominiums, and townhomes. Beyond housing, the development is designed to foster a vibrant community with amenities such as shopping, restaurants, entertainment venues, and a wellness center, all within walking or biking distance. The proximity to downtown further enhances the appeal. Additionally, the hospital plans to repurpose its existing facility into an acute care center for senior living, expanding opportunities for staff and ensuring continuity of care. This comprehensive, people-centered planning demonstrates Artesia General Hospital’s commitment to attracting and retaining top healthcare talent in a rural setting.
- Working with ESa, Carilion Clinic implemented numerous design decisions to [reduce staff stress and improve wellness](#) in the recently completed Crystal Spring Tower addition on its Carilion Roanoke Memorial Hospital campus in Virginia. Several factors ESa considered when designing the Crystal Spring Tower were efficiency, reduced cognitive burden, visibility, response time, communication, evidence-based design principles, and the integration of technology.



Carilion Roanoke Memorial Hospital  
Roanoke, Virginia



As workforce shortages persist, health systems that compete effectively for talent are better positioned to stabilize operations, control labor costs, and maintain continuity of care. While financial incentives may open the door, the day-to-day work environment, professional development pathways, and built environment can often influence whether clinicians stay.

**Bottom line:** In today's labor market, capital planning, facility design, and workforce strategy are inseparable.

02

# AI-Driven Design and Operational Efficiency

*How is artificial intelligence transforming the way facilities are designed and built to enhance both construction efficiency and care delivery models?*



UHealth SoLé Mia Medical Center  
North Miami, Florida



Mayo Clinic  
Jacksonville, Florida

## AI-ENHANCED DESIGN MODELING

Artificial intelligence is rapidly reshaping healthcare design and construction, offering new ways to optimize operations, reduce costs, and anticipate challenges.

Chris Ressler, health lead and principal at Stantec, compares the efficiencies gained by AI-enhanced design modeling to the rise of building information modeling (BIM) software in decades past. “As AI starts to get more and more engaged with the design firms, with the planning firms, with the contractors, I think we're going to see massive evolutions there in the same way that BIM radically changed how we deliver production documents,” he explained.

According to Jake Hughes, managing director at JLL, AI has proven especially groundbreaking in its enhancement of [digital twins](#), which are virtual models of healthcare facilities, systems, or processes that act as mirrors to real-world counterparts and allow for early iterative design across various build scenarios. Hughes highlighted the use of digital twin technology for operational testing before construction, enabling simulation of changes, predictive maintenance, patient flow, staff modeling, emergency response validation, and staff training.

“We are in the early stages of compilers and tests; however, there has been some success with digital twin models on large infrastructure projects. These models will become a mainstream practice, allowing for more predictive planning,” Hughes said.

Digital twin technology has long been used as an effective tool, but creating the models has traditionally required substantial time and resources, limiting their use.

**AI can offer greater efficiency and cost savings associated with digital twin development.**

Ressler emphasized a “growing ability to generate multiple solutions for the same problem very, very quickly, which design professionals and planners can review, compare, contrast — and get to the best solutions possible.”



UHealth SoLé Mia Medical Center  
North Miami, Florida

However, Hughes noted that each project is nuanced, with variables that may be difficult for AI to replicate in its current state of development: “Every construction project is unique due to many variables, including the people involved, the environment, location, weather, and the realities of climate change. These factors make it a complex challenge that AI will have to address in design and construction sequencing.”

While tools such as virtual reality models have existed for years, they, too, have been cost prohibitive at times due to the intricacy of the modeling work.

**With AI integration, highly complex models can be completed more quickly and at a lower cost, reducing the barrier to entry for more healthcare systems.**



UHealth SoLé Mia Medical Center  
North Miami, Florida



Furthermore, AI can analyze existing floor plans for greater efficiency. Using virtual reality tools allows stakeholders to provide early and frequent input, often eliminating the need for costly physical mockups.

**AI enables better, more efficient iterations of models within these virtual reality tools that remain dynamic throughout design updates.**

“AI-assisted tools help optimize layouts by balancing staff efficiency and patient outcomes. These technologies enhance our architectural partners’ work, enabling us to deliver the best solutions for healthcare systems. Given the huge investments and slim margins, these AI tools are becoming essential in our toolkit to ensure the best possible outcomes,” Hughes said.

For Mike Jenness, project manager at Robins & Morton based in Jacksonville, using AI in the conceptual phases of design is setting projects up for success. “Utilizing AI early in the process has been extremely beneficial — particularly in programming spaces, evaluating unit adjacencies, and determining sizes and layouts at the conceptual stage,” Jenness said. He added that in the middle stages of design, AI is increasingly used for quality control, such as checking for discrepancies across architectural, electrical, and mechanical drawings and ensuring code compliance, including ADA requirements.

However, these observations come with a caveat, with Jenness stating, “We shouldn't be overly reliant on AI.”

*“It's a useful tool, and we need to leverage it to accelerate programming, but we can't take it as the result. We still need design, human touch, and conversations. Getting feedback and keeping people involved is still important in the development of healthcare design.”*

Despite technological advances, design and construction remain deeply human-centric activities. Countless decisions hinge on the perceptions, feelings, and lived experiences of the occupants. Completing a project often requires the daily coordination and alignment of hundreds of people for months or years at a time. AI will continue to augment the productivity of teams, but human expertise will be essential in driving projects forward.



Florida Coast Medical Center  
Port St. Lucie, Florida



## CASE STUDY MAYO CLINIC'S DEPLOYMENT OF HELLOCARE.AI AND DIGITAL ENTRYWAY DISPLAYS

In 2025, Mayo Clinic partnered with hellocare.ai to transform the inpatient experience through advanced digital and AI technologies. Central to this initiative is the deployment of the Digital Entryway Display (DEWD), which serves as both hardware and software in patient rooms. Robins & Morton recently deployed the system in Mayo Clinic's newest patient tower addition on the Jacksonville, Florida, campus.





Mayo Clinic  
Jacksonville, Florida

## IMPLEMENTATION AND FEATURES

As described by Robins & Morton Project Manager Mike Jenness, the DEWD is the first interface of a comprehensive AI-assisted virtual care ecosystem. Traditionally, patient rooms were static spaces where patients waited for periodic check-ins. With DEWDs, the room itself becomes an active participant in care delivery. Clinicians can quickly access electronic health records, assess safety risks (like fall risk or PPE requirements), and scan in for secure patient information, all before entering the room.

Once inside, clinicians and patients can interact with digital whiteboards via tablets, enabling real-time sharing of care plans and visual explanations. Families, even if remote, can join these conversations virtually, reducing communication gaps.

## AI-DRIVEN PATIENT MONITORING

The system uses cameras and sensors to monitor patients' vital signs and behaviors. For example, it can track respiratory rates, heart rates, and even detect changes in a patient's gait, signaling a potential fall risk. This allows for timely alerts to staff without unnecessary room entries, minimizing patient disturbance and enabling more strategic, efficient care.

## PATIENT EMPOWERMENT AND EXPERIENCE

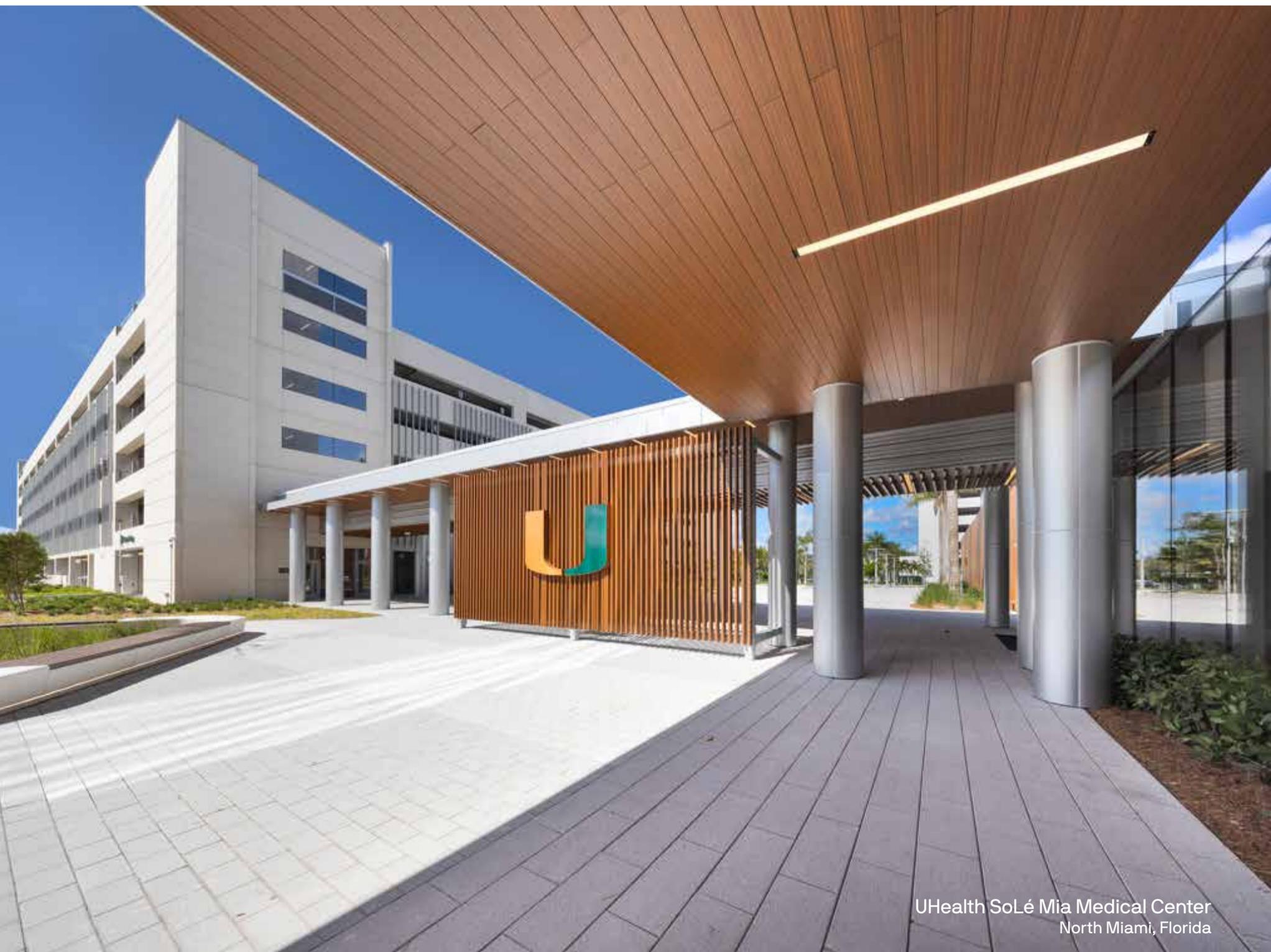
Patients benefit from intuitive controls over their environment — lights, shades, entertainment, and meal requests — via their own devices. They can display family photos or video chat with loved ones, enhancing comfort and connection during their stay.

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**AI-OPTIMIZED  
BUILDING  
PERFORMANCE**

AI is quickly becoming a powerful tool for improving healthcare construction efficiency and building performance.

Using predictive modeling, teams can optimize equipment sizing, streamline workflows, and make data-driven decisions that reduce delays and improve operational outcomes. However, this technology is still developing, requiring team collaboration and proper operation to reach its fullest potential.



UHealth SoLé Mia Medical Center  
North Miami, Florida

UK King's Daughters  
Ashland, Kentucky



Regarding the use of AI to optimize building performance, Patrick Duke, Americas healthcare sector lead at Turner & Townsend, explained that the adoption of these new technologies in healthcare construction is still in the very early stages. Nonetheless, leveraging AI to review interdependent system designs can help ensure congruency while offering solutions for optimizing performance.

**Early integration of AI can also shorten equipment-sizing timelines and provide greater clarity around procurement, allowing teams more time and greater focus on building performance.**

“From a performance standpoint, there are AI tools that can help with building, loading, and equipment sizing, which is critical,” Robins & Morton’s Mike Jenness said. “The quicker we can respond and react with information that sizes and loads buildings, and then get equipment released, the sooner we can focus on designing the rest of the spaces.”

He also noted that mechanical designers are increasingly using these tools, but the process often depends on waiting for architectural designs to be finalized. He suggested that by decoupling these processes and building trust in AI-driven tools, project timelines and the building's performance could be improved even further.

Duke considers the data itself as the major challenge: determining which data to track and how to store, sort, and categorize it for AI systems to analyze for efficient predictive modeling. He explained that many companies are using digital twin technology and AI for predictive analytics, but successfully optimizing building performance with AI depends heavily on the quality and organization of the data infrastructure. “Predictive modeling for construction is more difficult because of the many variables that can impact the process, such as labor disruptions or the weather, which are out of people's control,” he stated.

It will take time for this technology to mature and for teams to fully realize its potential.

**However, when properly applied, AI-driven building performance tools in their current state can still enhance design and construction processes and contribute to overall improvements in operational efficiency and project outcomes.**



Carilion Roanoke Memorial Hospital  
Roanoke, Virginia

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## AI-ENHANCED QUALITY, SAFETY, AND OPERATIONAL EFFICIENCY

AI-driven design has potential that extends beyond building performance planning and efficient modeling. In healthcare construction, AI is increasingly used for quality control, safety, and operational efficiency, helping teams identify risks, automate reporting, and focus their expertise on the most critical tasks.

Similar to other use cases, the application of AI for quality control is still developing. However, the efficiencies it provides through automating portions of quality control reviews can add up to significant time savings, freeing up intellectual energy for more complex tasks. Jeremy Bolton, senior preconstruction manager at Robins & Morton, describes how AI can help teams advance more quickly through time-consuming tasks: “AI can help in some of the simpler tasks. For example, it will help us quantify things more easily, with greater accuracy.”



HCA Healthcare Summerville Hospital  
Summerville, South Carolina

Johnathan Peavy, operations manager at Robins & Morton, notes the value of AI software in reviewing specifications to ensure coordination. “Door hardware is a prime example,” he explains. “Door hardware coordination issues are common. Now there’s AI software that can pinpoint those issues if they’re not specified or fully detailed.”

**AI’s ability to rapidly analyze and flag design coordination issues enables designers to focus more on solutions. A similar AI-driven approach can be used in the field to compare installations against construction documents and ensure accurate alignment in real time.**

[Learn more](#) about how Robins & Morton’s HCA Healthcare Summerville Hospital team leveraged AI-assisted progress tracking to improve efficiency.

In addition to aiding quality control during design and construction, AI applications can support operational efficiency in a patient care setting. Scenario modeling — not just for construction, but for internal operations — can help designers and medical staff optimize facilities for their needs. “You can do predictive maintenance scenario testing for patient flow or staff modeling scenarios, or emergency response plans, to validate the design,” said Jake Hughes of JLL.



Carilion Roanoke Memorial Hospital  
Roanoke, Virginia

These internal modeling strategies are somewhat more developed than construction applications of AI. According to Turner & Townsend’s Patrick Duke, the reason for this comes down to the greater predictability and control of variables inside a building, as opposed to external site and construction conditions that can change unexpectedly. “Once you’re inside a building, you’ve taken a lot of variables off the table — weather, et cetera.”

**For example, data on safety could be further enhanced as AI technology advances in wearable devices for patients and construction teams.**

When crews are equipped with AI-enabled wearables, construction managers and designers will continue to gain advantages in risk mitigation. “In terms of safety, you can monitor workers, and AI can pick up different safety trends and call out risks on the jobsite,” Peavy said.

These applications of AI in jobsite risk mitigation are still in their infancy; however, Stantec’s Chris Ressler predicts widespread adoption in the near future. “We’re seeing it on the patient side of things, but I’m excited about AI-enabled wearables for accident prevention, fall prevention, understanding and predicting where problems are going to be on the jobsite,” Ressler said. “It’s coming.”



## PITFALLS AND ADOPTION STRATEGIES

**Embracing AI in healthcare construction and design has the potential to deliver meaningful advancements and efficiencies.**

However, these enhancements to quality and safety processes come with a caveat. Turner & Townsend's Patrick Duke explained that AI-driven models present several challenges that healthcare construction experts must consider, stating, "AI models can have inaccuracies and 'hallucinations.' There are significant corporate security challenges that companies must look out for, particularly regarding intellectual property inadvertently getting out." Duke also emphasized that AI outputs still require human review to ensure compliance with rules, regulations, and industry standards.

To leverage AI effectively with minimal risk, Duke recommended starting with small, well-defined projects and gradually expanding AI use while establishing clear expectations and security protocols. He also noted that enterprise AI systems involve costs that are not yet standardized, meaning organizations may be subject to future pricing changes as providers monetize these tools. "For companies, the cost is a major factor," added Duke. "These services are not free and will become a rising 'software as a service' expense that isn't yet baked into budgets, as monetization models are still evolving."

Boca Raton Regional Hospital Central Energy Plant  
Boca Raton, Florida



To successfully adopt AI-driven design in healthcare, Mike Sewell, chief digital transformation officer at Gresham Smith, advised that the process begins with collecting high-quality data, followed by computational design and modeling. He suggested starting with historical design data and analyzing key metrics, such as room sizes, patient throughput, and functions performed. These data points can provide a solid foundation for machine learning. Additionally, he emphasized the importance of robust data governance and privacy policies, particularly in the healthcare design and construction sector. Sewell added that protecting both spatial knowledge and sensitive decision-making information is essential for safely leveraging AI in design.

**According to Sewell, the intent behind adopting AI technology is to enhance — not replace — the meaningful work of healthcare design and construction professionals.**

These professionals must ensure that the tools support and augment what they enjoy most about their jobs, such as designing hospitals and collaborating with communities and clients. “The goal is to bolster their ability and amplify what’s already great about them. This translates to moving the decision-making process earlier in the design and site selection stages. By leveraging AI and data-driven process mapping, we can identify resiliency and sustainability issues earlier, engage contractors and clients more effectively, and optimize space use more efficiently upfront. Each time we move these decision points earlier, it saves time and money, ultimately helping us design spaces that positively impact people earlier in the process,” he explained.

# 03 Community-Based Healthcare

*How is the growing demand for community-based care influencing the rise of smaller, smarter healthcare facilities, and driving the need for faster, more adaptable construction methods?*



Manatee Memorial Hospital ER at Palma Sola  
Bradenton, Florida

## THE SHIFT TOWARD COMMUNITY-BASED CARE

Rising costs, staffing constraints, and patient demand for accessible, convenient care are revolutionizing how health systems are planned and built. As a result, there has been a significant shift away from sprawling, centralized hospitals toward a network of smaller, more widely distributed community-based facilities.

**The push for community-based care is redefining what healthcare delivery looks like — driving demand for smaller, smarter facilities that are closer to patients — and reshaping the healthcare footprint.**



According to Matt Hardy, SmartFab® director at Robins & Morton, micro-hospitals, modular clinics, outpatient facilities, and hybrid care spaces represent a very different model of healthcare delivery. These freestanding and satellite urgent care or emergency facilities are designed to provide local treatment for patients. Patients in need of more advanced care are transported to an associated acute care hospital. Hardy noted that this integration of local and central care is one of the biggest trends from a client standpoint. “These facilities are decentralizing care delivery and reducing the reliance on large acute care hospitals — all while enabling health systems to reach more patients in diverse settings.”

This approach allows health systems to expand their reach, improve operational efficiency, and better manage population health — delivering care where it’s needed most while maintaining financial sustainability. Examples of financial benefits include increased speed to market and a lower cost. Simpler construction, often single story, results in a low skin-to-square-foot ratio, reducing the overall project cost. “By expanding community-based care models, health systems can improve patient outcomes and stay competitive,” Hardy explained.



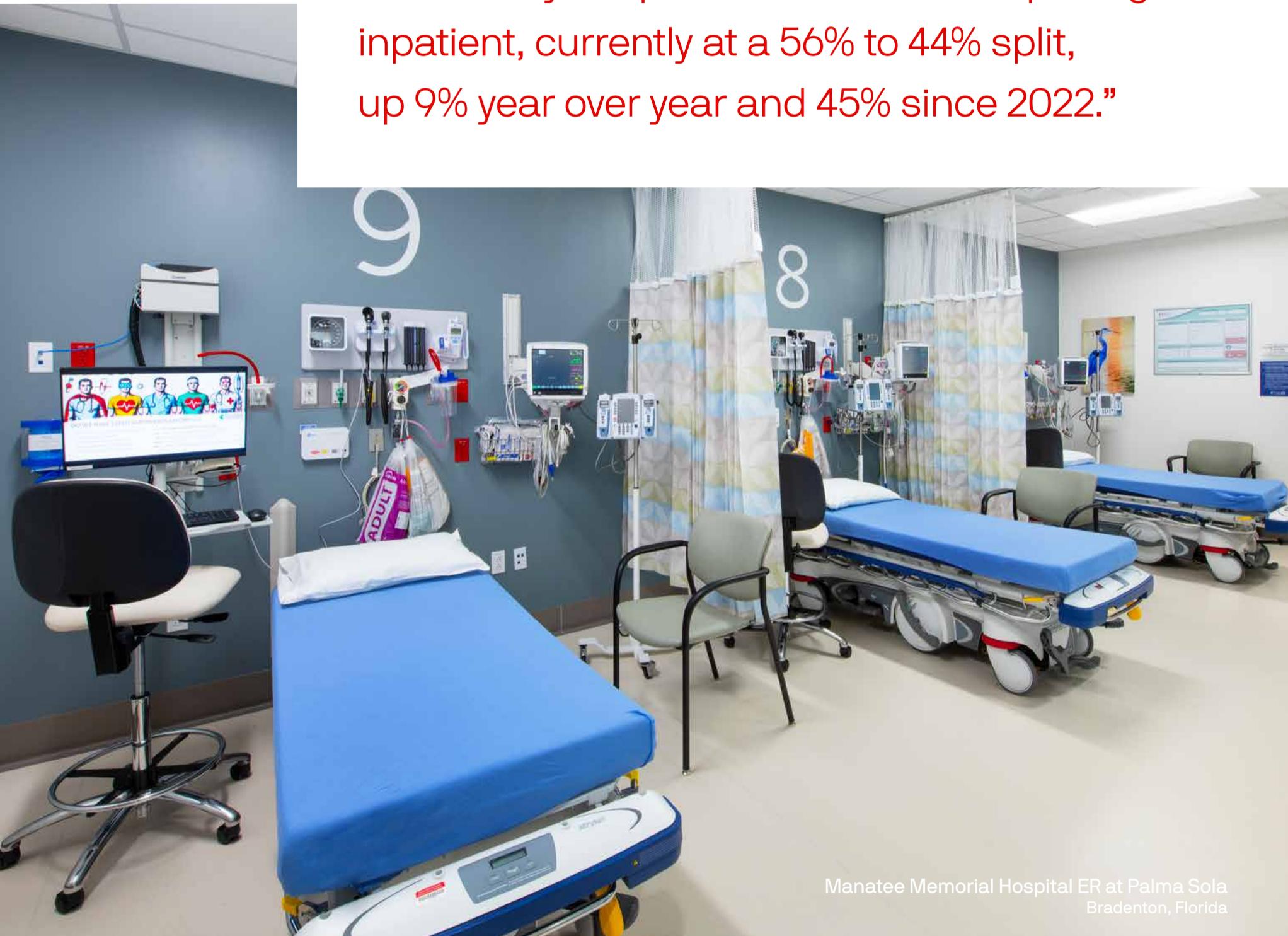
## Community-based healthcare offers distinct advantages for patient care by integrating care into patients' daily lives.

“There is a clear and intentional shift toward community-based care because sustainable recovery depends on access, consistency, and connection to daily life,” said Rachael Rome, global director of mental and behavioral health design and studio practice leader within the Dallas Health Practice at HKS. “When treatment is close to home, it becomes part of a person’s normal rhythm rather than a disruption that separates them from their support systems.”

Jason Hebert, director of operations and senior associate at TRO Jung | Brannen, noted that systems are designing networks that include smaller hospitals, outpatient facilities, and satellite locations while keeping primary campuses as central hubs for high-acuity and specialized services. This approach maintains access to care in smaller communities without duplicating specialized services.

Jake Hughes, managing director at JLL, noted that outpatient growth is another significant factor in this shift toward community-based care, stating,

**“Financially, outpatient revenue is outpacing inpatient, currently at a 56% to 44% split, up 9% year over year and 45% since 2022.”**



Manatee Memorial Hospital ER at Palma Sola  
Bradenton, Florida

“Hospitals are seeing real ROI by investing in these community-based networks. Bringing care closer to patients means they don’t have to navigate huge central campuses, turning what should be an hour-long visit into two or three hours,” he said.

Hughes added that outpatient growth is robust among the 70-plus population, concentrated in the Sunbelt, and location is increasingly important to consumers — especially millennials. This trend is shaping the outpatient campus and medical office building pipeline, with two-thirds of projects under construction located in community settings. Hughes also emphasized that cost is a significant driver of community-based healthcare. “ER treatments can cost eight times more than urgent care for the 12 most common diagnoses, and average procedure costs in outpatient settings are approximately 2.5 times less than those in inpatient settings.”

**“These factors are pushing hospitals toward community-based platforms to remain relevant and financially strong,” Hughes explained.**



South Texas Health System Pharr  
Pharr, Texas

Erik Smithson, senior project manager at Robins & Morton, also weighed in on the cause of this shift. “I think the strategy is to deliver high-quality, safe, and adaptable facilities faster and at the local level. Initially, concerns arise about upfront costs and whether we’ll see a return on investment, especially in rural areas, as well as staffing challenges. But ultimately, the long-term investment [in that community] is a key factor for most systems.” Smithson noted that opportunities such as waste reduction, modular construction, and prefabrication can help healthcare organizations see the advantages of smaller, community-based facilities early in the planning process.



## CONSIDERATIONS FOR PLANNING AND DESIGN

The rise of community-based care is transforming not only where healthcare is delivered but also how facilities are planned, designed, and built.

**Combining patient-centered design with modern construction delivery strategies, such as prefabrication, enables healthcare systems to respond faster to community needs.**

TRO Jung | Brannen's Jason Hebert explained that the shift toward community-based care is influencing healthcare facility planning by emphasizing patient experience and convenience. "We are strongly focused on hospitality and patient experience in hospitals and community centers. As community-based care becomes more prevalent, there's a new level of convenience and experience that needs to be considered. We approach the patient journey starting from the facility location and parking lot and move all the way through to the exam room, creating a more welcoming environment."

Hebert stated that this approach reduces the stress or frustration often associated with large inpatient campuses. Hebert cited a project in Auburn, Alabama, where a “patient-centered village” model clusters multiple clinics supported by a central outpatient center for imaging, diagnostics, and labs. These smaller, integrated complexes are less intimidating for patients and are better attuned to the needs of the communities they serve.



**Smaller, smarter campuses also support data-driven site selection and flexibility, enabling community-based care models to align facility locations with the populations they serve.**

“We’re seeing many conversions to rural emergency hospitals, particularly in areas where facilities have struggled to stay open,” Hebert explained. “These conversions often remove inpatient beds, leaving unused space that can be repurposed into community hubs. These spaces often partner with other resources and serve as anchors for the community, providing essential services that residents rely on and helping to maintain local access to care.”

## PREFABRICATION AND ITS GROWING INFLUENCE

This model of care is accelerating a pragmatic shift toward componentized prefabrication and modular delivery. Healthcare systems also report growing more comfortable with using prefabricated and modular units in their buildings.

One consideration Robins & Morton's Matt Hardy emphasizes, however, is that the schedule gains and cost benefits of prefabrication depend on early decision-making — committing to prefabrication during schematic design, engaging trade contractors early, and sequencing factory deliveries into the overall project schedule. Additionally, teams must weigh factors such as rising field wages and higher unit prices against faster occupancy and lower disruption.

Some systems have embraced prefabrication and modular practices at an enterprise-wide scale, using standardized designs across multiple properties to reap the greatest benefit. These standardizations range from developing prototyped “models” by facility type and number of beds to deploying fully modular facilities such as emergency departments.



Carilion Roanoke Memorial Hospital  
Roanoke, Virginia

**Hardy emphasized that to build these spaces, speed and flexibility are essential for responding to changing needs, regulatory requirements, and market dynamics. These methods reduce onsite labor, minimize disruption, and enable parallel construction activities.**



## CASE STUDY JUPITER MEDICAL CENTER, TIM AND JAYNE DONAHUE PATIENT CARE TOWER

Prefabrication drove the schedule and quality wins that made the Tim and Jayne Donahue Patient Care Tower a standout delivery at Jupiter Medical Center.

The five-story, 139,071-square-foot patient tower and adjacent 284,375-square-foot parking deck were delivered on a \$135 million budget; prefabrication of the building skin, glazing, and long linear systems compressed

critical path activities and unlocked downstream work. Prefabricated exterior wall panels delivered roughly **12 weeks** of schedule savings on the building envelope and unitized curtain wall saved about **eight weeks**, some of which overlapped and resulted in **16 weeks** of true schedule savings. Prefabricated electrical home-run racks were installed in **four days per floor** versus an estimated **three to four weeks per floor** in the field.

Jupiter Medical Center  
Jupiter, Florida



Those efficiencies enabled earlier HVAC commissioning, interior finishes, and sitework, helping the team finish the project **four months ahead of the contract date.**

Factory conditions produced flatter, more consistent exterior panels and glazed units, reducing field touch-ups and improving water test outcomes. Prefabricated sink kitting and in-wall plumbing reduced onsite handling, packaging waste, and cleanup

time. Prefabrication also reduced scaffold needs, minimized weather exposure, and lowered the labor premium impact where local skilled crews were scarce.

Prefabrication on this project was a strategic lever that accelerated occupancy, reduced onsite risk, and delivered measurable value across schedule, quality, and waste reduction goals, making it a model for future healthcare construction.



Jupiter Medical Center  
Jupiter, Florida

# 04 Contributors

## PATRICK DUKE

*Healthcare Sector Lead, Americas  
Turner & Townsend*



*Patrick Duke is the Americas healthcare sector lead with Turner & Townsend. He is a key spokesperson on topics ranging from gender equity in the design and*

*construction industry to collaborative project delivery models. He serves as a board member of the World Pediatric Project (WPP) and the Young Caribbean Professional Network (YCPN). Duke also serves on leadership committees for the Samuel Ginn College of Engineering Industry Council at Auburn University, his alma mater.*

## JASON HEBERT

*Director of Operations, Senior Associate  
TRO Jung | Brannen*



*Jason Hebert is the director of operations and a senior associate at TRO Jung Brannen, bringing more than 23 years of healthcare design experience to the firm. He leads strategic*

*planning efforts that strengthen operational performance and support long-term growth, while remaining actively engaged as a designer and project manager. Hebert has guided a wide range of acute, specialty, and ambulatory healthcare projects across the South, with deep expertise in mental and behavioral health environments for both medical and forensic settings. He holds a Bachelor of Industrial Design and a Master of Real Estate Development from Auburn University. A steady, systems-minded problem solver, he blends design thinking with operational rigor to advance client goals and improve the healthcare built environment. He recently helped launch AMFP Alabama and serves as its founding president.*

## PENNY HOUCHENS

*Executive Vice President, Healthcare Market  
Gresham Smith*



*Penny Houchens serves as executive vice president of Gresham Smith's Healthcare market, where she leads the firm's strategy to deliver innovative, research-driven design solutions that enhance the built environment for patients, caregivers, and communities.*

*Since joining Gresham Smith in 2004, Houchens has played a pivotal role in shaping the growth of the firm's healthcare practice. Working initially in Jacksonville and later in Nashville, she has provided project management and medical planning and has led design projects. Most recently, she served as Nashville Studio Design Leader, guiding multidisciplinary teams and mentoring a new generation of healthcare designers. Over the past 30 years, Houchens has been recognized for her influential work on behavioral health and intellectual disabilities care environments. Her evidence-based, human-centered approach continues to set new benchmarks for inclusive, compassionate design.*

## JAKE HUGHES

*Managing Director, Project and Development  
Services*

*JLL*



*Jake Hughes has over 15 years of experience in commercial real estate and project management with a focus on healthcare and life sciences. He is currently a managing director with JLL's Project and Development Services practice, overseeing the Mid-Atlantic*

*market. With a Bachelor of Science in Industrial and Systems Engineering from Virginia Tech and a Master of Business Administration from Virginia Commonwealth University, he blends technical knowledge with business acumen to deliver innovative solutions for clients. Hughes also serves on the board of the local chapter of the ACE Mentor Program and is a member of the Real Estate Circle of Excellence at Virginia Commonwealth University and the Industry Advisory Board for the Blackwood Department of Real Estate at Virginia Tech.*

**CHRIS RESSLER**  
*Health Lead, Principal*  
Stantec



*Chris Ressler has worked on acute and ambulatory healthcare projects throughout the South for 20 years. Now, as Stantec's health lead in the Southeast, he supports healthcare systems across the country and leads FEMA Hospital Recovery projects in the U.S. Virgin Islands. He has earned multiple awards, including AIA Associate of the Year for the State of Florida, U.S. Green Building Council's Southwest Florida (USGBC SWFL) chapter Member of the Year, and Gulfshore Business' 40 under 40. He served as a founding member and chair of the USGBC SWFL branch for several years and now sits on the board of the Association of Medical Facility Professionals' Atlanta chapter. He is fascinated with the trends affecting healthcare design and construction and regularly speaks on the topic at industry events.*

**RACHAEL ROME**  
*Global Director of Mental and Behavioral Health Design and Studio Practice Leader*  
HKS



*Rachael Rome is the global director of mental and behavioral health design and a studio practice leader within the Dallas Health Practice at HKS. With a background in architecture and theology from Texas Tech University and Dallas Theological Seminary, she brings a deeply human-centered lens to healthcare design. Rome leads a global team of subject matter experts who focus exclusively on the evolving needs across the full mental health continuum, from pediatric and adolescent care to forensic and geriatric populations. Her work spans advocacy, research, planning, and design, and often includes bringing together stakeholders across traditionally siloed sectors. Rome has been instrumental in advancing the behavioral health product landscape, challenging manufacturers to improve the durability, safety, and therapeutic value of door hardware, furniture, and finishes used in care environments. She collaborates closely with the HKS in-house research team, which includes PhD-level researchers, anthropologists, and data analysts, to deliver evidence-based insights that elevate health outcomes.*

**MIKE SEWELL**  
*Chief Digital Transformation Officer*  
Gresham Smith



*Mike Sewell, P.E., is chief digital transformation officer at Gresham Smith and has served as a member of the firm's board of directors since 2024. In his role, he helps guide the firm's technological evolution by defining and leading digital strategies that integrate cutting-edge technologies, innovation, data analytics, and new methodologies. For more than two decades, Sewell has advanced the integration of emerging technologies with traditional engineering and architecture services to create infrastructure that is intuitive, efficient, and forward-thinking. Previously serving as Gresham Smith's director of innovation, he aligned cross-disciplinary expertise to deliver impactful, technology-driven solutions and established himself as a nationally recognized thought leader, frequently speaking about the impact of new technology and AI on the industry. He developed the patented MPATH: Empathic Insights platform, which quantifies emotional responses to the built environment. MPATH earned both Fast Company's World Changing Ideas Award and Architect Magazine's R+D Award, highlighting Sewell's commitment to improving usability and safety in transportation design. Sewell's leadership in innovation helped Gresham Smith earn recognition as one of Fast Company's World's Most Innovative Companies.*

**JEREMY BOLTON**  
*Senior Preconstruction Manager*  
Robins & Morton



*Jeremy Bolton is a senior preconstruction manager with Robins & Morton, specializing in full preconstruction services for complex healthcare projects. With over 13 years of industry experience — including nine years at Robins & Morton — Bolton's expertise includes phased project implementation, prefabrication, Target Value Delivery, and collaborative planning. Bolton works in Robins & Morton's Raleigh-Durham office. He holds a Bachelor of Science in Building Science from Auburn University.*

## MATT HARDY

*SmartFab*<sup>®</sup> Director  
Robins & Morton



*Matt Hardy serves as SmartFab<sup>®</sup> director at Robins & Morton. Based in Tampa, he leads the company's SmartFab<sup>®</sup> systematic review process, identifying and implementing customized logistics, pre-assembly, modular, and prefabrication plans for every project. Hardy has 27 years of experience in the industry and holds a Bachelor of Science in Business Management from Webster University.*

## MIKE JENNESSE

Project Manager  
Robins & Morton



*Mike Jenness is a project manager at Robins & Morton, recognized for his expertise in managing complex, multi-phased healthcare construction projects in active hospital environments. He has 15 years of experience — including several years as a superintendent overseeing schedule management — supporting projects from Texas to Georgia and Florida, and is currently based in Jacksonville. Jenness has contributed to the success of more than 20 projects totaling nearly \$1 billion. He holds a Bachelor of Science in Civil Engineering from the University of Alabama, a Master of Science in Integrated Design and Construction from Auburn University, and a Master of Business Administration from the University of Texas at Austin.*

## JOHNATHAN PEAVY

Operations Manager  
Robins & Morton



*Johnathan Peavy serves as operations manager and leads Robins & Morton's Miami-Fort Lauderdale office. He has 22 years of experience and specializes in managing complex, large-scale healthcare construction projects. Peavy has contributed to the success of nearly \$7 billion of projects. Peavy holds LEED AP, ASHE Health Care Construction, and USACE Construction Quality Management certifications. He holds a Bachelor of Science in Civil Engineering from Auburn University.*

## ERIK SMITHSON

Senior Project Manager  
Robins & Morton



*Erik Smithson is a senior project manager at Robins & Morton. He is responsible for business development and project oversight for multiple projects in New Mexico.*

*Smithson has worked in the construction industry for nearly 30 years and began his career in the skilled trades. He has since held roles in preconstruction and project management, bringing a diverse, technical perspective to every project. Smithson joined the Robins & Morton team four years ago and has led projects exclusively within the healthcare sector.*

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