

Healthcare Construction Handbook

PCRA • ICRA • ILSM • Environment of Care • Patient Experience • High Reliability

Operational Expectations for Contractors and Vendors in Active Care Environments

ABOUT THIS HANDBOOK

This handbook introduces the operational expectations for working within active healthcare environments. Project-specific requirements, including PCRA, ICRA, ILSM, shutdown planning, and departmental instructions, will be reviewed and implemented during the Pre-Construction Conference.

Guide overview

Course Introduction	3
How to Use This Handbook	4
Not Just Construction	5
Planning & Preconstruction (PCRA)	6
Infection Control (ICRA)	8
Interim Life Safety (ILSM)	9
Fire Response (RACE/PASS)	11
Environment of Care	12
Tobacco-Free Environment	14
Specialty Clinical Areas	15
Emergency Procedures	16
Emergency & Security Contacts	17
Security	18
Patient Privacy	19
Professionalism	20
Coordination & Huddle	21
Utility Shutdowns	23
High Reliability & Readiness	24
What Can Go Wrong	26
Readiness Checklist	27
Above Ceiling Work	29
Key Contacts	30
References	31
USA Health Facilities	32

What this guide covers

A healthcare construction project is not just a construction project located inside a facility. It is work performed inside an active patient care environment where noise, dust, air pressure, access, utilities, egress, alarms, and wayfinding can affect safety, life safety, patient experience, and clinical operations.

This guide is designed for anyone involved in healthcare construction — whether you are a project manager, contractor, tradesperson, inspector, vendor, or support staff. Whether you are new to healthcare or experienced in other sectors, this material will give you the foundation to work safely and effectively inside an occupied healthcare environment.

The sections ahead introduce:

- Why healthcare construction differs from traditional construction
- Pre-construction risk assessment (PCRA), infection control (ICRA), and interim life safety measures (ILSM)
- Environment of Care and patient experience impacts
- Daily coordination, high reliability principles, and practical readiness planning

Each topic combines operational guidance with visual summaries to reinforce key concepts used in healthcare construction. Practical considerations, field observations, and reference points are included throughout the guide to support real-world application inside active care environments.

FIELD NOTE

This handbook is intended as an operational guide for contractors and vendors working within USA Health facilities. Supporting forms, contact information, and organizational policies may be revised periodically. Users should verify they are working from the most current version of all applicable documents.

Used throughout the project lifecycle

This handbook supports contractors and vendors working within active healthcare environments. It provides a common foundation of operational expectations, introduces concepts encountered during healthcare construction projects, and is designed to be used throughout the project lifecycle:

- **During the Pre-Bid phase** — it introduces healthcare-specific considerations that may influence project planning, staffing, scheduling, and pricing.
- **Following contract award** — it establishes baseline expectations for contractors and subcontractors working within occupied healthcare facilities.
- **During the Pre-Construction Conference** — the concepts in this handbook transition from orientation to project-specific application. The PCRA, ICRA, and ILSM risk assessments are completed, affected departments are identified, and project-specific instructions are communicated.
- **During active construction** — it serves as a field reference reinforcing expectations for safety, infection prevention, life safety, security, communication, and professionalism.
- **Throughout the project** — coordination meetings, huddles, inspections, and ongoing communication help maintain situational awareness as conditions change.
- **During project closeout** — final inspections, documentation, and turnover activities help ensure the space is safely returned to operational use.

This handbook does not replace organizational policies, project specifications, adopted codes, or regulatory requirements. Rather, it provides a framework to help contractors understand the unique responsibilities of performing work in an active healthcare environment.

WHY THIS MATTERS

Healthcare construction is different because patient care continues while the work is being performed. Every project has the potential to affect safety, operations, and the patient experience. Understanding those impacts begins before construction starts and continues until the space is returned to service.

Why healthcare construction is different

The building is occupied, vulnerable people are present, and systems are clinically connected.

24/7

facility never stops

1

system can affect many units

0

room for silent assumptions

- Patients may be immunocompromised, sedated, confused, or unable to evacuate independently.
- Air, water, power, med gas, alarms, IT, elevators, and life safety systems often serve more than the project area.
- A small field change can become an operations issue if it disrupts care, access, infection control, or emergency response.



PCRA and operational planning

Think of a healthcare facility as a tightly coupled system. Every hallway, utility line, and air handler connects to patient care in ways that are not always obvious. A shutdown in one location can reach patients, staff, visitors, emergency response, and regulatory compliance very quickly.

That is why we do not start construction the same way we would on a commercial jobsite. Before any work begins, we need to map the risks. The tool for that is called a Pre-Construction Risk Assessment, or PCRA.

PCRA brings together the project team, nursing, infection prevention, facilities, safety, environmental services, IT, security, and the affected department. The goal is straightforward: prevent surprise impacts before the first ceiling tile comes out.

FIELD NOTE

A shutdown in one location can reach patients, staff, visitors, emergency response, and regulatory compliance very quickly. That is why we map risks before any work begins.

The next page walks through how PCRA works in practice.

PCRA in practice

A planning discipline, not a form

PCRA forces the project team to systematically identify what the construction will disturb, who is nearby, what systems are connected, and what controls are needed. Many risks begin the moment the physical envelope is opened — dust, pressure changes, and system exposure start immediately upon demolition.

Key stakeholders

The PCRA process typically includes: project manager, infection preventionist, safety officer, facilities/plant operations, nursing leadership, security, environmental services, IT/biomedical engineering, and contractor representatives.

When to revisit

PCRA should be revisited whenever scope changes, phasing changes, or field conditions differ from planning assumptions. It is not a one-time exercise completed at project kickoff — it is a living document that evolves with the project.

KEY TAKEAWAY

PCRA is a planning discipline that brings operations to the table before the first ceiling tile comes out. Revisit it whenever conditions change.



ICRA makes invisible risks visible

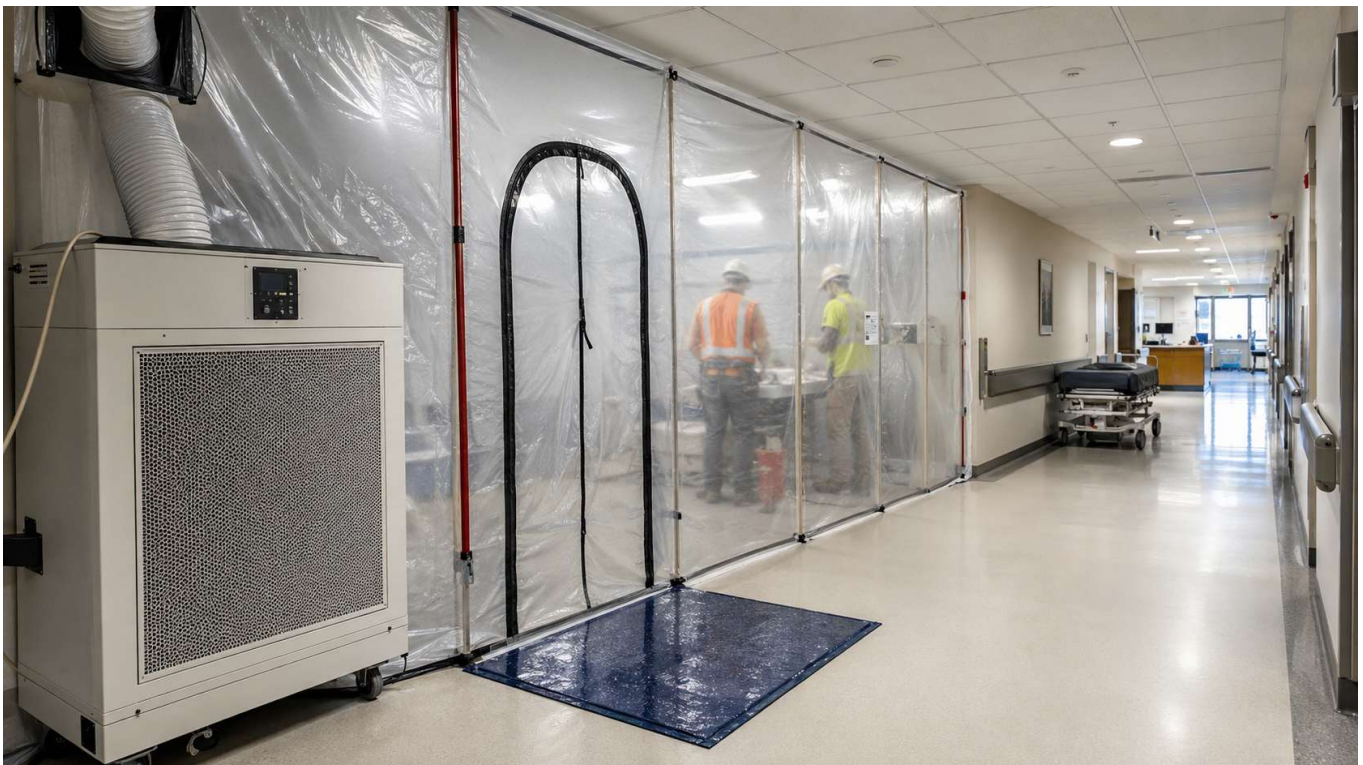
Construction dust and airflow are patient safety issues, not housekeeping issues.

ICRA helps define:

- Patient risk groups and the type of work
- Barrier level, anterooms, pressure relationships, and HEPA filtration
- Traffic routes, debris handling, cleaning, inspections, and release criteria

Did you know?

A clean-looking hallway can still be unsafe if pressure, dust control, or barrier integrity is wrong.



Managing life safety impairments

Another major component is Interim Life Safety Measures, often referred to as ILSM.

When construction affects fire protection systems, exits, smoke barriers, or other life safety features, healthcare facilities must implement temporary compensating measures to maintain safety.

This could include additional fire watch patrols, temporary signage, alternate egress routes, increased fire extinguisher placement, temporary smoke detection, staff education, temporary compartmentation, and modified emergency response procedures.

Did you know a single blocked corridor or compromised smoke barrier can affect an entire life safety strategy inside a healthcare facility?

Healthcare facilities are designed around defend-in-place concepts, smoke compartments, and controlled evacuation strategies — not simply “everyone exit the building.”

That means even temporary construction conditions must be carefully evaluated to ensure patients remain protected during emergencies.

DID YOU KNOW?

A single blocked corridor or compromised smoke barrier can affect an entire life safety strategy. Healthcare facilities use defend-in-place, not full evacuation.

ILSM in practice

Core ILSM categories

The four categories — Egress, Detection, Suppression, and Compartments — represent the core life safety features that construction frequently impairs. Each requires specific compensating measures when compromised.

Fire watch

Fire watch is one of the most common ILSMs. It requires a dedicated person to patrol the affected area at defined intervals, typically every 30–60 minutes, specifically watching for fire conditions. Fire watch personnel must have communication capability and access to fire extinguishers. This is not a task that can be assigned as an add-on to someone's regular duties.

Egress path protection

Egress path protection during construction is frequently underestimated. Construction materials, temporary barriers, and equipment stored in corridors can block or narrow exit paths below the required minimum width. Temporary barriers and signage can also confuse wayfinding for patients, visitors, and staff unfamiliar with the temporary conditions.

ILSM documentation

ILSM documentation should include: the specific feature impaired, the compensating measures implemented, the responsible parties, the duration of impairment, and the criteria for removing the ILSM. Many facilities use an ILSM log or tracking system integrated with their construction permit process.

KEY TAKEAWAY

Fire watch is not an add-on duty. It requires a dedicated person with communication capability, fire extinguisher access, and defined patrol intervals of 30–60 minutes.

RACE and PASS fire response

Every person in a healthcare facility should know these two concepts before an emergency occurs.

RACE

Rescue, Alarm, Contain, Extinguish/Evacuate

Rescue

Move anyone in immediate danger away from the hazard.

Alarm

Activate the nearest pull station and call the emergency number.

Contain

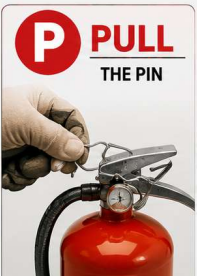
Close doors to contain smoke and fire within the compartment.

PASS: Pull the pin, Aim at the base, Squeeze the handle, Sweep side to side.



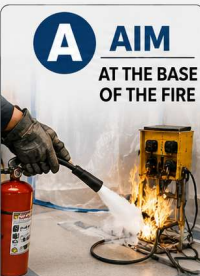
P.A.S.S. — How to Put Out a Fire

P **PULL**
THE PIN



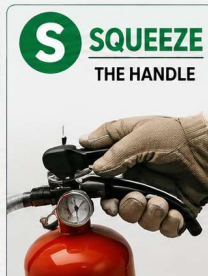
Pull the pin to break the seal.

A **AIM**
AT THE BASE OF THE FIRE



Aim low, pointing at the base of the fire.

S **SQUEEZE**
THE HANDLE



Squeeze the handle to discharge the agent.

S **SWEEP**
SIDE TO SIDE



Sweep side to side until the fire is out.

WATCH
THE AREA



Watch the area. Be ready to act again if the fire re-ignites.

If the fire doesn't go out — **evacuate** and call for help.

Environment of Care connects the project to daily operations

The work area, adjacent units, public paths, and support departments all matter.

Air

pressure • dust • odors

Noise

rest • communication • alarms

Utilities

shutdowns • redundancy

Access

patients • staff • supplies

Waste

debris • clean routes

Security

badges • doors • control

Healthcare facilities do not experience construction one trade at a time. They experience the combined disruption.



Environment of Care in practice

Scope of EOC

Environment of Care includes safety, security, hazardous materials, utilities, fire safety, emergency management, medical equipment impacts, and operational continuity. Construction becomes an operational project affecting nearly every department in the facility.

Utility shutdown coordination

Shutdown coordination may require communication with sterile processing, pharmacy, dietary, laboratory, dialysis, nursing units, plant operations, and patients and families. A single missed notification can cascade into a patient care event.

Combined disruption

Healthcare facilities experience the combined disruption of all projects simultaneously — not one permit or trade at a time. Multiple active projects compound noise, dust, access restrictions, and utility impacts across the facility.

KEY TAKEAWAY

In healthcare, construction is never just a facilities project. It becomes an operational event affecting nearly every department, and facilities experience the combined disruption of all projects simultaneously.



Tobacco-free environment in practice

A campus-wide commitment

Most healthcare campuses are tobacco-free and smoke-free environments, covering all buildings, grounds, parking areas, and vehicles. The policy applies to every worker, contractor, vendor, and visitor on the property without exception.

What this means on the jobsite

No smoking, vaping, or smokeless tobacco anywhere on hospital property, including staging areas, lay-down yards, and personal vehicles parked on site. Designated breaks happen off campus. Strong tobacco odors on clothing can affect sensitive patients.

Why it matters clinically

Tobacco-free policies protect immunocompromised, respiratory, and recovering patients from smoke exposure and odor, and they reinforce the facility's health mission. Violations can result in removal from the site and reflect poorly on the project team.

KEY TAKEAWAY

The entire healthcare campus is tobacco-free for everyone, at all times. Plan breaks off site, keep clothing free of smoke odor, and treat the policy as a patient-safety control, not a personal preference.



Specialty clinical areas in practice

Higher-risk environments

Operating rooms, imaging suites, sterile processing, pharmacy, labs, dialysis, oncology, and behavioral health each carry unique construction risks. Air quality, vibration, electromagnetic interference, and access requirements are far stricter than in general areas.

Area-specific controls

Imaging equipment is sensitive to vibration, dust, and magnetic fields. Sterile and pharmacy spaces demand the highest containment and cleanliness. Behavioral health areas require ligature-resistant precautions and strict tool control.

Coordinate before entry

Never assume a specialty area follows the same rules as a corridor. Each department has clinical schedules, equipment, and sensitivities that dictate when and how work can proceed. Coordinate timing, access, and shutdowns with the unit directly.

KEY TAKEAWAY

Specialty clinical areas raise the stakes. Vibration, dust, magnetic fields, and tool control can quickly become patient-safety issues. Confirm area-specific requirements with the department before any work begins.



Emergency procedures in practice

Know the exits

Every worker should know the facility's alarm locations, evacuation routes, and assembly points before starting. Construction can alter normal egress, so confirm current exit paths and the nearest pull station for your work area.

Construction-specific risks

Hot work, dust, and impaired fire systems raise emergency risk. Fire watch, permits, and functioning extinguishers must be in place when detection or suppression is impaired. Report any accidental alarm activation or system impairment immediately.

If an emergency occurs

Follow RACE: rescue, alarm, contain, extinguish or evacuate. Stop work, secure tools and equipment, and never block corridors or exits. Take direction from clinical staff, who lead defend-in-place and patient movement decisions.

KEY TAKEAWAY

Emergencies in healthcare are managed differently than on a standard jobsite. Know the codes, keep egress clear, and follow staff direction, because patients may shelter in place rather than evacuate.



Emergency and Security Contact Information

USA Health Emergency Numbers

University Hospital

Dial 511 from any hospital phone

Children's & Women's Hospital

Dial 511 from any hospital phone

Providence Hospital

Dial 22 from any hospital phone

Safety and Fire Contacts

Safety Department

251-460-7070

Fire Marshal

251-460-7707

Security Contact Numbers

University Hospital Security

251-471-7195

Children's & Women's Hospital Security

251-415-1135

Providence Hospital Security

251-266-1790

FIELD NOTE

Verify emergency procedures and security expectations during project orientation. Emergency numbers and security contacts should be readily accessible throughout the duration of the project.

KEY TAKEAWAY

Knowing who to call during an emergency or security event is a critical component of maintaining a safe healthcare environment.

Security in practice

A high-security environment

Healthcare facilities control access to protect patients, medications, infants, behavioral health units, and sensitive records. Badge visibility, access permissions, and sign-in procedures are mandatory for every member of the project team.

Access and badging

Wear your badge visibly at all times and never prop, tailgate, or bypass secured doors. Restricted areas such as nurseries, pharmacies, behavioral health, and infant units require specific authorization. Ask before entering any clinical space.

Tools, materials, and reporting

Secure tools, ladders, and materials so they cannot be misused, especially near behavioral health or pediatric areas. Report lost badges, propped doors, suspicious activity, or other security concerns to hospital security without delay.

KEY TAKEAWAY

Access control is a patient-safety system, not an inconvenience. Keep your badge visible, never bypass secured doors, secure your tools, and report security concerns immediately.



Patient privacy in practice

Privacy is protected by law

Patient privacy is governed by HIPAA and facility policy. Workers may overhear conversations or see patients, records, or screens. What you see or hear inside a healthcare facility stays in the facility, never to be repeated, photographed, or shared.

Photography and devices

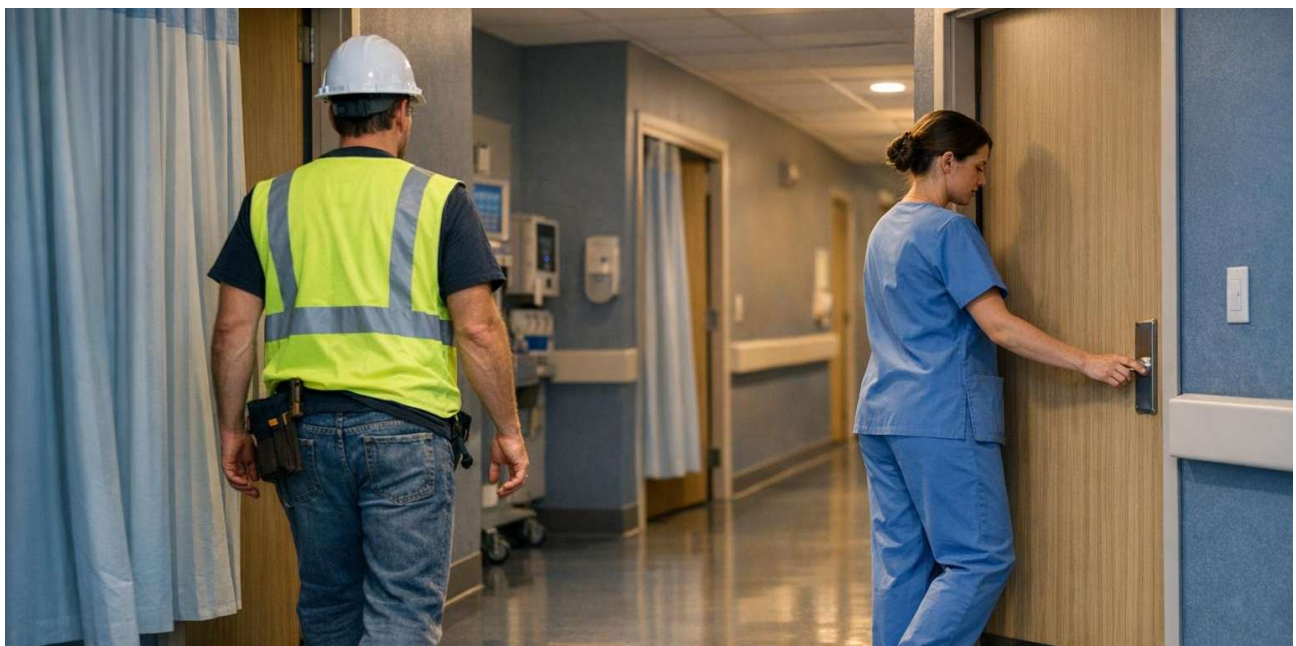
Cameras and phones are restricted in clinical areas. Do not photograph patients, records, screens, or whiteboards, even incidentally in progress photos. Confirm that any documentation image is clear of patient information before capturing it.

Respect in shared spaces

Knock and announce before entering patient areas, keep voices low, and avoid discussing patients. Close curtains and doors you open, and give patients and families space and dignity as you move through occupied areas.

KEY TAKEAWAY

Patient privacy is a legal obligation under HIPAA. Never photograph or repeat anything involving patients or records and treat everything you see or hear inside the facility as confidential.



Professionalism in practice

Why professionalism matters

Professionalism includes appropriate language, proper attire, and understanding that interactions with patients and hospital staff are prohibited. Professional conduct helps support a safe and respectful environment of care.

Corridor awareness

Corridors in healthcare facilities may function simultaneously as egress routes, patient transport paths, supply routes, emergency response routes, and infection control boundaries. Never assume a corridor is just a hallway.

Badge visibility and access

Badge visibility matters because healthcare facilities are high-security environments. Ask before entering clinical spaces. Clean attire, communication, and awareness of your surroundings are baseline expectations for every person on the project.

KEY TAKEAWAY

Patients always come first. Yield corridors, reduce noise, protect privacy, and maintain awareness. Respect is the first safety measure on a healthcare jobsite.



Coordination and communication

With so many departments, systems, and stakeholders involved, how does a healthcare facility keep everything aligned during active construction?

The answer is daily coordination — often in the form of a brief daily huddle or touchpoint.

These meetings answer critical questions: What work is happening today? What changed overnight? What systems are affected? What patient care areas will feel the impact? What inspections are due? And who needs to be called if conditions change?

The value is not the meeting itself. The value is shared situational awareness across construction, clinical operations, infection prevention, facilities, safety, security, and patient experience.

One project touchpoint can align every stakeholder before a small issue becomes a big problem.

FIELD NOTE

One project touchpoint can align every stakeholder before a small issue becomes a big problem. The value is shared situational awareness.

Coordination in practice

Purpose of the huddle

Frequent, or at least weekly, huddles create shared situational awareness. The goal is not the meeting itself, it is alignment between construction, facilities, nursing, infection prevention, safety, security, and operations. The huddle should be brief, focused, actionable, and operational.

Escalation paths

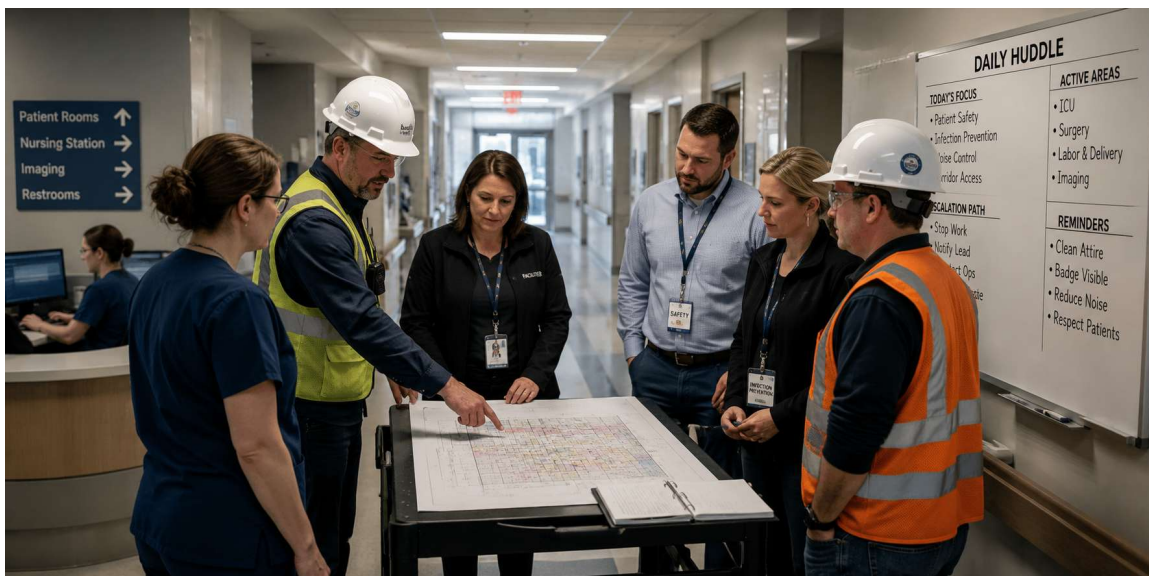
The escalation path is one of the most important outputs. Everyone should know who to call, when to stop work, what constitutes escalation, and how conditions are communicated. One project touchpoint can align every stakeholder before a small issue becomes a big problem.

Rounding and verification

Rounding verifies barriers, pressure, exits, signage, PPE, and work practices. Physical verification — not just documentation — is what keeps controls effective throughout the day.

KEY TAKEAWAY

The value of the daily huddle is not the meeting itself — it is shared situational awareness and a clear escalation path so everyone knows who to call and when to stop work.



Healthcare facility shutdowns follow a deliberate path

Each step exists because skipping it has caused real consequences.

Request

scope, reason, timing, affected systems

Risk Review

PCRA, ICRA, ILSM, clinical impact

Notifications

departments, staff, patients, after-hours

Backup Plan

redundancy, contingency, rollback

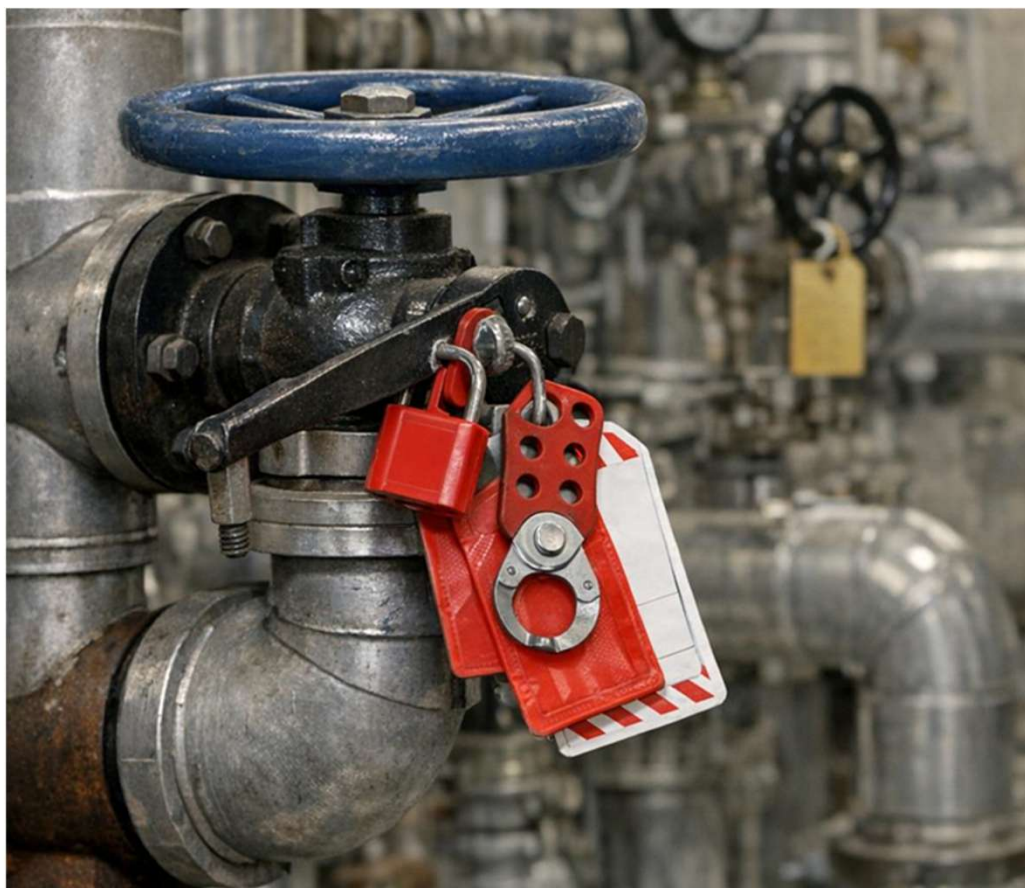
Shutdown

verification, monitoring, duration

Restoration

testing, signoff, communication

A single missed notification can cascade into a patient care event.



High-reliability principles fit healthcare construction

The best teams expect weak signals and act before harm occurs.

Preoccupation with failure

Ask what could go wrong before work starts.

Reluctance to simplify

Do not treat a healthcare facility like a normal jobsite.

Sensitivity to operations

Listen to the unit, not just the schedule.

Deference to expertise

The right answer may come from the bedside, plant, or field.

Commitment to resilience

Recover quickly when conditions change.

Field rule: when risk changes, stop and re-coordinate.



High reliability through collaboration

High reliability is a team discipline

Healthcare organizations apply High Reliability Organization principles: preoccupation with failure, sensitivity to operations, commitment to resilience, and deference to expertise. These principles only hold when construction, clinical, facilities, infection prevention, safety, and security work as one cross-functional team rather than separate silos.

Collaboration prevents cascades

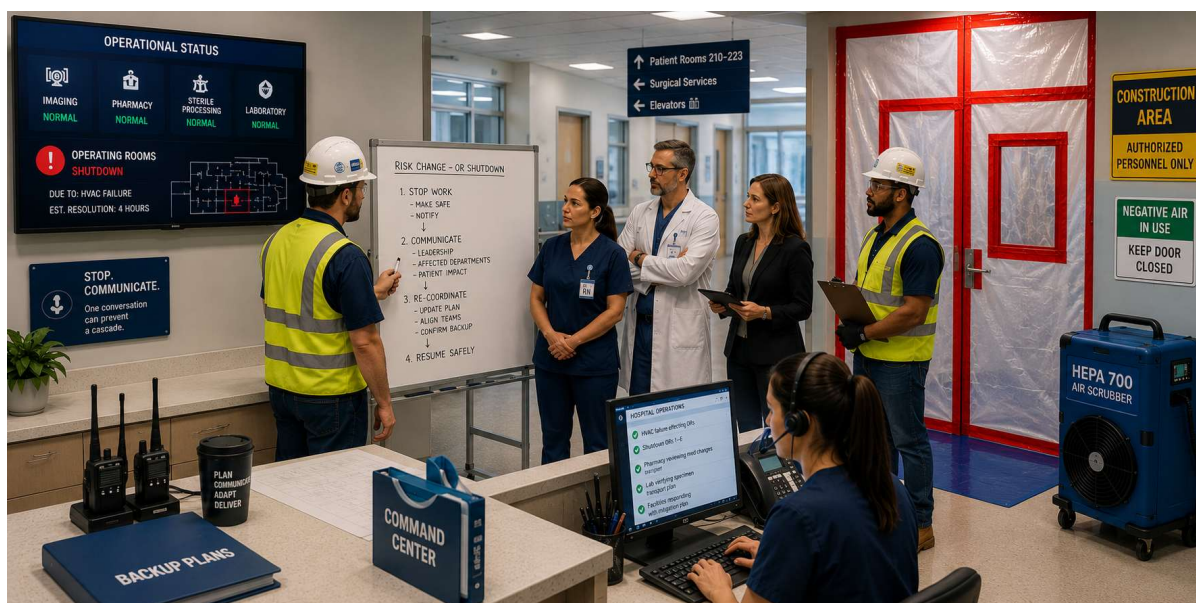
A single utility shutdown can reach operating rooms, imaging, pharmacy refrigeration, medical air, sterilization, labs, electronic health records, and patient monitoring. No one trade sees the whole picture, so shared situational awareness across departments is what catches a dependency before it becomes a patient-care event.

Cross-functional collaboration

High reliability depends on cross-functional collaboration: construction, nursing, infection prevention, facilities, safety, security, and the affected unit planning as one team. Shared huddles, joint walk-downs, clear escalation paths, and cross-discipline sign-offs keep every stakeholder aligned before conditions change.

KEY TAKEAWAY

High reliability and cross-functional collaboration are the same discipline. Bring every department to the table early so risks surface and the whole team stays aligned before work begins.



Small construction issues can become patient care events

Most healthcare construction failures begin as communication failures.

Dust migration

Construction dust reached an adjacent immunocompromised unit through an unsealed barrier gap.

Missed notification

A department was not informed of a water shutdown and lost sterile processing capability.

Blocked egress

Construction materials stored in a corridor narrowed the exit path below code minimum.

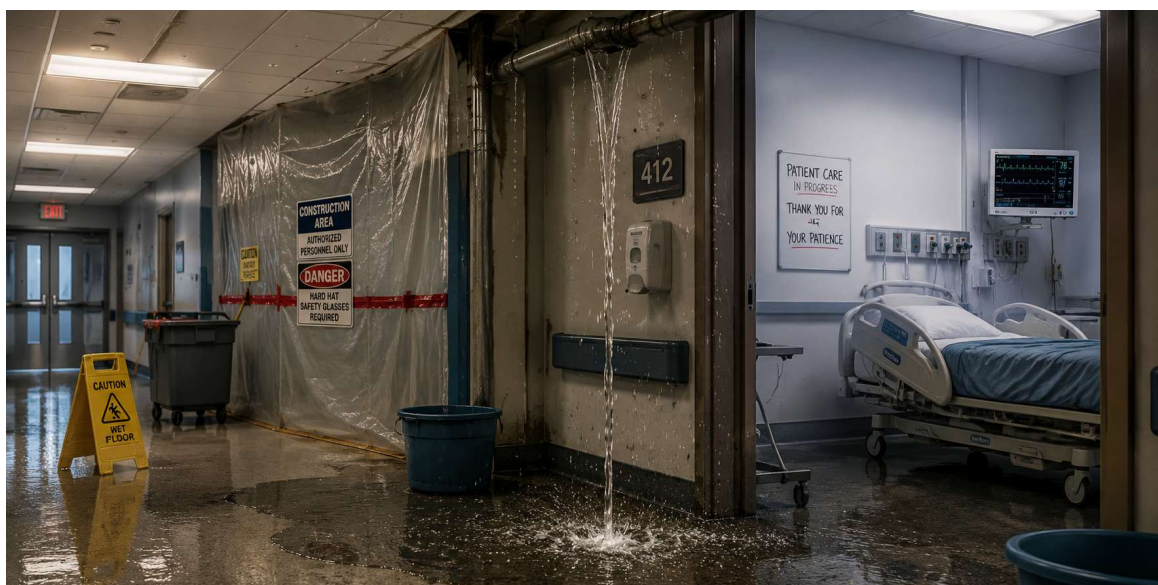
Pressure reversal

Negative pressure was lost in a construction zone, allowing contaminated air into a patient area.

Circuit disconnect

A contractor unplugged equipment on a shared circuit that powered patient monitoring devices.

Every example above started as a preventable communication gap.



A practical readiness checklist

Use this as a field conversation before construction starts and when conditions change.

✓ Risk assessed

PCRA / ICRA / ILSM completed and current

✓ Controls visible

barriers, signage, pressure, access, debris routes

✓ Systems protected

shutdowns, impairments, redundancy, notifications

✓ People briefed

unit leaders, frontline staff, support services, after-hours

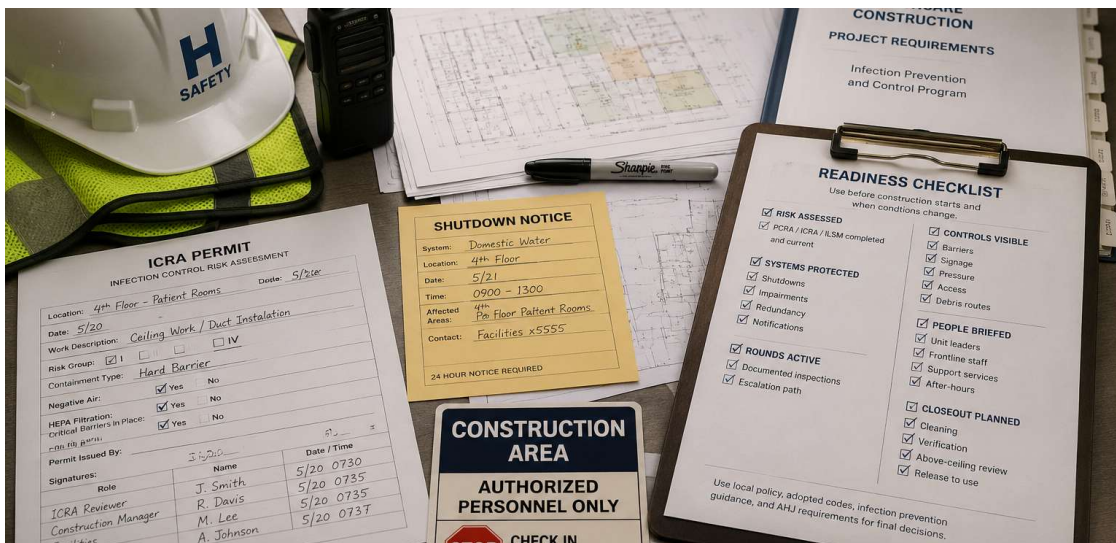
✓ Rounds active

documented inspections and escalation path

✓ Closeout planned

cleaning, verification, above-ceiling review, release to use

Use local policy, adopted codes, infection prevention guidance, and AHJ requirements for final decisions.



Readiness in practice

Ongoing, not one-time

Readiness is reviewed at kickoff, before intrusive work, before impairments, and whenever conditions change. It includes PCRA, ICRA, ILSM, visible controls, notifications, inspections, escalation, and closeout planning.

Physical verification

Controls must be physically verified — not just documented. A barrier that looks intact on paper but has a ceiling gap in the field is not a control. Walk the space. Check the tape. Verify the pressure.

Communication reach

Communication must reach frontline staff, not just leadership. The nurse on the night shift, the EVS team member cleaning the adjacent unit, and the security officer patrolling the floor all need to know what is happening and what to watch for.

KEY TAKEAWAY

Readiness is not a checklist completed once at kickoff. It is an ongoing conversation verified physically in the field and communicated to every frontline team member.



Above-ceiling work requires extra coordination

What happens above the ceiling can affect patient care below.

Barrier integrity

Ceiling tiles are part of the infection control barrier. Every tile removed must be accounted for.

Fire-rated assemblies

Penetrations through fire-rated walls and floors require proper firestopping before the end of each shift.

Shared utilities

Pipes, ducts, and wiring above the ceiling often serve adjacent patient care areas.

Dust and debris

Above-ceiling work generates dust that can migrate to occupied areas if containment is inadequate.

Permits and inspection

Above-ceiling permits ensure the area is inspected and properly restored before closing.

Never leave ceiling tiles open overnight without proper containment and notification.



Key contacts in practice

Know who to call

Before work begins, confirm the key contacts for your project: the project manager, facilities and plant operations, infection preventionist, safety officer, security, and the affected department's clinical leadership. Keep the list accessible on site.

Escalation and emergencies

Know the facility emergency number, the stop-work and escalation path, and who to notify for utility shutdowns, alarm impairments, or barrier breaches. When conditions change, call first and proceed second.

Keep contacts current

Contacts change as phasing, shifts, and personnel change. Verify names and numbers at each project milestone and at the daily huddle. An outdated contact list is a missed notification waiting to happen.

KEY TAKEAWAY

A current contact list is a safety control. Know who to call for the project, for escalation, and for emergencies, and confirm the list stays up to date as conditions change.



Reference points for further learning

Use facility policy and adopted code editions as the source of truth for local decisions.

CDC

Environmental Infection Control in Health-Care Facilities: construction, renovation, demolition, repair recommendations.

ASHE

ICRA 2.0 toolkit and permit for construction, renovation, and operations.

The Joint Commission

ILSM policy expectations and LS.01.02.01 assessment/implementation concepts.

Facility policy / AHJ

Local impairment procedures, fire watch, shutdown notification, permits, and release-to-use requirements.

Training note: Always verify against the code edition, accreditation requirements, and policies adopted by your organization.

Where this guide applies

This guide applies to construction across every USA Health property — hospitals, cancer centers, primary care clinics, specialty practices, and rehabilitation facilities.

Primary Care Clinics

Family Medicine Center
 Mastin Internal Medicine
 USA Mobile Diagnostic Center
 USA Mobile Diagnostic Center – University Commons
 Cottage Hill Primary Care
 Family Practice Associates
 Providence Airport Primary Care
 Schillinger Road Primary Care
 Semmes Primary Care
 South Coast Family Practice
 Tillman’s Corner Primary Care
 West Mobile Medical Group

Pediatric Clinics

General Pediatrics Clinic
 Pediatric Associates of Mobile
 Developmental and Behavioral Clinic
 Pediatric Specialists
 Pediatric Surgery Specialists
 Pediatric Therapy Services Clinic
 Pediatrics Complex Care Clinic
 Adolescent and Young Adult Health
 Eastern Shore OB-GYN / Pediatrics
 Pediatric Urology

Specialty Care Clinics

Breast and Endocrine Surgery Clinic
 Breast Care Center
 Center for Comprehensive Weight Loss
 Center for Women’s Health
 Center for Women’s Health West Mobile
 Coastal OB/GYN
 Digestive Health Center
 Kelly Butler ALS Center
 Mastin Surgical Specialists
 Mitchell Cancer Institute – Fairhope
 Neurosurgery Specialists
 Orthopaedic Rehabilitation / Surgery
 Plastic and Reconstructive Surgery
 Stanton Road Clinic
 Surgical Oncology Clinic
 University Urology

Cardiology
 Cardiovascular Surgery
 Cardiovascular Surgery – Providence
 Dermatology
 Endocrine & Diabetes
 Industrial Medicine
 Midtown
 Neurology
 Providence Endocrinology
 Providence Gastroenterology
 Providence Radiation Oncology
 Providence Sleep Evaluation Center
 Providence Surgical Services
 Sports Medicine
 Therapy Clinic – USA Campus
 West Mobile Endocrine & Diabetes
 Speech and Hearing Center

Other Locations

Beth M. Rouse Rehabilitation and Wellness Center • South Net Medical Clinic • Surgical Navigation Center • Fresenius Kidney Care – USA Jaguar • Fresenius Kidney Care

Notes

Every healthcare construction project is a patient care event.

Construction inside a healthcare facility is about maintaining safety, reliability, patient care continuity, and trust while change occurs around healthcare operations.