

CRDAMCR marks third year of construction, meets new milestone

By Brandy Gill, CRDAMC Public Affairs

FORT HOOD, Texas – It’s been three years since ground was broken on the Carl R. Darnall Army Medical Center Replacement Hospital, and now the new facility is quickly approaching a new major milestone, drying in.



Drying-in is the process of weatherproofing a building, which means it receives a new exterior surface, and each element including the foundation, roof and walls are sealed to prevent the entry of water and wind into the building.

Erika Provinsal, deputy program manager with the Health Facility Planning Office, said determining

exterior surfaces for the new facility can be like viewing the surfaces of a standard box.

“A box and a building both have six elements, the bottom or foundation, the top or roof and four sides or walls. The foundation is waterproofed as a part of the placement of the concrete floor slab by use of a vapor barrier. The vapor barrier often looks like a very thick plastic sheet,” she said.

The exterior walls are weatherproofed when they are covered with materials like brick, vinyl siding, metal siding panels, precast panels, stone work or glass curtain walls.

Some of the wall systems have an included waterproof membrane. Others have a building wrap of waterproof membrane placed inside the exterior covering. Any seams between exterior coverings are sealed closed by a sealed joint, a caulking system, a flashing system or a combination of systems, Provinsal said.

The roof is a composite system of materials like asphalt sheets, asphalt shingles, metal panels, plastic membrane or rubber membrane along with a series of flashings and caulking joints.

According to Provinsal, drying-in is significant because it means the building is ready to have systems installed. It represents the construction focus has shifted from merely a structure to a functional building in preparation to become a hospital.

“Some of the many systems installed are the heating and/or cooling system, interior room and corridor walls. All the sinks, cabinetry and other electrical and plumbing fixtures will also be installed at this time. Additionally, the electronic systems for Nurse Call, Fire Alarm, Public Address and Security must have a weather-tight building to insure proper functioning,” she said.



Although the building looks finished from the outside it still has a long way to go to be ready for patients.

“Now hundreds of people will work for months to turn the completed building into a hospital. The next flurry of activity is the installation of the furniture, medical and non-medical equipment. This includes all the medical equipment

not fixed to the floors and walls, for example physiological monitors, portable x-rays, and ultrasound machines,” Provinsal said

All of the new medical equipment will require calibration (adjustment after moving), certification and testing by qualified biomedical engineers prior to training and patient use.

“Staff not only must be fully trained on each piece of equipment, they must be oriented to the facility. Orientation includes way-finding, where other departments and areas are located, department orientation, how and where things work in their own areas, and how new systems function in the hospital, such as housekeeping and nutrition,” she said.

While the new hospital continues to take shape physically, another building process has also begun metaphorically, transition.

Transition is an ongoing process to ensure the staff is ready to work in the new building once it's complete, Maj. Ira Waite, CRDAMC transition director, said.

“Running the day to day operations of a hospital can get hectic. Include multiple clinics and various outpatient services and you could have a recipe for chaos. The way people survive in this environment is by following routines as much as possible and adapting when necessary,” he said. “With the pending move into the new hospital building, the only way the staff will be

prepared is to evaluate every routine and determine what will work in the new space and what will not. In order to provide the best health care, our excellent doctors, nurses, and support staff will be reevaluating every standard of practice, routine, and policy.”

According to Waite, while preparations are already underway, staff training and education for the new facility will officially begin about six months before the hospital opens.



“We anticipate having a state-of-the-art facility including all the modern equipment. The staff will be capable of providing better services with this new equipment. Our education services are being revamped to include specific training on this new equipment,” he said.

The culmination of all this hard work is the Day in the Life, where the hospital will simulate, and staff will work through scenarios as if it were happening in real life, Provinsal said. All the orientation, training and outfitting will be tested and then readjusted as necessary through review of the day’s activities.

Up to 300 staff along with volunteers will participate in this activity.

The Day in the Life exercise will imitate the daily operations and ensure CRDAMC providers and staff have met all the requirements, ensured the safety of every patient, and become competent in using the new equipment, Waite said.

“This simulated exercise will also be an opportunity for volunteers to assist in this effort. We will need real patients to participate and provide feedback on their perceptions,” he said. “This simulation will be a great opportunity to be a part of the legacy that is Carl R. Darnall Army Medical Center.”

Michel Landerman, training coordinator for U.S. Army Health Facility Planning Agency, contributed to this article.