

SAFHE CONFERENCE, CAPE TOWN

Hospital Construction

A Project Manager's Perspective on People and Purpose

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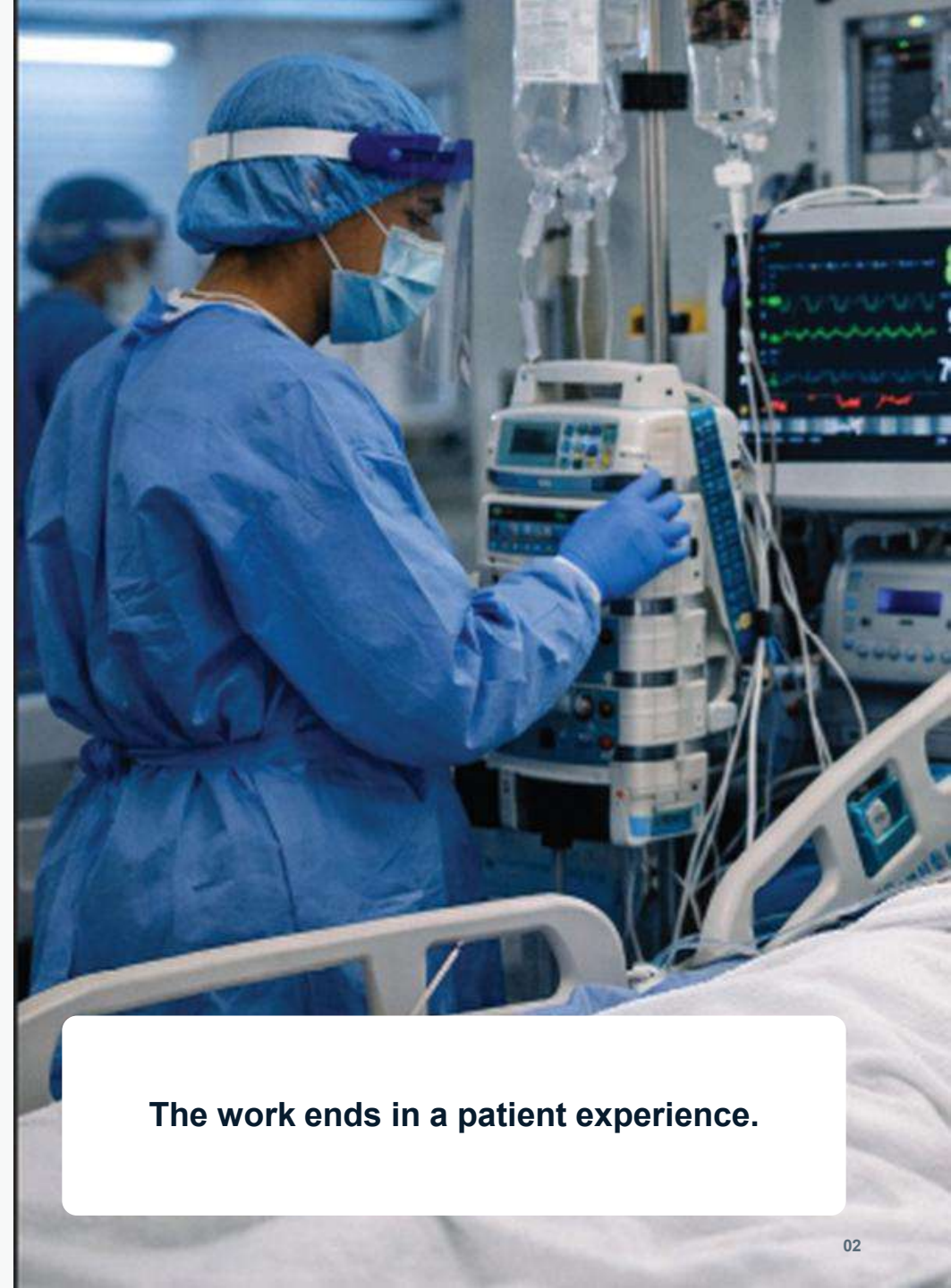
Getting people aligned creates successful project outcomes



A hospital is not just a building.

It is a future clinical service, an operational asset and a community promise.

That changes how a project manager must lead: the site, the design, the programme and the people all need to understand the same outcome.



The work ends in a patient experience.

Systems create control. People create delivery.

Programmes, drawings, reports and contracts are essential. But they cannot compensate for a capable team pulling in different directions.

Client

Vision + managed risk

Consultants

Technical excellence

Contractor

Cost + time pressure

Site team

Daily execution

ONE SHARED PROJECT OUTCOME

Everything can look right on paper

The problem is often not technical capability; it is alignment.

- | | | |
|---|------------------|----------------|
| 1 | Programme | approved |
| 2 | Design | advanced |
| 3 | Team | highly skilled |

**Yet progress can still slip when the people
are not pulling in the same direction.**



Small signals, early attention.

Misalignment is usually visible before it becomes delay, cost movement or quality risk.

1

**Technically correct,
but not absorbed on site**

Drawing / site disconnect

2

**Issues reported late
because trust is weak**

Late escalation

3

**Stakeholders protect
their own position**

Silo behaviour

4

**Progress slips with no
one obvious failure**

Invisible drift

The project manager must read the room, not only the report.

**From managing
tasks to aligning
people.**

“What is outstanding?”

to:

“Who is not aligned, and why?”



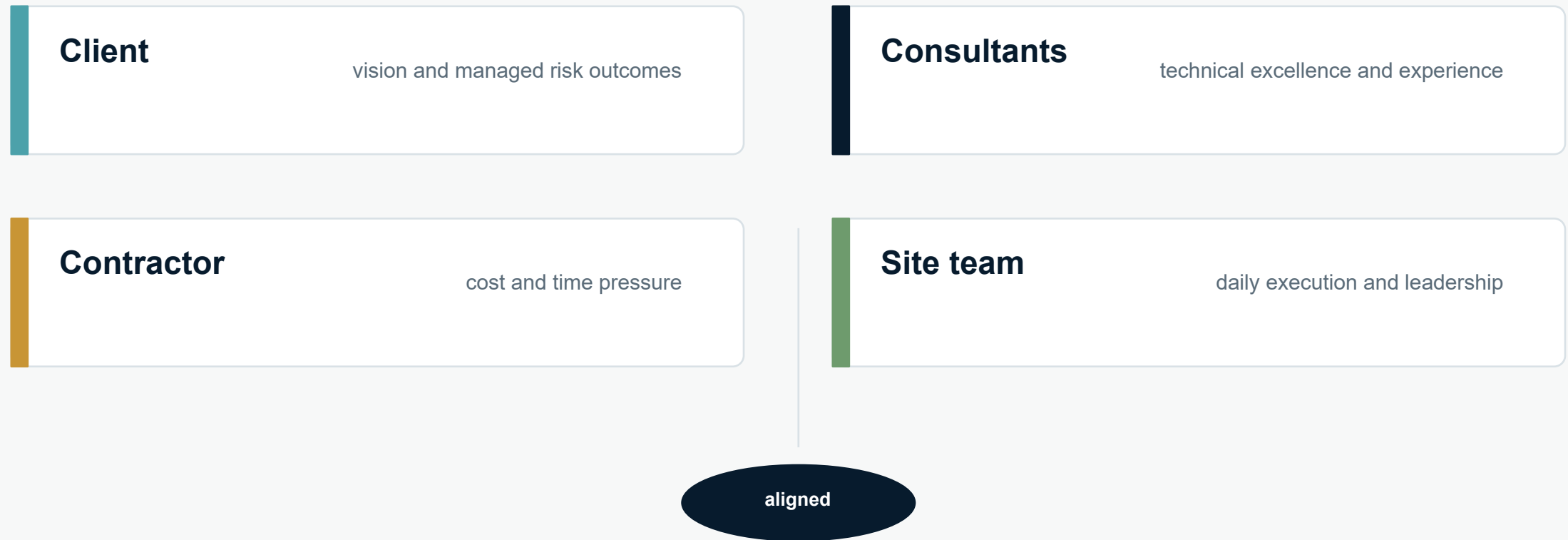
Alignment becomes a delivery system.

A practical sequence I can use as his personal method for bringing a hospital project team back into alignment.



Different priorities. One project outcome.

The project manager connects the pressures without pretending they are the same.



Translate vision into managed risk.

- Understand the deeper clinical and community purpose.
- Convert aspirations into practical decision criteria.
- Make budget, programme and risk visible before pressure forces decisions.

PM discipline: protect the client's outcome without hiding the risk.





Technical excellence must become buildable intelligence.

Design reviews

sequence, access, interfaces and commissioning

Services coordination

oxygen, power, HVAC, ICT, infection control

Buildability filter

details that survive procurement and site conditions

Trust brings problems forward. Purpose changes behaviour.

Contractor

Site team

connect the work to the hospital purpose, safety and pride in execution

“You are not building walls — you are building a hospital where lives will be saved.”

Hospital construction complexity amplifies every PM decision

Clinical need, engineering resilience, site reality and investor confidence meet in one project.

Clinical continuity	phasing, decanting and patient safety
Engineering resilience	power, oxygen, HVAC, water and redundancy
Infection control	work methods, containment and commissioning
Cost certainty	scope control, procurement and change visibility
Operational readiness	testing, training, handover and day-one performance



The three visible roles of the project manager

A leadership discipline, not only project administration.

Leader

sets tone, pace and decision discipline

Direction

Mediator

reconciles perspectives without losing the outcome

Perspective

Motivator

connects every team to the hospital purpose

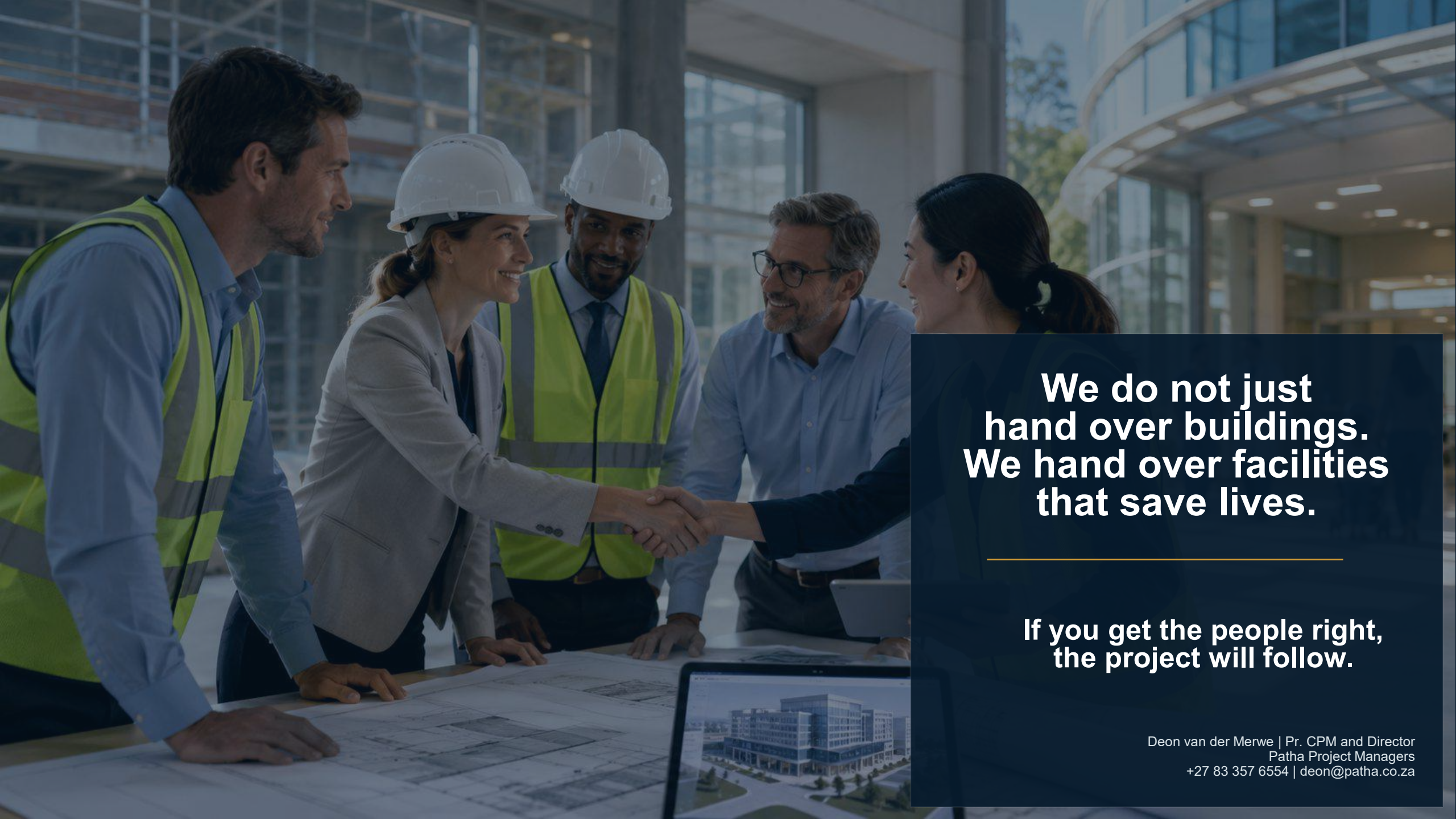
Belief

Good project management protects the future operation.

Predictability	risk visible early
Technical confidence	interfaces resolved before failure
Operational readiness	handover and commissioning protected
Reputation	trust strengthened with stakeholders

Time | Cost | Quality | Trust





**We do not just
hand over buildings.
We hand over facilities
that save lives.**

**If you get the people right,
the project will follow.**

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