

**CO**  **GEN** **CE** Alliance  
**Owners + Architects + Engineers + Contractors**

*Inspire. Educate. Unite.*



# Mission + Purpose

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## **Cogence** *(Latin)*

**“To drive together” or “Thinking that is well organized”**

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The purpose of the Alliance is to bring Owners and Developers, Architects and Engineers, Construction Managers and Contractors, and Allied Industry Professionals together to **advocate** and be a **resource** for improved project delivery.

For more information visit us at [www.cogence.org](http://www.cogence.org)

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# Partner Values

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Each partner is committed to:



- **Understanding** diverse backgrounds, experiences, and beliefs
- **Exchanging** ideas through conversation and debate
- Being responsible for **positive outcomes** over time, with a lifelong passion to learn, grow, and stay curious – while having **fun!**



# SW Ohio Chapter Partners

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*Inspire. Educate. Unite.*

AT THE INTERSECTION OF  
RESEARCH, CARE, AND EDUCATION

# Joining Forces to Revolutionize Blood Cancer Care



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# SPEAKERS



**Ted  
Christian**

AIA, NCARB, LEED AP

Associate | Senior  
Project Manager  
Champlin | EOP

*former  
Senior Director of Projects  
University of Cincinnati*



**Megan  
Johnstone**

PhD

Clinical Research Director  
UC and the University of  
Cincinnati Cancer Center

Hematology and  
Oncology Division



**Priya  
Dhuru**

AIA, LEED AP BD+C, NCARB

Principal  
Champlin | EOP



**Nathan  
Minnich-Weber**

LEED AP

Project Executive  
Skanska



**Kelly  
Acker**

MHA, BSN, RN

System Service Line  
Director: Oncology, Infusion  
and Integrative Medicine  
UC Health and the  
University of Cincinnati  
Cancer Center

University of  
**CINCINNATI**



UC Cancer  
Center

College of  
Medicine

Leukemia  
and Drug  
Dev Lab

The Osher  
Center for  
Integrative  
Health

**UC Health**<sup>TM</sup>

Planning,  
Design, &  
Construction

Design Team  
Facilities,  
&  
Construction

**CHAMPLIN**  
ARCHITECTURE

**EOP**  
architecture | interiors

**HEAPY**

**THP**

**THE KLEINGERS  
GROUP**

**SKANSKA**

Construction  
Manager

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## LESSONS LEARNED

- Strategies for mitigating the impact of administrative and operational complexities on a seamless patient experience.
- Barriers to blood cancer treatment and how a blended ownership model can address these issues and improve outcomes.
- Impacts of a combined education, research, and treatment facility on patient outcomes.
- Integrated design strategies that simplify access to care and expedite the delivery of the latest treatments to patients.



# Key Presentation & Discussion Points

## Variety of Stakeholders

**“Owner”-related stakeholders:** University of Cincinnati (building owner) and UCHHealth (tenant/end user), plus College of Medicine researchers, clinicians and nursing staff, patient advisory participants, facilities/IT/security teams (including two campus police forces)

**Project-related stakeholders:** architects/engineers (Champlin EOP, Heapy Engineering, THP), and construction management (Skanska).

## Progressive Delivery Approaches

Early partnering, frequent coordination beyond standard OAC meetings, clear role/decision-maker identification, and ongoing conceptual estimating/scheduling to support fast-moving decisions.

## Use of Responsibility Matrix

**Governance tool of record:** A detailed responsibility matrix embedded in the leasing agreement to clarify “who owns what” across building systems and operations (IT, maintenance, housekeeping, signage, safety, etc.) and to resolve new scope questions quickly.

## Managing Two “Owners”

Two-owner direction paths (contract held by UC; UCHHealth as end user) managed through defined communication channels and escalation; split cost “buckets” tracked via shared budget tools; standards conflicts resolved using a “best for the patient” decision lens and agreed-upon overriding standards.

## Renovation Risks

Unforeseen conditions (such as deteriorated/obstructed cast-iron piping, late-added eyewash requirements) addressed through allowances/contingencies, iterative scope decisions, targeted value engineering, and continuous schedule updates.

## Reacting to Evolving Plan

The work evolved from an initial enabling scope (less than \$10 million) to a major program (ultimately described as \$70-130 million)

Delivery proceeded in phases (clinical floors first; research/integrative components later), enabling operations while continuing construction.



# Activity 1 Discussion: Problems & Possible Solutions

Table	Problem/Question	Discussion
1	Who held the contract for the work?	<ul style="list-style-type: none"><li>• OFCC made it clear that, as the Owner, they needed to hold the contract. UC Health was leasing the building.</li><li>• Also used facilitated partnering</li></ul>
2	What was the management structure and team selection?	<ul style="list-style-type: none"><li>• Clearly identified roles (and responsibilities) and having single points of contact among the teams so there was a clear chain of communication.</li><li>• In addition, we worked to have clear and define goals</li></ul>
3	Reconciliation of design/technical standards	<ul style="list-style-type: none"><li>• First, they defined those standards that were common and then looked at those that differed.</li><li>• In general, when there was a difference, the standard that best complied with the demands of a quality health care facility would control. Thus, compromise were necessary to get to a stable set of standards.</li></ul>
4	Defining a shared vision or purpose between the two “owner” entities	<ul style="list-style-type: none"><li>• Opted not to blend the two mission statements of OFCC and UC Health but rather developed a project-specific mission statement that they were able to use as the prime guide when making decisions.</li></ul>
5	Getting alignment on cost budget between the two owners.	<ul style="list-style-type: none"><li>• There was use of budget trackers and clearly defined the scope of the work.</li><li>• In addition, the use of a responsibility matrix was important to define who does what and who was ultimately responsible.</li></ul>
	Closing Comment	<ul style="list-style-type: none"><li>• Every decision and the basis for the responsibility matrix always considered what was best for the end user, which are the patients.</li></ul>



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# Save-the-Date!

## Southwest Ohio Roundtable

Thursday, May 14

*Challenges of Delegating Design*



# Cogence Town Hall

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**Save the Date!**

**September 15-16, 2026**

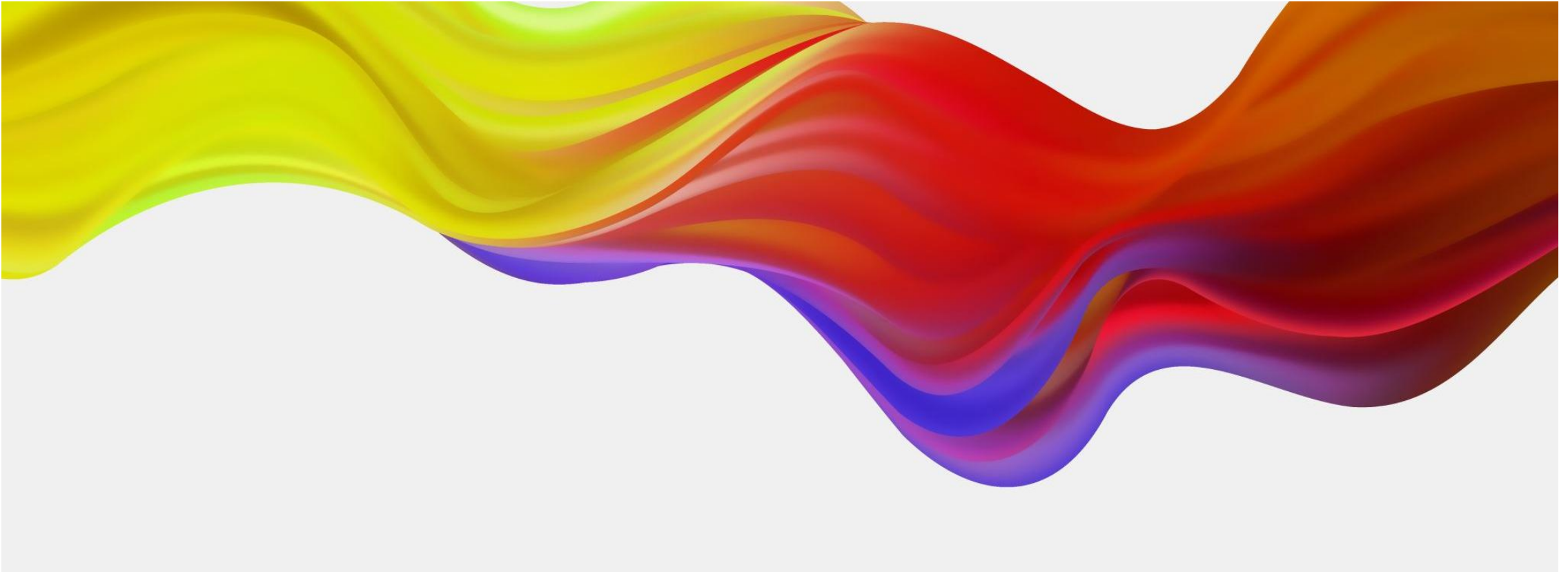
**Huntington Convention Center,  
Cleveland**

**Registration is open!**



# Survey Session: Plus/Delta

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**Let's Go to MentiMeter!**



# Mentimeter Feedback: What did you like about today's roundtable?

- |  |
|--|
| <b>Breakout discussion and report outs intertwining with presentation</b>  |
| <b>Emphasis on tools and strategies for success</b>  |
| <b>I thought the discussion parts were good - clear goals of problems/solutions.</b>   |
| <b>Real life project example</b>   |
| <b>Real world applications to Cogence Way</b>  |
| <b>Embodied the Cogence way of collaboration</b>   |
| <b>The interactive sessions.</b>   |
| <b>Table activities. It broke up the panel well.</b>   |
| <b>Understanding the challenges that come with renovations</b>   |
| <b>Interactive!</b>  |
| <b>Informative on how the design and construction team came together to tackle problems discovered during the construction process</b> |
| <b>Project specific examples of struggles and successes and the decisions that led to them and overcome them.</b>                      |
| <b>Great group feedback</b>  |
| <b>The interactive activities. Hearing about the issues in construction and how the team handled them.</b>                             |
| <b>Great to see a successful project and talk through challenges with two large owner groups.</b>                                      |
| <b>Breakout groups</b>   |
| <b>Tying into the Cogence way.</b>   |
| <b>Interactive exercises and meeting new people. Hearing about the UC project from multiple points of views.</b>                       |
| <b>Existing buildings- unique challenges- great topic</b>  |



# Mentimeter Feedback: What can we do better for next roundtable?

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**Introduce new partners**

**It was Good. - maybe reduce overall presentation length?**

**Well organized could use a little more time for these**

**Shorten the program**

**Send out the presentation prior to the roundtable.**

**Try highlighting 2 case studies. Help to showcase differences and similarities.**

**More group breakout session discussion**

**Timeliness**

**Mindful of time overruns. That would allow more time to connect and share ideas.**

**More breakout time**

**Lengthen the group work time.**

**Deeper dive into budgets and contingencies as well as decision making process.**

**Put responses on the flip charts.**