The Healthcare Capital Project Portfolio Playbook

Managing complex healthcare capital programs with greater visibility, cost predictability, and risk control

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Healthcare capital projects are uniquely hard

Why are healthcare capital programs harder than other projects?

Patients, staff, and construction updates don’t stop.

When your portfolio is spread across multiple facilities, the biggest risks don’t show up until the end:

- You’re juggling multiple hospitals, clinics, and outpatient sites with competing priorities, shutdown windows, and timelines
- Extra safety measures must be in place in active clinical spaces where noise, dust, and access changes can impact patient care
- You have a huge number of stakeholders: facilities, infection prevention, safety, clinical leaders, finance, procurement, IT/security - plus external teams
- Sources of funds and reporting rules are hard to manage when you’re mixing bonds, grants, philanthropy and internal budgets
- Infection Control Risk Assessments, safety checks, assets, and permits create documentation you can’t afford to lose
- Change orders pile up across sites, then show up late as cost inflation, schedule surprises, and compliance gaps

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The real reason you get late surprises

If it takes days to get answers, you're managing the portfolio from the rearview mirror.

Does this sound familiar?

- Leadership needs a single view of the portfolio, but project-level tracking doesn't roll up neatly when you're looking at different projects like a new tower, a clinic renovation, or imaging upgrades.
- Manual reporting slows everything down because updates live in spreadsheets, PDFs, and emails.
- Funding approvals are disconnected from cost workflows when you're balancing bonds, grants, philanthropic gifts, and internal budgets with different rules and timelines.
- Compliance docs get siloed: ICRA, interim life safety, hot work, penetrations, shutdown approvals, and fire watch logs end up in folders, not living documents.
- Forecasts are fuzzy when commitments and pending change orders aren't connected to the budget.
- Schedule risks are missed when shutdown coordination, commissioning, and turnover are tracked separately from the master plan.

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What does “good” look like?

Oversight for modern healthcare capital projects has some basic requirements:

1

Portfolio visibility

Costs, schedules, and risks are visible both granularly, and rolled up at the project, facility, and program level.

2

Cost predictability

Budget, commitments, and change orders are connected, so that forecasts reveal exposures, and risks are visible earlier.

3

Funding governance

Funds from sources like bonds, grants, philanthropy, and budget are tracked with clear rules, release dates, approvals, and current balances.

4

Regulatory-ready documentation

ICRA, interim life safety, permits, and audit trails are systematized with consistent, automated workflows.

1

Check 1:
Portfolio-level visibility

As a healthcare program owner, you're probably fighting to get complete, reliable data, like permits, safety requirements, funding sources, and vendors, from individual projects into one place.

Then you have another challenge to normalize that data and roll it up across projects or sites without losing context. A clinic refresh, an OR expansion, and a central utility plant upgrade all have very different risks and requirements.

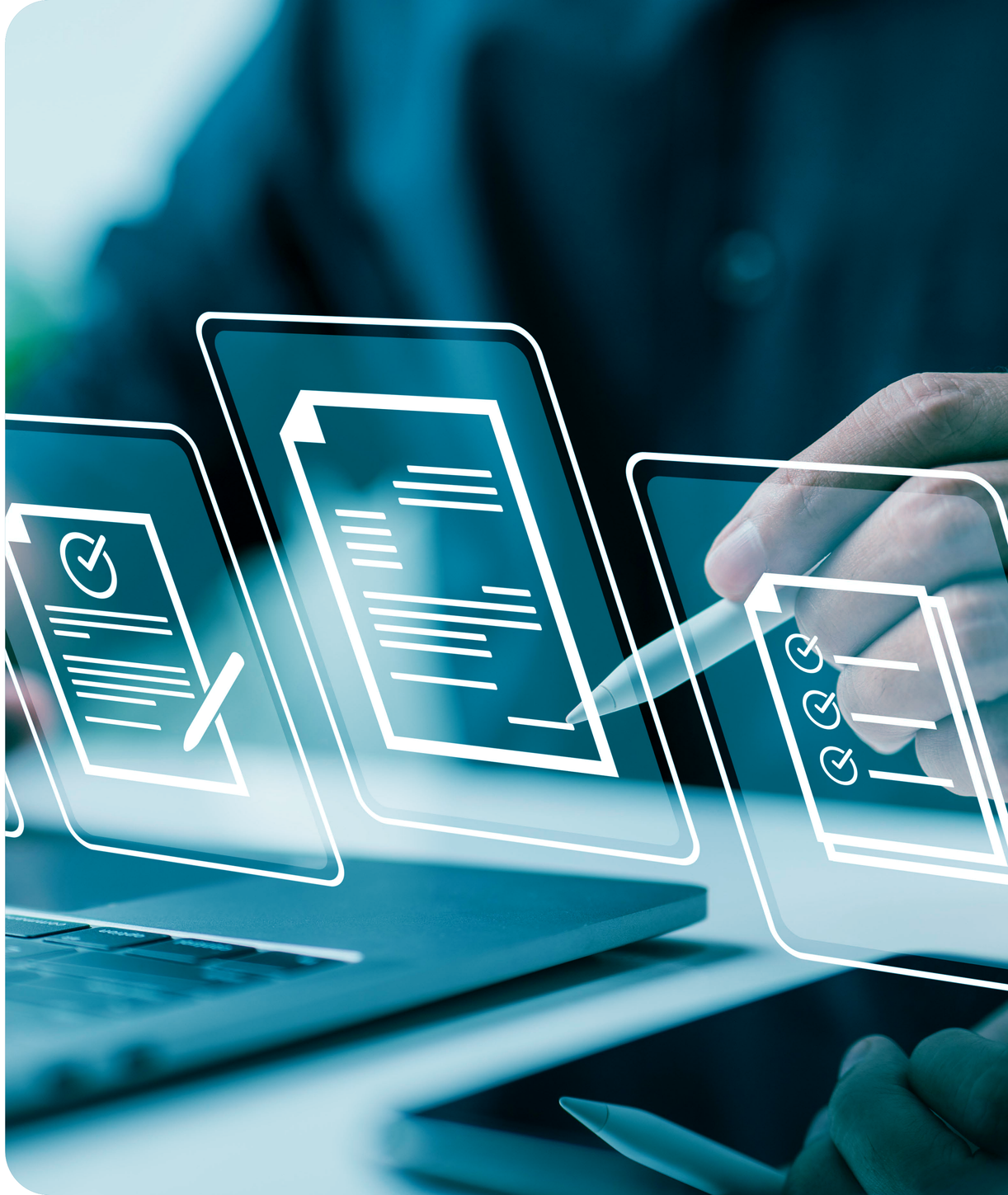
Check your business

- ☐ Can you answer the same question—by facility, business line, and construction phase—without rebuilding the report each time?
- ☐ Do you have trustworthy early-warning signals when risk increases, such as lagging approvals or permit delays, across sites?
- ☐ Can you compare unlike projects, such as new construction vs. renovation, using the same definitions for status, exposure, and risk?

Portfolio-level visibility offers a consistent way to see status and exposure by project, facility and system; with the ability to slice by program, service line, campus, or project phase.

To achieve portfolio visibility, get consensus on a standardized roll-up structure and shared definitions for status, exposure, and risk. Keep updates focused on phase, key dates, committed cost, pending change, open permits, and shutdown needs.

Tip! Use Kahua to trigger simple rules that surface issues early, like permits aging past X days or a shutdown approval missing by the milestone.



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Check 2:
Cost predictability

Costs are predictable when you understand the full picture, with context—not just a “budget vs. actuals” snapshot. (And don’t forget the opposite of predictable costs: predictable profit.)

Financial risks in capital healthcare projects are hidden in pending change orders, forgotten approvals, optimistic commitments, litigious vendors, and schedule impacts like weather.

Check your business

- ☐ Can you see true cost exposure (committed + pending change), not just what has been spent so far?
- ☐ Can you isolate risks and change drivers, like scope creep vs. unforeseen conditions, and spot patterns across projects?
- ☐ Do forecast updates happen continuously from live data, or only during monthly updates?

You can spot trends early when budget, contracts, invoices, and change management actions are linked, and when changes are categorized in a way that works across different projects.

To improve cost predictability, keep one live forecast tied to commitments and change. Standardize change stage gates across projects and require a reason for every forecast movement tied to a specific commitment, change, or approval.

Tip! Use Kahua to connect budget, commitments, change, and invoices so your forecast updates as work happens, and cost exposure is visible without reconciliation.

Check 3:
Funding governance

Funding stays under control when you can follow it end to end, with rules, context, and receipts—not tribal knowledge.

In capital projects in healthcare, the funding mix gets complicated fast: bond proceeds, grants, philanthropy, and internal budgets all move on different timelines and come with different restrictions.

The risk is not just overspending.

Check your business

- ☐ Can you see what's approved, available, reserved, committed, and spent, by project and by facility, without reconciliation?
- ☐ Can you enforce funding rules, like eligible cost types or expiration dates, before a commitment is made?
- ☐ If finance asks "Which projects are at risk of running out of available funds?", can you answer quickly with evidence, not spreadsheets?

It’s making decisions with incomplete funding context: what’s approved vs. what’s released, reserved, and already committed. Strong funding governance keeps funding inside the same workflows as budgets, commitments, and invoices, so you can trace dollars from source to project to payment with a clean audit trail of approvals.

To improve funding governance, keep funding tied to budgets, commitments, and invoices—not tracked in a separate log. Track approved, released, and reserved balances; and require approvals for reallocations so decisions are visible.

Tip! Use Kahua to track sources of funds with real-time visibility into approved, reserved, released, budgeted, committed, and actuals, tied to cost and invoices.

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Check 4: Regulatory-ready documentation

Documentation holds up when it's created as part of the work, not collected after the fact.

In capital projects in active care spaces, "paperwork" often is the control system: ICRA steps, interim life safety measures, hot work and penetration permits, utility shutdown approvals, fire watch logs, and the signoffs that keep patients and staff safe.

The gap shows up when records live in folders, inboxes, or paper binders, disconnected from the scope, schedule, and cost decisions that triggered them.

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Check your business

- ☐ Can you prove required approvals and permits happened before work started, not after?
- ☐ Can you tie key records (ICRA, ILSM, shutdowns, hot work) to the exact area, date, scope, and responsible party?
- ☐ If an audit or incident review happens, can you produce a complete, time-stamped record without chasing emails and shared drives?

Regulatory-ready documentation means the record is generated in the workflow, time-stamped, attributable, and easy to retrieve later.

To achieve regulatory-ready documentation, tie every approval and permit to the work it controls: Use one consistent naming and location scheme by facility and area, and require signoffs before work starts. Keep it simple: who approved, what they approved, when it was approved, and what scope and location it applies to.

Tip! Use Kahua to create, route, and retain permits and safety documentation within Kahua's configurable workflows so they're searchable, attributable, and audit-ready alongside project work.

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One single place to manage your healthcare projects and capital portfolio.

- Bring capital planning, project delivery, cost, and documentation into one connected system of record.
- Move from manual status chasing to portfolio dashboards leadership can trust
- Standardize healthcare-specific risk controls, like infection control, life safety, permits and shutdowns, with consistent workflows.
- Track sources of funds with real-time visibility into what’s approved, reserved, released, budgeted, committed, and spent.
- Improve closeout and operational readiness by capturing asset information throughout the project, not at the end.

Built-In Apps to Avoid Healthcare Jobsite Risk

Kahua for Healthcare has these out-of-the-box workflows for your specific projects and programs:

- Infection Control & Interim Life Safety
- Utility Shutdown
- Checklists and Inspections
- Compliance Documents
- Daily Wellness
- EHS Training Profile
- Fire Watch Log
- Injury and Illness Reporting
- Safe Work Permit/Hot Permit
- Risk Assessment
- Vendor Performance

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