REQUEST FOR PROPOSAL

Design-Build Services for Intensive Care Unit and Patient Tower Expansion
St. Charles Medical Center - Bend

For

St. Charles Health System

Issued: May 9, 2016

Proposal Due: June 9, 2016

Issued by:

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St. Charles Health System is requesting your proposal for Pre-construction, Design and General Construction Services for the St. Charles Medical Center – Bend ICU and Patient Tower Expansion project.

Project Description:
The project consists of an expansion to the existing patient tower at St. Charles Medical Center – Bend that will consist of a four story expansion, with capability to add a fifth floor in the future, to the existing patient tower including a 36 bed Intensive Care Unit (ICU). A comprehensive master plan study of the Bend hospital campus has recently been conducted that has identified the expansion to be connected to the north end of the existing hospital patient tower. This will create the need for a replacement surface parking lot of approximately 500 parking stalls as well as a new redundant water main from offsite to serve the hospital (see exhibit A). The ICU will be placed on the third level of the expansion to create a connection to the existing Intermediate Medical Care Unit (IMCU) and that the remaining floors may be shelled in for future use. An add alternate will also include the buildout of the second floor of the new addition for a Short Stay/Observation unit. It is expected that the new 500 stall parking lot and new redundant water main will be designed, engineered and installed this year.
The project will be adjacent to occupied nursing units which will require great care to mitigate any negative impact on the operation and use of the hospital by patients and staff. It will be imperative that all construction methods considered or proposed will recognize patient safety and will not adversely impact patient care.

It will be required that all management and supervisory level personnel assigned to this project, including subcontractors, at a minimum will be certified for Healthcare Construction by ASHE prior to performing work for this project.

Project Goals:
SCHS is seeking Design-Build (D-B) teams that know how to truly integrate design and actual construction from the front end of the design process through to completion and beneficial occupancy, resulting in a successful project. Our goal is to seek innovative approaches and design solutions that meet the budget while optimizing both functionality and aesthetics. Through the use of the D-B methodology, SCHS desires an end-outcome project that provides both a highly functional and aesthetic design for an affordable, cost-efficient, agreed upon, target sum (guaranteed maximum cost/price – “GMP”). To that end SCHS is seeking innovative ICU hospital design concepts that maximize staffing efficiencies while delivering an aesthetically pleasing and functional facility with systems that will deliver care for the next 50 years, or more. SCHS is also expecting to realize cost savings as a consequence of “up front” value engineering and integration of design, construction of support infrastructure and systems matched to equipment and other area-specific functional requirements. SCHS will look to the teams or design/builder’s historical performance designing and building numerous similar projects, as well as, in providing the appropriate quality in building systems, finishes and the performance of
those systems and finishes (ex. energy-efficient HVAC design concepts, flooring and roofing systems, as well as other physical plant systems and sub-systems). All portions of the project will comply with regulatory requirements including all applicable local, State, and federal regulations as well as The Joint Commission. In addition, the selected firm will be required to start and complete the State of Oregon’s Certificate of Need (CON) process on behalf of St. Charles Health System.

**Design-Build Delivery Method:**
A key reason the design-build delivery method has been proposed is to enable SCHS to take advantage of the speed of design, engineering and construction made possible through the use of integrated delivery with its overlapping critical paths. It is SCHS opinion that the overlapping and integrated approach to design, engineering, construction staging, specification and materials selection, ordering, and actual construction implicit in D-B will reduce project cycle time in comparison to the more linear completion of design, followed by fixed bidding, on a fixed design framework associated with the more traditional “design-bid-build” approach. In addition, the owner also feels that D-B provides for more flexibility to effectively accommodate equipment selection and acquisition requirements (ex. electrical, HVAC and special requirements) into the design and construction process as the project evolves – vs. – the closed specification and value engineering inherent in the traditional design-bid-build approach. SCHS feels that both the project critical path and overall cost are more optimized employing the D-B approach. The compression of project cycle time afforded by D-B is an important feature to SCHS in facilitating decreased total project costs.

**Project Budget:**
Based on the recent master-planning parameters a preliminary total program budget, including architectural, engineering, construction, equipment, furnishings and permitting fees is currently estimated to be $66MM. Proposers will be expected to submit an accurate project budget and design (it is not anticipated that this will be a final or complete design but rather an accurate reflection of the proposed final design) that will be presented to the SCHS Board of Directors for final review and approval within 5 mos. after award of contract.

**Fees and Compensation:**
In addition to the scope of work listed below the services indicated in AIA Documents A201-2007 “General Conditions for the Contract for Construction” and A102-2007 “Standard Form of Agreement Between Owner and Contractor where the basis for payment is the COST OF THE WORK PLUS A FEE with a negotiated Guaranteed Maximum Price” will also apply.

**Audit:**
St. Charles Health System (SCHS) intends to perform a construction audit throughout this project via an independent auditing firm beginning with an initial audit at the start of the project and continuing through project close-out. The contractor will provide all documentation necessary to satisfy the requirements of this audit in a timely and satisfactory fashion.
**Lean Methodology:**
It will be expected that the D-B will incorporate Lean methodology in the design of the spaces engaging caregivers, physicians and leaders. To that end SCHS anticipates significant, 1:1, direct design involvement and responsiveness between the Proposer and its SCHS user group teams, the latter composed of all key users of an area and/or function. The Proposer’s team will necessarily be willing and eager to work directly with user team members in developing functionally effective and Lean design options. It is anticipated that the use of mockups will be utilized to allow the user group teams to test operational changes proposed.

**Pre-Construction Services:**
Coordinate with the Owner to schedule design meetings to determine design criteria; such consultation will include evaluation of alternatives from functional, performance, work sequencing, time, and cost perspectives.

Coordinate meetings with impacted SCHS departmental staff, SCHS Construction and Real Estate representative, SCHS LEAN team members, and SCHS Administrative staff to collect and analyze data to produce a final space and functional program including refinement of space adjacencies and special equipment needs.

All construction documentation will be submitted and tracked through the use of the hospitals construction management software program Procore.

Maintain organized project records of all cost analyses and alternatives investigated, and track and record progress for all Contractors task assignments.

Cost management and control services shall be provided to assist in keeping costs within the project budget. These services shall include the following:

1. The analysis, review and recommendations on all design/construction documents.
2. Preparation and updating of detailed construction cost estimates from schematic design through construction documents to keep the project within budget.

Prepare complete sets of construction plans and specifications suitable for submittal to local AHJ’s including building departments and the state for required approvals and for bidding. Work with SCHS Construction and Real Estate, and Facilities Maintenance staff to develop SCHS approved specifications.

Meet with building and other regulatory officials as appropriate. Attend all meetings pertaining to permitting, as required. It is anticipated that these functions will continue throughout all phases of the project.

Submit design documents to SCHS, local, state and other governmental entities and/or utility providers as required for plan checks, required approvals and permits.
Prepare a detailed construction schedule identifying all phases of the work. The Contractor shall report progress weekly against this schedule.

Prepare an outline of proposed approach and strategy as required for mitigating any impacts to the operation of the hospital. Describe phasing, impacts to patient care, controls, safety, infection control, etc.

Review the plans and specifications on an ongoing basis and advise the Owner whenever the estimated construction costs are tending to exceed line items from the model budget. In a timely fashion, provide the Owner with alternatives that will bring the project cost within budget, without compromising the scope agreed to. Update the project cost estimates as required.

Provide interior finishes selection and coordinate with Owner designated interior design professional to maintain continuity with surrounding hospital.

Although it is anticipated that the owner will purchase major medical equipment and furnishings to support the project, the Proposer will provide medical equipment planning assistance including identification of needed medical equipment, submitting bids for medical equipment if needed, and assistance with procurement of medical equipment. Also assist the owner with the furniture selection for the project.

Review all design and specification documents for completeness, proper details, value engineering, and constructability and report any deficiencies, conflicts, or suggestions to the Owner.

Incorporate Lean methodology in the design of the spaces engaging caregivers, physicians and leaders.

**Construction Phase Services:**
Continue all relevant services as described above.

Prepare all bid packages, according to the contractual requirements and Owner procedures. Recommend to the Owner modifications to existing procedures or implementation of new procedures where appropriate. Solicit a minimum of (3) competitive bids for each major portion of the work including work you may want to self perform. It is contemplated the D-B Contractor will issue multiple bid packages with multiple trade contracts within each bid package. Ensure that all bid packages, including those for early procurement, are within budget. It is the responsibility of the D-B Contractor to provide the Architect and Owner with sufficient viable options, in a timely fashion, such that the bid packages will be within budget. All bid information will be reviewed with, and approved by, the Architect and Owner prior to the award of any work.
Provide copies of planned bid package(s) to each Team member in advance of releasing for bids, including all bid documents, form of subcontracts, etc., for review and comment from Team members.

Fully coordinate the work of all subcontractors and vendors. Provide regular and on-going quality inspection and assistance to the Architect and Owner in ensuring that the work meets all specifications and applicable codes. It is important to note that SCHS has a strict policy prohibiting rotocelhammering that must be adhered to at all times.

Maintain an organized and clean jobsite at all times and ensure trade craft parking polices are adhered to.

Provide monthly on-site observation reports for each engineering and design discipline and promptly notify owner of any defects or nonconforming work witnessed.

Review and expedite all change order requests, both included within the Guaranteed Maximum Price (GMP) and involving a change to the GMP.

Maintain in a current condition all Project Records, including permits, construction documents, as-built records, meeting records, submittals, inspection reports, schedules, invoices, delivery receipts, daily activity logs, RFI’s, CCD’s, ASI’s, CO’s, etc. at the project site and on the hospitals project management software program Procore.

Attend weekly construction meetings with the Owner and provide construction progress updates, safety updates, procurement updates, etc. The D-B Contractor will be responsible for maintaining meeting minutes for each weekly construction meeting and provide copies to all team members each week.

**Post Construction Services:**
Address all warranty issues and repairs within twelve months of occupancy. Eleven months after the date of Substantial Completion of the project meet with the Owner and Architect and walk through the entire facility, documenting any warranty related repairs or adjustments. Coordinate with the Owner and Architect to make certain that the items are repaired and complete before expiration of the 1-year warranty.

Prepare record drawings from contractor as-built drawings. Provide CAD and PDF drawings of as-built conditions as part of closeout.

Assist SCHS with the preparation of all required agency and governmental close out documentation.

Obtain, prepare, coordinate and submit documents as required for DHS review and final certification of projects, if required.
Proposal Format and Requirements:
Every proposal must reply to each of the following items. Responses must be in the same order listed below. Concise and direct answers are encouraged. The proposal shall not exceed 30 pages (excluding covers, cover letter and dividers) in length.

1. **Staffing**
   a. Provide a list of your proposed staff for this job, including all professional staff in the following areas: architecture, engineering, project management; corporate oversight and administration; estimating; and onsite construction supervision.
   b. Include resumes for all individuals listed in the chart. Indicate the proposed percentage that each person will work on this project during the Pre-Construction, Construction, and Post Construction Phases. The resumes must include each individual’s education, work history, length of tenure with the firm, and prior experience including all relevant projects of similar size and scale that each individual has participated in, including their role and tenure on each project.

2. **Approach**
   a. Describe your firm’s approach to the construction sequencing for this project and the anticipated timeframe you feel each sequence will take to complete. Discuss how your firm would recommend constructing this scope of work including the amount of area your firm anticipates requiring to construct this addition as well as any other expected impacts to SCHS-Bend.
   b. Given the information provided and to the best extent possible provide a Gant chart schedule that illustrates your firm’s anticipated approach to this project, including the Pre-Construction and design phases.
   c. Describe how your firm will approach the construction management aspect of this project. Describe your management information controls, forms, and/or procedures proposed for this project.
   d. Describe your firm’s overall plan to complete the project within the schedule. At a minimum, discuss your firm’s planning, scheduling, phasing, and project monitoring skills and processes.
   e. Describe how your firm will ensure that patient safety will not be compromised during the course of this project. Describe how your firm will ensure that patient care is not adversely impacted as a result of any construction activities. Describe how you will ensure that the Owner’s needs and patient safety are adequately met.
3. Fees and Compensation
   
a. Provide a lump sum fee for the Pre-Construction Phase services, including architectural, engineering and reimbursable expenses. State the anticipated effort to which your firm anticipates the use of mockups that will be included in the Pre-Construction Phase service fee.

b. State the fee, as an add-on percentage to the Cost-of-the-Work, for which your firm would contract to perform this project. The D-B Contractor shall provide for all materials, tools, equipment, labor, and professional and non-professional services and shall perform all other acts and supply all other items necessary to fully and properly perform and complete all aspects of the work.

c. Estimate the number of calendar days you anticipate to construct the building improvements.

d. Provide an estimated cost for each General Condition item below. List the items in the exact order indicated and provide a total General Condition sum at the bottom of the list. List N/A for those items you feel are not applicable to this project. Be certain to calculate all monthly costs and include them in the sum.

   1. General Liability Insurance
   2. Safety
   3. Temporary Power (Hookup)
   4. Temporary Power (Monthly)
   5. Temporary Phone (Hookup)
   6. Temporary Phone (Monthly)
   7. Temporary Fax (Hookup)
   8. Temporary Fax (Monthly)
   9. Temporary Toilets Dry (monthly)
   10. Temporary Toilets Wet (Hookup)
   11. Temporary Toilets Wet (monthly)
   12. Temporary Water (Hookup)
   13. Temporary Water (Monthly)
   14. Project Sign
   15. Temporary Office (Monthly)
   16. Temporary Storage (Monthly)
   17. Temporary Barricades
   18. Temporary Fence
   19. Weather Protection
   20. Snow Removal
   21. Temporary Heat
   22. Cleanup (Progress)
   23. Cleanup (Final)
24. Job Site Supervision
25. Job Site Project Management
26. As-Builts (Project Assistance)
27. Survey & Layout (Foundation)
28. Survey & Layout (Walls)
29. Survey & Layout (Site Work)
30. Home Office Travel Expenses
31. Blue Printing Costs
32. Bid Advertisements

Total of above

4. Relevant Hospital Project Experience

a. Provide information about prior services/designs prepared by the Proposer and its team members on at least three (3) prior hospital projects including the design and construction an ICU of similar size and scale. Include the following information:
   1) Briefly state the significance of each relevant project the Proposer and its team members have worked on that you would like to be considered in this RFP.
   2) Specify role of the Proposer and its team or individual if work was not exclusively by the Proposer (i.e., joint venture, design firm plus contractor, etc.).
   3) Provide a list of the following for each project:
      1. Project name and location
      2. Beginning and end dates of project (including construction)
      3. Square footage
      4. Main program elements
      5. Owner name with name of contact person
      6. Date of each project Notice of Completion and final certification
      7. Number of RFI’s and Change Orders of each project
      8. Original GMP & final amount at close-out
      9. Owner reference, contact name and phone number
      10. Key individuals of the firm involved and their roles in the project
      11. Any sub-consultants that worked with the firm
   4) Identify and coordinate two locations for the St. Charles selection team to visit to see firm’s work first hand.

b. Identify key team members expected to work on this project, along with their resumes, including construction contractors and major consultants, and state their qualifications relevant to programming/design/construction services and the scope of this project.

c. Include additional references for the proposed team including:
Selection Criteria:
Each Proposal will be evaluated and ranked on the criteria set forth below. The criteria will be weighted as noted below in determining a scored rating.

Weighting of Proposal Responses:
1. Relevant experience with projects of similar complexity (20 Points)
2. Qualifications of proposed staff (20 Points)
3. Project Approach (20 Points)
4. Reputation and references from past clients “on” and “off” respondent’s reference list, emphasizing “on time”, “on cost/budget” delivery history, a high level of client satisfaction, and responsiveness to client’s needs (20 Points)
5. Fees and Compensation (20 Points)

After scoring of the Proposals, short listed firms may be asked to participate in an interview process. After the interviews, SCHS will identify the D-B team that can provide the greatest overall benefit to SCHS.

Questions:
If you have any questions, please contact Jim Walker, St. Charles Health System. We request that questions be emailed to Jim Walker at jiwalker@stcharleshealthcare.org. We will issue written responses to all proposing firms. All inquiries must be submitted prior to May 31, 2016.

Due Date:
All proposals (provide ten (10) copies and One (1) electronic copy on CD or DVD) are due at the office of Construction and Real Estate, St. Charles Medical Center Bend, by 4:00 pm on June 9, 2016. Late submittals will not be accepted or considered.

St. Charles Health System reserves the right to reject any or all proposals and select any firm they choose, if they feel it is in their best interest to do so. St. Charles Health System may select the firm directly based upon the proposals or may choose to interview shortlisted firms. All firms will be contacted regarding the outcome of the proposal review process.

Thank you for your time and effort in responding to our Request for Proposal.
EXHIBIT A