

GRANT CO. PUBLIC HOSPITAL DISTRICT SAMARITAN HEALTHCARE - GC/CM PROJECT - SAMARITAN HEALTHCARE REPLACEMENT FACILITY

1. The application notes a number of times that GC/CM involvement is critical for the project during design phase for schedule coordination/phasing for the operational conversion/move from the existing facility to the new facility. We want to understand better what involvement the GC/CM would need to have in the moving process or why a GC/CM is needed for this project in that capacity after the new facility is built. Do you anticipate making some portion of the move from the existing facility to the new facility the responsibility of the GC/CM? **ANSWER: The relocation of an existing operation hospital to a new facility is a significant undertaking. The planning for such an endeavor starts essentially at the early design phase with the applicable consultants and hospital move planning staff. We have found on previous and similar projects that the GC/CM is an important conduit to the planning for the move. Assessment of possible departmental phasing of the move, FFE procurement and staging, and move sequencing must all be discussed during design and the GC/CM would have considerable beneficial impact on the planning guidance and decisions. Re-use of existing equipment will be evaluated during the design phase and the GC/CM will be integral in working with the owner and equipment planner to understand what can be moved and the actual methodology of the move. [For example the re-use of existing OR lights would require contractor input and coordination with the equipment planner during design]**
2. Your schedule shows the GC/CM RFFP selection to be September 12, 2019, with the baseline estimate done October 1, 2019, and the Schematic Design done July 13, 2019. The benefit of the GC/CM process is to have the GC/CM on board prior to completion of Schematic Design as they can have more impactful input.
 - a. It appears the GC/CM will have limited DD level input since they are on board officially close to end of September and you are showing DD complete in November 2019. Why are you waiting to get your GC/CM on board until after completion of Schematic Design? **ANSWER: Our application was submitted May 20th for a scheduled presentation to the PRC panel June 27th. We are scheduling a mandatory site meeting for interested GC/CM firms on July 17th. Stage 1 submittals are now due 7/24. This is a very large project. We want to provide reasonable ample time for firms to manpower commit for interviews and sufficient time for shortlisted firms to provide cogent responses in a two week period for a RFFP submittal, thus the RFFP due date is amended forward to 8/18/2019. The GC/CM would begin project involvement immediately following the Aug 18, 2019 RFFP opening which will benefit the design process forward.**
 - b. How will your GC/CM provide VE/CR input into the design, given that your schedule indicates that GC/CM selection will occur two months after the completion of Schematic Design? **ANSWER: The GC/CM will be engaged immediately upon selection on 8/18/2019 and their contribution to a completed schematic design review, constructability analysis and value analysis will benefit design development while the baseline estimate is established**
3. What are some examples of your proven project controls mentioned? **ANSWER: The controls mechanism and task matrix described in the Application document have recently been**

successfully implemented on a 60,000 SF new construction medical facility which was managed by DBPM and constructed by a GC/CM. A risk mitigation plan was implemented to track all relevant KPIs instrumental for project success including; budget advice and control, schedule baseline and tracking, QA/QC, detailed design for reduction of RFIs and safety requirements for both public and user protections. For example specific project controls that are essential include: design phase completion required owner approval and sign off before the next phase of design commenced. Budget checks and scope evaluation continued through the design development and contract document phases as well as the identification of long lead items and the GC/CM working with the team for coordination of phased move in of the various departments. Schedule control and site utilization and establishing logistics parameters in working with various agencies involved in the project are instrumental during the design phase as well.

4. Many of the projects listed for Joe Kunkel and Jeff Caldwell are shown as GC/CM, but the work is in Oregon, were these actually CM/GC? **ANSWER: Several projects listed for Joe Kunkel are located in WA State, for example GC/CM projects in Kennewick, Gig Harbor and Issaquah. Joe's Oregon projects are CM/GC. Jeff's experience is related to projects located in Oregon and is CM/GC contract delivery format.**
5. Have you used the MCCM/ECCM process before? **ANSWER: The MCCM/ECCM process is currently being administered for a new health care project of similar size and scope and managed by DBPM**
 - a. If so, what were some of the lessons learned? **ANSWER: Lessons learned yet to be determined**
 - b. If not, then how will you make sure the selection process is fair and honest as it is headed up by the GC/CM? **ANSWER: A section of the RFQ for the GC/CM submittal will be a request for detailing the process they would undertake for utilizing MCCM/ECCM. In addition the Samaritan Healthcare project management team would work closely with the GC/CM to review and approve the schedule, advertising, trade outreach and public hearing/comment and RFP/RFQ solicitation steps and subsequent bid opening for the successful implementation of this important resource[s].**