State of Washington
Capital Projects Advisory Board
Project Review Committee

May 22, 2014

Whidbey General Hospital
Renovation & Expansion
Whidbey General Hospital
Renovation and Expansion

1. Team Introduction
2. Project Description
3. Reasons for using the GC/CM Process
5. Questions
Team Introduction

• Whidbey General Hospital
  • Ron Wallin, BOC, Chair Construction Committee
  • Tom Tomasino, CEO
  • Hank Hanigan, COO

• Project Management
  • Marc Estvold, AIA LEED AP

• HDR Architecture Inc.
  • Marjorie Brown, AIA LEED AP, PIC
  • Thom Keys, LEED AP PM
Priorities
1. Med/Surg Unit
2. Peri-Procedural
3. Lab
4. Pharmacy

Current design
Stage
Programing

NEW CONSTRUCTION

RENOVATION, PERI-PROCEDURAL SERVICES, LAB, PHARMACY

*NEW PARKING LOTS WILL OCCUR TO ACCOMODATE DISPLACED PARKING SPACES AND NEW CONSTRUCTION
Our Reasons For Selection of GC/CM Construction Method

- Best value for Hospital District
- Allows for selection of qualified contractor
- VE & Constructability reviews early in SD
- Better budget control
- Creates team of Owner/Architect/Contractor
- Likelihood of fewer business interruptions
- Greater assurance of a successful project
How the project and team meet the GC/CM evaluation criteria under RCW 39.10.340
A. Substantial fiscal benefit or traditional delivery not practical

- D/B/B possible, but greater risk with public funds
- Value engineering and constructability
- Budget and cost control
- Assistance with phasing plan
- Familiarity with systems, operational 24/7
- Allows team selection with healthcare experience
- Decreases financial risk
B. Project Meets RCW 39.10.340 Criteria

1. **Complex scheduling, phasing, or coordination**
   a. 3 phases – 2 public bids
   b. Significant site disruption / coordination

2. **Construction at a 24/7 operating facility**
   a. Tie to existing services
   b. Renovation or pre & post operatory areas
   c. Expansion / renovation of Lab. & Pharmacy
B. Project Meets RCW 39.10.340 Criteria

3. GC/CM involvement critical during design
   a. Assist in establishing schedule and scope of work
   b. Value engineering and constructability reviews
   c. Assistance in as-built and building research

4. Project encompasses complex or technical env.
   a. Construction next to operating hospital
   b. Renovation inside an existing operating hospital
      1. Next to, and in critical areas

5. Specialized work, building of Historical Significance
   a. All exterior modifications approved by Historical Society
C. Public Body has necessary experience and team:

i. GC/CM delivery knowledge & experience

- Project Management – 3 GC/CM Projects
  - Marc L Estvold, AIA LEED AP

- HDR Architecture Inc. – 3 or more GC/CM Projects
  - Marjorie Brown, AIA, NCARB, LEED AP – PIC
  - Thom Keys, HDR Project Manager
  - Bart Carrothers, AIA Project Architect
Relevant GC/CM Experience
Marc Estvold, AIA
LEED AP

$40 M Island Hospital Renovation and Expansion
31 Bed Medical/Surgical and Critical Care Unit
New Diagnostic Imaging, Lab & Emergency Department
Renovation of Birth Center,
Island Hospital Medical Arts Pavilion
• 2012 $10 Million 26,000 Addition to the Island Hospital Campus

McIntyre Hall Performing Arts and Conference Center
• 2004 $18 Million 700 seat Performing Arts and Conference Center

Relevant GC/CM Experience
Marc Estvold, AIA LEED AP
MULTICARE  MARY BRIDGE CHILDREN’S – MILGARD PAVILION

63,000 sf – 24-bed Pediatric Med/Surg – 24 bed Pediatric ICU – Same team

Tacoma, Washington

Relevant GC/CM Experience
HDR Architecture
CONFLUENCE HEALTH  CENTRAL WASHINGTON HOSPITAL

$83 Million - 176 private rooms – 150 K SF Expansion - GC/CM delivery

Sustainability – Gas from $3.31 to $1.28 / sf & Elect from $1.45 to $0.88 / sf

Wenatchee, Washington
ii. Sufficient Contract Administration Personal W/ Construction Experience

- **Construction Contract**
  - Mr. Greg Guedel/Jon Hongladarom, Foster Pepper PLLC
  - Whidbey General Hospital Administration
  - PM – Marc Estvold
  - Architect - Marjorie Brown & Thom Keys

- **Construction Contract Administration**
  - Marc Estvold, AIA 40% onsite daily ±, Weekly OAC meetings
    - Additional on-site management TBD
  - Thom Keys, PM, HDR 30% onsite as needed, Weekly OAC
  - Bart Carrothers AIA, PA, HDR,50% Weekly OAC meetings

- **Consistent Team Start to Finish!**
iii. Written management plan w/ clear lines of authority
İV. Necessary and appropriate funding & time to complete project

- Funding through voter approved $50 M bond
  - Scope of project beyond Patient Wing & Pre/Post Op area defined by budget

- Project able to be flexible with Completion Date
  - 17 Months for design, permitting & bidding
  - 12 months for new construction
  - 8 months for renovation & commissioning
v. Continuity of project management team with project type and scope experience

- Whidbey General Hospital
  - Multiple additions and renovations

- Project Management – Marc L Estvold, AIA LEED AP
  - Island Hospital Renovation and addition
  - 3 recent Medical Office Buildings
  - Multiple hospital renovations

- HDR Architecture Inc.
  - Confluence Health Central Washington Hospital
  - MultiCare Mary Bridge Children's – Milgard Pavilion
  - Studio within HDR Architecture Inc. specializing in Healthcare

- GC/CM Contractor
  - Selected on team qualifications
  - Continuity of team

- Consistent team start to finish!
vi. Adequate Construction Budget

- Not obligated to provide scope beyond available funds
- Funds available, and priorities will determine final scope

D. Design-Build not applicable

E. Resolution of Audit Findings

- Whidbey General Hospital has not had an Audit Finding on any of its construction projects
PRC Board Member Question:
Construction Manager’s signature / approval level?

Questions