



Project Brief

Royal Columbian Hospital Redevelopment Project – Phase One

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1 INTRODUCTION

1.1 PURPOSE OF THIS PROJECT BRIEF

This Project Brief, and all comments included in it, is intended only as a convenient summary and reference describing Phase One of the broader Royal Columbian Hospital Redevelopment Project, the business opportunity, and the anticipated competitive selection process.

The Project Brief is not included as part of the Request for Qualifications (RFQ) or Request for Proposals (RFP), and is not intended to be included with, or referred to in any way in interpreting the requirements of, the RFQ, the RFP, the Design-Build Agreement or CM Agreement, or to in any way define or describe any party's rights with respect to the Project.

2 THE BUSINESS OPPORTUNITY

Fraser Health Authority (the “**Authority**”) is seeking to enter into a contract (the “**Design-Build Agreement**”) with a qualified entity (the “**Design-Builder**”) to design and build a new mental health building, Energy Centre including fit-out, and underground parking structure at the Royal Columbian Hospital campus in New Westminster, BC

Additionally, the Authority is seeking to enter into a Construction Management Agreement (“**CM Agreement**”) with a qualified entity (“**Construction Manager**”) to provide construction management services in support of required infrastructure upgrades throughout the campus, campus communications hub and distribution system, a fiber ring pathway around the site, and building systems upgrades. Proponents will be asked to include a construction management proposal with their submission.

Collectively, this work represents the project (“the **Project**”).

The Project will be procured using a partnership approach. The partnership will use a design-build model to procure the new facilities, and a construction management approach to manage the campus upgrades, to make best use of taxpayers’ dollars and to leverage private sector innovation and expertise. The Authority anticipates that a single private partner will provide and integrate these services, assuming and sharing defined project risks related to design and construction.

Features of this business opportunity include:

- (a) the design and construction of a new acute Mental Health and Substance Use (MHSU) building with a total of 75 psychiatry beds; four levels of new underground parking; Energy Centre infrastructure (including the required equipment to service the MHSU building and existing campus); and tunnel and bridge connections from the MHSU building to the existing campus;
- (b) construction management of the fit-out of the energy centre (if not fully included in the design-build scope of work), on-site building systems and infrastructure upgrades, and fit-out of the campus communications hub;
- (c) the opportunity to address a critical infrastructure need for the Authority;
- (d) strong government and public support for the Project;
- (e) appropriate risk-sharing and compensation;
- (f) an interactive competitive selection process in which shortlisted teams and the Authority will have the opportunity to discuss key elements of the Project including procurement issues, design issues and documentation, and provisions of the Design-Build Agreement and CM Agreement, such as appropriate risk allocations.

The Project has been approved to proceed to procurement by the Government of British Columbia (the **“Province”**). Further Authority and Province approvals are expected to be required prior to issuance of the RFP and execution of the Design-Build and Construction Management Agreements.

3 FRASER HEALTH AUTHORITY

Fraser Health was created in December 2001 as part of a province-wide restructuring of health authorities. It merged three former health regions: Simon Fraser Health Region, South Fraser Health Region, and the Fraser Valley Health Region. Fraser Health provides a wide range of integrated health care services to more than 1.6 million people living in communities stretching from Burnaby to Hope to Boston Bar. This catchment area is a diverse multicultural population, including approximately 38,100 First Nations people, associated with 32 bands.

Fraser Health is one of Canada's largest and fastest growing health authorities with over 26,000 employees, 2,500 physicians, and nearly 6,500 volunteers. With an annual operating budget of \$3.3 billion (2014/15), Fraser Health operates 12 acute care hospitals, 7,760 residential care beds, and provides mental health care, public health, home, and community care.

All health care services are funded by the Province and delivered by the Authority. The Authority maintains control and decision-making over services, and owns the land and facilities.

Additional information about Fraser Health is available at: www.fraserhealth.ca.

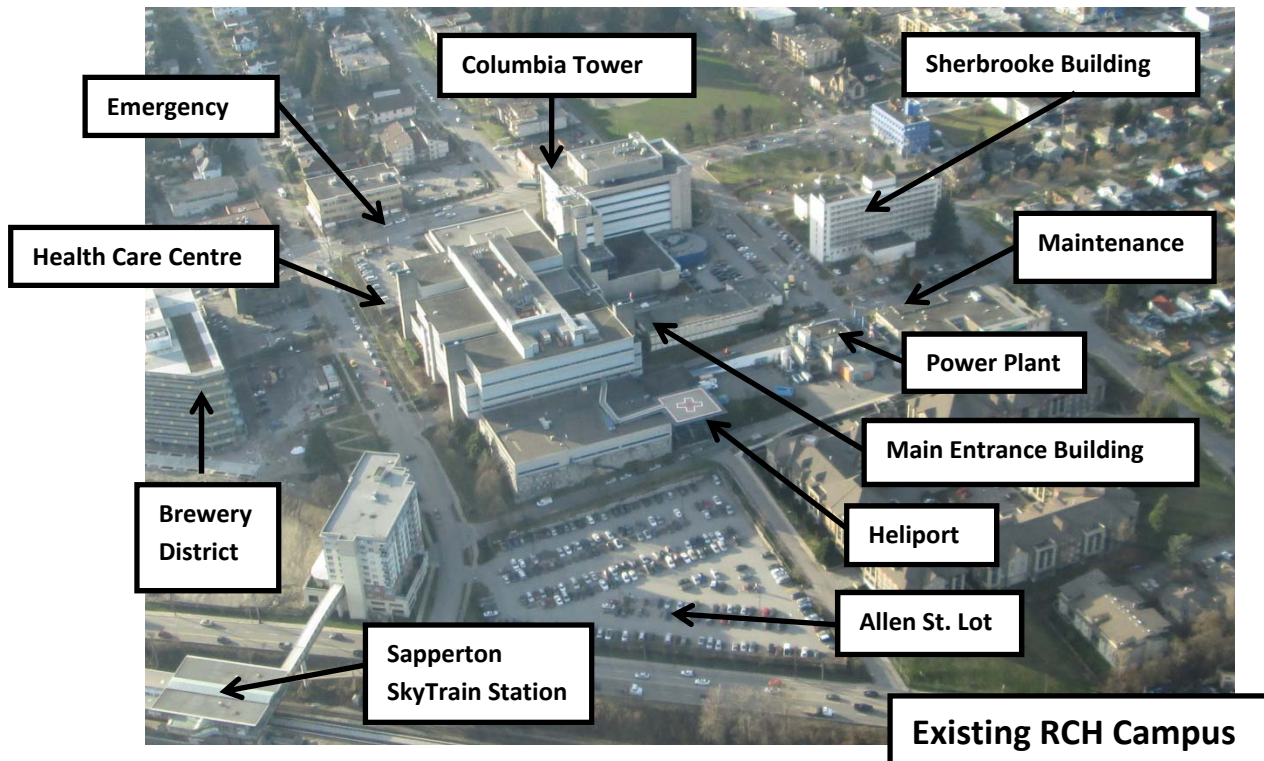
4 THE PROJECT

4.1 BACKGROUND

The Royal Columbian Hospital (“**RCH**”) is one of the largest hospitals in the province, supporting acute and tertiary needs of British Columbians and also providing community hospital services for surrounding residents. Its central location, diverse clinical specialities, and unique role in the province’s acute care network make it a foundational site for delivering high quality hospital care to British Columbians. RCH is also an educational hub for numerous specialities including cardiac and neurosurgery, neonatal intensive care, mental health and substance use, and trauma.

RCH is located on Columbia Street between Keary and Sherbrooke Streets in New Westminster. The site is centrally located with direct access from Highway #1. The Sapperton SkyTrain station is immediately adjacent to the site. The RCH campus is made up of seven buildings including the Health Care Centre, Columbia Tower, Sherbrooke Building, Emergency Department, Main Entrance Building, Laundry and Maintenance Building, and Power Plant as shown in the site map below.

Figure 1: Existing RCH Campus



RCH has a vital role in the provision of healthcare; however it is challenged by consistently running over-capacity, sub-optimal clinical space, and outdated buildings that have reached the end of their useful life. Redevelopment of RCH is required to meet current and future demand for services and to address critical infrastructure issues.

The RCH Redevelopment Project will be phased to allow for continuity of hospital services throughout construction, demolition, and renovation work. Due to the complexity involved, work has been broken into three separate phases.

- Phase One represents the initial phase of the RCH Redevelopment Project and is the first step in this multi-phase, multi-year project, and provides foundational elements for the site in preparation for subsequent phases. Additional detail on the scope of Phase One is provided in section 4.3.
- Phase Two is anticipated to include a new 350-bed Acute Care Tower with a new and expanded emergency department.
- Phase Three is anticipated to include renovations in the existing Health Care Centre and Columbia Tower to improve care delivery on the site.

Although planning is progressing, Phases Two and Three are in business case development and are not included in this procurement.

4.2 PROJECT OBJECTIVES

The Authority's objectives for the Project are:

- A safe, healthy environment which decreases risk to patients and staff, and improves outcomes for patients;
- Increased operational efficiencies and capacity utilization;
- Increased energy efficiency;
- Advanced IMIT capabilities to support clinical best practices (i.e., telehealth, use of diagnostic and treatment tools); and
- Establish foundational infrastructure for future phases of the RCH Redevelopment Project.

Some of the key challenges for the Project include:

- Constrained site within an active hospital campus, with a sloping grade and limited laydown area;
- Co-ordination of the design-build and construction management works; and
- Cut-over of mechanical, electrical and IM/IT systems from the Energy Centre to the existing campus buildings.

4.3 PROJECT SCOPE

There are three key components associated with Phase One of the RCH Redevelopment Project:

- Design-Build;
- Construction Management; and
- Site Works.

4.3.1 Design-Build

The design-build component is comprised of the following: a new mental health substance use building (MHSU Building), an energy centre, and an underground parking structure, with associated tunnel and bridge connections to the existing campus.

The IT requirements for the design-build component are significant, encompassing two core elements:

- (a) MHSU Building infrastructure; and
- (b) Energy centre building infrastructure.

The cost of the design-build component is estimated to be in the range of \$140 - \$160 million.

4.3.1.1 MHSU Building

The MHSU Building will be located on the Allen Street lot (see Figure 1). This facility will replace the existing 30-bed mental health program housed in the Sherbrooke Building and will accommodate an additional 45 psychiatry beds for a total of 75 beds.

The current indicative design work proposes a four-storey building of approximately 13,000 BGSM (not including the mechanical penthouse) including inpatient and outpatient clinical services, education and teaching spaces.

Inpatient Services

The inpatient psychiatry units provide short-term assessment, diagnosis and treatment for adults with a primary axis 1 mental health diagnosis who are in an acute phase of their illness, and who require a safe and therapeutic environment on a 24/7 basis.

The psychiatric high acuity beds unit is for adults with acute and severe psychiatric disorders, such as psychotic states and serious suicidal behaviour, which require a safe environment for therapeutic interventions. The need is to provide comprehensive assessments, rapid stabilization, and treatment interventions to a level of recovery where containment is no longer necessary and continuation of treatment can be safely delivered within a general inpatient or acute community care setting.

The psychogeriatric unit refers to a specialized service for people over 65 years and who are affected by dementia, a major affective disorder, or other severe mental illness. The acute psychogeriatric unit is part of the continuum of care, and is proposed for behaviourally stable patients with or without dementia that can be treated for axis 1 diagnosis such as depression, schizophrenia or bipolar anxiety.

Outpatient Services

Outpatient services support a spectrum of care to deliver appropriate health outcomes, prevent hospitalization, facilitate discharge, and ensure specialized expertise and treatment is available to complement community-based services. The larger, more flexible space available in the MHSU Building will allow an expansion of existing services and therapies to fill service gaps and promote care closer to home.

Education Spaces

Additional space will allow for expansion of teaching, training and research opportunities supporting mental health studies.

4.3.1.2 Energy Centre

The energy centre will be located on the Allen Street site adjacent to the MHSU Building. It will be designed to support the long-term needs of the existing campus and the MHSU Building, and provide

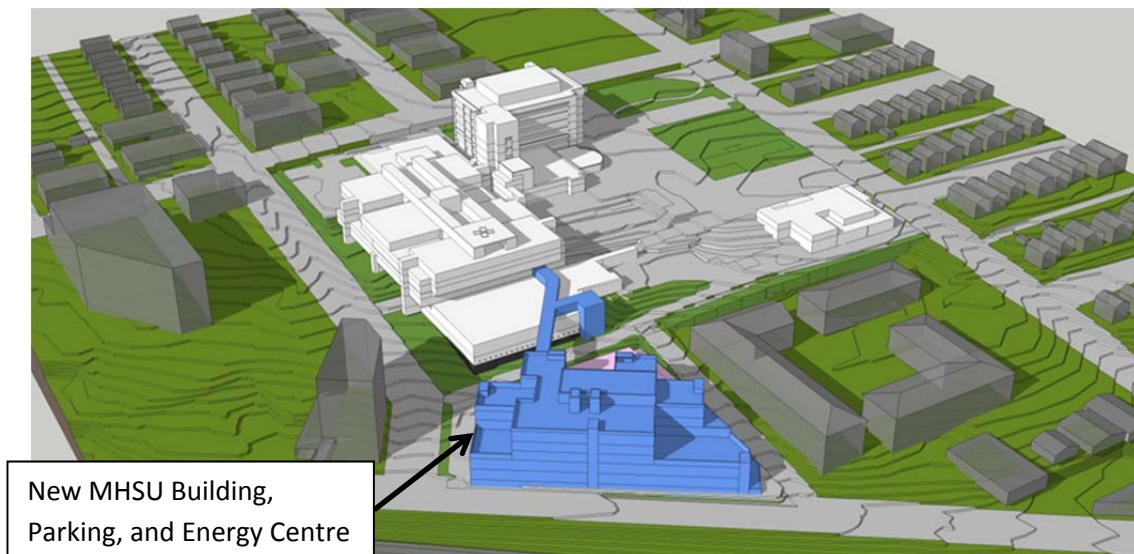
additional space for future development, including the new acute care tower. It is anticipated that the energy centre may include the proposed campus communications hub to house the significant infrastructure required in support of the energy centre, campus buildings, and other Authority sites.

The Authority anticipates that it may require early access to the energy centre to facilitate completion of other site works; this will be identified in the Project RFP.

4.3.1.3 Underground Parking

The current master plan and indicative design assume that the required parking will be accommodated through a parkade structure to be built under the MHSU Building. It is anticipated that four levels of underground parking will provide 456 parking stalls to serve the entire campus. The Authority anticipates that early occupancy of the parkade may be required; this will be identified in the Project RFP.

Figure 2: Phase One, Project Overview



4.3.2 Construction Management

As part of the Project, the Authority may enter into a construction management agreement with the Design-Builder, or another party, to provide construction management services for the scope of work described below:

- (a) fit-out of the energy centre with equipment to support existing campus buildings (if not fully included in the design-build scope of work;
- (b) civil construction of a campus IT network perimeter pathway system that connects to the buildings and third-party structures, and will be used for the installation of fiber optic ring;
- (c) conversion of most of the campus from steam to hot water;

- (d) infrastructure replacement and/or upgrade to campus-wide humidification system;
- (e) campus-wide electrical power distribution system (may require significant infrastructure replacement or upgrade);
- (f) replacement of all systems and connections currently provided from the existing power plant; and
- (g) fit-out of the campus communication hub (racks, power, cooling, fiber and cable distribution, etc.)

Further details regarding the construction management agreement will be confirmed in the Project RFP.

The capital cost of the construction to be delivered through construction management is estimated to be in the range of \$50 - \$60 million.

4.3.3 Site Works

Independent of the Project, but also as part of the broader RCH Redevelopment Project, the Authority intends to complete the following work associated with Phase One of the RCH Redevelopment Project:

- (a) relocation of the heliport;
- (b) provision of an interim parking solution;
- (c) relocation of staff and services in areas impacted by construction, renovation and demolition; and
- (d) demolition of the Sherbrooke Building;

This work is not being procured as part of the Project.

4.4 INDICATIVE DESIGN

The Authority's compliance team has developed an indicative design for the MHSU Building and energy centre. This indicative design will serve several purposes, including testing the functional program to ensure that it fits within the available space, providing input to a quantity surveyor estimate to confirm affordability, and supporting the refinement of key departmental adjacencies and work flows. The indicative design is not intended to restrict Proponents in their design of the MHSU Building and energy centre. Indeed, the Authority is particularly interested in opportunities to drive the most efficient and effective work flows possible in the MHSU Building, with a view to maximizing the efficiency of clinical and non-clinical service delivery, and wishes to permit and encourage innovative design solutions from Proponents that offer benefits to the Authority.

4.5 PROJECT ELEMENTS

Table 1 identifies and describes the elements of the Project that will be delivered by the Design-Builder and by the Construction Manager, and the elements that will be delivered, managed or owned by the Authority.

Table 1: Project Elements

Project Element	Description
Elements to be delivered by the Design-Builder	
Design and Construction	<p>Design, construct and commission the MHSU Building, energy centre, and parkade including:</p> <ul style="list-style-type: none"> ▪ Obtain all permits and approvals, including the development permit; ▪ Management of the design development process; and ▪ Attain LEED® Gold certification. <p>Responsible for the integration across the design-build and construction management scopes of work, including resolution of conflict between the parties.</p>
Utilities	<p>The entire campus will be supported by the energy centre.</p> <p>A transition period will be included in the Design-Build Agreement for areas of early access, early occupancy, and systems support required.</p>
Clinical Equipment	<p>The successful proponent will be responsible for the procurement, delivery, installation, and commissioning of selected equipment for the Project.</p>
Elements to be delivered by the Construction Manager	
Design and Construction	<p>Provide advice on constructability and project phasing.</p> <p>Manage the bidding process for and deliver of the various work packages and procure trade contractors.</p>
Project Costing and Scheduling	<p>Provide costing services including cost plan development, cost estimating and control services, monthly construction cost reports, cash flow forecasts and value analysis services.</p> <p>Provide project scheduling services including project schedule development, ongoing monitoring of the schedule and monthly project schedule updates.</p>
Elements to be delivered, managed or owned by the Authority:	
Facilities	<p>The Authority will own the site and all buildings and other improvements on the site, subject to any licence or other rights to be granted to the partner or third parties. The site is appropriately zoned for the Project.</p>
Facilities Maintenance	<p>The Authority will provide ongoing delivery of hard and soft facility maintenance functions and activities.</p>
Clinical Services	<p>The Authority will provide all clinical services delivered on the site.</p>
Clinical Equipment	<p>The Authority will be responsible for the specification, procurement, and commissioning of selected equipment for the Project.</p>

5 THE COMPETITIVE SELECTION PROCESS

The Authority intends the competitive selection process to be a two-stage process as follows:

- Request for Qualifications (“**RFQ**”); and
- Request for Proposals (“**RFP**”).

The accompanying RFQ is being issued by the Authority for the purpose of inviting interested parties to submit responses to the RFQ indicating their interest in, and qualifications for, the Project. Based on these responses, the Authority intends to select, in accordance with the terms of the RFQ, a shortlist of up to three proponents to be invited to participate in the next stage of the competitive selection process, the RFP stage.

6 PROJECT SCHEDULE

Table 2 provides the Authority’s estimated timeline for the competitive selection process and the Project.

Table 2: Project Schedule

Activity	Estimated Date
RFQ issue date	August 14, 2015
Introductory Project Meeting	August 26, 2015
RFQ Submission Time	October 13, 2015
Announce Shortlisted Respondents	Fall 2015
Issue RFP and Initial Draft Design-Build Agreement and Initial Draft CM Agreement to Proponents	Winter 2015
Collaborative Meetings	Winter/Spring 2016
Issue Final Draft Design-Build Agreement and Final Draft CM Agreement	Spring 2016
Submission Time for Technical Submissions	Spring 2016
Submission Time for Financial Submissions	Summer 2016
Selection of Preferred Proponent	Summer 2016
Execution of Design-Build and CM Agreements	Fall 2016
Construction commences	Fall 2016
Substantial Completion	Spring 2019
Authority Commissioning	Summer 2019
Opening Day for New Patients	Summer 2019

All dates in the above timeline are subject to change at the discretion of the Authority.