

APPENDIX A EVALUATION OF PROPOSALS

The Authority will evaluate the Proposals in accordance with this Appendix A.

1. TECHNICAL SUBMISSIONS

Subject to the terms of this RFP, including Section 8.1 [Mandatory Requirements] and Section 8.2 [Evaluation of Proposals], the Authority will evaluate each Technical Submission to determine whether the Authority is satisfied that the Technical Submission substantially meets the following requirements:

- (a) the provisions of this RFP, including the requirements set out in:
 - (1) Appendix B of this RFP; and
 - (2) the Final Draft Design-Build Agreement;
- (b) demonstration that the Proponent has a good understanding of the Project and the obligations of the Design-Builder under the Design-Build Agreement; and
- (c) demonstration that the Proponent is capable of:
 - (1) performing the obligations and responsibilities of Design-Builder; and
 - (2) delivering the Project in accordance with the Design-Build Agreement.

If the Authority is not satisfied that the Technical Submission substantially meets the above requirements, the Authority may reject the Proposal and not evaluate it further.

- (d) Scored Elements:

The Authority will also evaluate and score each Technical Submission against the criteria described in Table 1 of this Appendix A. Table 1 describes these criteria and indicates the maximum points available for each criterion and the weighting of each sub-criterion of the criterion where applicable. Where weightings are not indicated, sub-criterion will be weighted equally.

Table 1		
Related Section in Appendix B	Criteria	Points
4.1	Clinical Design	24
4.1 a.	<p>Line of Sight</p> <p>Clinical areas allow for clear lines of sight. Criterion is a direct line of sight with unimpeded visibility of the patient. Particularly important spaces include:</p> <ul style="list-style-type: none"> • <u>Mental Health Inpatient Units</u> – Ability to view patients in the common spaces from the Care Team Base. • <u>Mental Health Outpatient Program Areas</u> – Ability to safely view patients in the waiting area and lobby from the reception desks. • <u>Neurostimulation Clinic</u> – Ability to view patients in the Recovery Room from the Treatment Room. <p>Direct Line of Sight means a clear unobstructed view from an Origin Point to a Destination Point without the use of cameras or visibility aids (e.g. mirrors).</p> <p>Clinical functionality will be considered.</p>	8

Table 1		
Related Section in Appendix B	Criteria	Points
4.1 b.	<p>Clinical Interaction</p> <p>Patients and clinicians require varying levels of interaction. The Building Design promotes, facilitates and enhances appropriate levels of interaction between clinicians, patients, visitors and staff.</p> <p>The relevant spaces in the Building will be scored based on the following:</p> <ul style="list-style-type: none"> • Environment normalizes interaction and reduces physical barriers. • Offers different levels of interaction from intimate, small group to large group. • Appropriate levels of confidentiality, privacy and noise control. • Appropriate level of lighting in the correct place with the appropriate controls. • Appropriate interactive environment with spaces that promote ongoing natural interaction. • Spaces are functional without undue separation of staff from patients. <p>Relevant spaces are those spaces where clinical interaction occurs, including:</p> <ul style="list-style-type: none"> • Care Team Base (CTB) • Corridors and alcoves • Waiting Rooms • Common Areas • Patio • Consult and Interview Rooms • PT Room • Dining Room 	7

Table 1		
Related Section in Appendix B	Criteria	Points
4.1 c.	<p>Design Supports Achievement of Clinical Outcomes</p> <p>Spaces in the Building will be designed to achieve optimum clinical outcomes through innovative design elements or technical features that enhance/improve delivery of care.</p> <p>Spaces will be scored based on the following statements:</p> <ul style="list-style-type: none"> • Evidence-based therapeutic design principles have been used. • Design offers an appropriate combination of calming and stimulating situations to reduce and de-escalate anxiety and aggression. • Spaces address congestion by providing adequate circulation space. • Design optimizes infection control principles/criteria. • Environment demonstrates elderly-friendly principles and cultural sensitivity. • Patient has an appropriate level of control over his/her environment without compromising functionality and clinical outcomes. • Design optimizes the use of interior design principles and materials that shape user experience. 	9

Table 1		
Related Section in Appendix B	Criteria	Points
4.2	Long-Term Operating Efficiency	20
4.2.a	<p>Clinical Operating Efficiency</p> <p>The Building Design will generate operational efficiencies for the Authority in respect of the delivery of care and the provision of support services.</p> <p>The Building will be scored based on the following statements:</p> <ul style="list-style-type: none"> • Building supports the Authority’s staffing plan and optimizes key staff workflows. • Building optimizes clinical functionality during both peak and off-peak staffing regimes. • Building space planning promotes efficiency through clustering and sharing of adaptable spaces. • Building supports efficient delivery of clinical services and non-clinical services such as supplies and logistics. • Building optimizes travel distances for key staff work flows including: <ul style="list-style-type: none"> ○ CTB to Seclusion Room ○ CTB to Farthest Patient Room ○ CTB to Dining Room ○ CTB to Medication Room ○ Medication Room to Farthest Patient Room ○ CTB to Visitor Lounge ○ Sallyport to Unit Reception ○ Bridge to Unit Reception ○ Bridge to food servery <p>Clinical functionality will be considered.</p>	10

Table 1		
Related Section in Appendix B	Criteria	Points
4.2 b.	<p>Life Cycle Efficiency</p> <p>Demonstrate efficient balance of initial capital costs with life cycle costs over the expected life of the Facility.</p> <ul style="list-style-type: none"> Staffing and operations plan for the Energy Centre should demonstrate efficiency and optimization. Life cycle plan should demonstrate efficiency and optimization through the equipment and building materials featured in the Proposal. Systems should optimize initial capital costs against the maintenance requirements and life cycle costs over the life of the Facility to minimize whole life costs to the Authority. 	10
4.3	Patient, Staff and Visitor Safety	10
4.3 a.	<p>The Building will demonstrate a commitment to patient, staff and visitor safety.</p> <p>Public spaces will incorporate features that minimize vandalism and the ability for individuals to elope and/or hide.</p> <p>The Mental Health spaces will be scored based on the following statements:</p> <ul style="list-style-type: none"> Spaces minimize risk of elopement. Spaces promote good situational awareness and visibility. Spaces, finishes, fixtures and FFE minimize the risk of harm to patients, staff and visitors. Spaces, finishes, fixtures and FFE minimize the risk of vandalism and damage. Spaces minimize opportunities for theft and the exchange of contraband (incoming and outgoing). Spaces create a healthy and safe work environment that improves engagement and minimizes workplace injuries. Spaces facilitate the reduction of seclusion room use and restraint (both chemical and physical). 	10

Table 1		
Related Section in Appendix B	Criteria	Points
4.4	Patient, Staff and Family Experience	32

<p>4.4.a</p>	<p>Natural Light/Ambience</p> <p>Design of the Building and the designated spaces optimizes the utilization of natural light through the room configuration, placement of equipment and furniture, and structural elements.</p> <p><u>Access and Quality of Direct Natural Light</u></p> <p>Spaces where direct natural light is considered desirable include:</p> <ul style="list-style-type: none"> • Allied Health • Consult – high risk • ECT Suite Acute Recovery • ECT Suite TMS • ECT Suite Waiting • Kitchenette • Large Group Therapy Room <p><u>Access and Quality of Borrowed and/or Direct Natural Light and Ambience</u></p> <p>The term ‘borrowed light’ refers to light obtained through interior windows to occupied rooms that do not have exterior windows. The intent is to borrow light from areas that have windows and consequently create a more comfortable and less closed-in atmosphere.</p> <p>Spaces where direct and/or borrowed natural light is considered desirable include:</p> <ul style="list-style-type: none"> • Conference/Team Rooms • ECT Suite change cubicles/lockers • ECT Suite Pre-treatment • ECT Suite Treatment • Outpatient Reception/Registration • Secure - Ante Room • Staff Support Area - Meeting Room • Staff Support Area - Nursing leader Office <p>Clinical functionality will be considered.</p>	<p>6</p>
<p>4.4.b</p>	<p>Views</p>	<p>5</p>

Table 1		
Related Section in Appendix B	Criteria	Points
	<p>Ability to have an unobstructed view to the outdoors for mental well-being and calming.</p> <p>Windows, openings and shading devices in the Building are designed to minimize glare, maximize thermal comfort, and provide unobstructed views of the natural surroundings.</p> <p>Areas where views are considered important include:</p> <ul style="list-style-type: none"> • Lounges • Patio • Dining Room • Secure Room • Comfort Room <p>Areas where views are considered desirable include:</p> <ul style="list-style-type: none"> • Consult Rooms • Exercise Rooms • CTB • Life Skills Assessment • Waiting Rooms • Corridors 	

Table 1		
Related Section in Appendix B	Criteria	Points
4.4 c.	<p>Wayfinding</p> <p>Patients and visitors are able to easily find destinations within the Building.</p> <p>The Building will be scored based on the following statements.</p> <ul style="list-style-type: none"> • Interior design and wayfinding concepts are well-integrated and coordinate with the building design. • Wayfinding is intuitive and results in ease of ability to find a destination, in particular for older adult patients. • Creative use of icons. <p>Exterior Wayfinding and Ease of Access</p> <p>The Facility will be scored based on the following statements:</p> <ul style="list-style-type: none"> • Entrances are obvious and logically positioned in relation to likely points of arrival on the Site. • Pedestrian access routes are obvious, pleasant, well-lighted, safe and suitable for users including people in wheelchairs and people with other disabilities / impaired sight. • Outdoor spaces are provided with appropriate and safe lighting indicating paths, ramps and steps. • Clear concept of wayfinding and signage for the Site and Facility. • Integration with the community and meeting the requirements of the City Design Guidelines from the Statement of Requirements. 	6
4.4 d.	<p>Wellness Environment</p> <p>Interior design features will provide natural and calming environments that promote a sense of hope and healing.</p> <p>The Building will be scored based on the following statements:</p> <p>Concept and Vision:</p> <p>The Design should:</p>	10

Table 1		
Related Section in Appendix B	Criteria	Points
	<ul style="list-style-type: none"> • Manage or eliminate environmental stressors (e.g. noise). • Embody a clear and coherent vision, confidently communicating its function and aspirations through its physical elements. Interior and exterior design concepts should be connected and cohesive. • Have sufficient variety to create interest in its form and massing. • Contain individual design themes for each component area that all work cohesively as part of the overall design concept. • Incorporate patient-friendly and elderly-friendly design concepts to improve the patient experience. • Support environmental goals for sustainability. • Include design features that provide a warm and inviting environment for patients, families, visitors and staff to interact. • Provide a confidential therapeutic environment, maintaining patient privacy. • Enhance recruitment and retention of staff. <p>Scale:</p> <ul style="list-style-type: none"> • The interior has a human and domestic scale and feels welcoming to staff, patients and visitors. • The Building provides interior and exterior environments that de-institutionalize the patient and visitor experience. <p>Materials, Colour and Texture:</p> <ul style="list-style-type: none"> • Environmental wall graphics and other thematic décor are complementary with a range of themes and colours that support clinical and functional objectives. • Includes the use and installation of art works. 	

Table 1		
Related Section in Appendix B	Criteria	Points
	<ul style="list-style-type: none"> Materials and detailing are varied, high quality, durable, efficiently cleaned and appropriate for the healthcare environment and infection prevention and control. Articulate and enrich the interior therapeutic experience. 	
4.4 e.	<p>Exterior Design</p> <p>The Building will be scored based on the following statements:</p> <ul style="list-style-type: none"> The exterior design provides for maximum shelter from elements like wind, rain and sun and noise like traffic and train noise. The building exterior is articulated to create an architecturally interesting and refined structure. The design creates meaningful open spaces for the benefit of patients, visitors and staff which provide opportunities for recreation and healing and contribute to a cohesive, healthy community. The design capitalizes on opportunities for outdoor areas of respite and repose to aid in providing a healing environment. The external materials, colours and textures are varied, appropriate, attractive and reflect the character of the local community. The building is sensitive to neighbours and passers-by by controlling light pollution and glare. The hard and soft landscape around the building contributes positively to the locality and is sustainable and low maintenance. 	5
4.5	Overall Integration and Future Considerations	14
4.5 a.	Integration	4

Table 1		
Related Section in Appendix B	Criteria	Points
	<p>The Facility will effectively and efficiently integrate with the existing site and will consider the need to integrate with future development.</p> <p>The Facility's integration will be scored based on the following statements:</p> <ul style="list-style-type: none"> • The Facility will anticipate future development and the expected connections. • The Facility supports future development without disrupting operations in the Facility or the wider hospital campus. 	
4.5 b.	<p>Flexibility and Adaptability</p> <p>The Facility's interior has been designed to be flexible and adaptable.</p> <p>The Facility's flexibility and adaptability will be scored based on the following statements:</p> <ul style="list-style-type: none"> • The Building will accommodate potential changes to clinical delivery models and support systems. • The Facility will be adaptable to fluctuations or changes in demand for services or types of uses. • The Facility will provide a standardized floor plate that can be modified efficiently through choice of structural system and vertical service shafts, including standardization of column widths, number and location of service shafts with flexibility for future growth, consistent standardization, and stacking of rooms. <p>Clinical functionality will be considered.</p>	6
4.5 c.	<p>Technological and Other Changes</p> <p>The Facility will accommodate future changes in technology, equipment and other systems.</p>	4
	Total Points	100

The Technical Submission will be scored and awarded points based on the level of achievement of the criteria in Table 1, based on information provided in the Technical Submissions as described in Appendix B, Proposal Requirements. Each point awarded above 30 will contribute to the calculation of the Adjusted Nominal Cost of the Proposal.

2. FINANCIAL SUBMISSION

Subject to the terms of this RFP, including Section 7.1 [Mandatory Requirements] and Section 7.2 [Evaluation of Proposals], the Authority will evaluate each of the Financial Submissions to determine whether the Authority is satisfied that the Financial Submission substantially meets the following requirements:

- (a) in accordance with Section 7.1 of the RFP, the Nominal Cost of the Proposal as at the Submission Time for Financial Submissions does not exceed the Design-Build Price Ceiling;
- (b) the Proponent's plan, including bonding and insurance elements, is robust and deliverable;
- (c) the Proponent has the financial capacity to meet the obligations of the Project; and
- (d) the provisions of this RFP, including the requirements set out in:
 - (1) Appendix B of this RFP; and
 - (2) the Final Draft Design-Build Agreement.

If the Authority is not satisfied that the Financial Submission substantially meets the above requirements, the Authority may reject the Proposal and not evaluate it further.

3. RANKING PROCESS

Proposals that have not been rejected will be ranked according to the following process:

Step 1: Highest on Scope Ladder

Each Proposal will be examined to identify the extent to which, if at all, Scope Ladder items, as described in Section 5.4 of this RFP, have been used to achieve the Design-Build Price Ceiling. The Proposals will then be ranked in accordance with the Proponent's use of Scope Ladder items such that the Proponent using the least Scope Ladder items will be ranked the highest, and the Proponent using the most Scope Ladder items will be ranked the lowest.

If as a result of the foregoing ranking, two or more Proposals are ranked highest, those Proposals (and only those Proposals) will be ranked in accordance with Step 2.

Step 2: Lowest Adjusted Nominal Cost of the Proposal

The Authority will calculate the Adjusted Nominal Cost of the Proposal by doing the following:

(a) Scored Elements Adjustment

For the purposes of evaluation and ranking only, the Nominal Cost of the Proposal will be adjusted based on:

- (1) calculating the number of points (including partial points) by which the points achieved by the Proposal exceed 30 points;
- (2) multiplying that calculated number of points by \$236,377 (the value of a point allocated by the Authority for this purpose); and
- (3) subtracting the product from the Nominal Cost of the Proposal.

(b) Energy Performance Adjustment

For the purposes of evaluation and ranking only, the Nominal Cost of the Proposal will be adjusted based on:

- (1) calculating the net present cost of the annual cost of energy as described in Appendix L; and
- (2) adding the net present cost of the annual cost of energy as described in Appendix L to the Nominal Cost of the Proposal.

The above references to Appendix L are subject to Section 8.2 and receipt of the Proponent's energy model containing the Proponent's Design and Construction Energy Target, acceptable to the Authority.

The Proposal which offers the lowest Adjusted Nominal Cost of the Proposal as determined by the Authority will receive the highest ranking and be designated the highest-ranked Proposal.

Step 3: Most Advantageous to the Authority

If the Adjusted Nominal Cost of the Proposal of one or more of the other Proposals is not more than \$250,000 higher than the Proposal with the lowest Adjusted Nominal Cost of the Proposal, then the Authority will select from among the Proposal with the lowest Adjusted Nominal Cost of the Proposal and the other Proposals with an Adjusted Nominal Cost of the Proposal not more than \$250,000 higher than the Proposal that in the Authority's discretion is the most advantageous to the Authority, and such Proposal will be designated as the highest ranked Proposal. The Authority expects that it will have to conclude that there are compelling advantages as compared to the Proposal with the lowest Adjusted Nominal Cost of the Proposal before a Proposal with a higher Adjusted Nominal Cost of the Proposal will be selected.