State of Washington
Capital Projects Advisory Review Board (CPARB)
PROJECT REVIEW COMMITTEE (PRC)

GC/CM PROJECT APPLICATION

To Use the General Contractor/Construction Manager (GC/CM) Alternative Contracting Procedure

The PRC will only consider complete applications: Incomplete applications may result in delay of action on your application. Responses to Questions 1-7 and 9 should not exceed 20 pages *(font size 11 or larger)*. Provide no more than six sketches, diagrams or drawings under Question 8.

Identification of Applicant

a) Legal name of Public Body (your organization): **Grant County Public Hospital District #3 / Columbia Basin Hospital (CBH)**
b) Mailing Address: **200 Nat Washington Way, Ephrata, WA 98823**
c) Contact Person Name: **Rosalinda Kibby** Title: **Superintendent/Administrator**
d) Phone Number: **(509) 754-4631** E-mail: **kibbyr@columbiabasinhospital.org**

1. Brief Description of Proposed Project

a) Name of Project: **CBH Emergency Department Modernization**
b) County of Project Location: **Grant**

Please describe the project in no more than two short paragraphs. *(See Example on Project Description)*

Modernization of the existing CBH Hospital facility to include:

Emergency Department (ED) Addition/Remodel to include:

i) Improved ED Patient Access / ADA / Patient Privacy
ii) Improved Public and Staff Safety Measures
iii) Increased Emergency Department Capacity and Capability / Workflow
iv) New Airborne Isolation Suite (COVID) and support spaces
iv) Functional Improvements for the ED's Behavioral, Ambulance and Entries40
v) Code compliance upgrades (Energy, FGI, IBC, NFPA and NEC)
vi) Improved Imaging Access and Functionality (Adjacent to ED)

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)	$ 400,000
Estimated project construction costs (including construction contingency):	$ 4,000,000
Equipment and furnishing costs:	$ 300,000
Contract administration costs (owner, cm etc.):	$ 100,000
Contingencies (design & owner):	$ 600,000
WSST:	$ 335,000
Total	**$ 5,735,000**

B. Funding Status

Please describe the funding status for the whole project. *Note: If funding is not available, please explain how and when funding is anticipated*

The project is fully funded through a combination of hospital-acquired financing, capital reserves, and CBH Foundation Capital Fundraising Campaign Funds. Through these funding sources CBH has adequate funds to cover the estimated cost of the project.

3. Anticipated Project Design and Construction Schedule

Please provide:
The anticipated project design and construction schedule, including:

a) Procurement; *(including the use of alternative subcontractor selection, if applicable)*

The anticipated project schedule (based on previous similar experience) is identified as:

1)	DOH Project Application:	7/29/22
2)	GC/CM Application Complete	8/19/22
3)	GC/CM PRC Committee Interview	9/22/22 (Zoom)
4)	Official State Authority Notice:	9/22
5)	GC/CM RFQ Due:	10/22
6)	GC/CM Contractor Interviews:	11/22
7)	GC/CM Proposals Due:	12/15/22
8)	GC/CM Contractor Selection:	12/20/22 (req. board approval)
9)	SD Documents Complete:	1/31/23
10)	DD Documents Complete:	3/31/23
11)	CD/Baseline MACC 90% Construction Documents:	5/31/23
12)	DOH/Local Permitting:	7/23
13)	GMP Signing:	7/23
14)	DOH A2BC / Owner NTP	8/23
15)	Site Mobilization / Construction Kick Off	8/23
16)	Substantial Completion:	2/24

b) Hiring consultants if not already hired; and

Prime consultants have been selected and procured for the project and are moving into Schematic Design. As design progresses toward construction additional consultants will be engaged to provide: Commissioning, Special Inspections as needed.

c) Employing staff or hiring consultants to manage the project if not already employed or hired.
(See Example on Design & Construction Schedule)

Staff and consultants required to manage the project are on board.

The project is in early schematic design. The Owner's Rep/Construction Manager, Counsel and the Architect of Record and prime design team of engineers have been contracted. The GC/CM will be selected prior to the completion of design development allowing sufficient time to engage with meaningful preconstruction services. Due to the systems complexity and general nature of the essential services healthcare project, GC/CM is of particular value during the planning stages of systems phasing, project scheduling and execution.

4. Why the GC/CM Contracting Procedure is Appropriate for this Project

Please provide a detailed explanation of why use of the contracting procedure is appropriate for the proposed project. Please address the following, as appropriate:

- If implementation of the project involves complex scheduling, phasing, or coordination, what are the complexities?
- The hospital requires complex phasing to maintain ongoing operations at all times.
    - Key coordination and phasing of the facility addition and modernization will enable CBH to safely manage essential healthcare services during the construction process. The GC/CM schedule and coordination of the MEP systems will assist with required tie-ins, switch-overs and the associated AHJ reviews, approvals and certifications.
    - The coordination and solicitation of key qualified material suppliers and subcontractors working in Central Washington will provide CBH increased confidence and certainty from all trades during the establishment of the MACC. Market conditions in Central Washington are highly competitive and subs are selective in pursuing quality projects.

- The GC/CM, working with the Architect and Owner's Rep will be integral in developing the Subcontractor bid package plan during the design phase and ensuring inter-related documents and bid packages are thoroughly coordinated and issued in a timely manner.

- If the project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on occupants that must be addressed?

  Note: *Please identify functions within the existing facility which require relocation during construction and how construction sequencing will affect them. As part of your response, you may refer to the drawings or sketches that you provide under Question 8.*

  CBH is a designated Critical Access Hospital (CAH) that serves the community's essential healthcare needs 24/7/365. The facility must remain safely operational during all phases of construction and renovation to meet the minimum Standards of Participation as established by CMS (Federal) and governed by local and state AHJ's.

- If involvement of the GC/CM is critical during the design phase, why is this involvement critical?

  Involvement of the GC/CM during design is critical for the following reasons:
  - Development of phasing plans for the safety of patients and staff as well as minimize the financial risks associated with construction and disruption to operations.
  - Involvement early in the design process to ensure subcontractor interest and availability, materials/systems selections and project scheduling are well-prepared to address seasonal weather conditions and overall schedule maintenance.
  - Having a GC/CM throughout the design phase will provide accurate and detailed cost information as the design progresses.
  - Ongoing engagement with the design team, DOH/CRS and L&I regarding project planning, phasing and execution efforts to maintain safety, code compliance and a thorough understanding of **interim jurisdictional coordination/approval requirements.**

- If the project encompasses a complex or technical work environment, what is this environment?

  All work is taking place on a live hospital campus that is to remain operational during construction. Further, the majority of the work is taking place within the hospital's highly-sensitive and essential emergency department.

- If the project requires specialized work on a building that has historical significance, why is the building of historical significance and what is the specialized work that must be done?

  N/A

- If the project is declared heavy civil and the public body elects to procure the project as heavy civil, why is the GC/CM heavy civil contracting procedure appropriate for the proposed project?

  N/A

5. **Public Benefit**

   In addition to the above information, please provide information on how use of the GC/CM contracting procedure will serve the public interest *(For Public Benefit related only to Alternative Subcontractor Selection, use Supplement A or Supplement B, if your organization decides to use this selection process. Refer to Question No. 11 of this application for guidance)*. For example, your description must address, but is not limited to:

   - How this contracting method provides a substantial fiscal benefit; or

     The GC/CM alternative contractive method provides a significant benefit to the Public Hospital District in the surrounding geographic area in terms of delivering an essential, accessible, functional and modernized hospital facility. Complex phasing and aged infrastructure replacement represent high levels of risk and potential disruption to essential healthcare services if not carefully planned, coordinated and executed throughout the entire design and

construction process. The District will benefit and reduce overall safety and fiscal risk with the ability to select and coordinate the contracting entities based on a qualified and competitive selection criterion.

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- How the use of the traditional method of awarding contracts in a lump sum is not practical for meeting desired quality standards or delivery schedules.

  In summary the GC/CM will provide the following benefits as compared to the traditional D-B-B method of contract delivery:

  - **True qualifications-based contractor selection to ensure experience, public safety and maintained essential services - rather than low-bid.**
  - **Scope review and constructability analysis from the GC during the preconstruction phase, additional trade coordination associated with the MEP field investigation and planned phasing prior subcontractor bidding.**
  - **Design details, infection control and systems integration reviewed and confirmed by the GC/CM team during design development and permit documentation.**
  - **Ongoing cost/budget controls during design.**
  - **Early establishment of a MACC for funding confirmation and control**
  - **Reduce RFIs and potential change orders**
  - **Public agency funding budget control will be established at the outset of an early design estimate prepared by the GC/CM team and tracked and elaborated throughout the design phase to the implementation of a GMP MACC contract amount.**
  - **Early contractor input relevant to logistics critical in efficient scheduling and building in a rural area.**
  - **Potential MEPS input during design development with the contact and coordination of subcontractors for systems analysis and budget advice.**
  - **GCCM selected on the basis of qualifications and not simply a low lump sum bid. The Owner/Architect/Contractor team will be established at the onset of Design Development. The Contractor [GC/CM] relationship and confidence with the team will enhance the project assurance as a known and trusted stakeholder in the project success.**

- In the case of heavy civil GC/CM, why the heavy civil contracting procedure serves the public interest.
  N/A

6. Public Body Qualifications

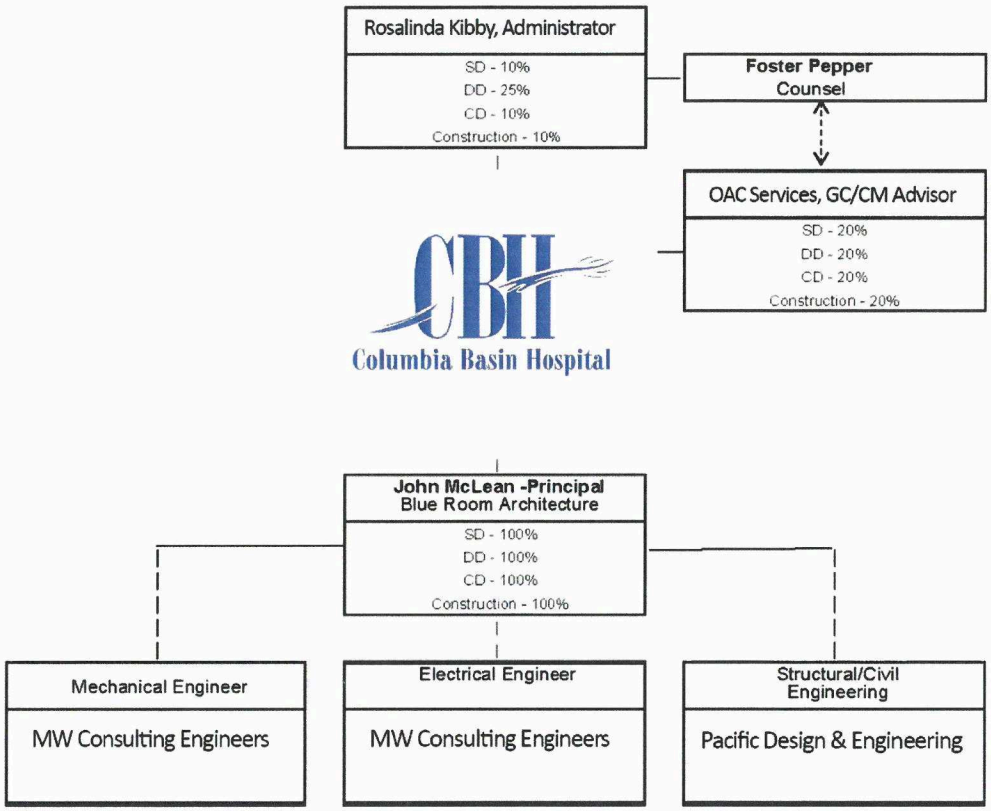
Please provide:

- A description of your organization's qualifications to use the GC/CM contracting procedure.

  The Owner (Columbia Basin Hospital)) has retained the services of OAC Services to manage the compliance including GC/CM solicitation and selection process and provide GC/CM advisory management from the inception of planning through final completion of the construction phase. OAC has managed similar projects utilizing the GC/CM contracting delivery method as noted below in his qualifications. Blue Room Architecture with Principal John McLean is well experienced with both OAC and this specific project type and integrating the GC/CM through the design and construction phases. The hospital's counsel, Foster Pepper is well known to GC/CM projects as well.

- A ***Project*** organizational chart, showing all existing or planned staff and consultant roles.
  Note: *The organizational chart must show the level of involvement and main responsibilities anticipated for each position throughout the project (for example, full-time project manager). If acronyms are used, a key should be provided. (See Example on Project Organizational Chart)*

Project Organization Chart



- Staff and consultant short biographies *(not complete résumés)*.

OAC Services, GC/CM Advisory Consultant / Owner's Rep:

OAC is the regions premier project/construction management firm that possesses unparallel GC/CM consultant services to its clients desiring to use and become GC/CM practitioners. Our unique K-12 EDU practice contains over 40 skilled program/project/construction managers, educational and facility thought leaders, project engineers and coordinators of which 30+ are experienced in Washington State GC/CM project delivery. OAC program/project managers and principals have submitted more Project Review Committee applications and worked on more alternative procurement projects (50+ GC/CM and 30+ Design-Build) than any other PM/CM firm in the State.

Foster Pepper, Counsel

Foster Pepper attorneys work with many public sector clients to ensure legal compliance for their project design, public works construction, and equipment and services procurement programs. Our multidisciplinary team is well-versed in the best practices of alternative public works contracting under RCW 39.10. Since the statute first authorized the use of alternative procurements by all municipalities in 2007, our firm has maintained a highly successful track record for municipal clients in obtaining design-build and GC/CM project approvals from the Project Review Committees of the state Capital Projects Advisory Review Board (CPARB).

Blue Room Architecture & Design, PS, Architect of Record

Spokane-based Blue Room (BR) has worked with rural and regional healthcare clients throughout (5) western states since the late 1990's. Primary sectors include healthcare, hospitality and recreational-based facilities and project development services. Services are routinely occurring in areas challenged by limited economies and resources. Demonstrated project success and a deep bench of repeat clientele have been the result of personalized service, community-minded approach and experience.

- Provide the ***experience and role on previous GC/CM projects delivered*** under RCW 39.10 or equivalent experience for each staff member or consultant in key positions on the proposed project. *(See Example Staff\Contractor Project Experience and Role. The applicant shall use the abbreviations as identified in the example in the attachment.)*

Firm: **OAC Services – GC/CM Consultant**					Role During Project Phases		
Name:	Summary of Experience:	Project Names:	Project Size:	Type:	Planning	Design	Construct
Jeff Jurgensen	Sr. Vice President OAC Services Inc.	DGH ED and Hospital Modernization	$7M	**GC/CM RCW 39.10**	Owner's Rep	Owner's Rep	Owner's Rep
Firm: **Blue Room Architecture & Design, PS (BR)**					Role During Project Phases		
Name:	Summary of Experience:	Project Names:	Project Size:	Type:	Planning	Design	Construct
John McLean	Owner of BR specializing in CAH and GC/CM Healthcare Projects	Summit Pacific Wellness Center, Elma, WA	$30M	**GC/CM RCW 39.10**	Arch PIC	Arch PIC	Arch PIC
		Dayton General Hospital & ED Modernization Dayton, WA	$7M	**GC/CM RCW 39.10**	Arch PIC	Arch PIC	Arch PIC
		Skyline Hospital ED Modernization	$7M	**GC/CM RCW 39.10**	Arch PIC	Arch PIC	Arch PIC
		SW Healthcare Replacement CAH	$35M	CMaC	Arch PIC	Arch PIC	Arch PIC
		Kittitas Hospital ED Modernization	$1M	DBB	Arch PIC	Arch PIC	Arch PIC
		Dayton Hospital ED Modernization	$1M	DBB	Arch PIC	Arch PIC	Arch PIC
		CBH Hospital Kitchen Remodel	$1M	DBB	Arch PIC	Arch PIC	Arch PIC

AGC Education Foundation

The Associated General Contractors of Washington

EDUCATION FOUNDATION

certifies that

John McLean

has successfully completed:

Winter 2016 General Contractor/Construction Manager Workshop

January 21—22

16 Hours of Instruction

Dan Morris, Director of Education & Training

- The qualifications of the existing or planned project manager and consultants.

  Jeff Jurgensen – Sr. Vice President OAC Services Inc.

  Jeff has over 28 years of construction experience. He has worked on over 20 major capital GC/CM projects in the state of Washington, assisted in getting the Spokane Public Schools & Central Valley School Districts agency approval. He also has worked on six major capital design-build projects, one design-build project at Spokane International Airport as well as one K12 design-build project with the Paschal Sherman Indian School in Omak Washington and led the City of Spokane through their first design build project with the Nelson Service Center as well as their first 3 heavy civil GC/CM projects. He also led the Spokane International Airport successfully through their first GC/CM project over the last 3 years. He is very experienced and knowledgeable in the state of Washington and Inland Northwest local construction market.

  Phil Johnson Project Manager, OAC Services, Inc.

  Phil has over 15 years of construction experience from specialty mechanical subcontractor project manager, to General Contractor manager to now working with OAC. He has worked in hospital and other life science projects the entirety of his career in all manners of delivery from Design Build to GC/CM to Design Bid Build. He has not had the opportunity to lead a project through a 39.10 process as a consultant and therefore is working alongside Jeff Jurgensen so as to be another OAC manager with extensive knowledge and experience in delivering 39.10 projects. He is a very detailed and thorough Sr. Project Manager that is crucial to the success of this project.

  John McLean, AIA, NCARB, Principal Architect / Project Manager / Medical Planner

  Originating from municipal public works followed by architectural degrees and 25 years of professional design experience, John specializes in healthcare facilities for Public Hospital Districts, Critical Access Hospitals, Rural Health and Specialty Clinics. Participating in every phase of healthcare design from project development, programming/design, contract drawings and construction administration,

  - Prior project experience at CBH including pharmacy remodel and campus planning efforts.
  - The day to day contact for the project and responsible for managing the entire design team.
  - Founding Principal of Blue Room Architecture in 2006 and has since participated in projects throughout the US and Canada and has served on AIA's PNW Healthcare Design Committee.
  - John has been actively involved with Washington State GC/CM projects since 2015 and has received state training through the Seattle AGC Education Foundation.

  If approved, this will be John's third consecutive ED Remodel utilizing GC/CM delivery format.

- If the project manager is interim until your organization has employed staff or hired a consultant as the project manager, indicate whether sufficient funds are available for this purpose and how long it is anticipated the interim project manager will serve.

  N/A

- A brief summary of the construction experience of your organization's project management team that is relevant to the project.

  The CBH ED Modernization project is a significant undertaking in terms of program, budget and schedule scope, critical management of design and construction phasing and systems integration. OAC provides an organized means of facilitating the Agency's Certification for utilizing the GC/CM alternate contracting delivery as well as orchestrating the three step process in the selection of the right GC/CM firm for this important assignment.

- A description of the controls your organization will have in place to ensure that the project is adequately managed.

  The CBH ED Modernization project team comprised of OAC, Blue Room, and Foster Pepper are all proven experts in developing and implementing project controls and procedures to guide the project to a successful and timely completion.

  i) A specific project plan task matrix will be drafted to outline critical project team responsibilities and procedures for budget, schedule and change of work controls.

  ii) Project budgets, schedules and VE in progress will be established and updated throughout the design and construction phases. Each phase of design and construction will be reviewed for scope and budget and will be approved by CBH before moving into the next phase.

  iii) Contingencies will be comprised of both statute driven contractor contingencies and Owner contingencies to provide budget cushion beyond the MACC allowance provided in the GC/CM contract.

  iv) Once construction has commenced the work will be documented daily by the project management team with weekly review to facilitate the progress of the work. The GC/CM will be held accountable to provide Owner approved safety and QA/QC strategic plans as well as project reporting provision for documentation. Schedules will be tracked on a weekly basis and budget updates will be required monthly.

  v) Anticipated team roles related to the GC/CM selection and implementation process:

	Task	CBH/ Owner	Architect	GC/CM Advisor	Legal	GC/CM
Key to Abbreviations:	A=Approve L=Lead R=Review S=Support					
1	Application to PRC	A	R	L	S	
2	Draft GC/CM Contract	S	S	S	L	S
3	GC/CM RFQ development	A	R	L	S	
4	GC/CM Selection procedures	A	R	L	S	
5	SH Conduct Site Visit	S	L	S	S	
6	GC/CM Selection Phase 1 RFP/RFQ	S	R	L	S	
7	GC/CM Selection Phase 2 Interviews	S	R	L	S	
8	GC/CM Selection Phase 3 RFFP	S	R	L	S	
9	Final Proposals for FEE/Specified GCs	A	R	L	S	
10	Preconstruction Work Plan/Agreement	S	S	S	L	
11	Consultation During Precon	S	L	R	S	S
13	Subcontract Plan	S	S	S	S	L
14	Subcontractor Buyout	A	S	R	S	L
15	MACC Negotiations and GC/CM Contract	L	S	L	S	L
16	CBH Approval MACC	A	R	L	S	S
17	Construction - Completion	S	S	S	S	L

- A brief description of your planned GC/CM procurement process.

  Preparation of the GC/CM RFP and selection process is based on the OAC's internal methods that have been refined over the years, with the latest lessons-learned items from Spokane International Airport and other municipal owners including hospital districts, fire districts, school districts and universities, including Cheney Public Schools, Central Valley School

District, Lake Washington School District, Spokane Public Schools, Clover Park School District, and Tahoma School District, as well as Washington State University and the City of Spokane. We have an open selection process to promote competition within the contracting community.

CBH plans to use a three-step GC/CM selection model:

1. **Contractor outreach began in July 2022 (contractors are already excited for the opportunity) and continues and will be followed by a solicitation for GC/CM services and a Request for Qualifications**
    a. **Focusing on healthcare and multi-phased experience, proposed team and approach**
    b. **Short list three or four firms for interviews**
2. **Extensive Interviews, potential site and office visits**
    a. **Gather more information regarding team proposed, approach and experience and identify contractual issues prior to agreement execution**
3. **Fee and Specified General Conditions Bidding**
    a. **Maximizing a combination of interview scores and value-based approach**

Prepared drafts of the AIA A133 (Agreement) and A201 (General Conditions) will be provided in the RFP to proposers for review and provide questions during the GC/CM procurement phase. Revisions to the documents, if needed, will be done prior to a request for final fee proposals to reflect input from shortlisted firms and best practices used on previous GC/CM projects using the same contract documents.

- Verification that your organization has already developed *(or provide your plan to develop)* specific GC/CM or heavy civil GC/CM contract terms.
    - **The AIA A133 GC/CM-Owner Agreement with modified AIA A201 General Conditions will be**
    - **drafted by Foster Pepper for this project.**
-

7. **Public Body (your organization) Construction History:**
Provide a matrix summary of your organization's construction activity for the past six years outlining project data in content and format per the attached sample provided: *(See Example Construction History. The applicant shall use the abbreviations as identified in the example in the attachment.)*
    - Project Number, Name, and Description
    - Contracting method used
    - Planned start and finish dates
    - Actual start and finish dates
    - Planned and actual budget amounts
    - Reasons for budget or schedule overruns

Project Name	Description	Method	Planned Start	Planned Finish		Actual Start	Actual Finish	Planned Budget	Actual Budget	Reasons:
West Wing Expansion / Acute Care (CRS# 60287713)	Acute Care Wing Expansion and Remodel	DBB								None
Kitchen Remodel (CRS#	Commercial Kitchen Remodel	DBB						$		None

61297277)										
Roofing Replacement	Re-roofing of existing	DBB /								None
Facility Renovations (CRS # 60779987)										

8. **Preliminary Concepts, sketches or plans depicting the project**
To assist the PRC with understanding your proposed project, please provide a combination of up to six concepts, drawings, sketches, diagrams, or plan/section documents which best depict your project. In electronic submissions these documents must be provided in a PDF or JPEG format for easy distribution. *(See Example concepts, sketches or plans depicting the project.)* At a minimum, please try to include the following:
   - A overview site plan *(indicating existing structure and new structures)*
   - Plan or section views which show existing vs. renovation plans particularly for areas that will remain occupied during construction.
   Note: *Applicant may utilize photos to further depict project issues during their presentation to the PRC.*

   Please see attached,

9. **Resolution of Audit Findings on Previous Public Works Projects**
If your organization had audit findings on ***any*** project identified in your response to Question 7, please specify the project, briefly state those findings, and describe how your organization resolved them.

   No audit findings on the projects listed as a response to Question 7.

10. **Subcontractor Outreach**
Please describe your subcontractor outreach and how the public body will encourage small, women and minority-owned business participation.

    The GC/CM will work with CBH during the preconstruction phase to identify specific MWBE and DBE opportunities to meet goals and requirements. The GC/CM will be requested to develop a subcontracting plan that establishes the MWBE, DBE and apprenticeship utilization goals.

    NADBE, NAME and WA State Office of Minority and Women's Business Enterprises [OMWBE] will be contacted for listings of eligible firms. Outreach efforts will continue throughout the bidding process to solicit competitive bidding and strive to meet recommended % goals for M/WBE and DBE participation which will be outlined in the instructions for GC/CM RFQ which would be reasonable and representative of the specific geographic project area. CBH also maintains a small works roster as an information resource during the GC/CM bidding sequence. Outreach efforts shall include:
    - **Issue advanced notice to include bidding timelines and critical dates**
    - **Thoroughly advertise the project and provide free online access to all documents utilizing a project FTP site.**
    - **Informational meetings in Portland/Vancouver and The Dalles prior to bidding to generate interest among the MWBE, DBE, and all local trade partners**
    - **Develop bid packages aligned with the capabilities of local and regional MWBE and DBE firms**

11. **Alternative Subcontractor Selection**
    - If your organization anticipates using this method of subcontractor selection and your project is anticipated to be over $3M, please provide a completed *Supplement A Alternative Subcontractor Selection Application* document, ***one per each desired subcontractor/subcontract package***.
    - If applicability of this method will be determined after the project has been approved for GC/CM alternative contracting or your project is anticipated to be under $3M, respond with **N/A** to this question.
    - If your organization in conjunction with the GC/CM decide to use the alternative subcontractor method in the future and your project is anticipated to be over $3M, you will then complete the *Supplement B*

Alternative Subcontractor Selection Application and submit it to the PRC for consideration at a future meeting.

CAUTION TO APPLICANTS

The definition of the project is at the applicant's discretion. The entire project, including all components, must meet the criteria to be approved.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

In submitting this application, you, as the authorized representative of your organization, understand that: (1) the PRC may request additional information about your organization, its construction history, and the proposed project; and (2) your organization is required to submit information requested by the PRC. You agree to submit this information in a timely manner and understand that failure to do so may delay action on your application.

If the PRC approves your request to use the GC/CM contracting procedure, you also you also agree to provide additional information if requested. For each GC/CM project, documentation supporting compliance with the limitations on the GC/CM self-performed work will be required. This information may include but is not limited to: a construction management and contracting plan, final subcontracting plan and/or a final TCC/MACC summary with subcontract awards, or similar.

I have carefully reviewed the information provided and attest that this is a complete, correct and true application.

Signature: Rosalinda Kibby

Name: Rosalinda Kibby, Superintendent / Administrator

Title: Superintendent / Administrator

Date: 8·19·2022

Columbia Basin Hospital

200 Nat Washington Way
Ephrata, WA 98823

Architectural Pre-Design Report

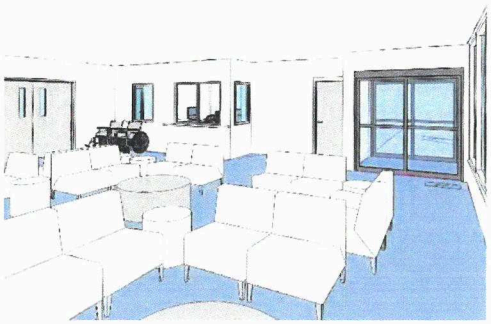
For:
Emergency Department
Primary Care Clinic
Dietary

December 21, 2021

Blue Room Architecture & Design, PS

www.brdstudio.com
(509) 992-7500

C. WHAT: **Overview / Design Goals:**



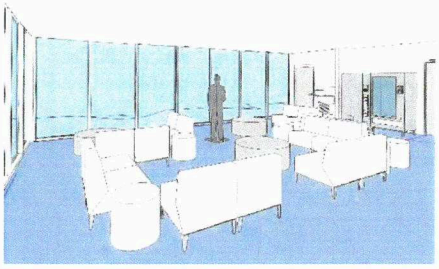
Key elements of the Emergency Department:

- **ED Upgrades:** Improved security and workflow are key considerations.
    - CBH will need to comply with FGI (Facilities Design Guidelines) in effect at the time of plan submittal as required by DOH/CRS.
    - **Current codes require the ED be a secure area.** There needs to be a barrier that will protect the staff, separating them from the general public.
        - A second entrance and registration, separate from the ambulance entry would be ideal. Ambulance entry would remain in its current position and a new high-visibility public entry would be developed as a component of this project.
        - A physical 'hardened' barrier between staff work areas and exterior is desired.
        - CBH shared concern with threats originating from within the ED (i.e. family) relative to staff safety. CBH requests considerations of multiple staff exit points for life-threatening emergencies if possible. The topic of 'hardening' the ED and creating limited access to patient care areas.
        - Waiting areas should be maintained outside of the physical barrier, under direct staff observation and away from direct line of sight of patient care areas.
    - **Improved Workflow / Staff Support** requires updates including integral staff toilet, breakroom, work areas, med prep and similar.
        - The trauma room is currently being used to treat covid patients. Discussion was the trauma room should have a positive pressure relationship and covid or other infectious diseases should have negative air flow to prevent contamination of surrounding spaces. This should be addressed as soon as possible.
        - An airborne isolation suite is highly recommended and may be mandated by DOH.
        - Additional storage, cart parking and support amenities like blanket warmers, nutrition station and ice machine need to be centrally located.
        - Increased visibility in staff and patient care areas.
        - Family consult needs to occur outside the ED security barrier and provide privacy and discreet exiting.
        - CBH was encouraged to consider the patient services and amenities offered to bariatric patients. BR clarified that all equipment and features supporting bariatric services need to be properly rated for such use. CBH to further review and advise if bariatric services are to be included within their functional program.

C. WHAT: **Key Design Goals – The Emergency Department:**

Create a definitive security barrier and 'rings' of safety for both the staff and public. Create access zones that effectively greet the patient and caregivers but also restrict unauthorized access into staff and patient care areas to maximize control of the facility.

Provide multiple exit points and the ability to coordinate with EMS in times of need.

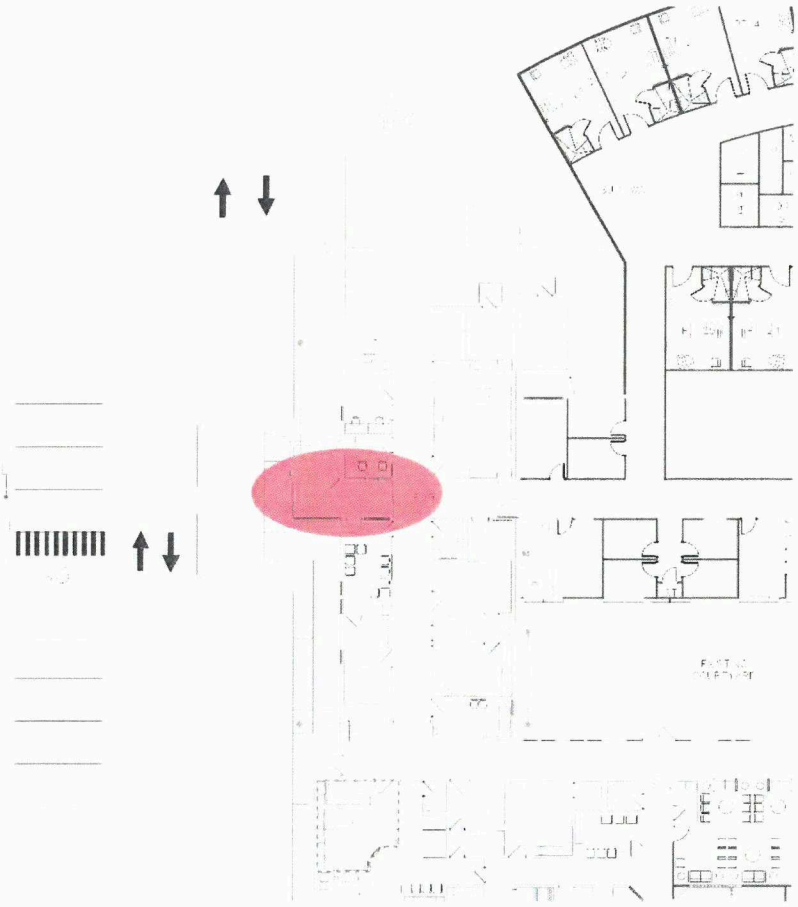


Create comfortable and calming public spaces for family and caregivers in their time of need. Be able to effectively observe and respond to the specific needs of visitors and patients.

Create safe and effective staff work areas. Promote personal workspace as well as the ability to respond and integrate as a team within patient care areas.

Maximize staff efficiency and workflow within patient care areas.

D. WHY: Security and Workflow Improvements - Emergency Department:



Current Challenges:

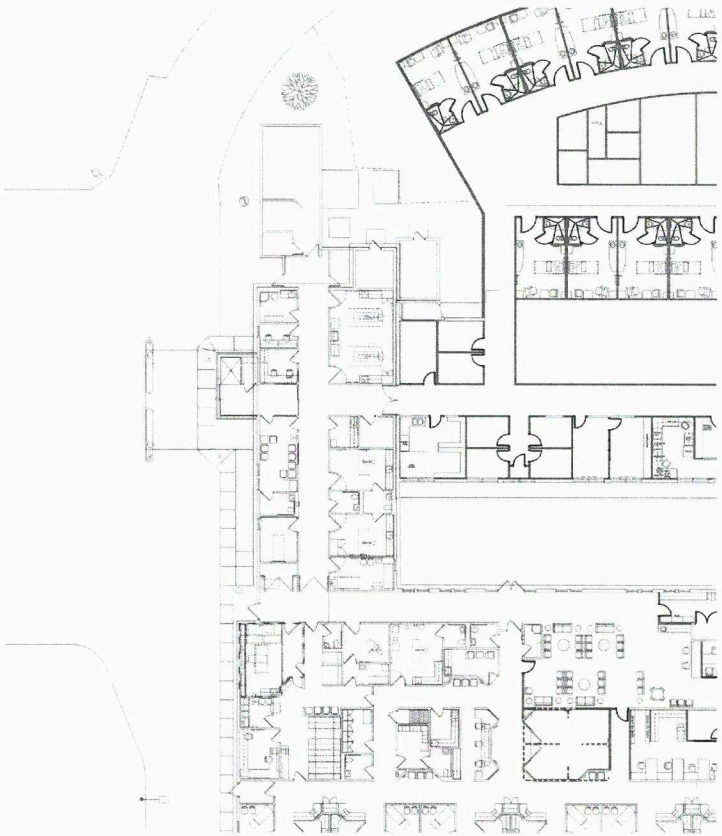
Currently, all access to the ED is routed through a common entrance. This presents a host of infection control, safety and security concerns.

- Ambulance and general public are competing for parking and access to the same entrance.
- Family, staff and EMS are co-mingling in the same area.
- Patient privacy is compromised
- No security barriers exist upon entry.
- No containment exists for infection control or airborne isolation measures.
- Waiting areas lack direct observation and supervision.
- Adequate staff support and work areas do not exist.

C. WHAT: **Key Design Goals – The Emergency Department:**

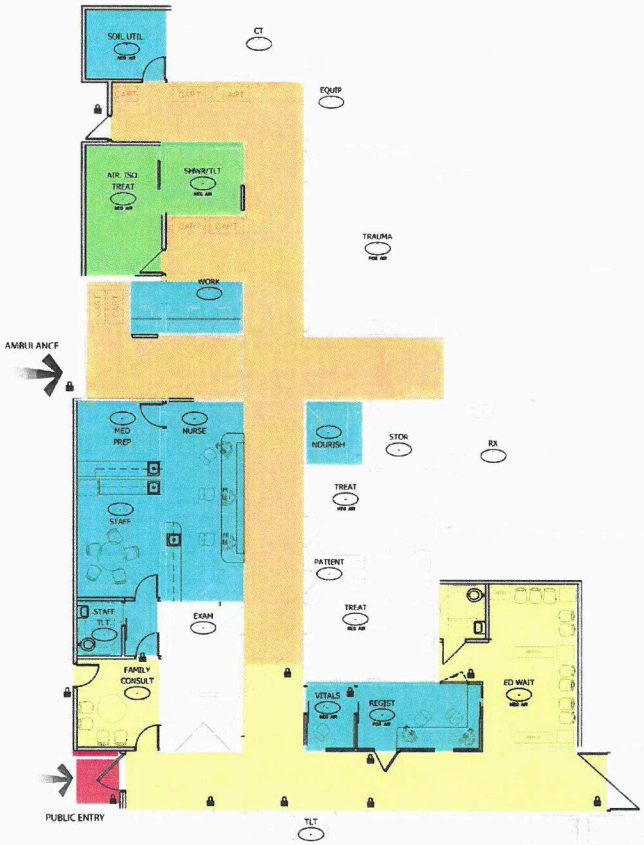
Creating a Secure Environment:

- **Current codes require the ED be a physically secure area.** There needs to be a barrier that will protect the staff and patient, separating them from the general public. Multiple exits allow for EMS coordination.
- The proposed ED features **a secure boundary** for patient care and staff workflow. Family, caregivers and other support staff are only allowed access with staff permission.
- The area indicated in yellow below indicates **the public zone**. No access is allowed beyond that zone without staff or security knowledge.
- The orange area indicates **the 'hardened' security zone** for open staff workflow and patient care.
- **The padlock symbol** indicates all doors that are anticipated to have access-badge controls.
- **The new addition (south of existing) creates a physical buffer** and obscures line of sight from the building exterior and parking areas to sensitive staff and patient care areas.
- **Dedicated ambulance entry** provides additional staff safety and observation of EMS activities.
- A semi-transparent vitals station immediately inside the public entry **allows for quick patient assessment, retrieval or referral outside the secure zone**. Reception staff are able to maintain nearly 270 degrees of visibility of exterior door, vitals, corridors, waiting and patient toilet spaces.
- **A private consult space** located just inside the entry allows a private space for providers to engage family. This is strategically located outside the secure patient care/staff area and with convenient public and exterior access.
- *Specific details, technologies and facility-specific practices will be developed and defined as design progresses.*



A EXISTING FLOOR PLAN - EMERGENCY DEPARTMENT

A2.4 SCALE: 1/16" = 1'-0"



B EMERGENCY DEPARTMENT - PROPOSED

A2.4 SCALE: 1/8" = 1'-0"

BLUE ROOM

BLUE ROOM ARCHITECTURE & DESIGN, P.S.

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LANDSCAPE ARCHITECT
N/A

CIVIL ENGINEER
N/A

STRUCTURAL ENGINEER
N/A

MECHANICAL ENGINEER
N/A

ELECTRICAL ENGINEER
N/A

9282 REGISTERED ARCHITECT
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PREDESIGN CONCEPTS FOR:
COLUMBIA BASIN HOSPITAL
CLINIC, KITCHEN AND EMERGENCY DEPARTMENT IMPROVEMENTS
200 NAT WASHINGTON WAY
EPHRATA, WA 98823

PROJECT NUMBER: 210026
DATE: 12/10/2021
DRAWN: ALM
REVISIONS:

NOT FOR CONSTRUCTION

FLOOR PLAN

A2.4