Jefferson County Public Hospital District No. 2
834 Sheridan St.
Port Townsend, WA 98368
Phone: (360)-385-2200, Ext. 2039

August 18, 2021

Via Email
Attn: Talia Baker, Administrative Support
Project Review Committee
c/o State of Washington Department of Enterprise Services
Engineering and Architectural Services
Post Office Box 41476
Olympia, WA 98504-1476

RE: Jefferson Healthcare South Campus Replacement & Addition Project, Application for Project Approval (Progressive Design-Build)

Dear PRC Members,

Jefferson Healthcare (JH) is pleased to submit the attached Application for Project Approval for the Jefferson Healthcare South Campus Replacement & Addition project.

Jefferson Healthcare has been caring for the people of Jefferson County for more than 125 years, providing exceptional care and specialty services for our community. JH is a rural critical access hospital governed by a (5) member publicly elected Board of Commissioners and managed by our Strategic Leadership Team. We provide a broad spectrum of inpatient and outpatient services, supporting a healthier community for Jefferson County.

The South Campus Replacement & Addition Project will include replacement of the 1965 building on the hospital campus, as well as a new medical office building and ancillary surgery center. These new buildings will improve and grow many key services essential to the entire campus such as a new linear accelerator, dietary services, a new MRI suite, relocation of several outpatient clinics, and an ancillary surgery center, to name a few. The project will involve complex phasing to ensure ongoing hospital operations resume without interruption during construction. JH will fund the upfront costs for planning and design with internal reserves and plans to secure the remainder of the funding via an upcoming Bond Referendum.

Based on the specialized nature and location of this project, we feel this project is an ideal candidate for progressive design-build alternative public works delivery. Primary reasons include:

- Phasing and complexity: A design-build approach is crucial to early development of a highly complex project that will prevent impacts to ongoing operations during construction. With the 1965 building surrounded by and connected to three other buildings, maintaining pathways between the buildings with proper infection control measures will be critical.
- Innovation & efficiencies: Design-build delivery will allow the designer and builder to collaborate with hospital staff and plan the work in a way that will reduce impacts to patients and staff and maintain an efficient flow of work for the design-build team.
- Schedule & cost savings: Progressive Design-Build will allow JH to collaborate with the design-build team early to properly plan the work and avoid unnecessary risks and delays. Early, detailed planning exposes unknowns and allows us to explore opportunities like prefabrication and streamlining procurement, all of which contribute to a faster project delivery and greater project savings.

I am excited to bring my knowledge and experience to this project and am confident we are well on our way to building a solid team that will ensure the success of this important project. Supporting me through this effort will be Aaron Vallat, our Construction and Planning Manager, in addition to our experienced project management team from OAC Services. We will work together to create a project culture that aligns with JH's mission and values, as we strive to serve our community in Jefferson County. We look forward to building a project culture based on collaboration and partnership; a culture that progressive design-build will allow us to create.

Thank you in advance for your time and consideration of our application, we look forward to the PRC meeting on September 23, 2021, where we will share more and answer any questions you may have.

Sincerely,

Jacob Davidson
Chief Ancillary and Support Services Officer
Jefferson County Public Hospital District No. 2
834 Sheridan St.
Port Townsend, WA 98368
Phone: (360)-385-2200, Ext. 2039
jdavidson@jeffersonhealthcare.org

STATE OF WASHINGTON
CAPITAL PROJECTS ADVISORY REVIEW BOARD (CPARB)
PROJECT REVIEW COMMITTEE (PRC)

APPLICATION FOR PROJECT APPROVAL

To Use the Design-Build (DB)
Alternative Contracting Procedure

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

Identification of Applicant

a) Legal name of Public Body (your organization): **Jefferson County Public Hospital District No. 2 dba Jefferson Healthcare, a Washington municipal corporation**
b) Address: **834 Sheridan St, Port Townsend, WA 98368**
c) Contact Person Name: **Jacob Davidson** Title: **Chief Ancillary & Support Services Officer**
d) Phone Number: **360-391-2587** E-mail: **jdavidson@jeffersonhealthcare.org**

1. Brief Description of Proposed Project

a) Name of Project: **Jefferson Healthcare South Campus Replacement & Addition**
b) County of Project Location: **Jefferson**
c) Please describe the project in no more than two short paragraphs. *(See Attachment A for an example.)*

Jefferson Healthcare (JH), in Port Townsend, WA, is a DNV accredited, fully integrated health care system. The hospital is a 25-bed, critical access hospital under CMS (Centers for Medicare & Medicaid Services) guidelines, with complete 24-hour coverage by a physician staff of hospitalists. Jefferson Healthcare has both outpatient specialty and primary care clinics around the hospital and throughout Jefferson County.

This project will provide approximately 100,500 sf of new construction. We will deliver a seismic replacement building of the infill between three existing buildings, which is about 36,500 sf. Included in this replacement is a new linear accelerator, express clinic space, cardiac/pulmonary rehab, and a new MRI suite. A new dietary department is needed with kitchen facilities for patient, staff and public food preparation and dining area to accommodate staff and public. This project will also provide replacement space for facilities, environmental/safety (EVS), vascular ultrasound and house supervisors. Attached to the infill building will be a new 54,000 sf, 2-3 story medical office building (MOB) and ancillary surgery center (ASC). The MOB will accommodate the relocation of Primary Care, Women's Health, Dermatology, Urology and Sub-Specialties from the existing hospital. The MOB will also accommodate new services including ear/nose/throat (ENT), pulmonology and neurology. Finally, an addition of 10,000 sf will be added to the basement for new improved space for EVS, laundry, facilities, and central supply.

2. Projected Total Cost for the Project:

A. Project Budget

Costs for Professional Services (A/E, Legal etc.)		$ 7,506,033
Estimated project construction costs *(including construction contingencies)*:		$ 75,061,328
Equipment and furnishing costs		$ 9,007,360
Off-site costs		$ incl construction
Contract administration costs (Owner, CM, etc.)		$ 4,503,670
Contingencies (Owner)		$ 3,753,066
Other related project costs (Permitting, temp equipment)		$ 4,492,570
Sales Tax		$ 8,400,603
	TOTAL	$ 112,724,630

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*

Project is to be initially funded through Jefferson Healthcare's cash reserves for programming, planning, and design. JH is on track for a Bond Referendum in the Summer or Fall of 2022. If approved, the funds are anticipated to be available 1st quarter of 2023. In addition, JH will also get significant private bank funding to support the project.

3. Anticipated Project Design and Construction Schedule

Please provide:

The anticipated project design and construction schedule, including:

a) Procurement;
b) Hiring consultants if not already hired; and
c) Employing staff or hiring consultants to manage the project if not already employed or hired.

a) Project Design and Construction Schedule - Tasks	Status/Duration
Procure Project Management Consultant	**Completed**
PRC Approval Anticipated	**Sept 23, 2021**
Finalize RFQ & Early Programming	**Oct 7, 2021**
PDB RFQ Advertisement #1	**Oct 11, 2021**
PDB RFQ Advertisement #2	**Oct 18, 2021**
Pre-Proposal Meeting	**Nov 3, 2021**
PDB SOQ Due	**Nov 12, 2021**
Select/Notify Finalists	**Nov 17, 2021**
Issue RFP to Shortlisted PDB Firms	**Dec 1, 2021**
Questions, Contract Comments, Addendums	**Dec 1 – Dec 13, 2021**
PDB Proprietary Meetings	**Dec 13 – Dec 17, 2021**
PDB Proposals Due (Management Plans)	**Dec 20, 2021**
Management Plan Review	**Dec 20 – Jan 4, 2022**
Public Fee Opening, Scoring, Notify Apparent Successful PDB	**Jan 6, 2022**
Contracting Period	**Jan 2022 – Feb 2022**
Programming	**Feb 2022 – Jun 2022**
Continue Design to GMP	**Jun 2022 – Sep 2022**
Bond Referendum	**Fall 2022**
Final Design and Permitting	**Sep 2022 – Jan 2023**
Project Funding – Bond Referendum $ Released	**Q1 2023**
Construction	**Feb 2023 – Apr 2024**
Closeout Phase	**Apr 2024 – Jun 2024**

Jefferson Healthcare (JH) has hired OAC Services, Inc. (OAC) for project management of this Progressive Design-Build project. OAC will provide expertise on alternative delivery and healthcare delivery. OAC's team is comprised of Derek Rae as Principal in Charge, Dan Chandler as Progressive Design-Build Advisor, Melissa Teichman as Progressive Design-Build Healthcare Advisor, and Brent Wilcox as lead Program and Project Manager. Please refer to Attachment A for complete organization chart. Jefferson Healthcare has also retained Perkins Coie, LLP for contract development.

4. Explain why the DB 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:

4.1 If the construction activities are highly specialized and a DB approach is critical in developing the construction methodology (1) What are these highly specialized activities, and (2) Why is DB critical in the development of them?

This project meets all the required criteria for PDB delivery.

Utilizing a Progressive Design-Build (PDB) approach allows for collaboration between the Design-Build (DB) team and Jefferson Healthcare (JH) staff. Progressive DB procurement enables timely issue resolution, risk identification and mitigation, and the ability to provide greater resources and expertise early in the project schedule. The PDB delivery method allows the DB and JH team the ability to incorporate the organizations master development plan into the project.

The design, investigation, and construction around active, 24/7 acute care environments require special training, enhanced communication, pre-planning, detailed scheduling, and disruption mitigation. The design and implementation of this program will need to be carefully planned, phased, and orchestrated as construction will be occurring on an occupied hospital campus. This will require a highly specialized and integrated team of professionals to work closely with JH. This project will benefit from technology during design as well as prefabrication techniques. It will require detailed procurement planning in order to enhance the schedule and mitigate disruption to ongoing operations.

Demolition and infill activities around this 24/7 hospital will require detailed investigation techniques, infection control, and pre-planning efforts. These early investigatory activities can benefit from the use of technology and innovative problem solving early in the design phase. The DB team will include constructability efforts during design that will result in scheduling efficiencies and reduce overall project cost. Having the DB partner at the beginning of the design process will aid in identifying infrastructure shut-downs, tie-ins, and mitigation methods for existing spaces and new infill program. Efficiencies will come through pre-planning activities to minimize patient care disruption on an active medical campus. It is a benefit to the hospital staff, patients, and community to engage with a Design-Builder for planning, phasing, and sequencing.

4.2 If the project provides opportunity for greater innovation and efficiencies between designer and builder, describe these opportunities for innovation and efficiencies.

By leveraging the expertise and collaboration of the DB team, we can influence cost much earlier in the design process. The DB partner can help weigh options and identify when key decisions are critical so that the budget and schedule can be most efficient. Some opportunities include early engagement of trade partners, identifying critical and long lead equipment, pre-ordering material, identifying standards, and working together with facilities to identify critical shutdowns and acoustical/vibration planning. Other opportunities for efficiency include working with environmental services, safety, and infection control personnel to ensure continuous care and ongoing operations. Careful planning between the DB team, facilities electrical, and information systems staff will ensure 24/7 services and systems are maintained.

In addition, a PDB approach increases the opportunity for JH participation, allowing for a higher level of integration between JH and the DB team during the programming and planning process. One such example is the ability to gain constructability, phasing, and planning feedback utilizing collaborative software such as Bluebeam Studio. With a limited availability of both scope and cost information, a PDB approach is an effective delivery method. By utilizing a PDB approach, we can refine the budget to scope requirements continuously with all key team members.

4.3 If significant savings in project delivery time would be realized, explain how DB can achieve time savings on this project.

The PDB method will allow for less repetition of work for the consultants and DB team. This process will enable portions of the design to begin when needed in a collaborative manner compared to a traditional Design-Bid-Build (DBB) method. The DB team will get earlier access to identify infrastructure needs allowing for procurement of long lead items. This is especially relevant in today's construction market with limited production, labor shortages, and high demand. Design-Build team selection based on qualification and price allows for a reduced design schedule over traditional DBB. It also allows for reduced contractor ramp-up time and gives the DB an opportunity to engage in the partnering and goal setting process. This is highly desirable for an active acute care project with multiple stakeholders.

5. Public Benefit

In addition to the above information, please provide information on how use of the DB contracting procedure will serve the public interest. For example, your description must address, but is not limited to:

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

Design-Build delivery provides substantial fiscal benefit to the community by reducing cost escalation, speeding up overall delivery, confirming the budget early in design, and increasing the predictability of outcomes. Using a best value selection process to facilitate procurement, the Owner team will begin exploring budget and schedule options during the PDB procurement and confirming construction costs with the selected partner as early in the design process as possible. The Owner team anticipates efficiencies to be realized through the sharing of knowledge and management processes across all work to be performed. Progressive DB procurement allows the Owner to work with the DB team to plan sequencing and phasing of work, including bid packaging, locking in the overall Guaranteed Maximum Price (GMP) through foresight planning and cost predictability. This contracting method also provides the least impact to critical ongoing operations. Maintaining exceptional and ongoing patient care is a benefit to the community and public interest.

5.2 How the use of the traditional method of awarding contracts in a lump sum *(the "design-bid-build method")* is not practical for meeting desired quality standards or delivery schedules.

In traditional DBB procurement, the owner could expect greater challenges with phasing and sequencing. We would lose the ability to engage the contractor in design, sequencing, planning, risk mitigation strategies, and ongoing operational support. This could result in a significantly longer overall schedule, negative impact to ongoing Jefferson Healthcare operations, negative patient experience, and increased cost to the taxpayer.

Progressive DB affords higher project success rate in quality, time, and cost certainty as an integrated team can manage and resolve risks in a more effective manner than in traditional DBB delivery. Improved coordination, predictability, and efficient phasing associated with ongoing patient care are hallmarks that are difficult to achieve in DBB procurement. Design-Bid-Build often results in higher rate of change, risks, and claims than that of integrated teams.

6. Public Body Qualifications

Please provide:

6.1 A description of your organization's qualifications to use the DB contracting procedure.

The Jefferson Healthcare Design Build Team has extensive successful experience in a variety of different sized projects, including a 45,000 sf addition to the current hospital. This will be the first Jefferson Healthcare DB project under RCW 39.10, and we have partnered with OAC Services, Inc. for comprehensive PM/CM services and Perkins Coie for contract preparation. In addition, Jefferson Healthcare's Construction and Planning Manager, Aaron Vallat has completed the Design-Build Institute of America's certification workshop and passed the Certification exam. The Jefferson Healthcare team is fully invested in the collaborative and transparent spirit of Progressive Design-Build and looks forward to the benefits this procurement will bring to their organization and community.

6.2 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 Attachment C for an example.)

Refer to Attachment A Org Chart.

6.3 Staff and consultant short biographies that demonstrate experience with DB contracting and projects (not complete résumés).

Jacob Davidson, Chief Ancillary & Support Services Officer
Jacob has over 10 years of experience in clinical operations of multidisciplinary medical groups ranging from urgent care to primary care to dermatology. His construction experience includes the operational leader for two new medical office buildings with multiple clinics, a new primary care suite, as well as major clinic renovations – all of which have been traditional Design-Bid-Build projects. Jacob's role in these projects was to ensure that operational needs were met during design and build-to-suit the clinical programmatic needs of patients and providers. Jacob will provide executive oversight on this program and supports the collaborative spirit and practices of alternative delivery.

Kelly O'Connell, Executive Director Support Services
Kelly brings over 30 years of procurement experience in a healthcare setting, including Program planning, furniture/fixtures/equipment (FFE) scheduling, order contracting, and installation scheduling. Her experience has been in traditional Design-Bid-Build projects including interior renovations of existing outpatient clinics, inpatient spaces, and new builds. Recent new build projects include the first rural healthcare dental clinic in Washington state and the Jefferson Emergency and Specialty Services building completed in 2017. Kelly will represent the hospital user groups and departments, and provide valuable coordination during the medical planning, programming, and design phases.

Aaron Vallat, Construction and Planning Manager, Assoc. DBIA
Aaron brings over 20 years of construction experience in both residential and commercial construction, the last 12 years in the healthcare setting. Experience includes roles as a journeyman carpenter and construction foreman in residential Design-Bid-Build construction, project coordination for internal Jefferson Healthcare renovations and equipment replacements and project management for both internal hospital projects, DBB renovations, and new builds for the organization. Recent projects include a healthcare dental clinic in 2019, the Emergency and Specialty Services Building completed in 2017, and subsequent TI projects in 2017- 2019 to build a Sleep clinic and Sleep lab, Cardiology clinic and Dermatology clinic with Mohs lab. Aaron is certified in Project Management from the University of Washington and achieved the Associate DBIA training and accreditation in July of 2021.

Chris O'Higgins, Director of Facilities
For more than two decades, Chris O'Higgins has been applying his engineering, leadership, construction management, and planning skills to serving the needs of numerous healthcare facilities across the U.S. He lives and breathes healthcare. Chris serves as the Director of Facilities for Jefferson Healthcare, coordinating all the activities of Engineering, Security, Biomedical, and Hospital Safety. Previously Chris worked on private healthcare projects as a General Superintendent in Phoenix, AZ, where he oversaw construction for Carson Tahoe Regional Healthcare ($300M), Sierra Surgery Hospital ($12M), Carson Tahoe Cancer Center ($15M), and Phoenix Children's Hospital. The Carson Tahoe Hospital and Cancer Center projects were both Design-Build, green field projects. Chris is a Certified Hospital Operations Professional through DNV.

Dan Chandler, OAC Services Principal, Sr. Vice President, PE, AIA
OAC's most experienced practitioner and leader in Alternative Project Delivery, Dan has provided guidance in every one of OAC's 47 GC/CM and 28 Design-Build projects dating to 2004. Bringing 40 years of industry experience, including 25 years with OAC, Dan is a leader in improving project delivery. He served four years on the Project Review Committee, beginning with its founding in 2007 and serving as Chair in 2011. In addition to Design-Build and GC/CM in Washington, Dan has alternative delivery projects in Montana and CM-at-Risk projects in Alaska. He has testified to the

Washington Legislature and written and spoken extensively on the topic of improving project delivery for public clients. Dan's role on this project is lead Progressive Design-Build Advisor.

Derek Rae, OAC Services Principal, Sr. Vice President
Derek has over 25 years of construction experience, with personal involvement on GC/CM projects totaling more than $170 million over the last 10 years. He has helped two hospitals achieve GC/CM Certification. Derek will serve as the Principal-In-Charge (PIC) for the OAC project team and has a direct line of communication to the OAC and JH teams. He will advise and consult with Jefferson Healthcare during the project. As a respected and seasoned alternative delivery practitioner, Derek's role is to support Jefferson Healthcare and OAC staff during the PRC application, Design-Build selection process, contract negotiation phases, and during construction. His background includes extensive experience in construction delivery methods including GC/CM, integrated project delivery, and Design-Bid-Build projects in the public and private sectors.

Melissa Teichman, OAC Services Vice President of Healthcare, Assoc. DBIA, LEED AP
Melissa has more than 18 years' experience managing large, complex healthcare projects from concept through design, construction, commissioning, and move-in/activation. Melissa's career encompasses design and construction at EvergreenHealth, Providence St. Joseph Health, Swedish, University of Washington, Kaiser Permanente, Skagit Regional Health, and Harborview. Whether ground-up or tenant improvements, Melissa's experience includes complicated projects, heavily phased, in operational acute environments, requiring significant coordination between the design team, contractor, and owner stakeholders. Melissa has experience in public and private Design-Build alternative delivery. Melissa will work together with Brent Wilcox and Jefferson Healthcare during Preconstruction.

Brent Wilcox, OAC Services Program Manager
Brent has been working in the construction industry for 12 years, with a focus on healthcare projects for the past 8 years. Brent recently managed a $40 million GC/CM project for Mason General Hospital, designing and constructing a new medical office building. Brent also led the effort with the hospital to achieve Public Body GC/CM certification. Brent will serve as the Program Manager for OAC, with heavy involvement throughout the life of the project. Brent will bring his alternative delivery experience to the team to advise on the PRC procurement and assist with selection and onboarding of the Design-Build team, helping set up the project for success with the right team and vision. Brent will remain engaged throughout selection, design, construction, and transitioning.

6.4 Provide the ***experience and role*** ***on previous DB projects*** delivered under RCW 39.10 or equivalent experience for each staff member or consultant in key positions on the proposed project. (*See Attachment D for an example. The applicant shall use the abbreviations as identified in the example in the attachment.)*

Refer to Attachment B

6.5 The qualifications of the existing or planned project manager and consultants.
Note: For design-build projects, you must have personnel who are independent of the design-build team, knowledgeable in the design-build process, and able to oversee and administer the contract.

Refer to Attachment B and 6.3.

6.6 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.

Not Applicable

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

Refer to 6.1 and Attachment B

The Jefferson Healthcare team has decades of construction experience at many different levels. Jefferson's Construction and Planning Manager recently completed a certification in Project Management from the University of Washington and was certified as a DBIA Professional in 2021. The team includes experts in procurement, program planning, FFE, schedules, healthcare and commercial construction along with the operations and clinical experience of the end users. Jefferson Healthcare's project management team coordinates projects of all sizes, ranging from small renovations to ground-up buildings. The JH project management team recently managed a new Imaging suite, building of multiple locations to care for the community during a pandemic, and the design, build and construction of a 6-chair dental clinic.

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

Jefferson Healthcare has over 2 decades of experience managing capital projects on this campus. JH Support Services, Legal, Finance, Construction and Planning, and Facilities work collaboratively together to identify needs, develop budgets and schedules, and manage procurement from concept through go-live and into patient care. This program has the full support of the CEO, dedicated in-house Construction Manager Aaron Vallat, and Facilities Director Chris O'Higgins, as well as PM/CM support from OAC to ensure contracting is fair, procurement processes are aligned with RCW, and staff is fully engaged. While projects at JH have historically been delivered through traditional Design-Bid-Build methods, JH will remain heavily engaged and a collaborative partner throughout planning, design, and construction. OAC, with the support of JH staff, will help manage and guide communication with dashboards, reports, schedules, risk assessments, FEE procurement, and prioritize efficient decision making.

6.9 A brief description of your planned DB procurement process.

Jefferson Healthcare intends to use the provision contained in RCW 39.10.330(1)(d)(ii) *that allows public agencies to select the design-builder based largely on qualifications, including "cost or price-related factors*…". This provision of the statute enables the hospital to use a PDB approach. With a PDB approach, JH will conduct a streamlined selection process in which there will be no design competition. Rather, JH select the DB team that demonstrates it will bring the best value to the project. The best value calculation will include the establishment of the Design-Builder's overhead and profit in the competitive selection environment.

Jefferson Healthcare intends to have a two-part procurement process for the DB team starting with a Request for Qualifications (RFQ) package. Once the Statement of Qualifications (SOQ) are received, JH/OAC will review, score, and shortlist the finalists, estimated to be three firms. During the proposal period, an interactive proprietary meeting will be held with each finalist. This meeting will also be scored. The shortlisted firms will receive a Request for Proposal (RFP) that will be scored and include a Management Plan. Concurrently, the shortlisted firms will provide separate and sealed fee proposals that will be publicly opened after the RFP's are reviewed and scored. Jefferson Healthcare will then combine the scores of each finalist's SOQ, interactive proprietary meeting, and proposal. Notification of the highest scored finalist will be sent out. An honorarium will be provided to the finalists that were not awarded the contract.

Jefferson Healthcare's contract specialists, in collaboration with Perkins Coie, LLP and OAC Services, Inc., will establish Contract Documents that are RCW compliant and typical for a Progressive Design-Build approach. The "Preliminary Agreement Between Owner and Design-Builder" will start with funding to develop an agreed upon Management Plan. The Management Plan will include, but is not limited to, an overall project schedule, listing all tasks of the project with target milestones, listing responsible parties (Design-Builder and Owner), as well as the estimated time and cost to administer and support the project.

When the Project Performance Criteria, Project Definition, and Design has developed enough, the DB team will submit a cost-plus-fee for a GMP exhibit. The exhibit will include a GMP for the design and construction, a schedule date of substantial completion, and all other information necessary for the parties to enter the "Agreement Between Owner and Design-Builder for the GMP." Jefferson Healthcare/OAC anticipate the team will be able to execute the GMP agreement between 60% and 80% design documents, however we will take the DB Management Plan into account when making this determination.

6.10 Verification that your organization has already developed (or provide your plan to develop) specific DB contract terms.

Jefferson Healthcare has a well-established procurement office and staff that are supported by JH's Chief Legal Officer, Jon French. Jon is leading the development of the DB contract documents in concert with Perkins Coie, LLP, as well as development of the RFQ and RFP. Supporting this effort will also be OAC's team of experts to bring insights and lessons learned from other DB and PDB projects.

The contract terms will be RCW compliant, typical for a PDB approach, and will provide JH with the flexibility to establish reasonable commercial terms and perform early construction work while managing the maximum cost of the Project. Our goal is to have an exceptional set of RFQ, RFP, and Contract Documents in place and ready for public solicitation by September 27, 2021.

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 Attachment E. 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

Refer to Attachment C

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. Some examples are included in attachments E1 thru E6. At a minimum, please try to include the following:

- An 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

Refer to Attachment D. Includes some preliminary concepts and renderings from the "Jefferson Healthcare Masterplan," generated by Coates Design in June 2021.

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.

Jefferson Healthcare has received no audit findings on any of the public works projects listed in 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.

Jefferson Healthcare encourages participation from disadvantaged, small, women and minority-owned businesses. When starting the selection process, a portion of the RFQ is dedicated to the firm's approach to DBE/MWBE outreach. We want to ensure the DB firm we partner with understands this is a priority and carries that enthusiasm through outreach efforts during design and construction. We encourage early and frequently communication, tracking, and decoupling bid packages to offer greater participation. Design-Build partners should address inclusion strategies for design tasks, construction subcontracting, as well as equipment and supply purchases from DBE/MWBE firms.

CAUTION TO APPLICANTS
The definition of the project is at the applicant's discretion. The entire project, including all components, must meet the criteria of RCW 39.10.300 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 the 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.

PRC strongly encourages all project team members to read the Design-Build Best Practices Guidelines as developed by CPARB, and attend any relevant applicable training. If the PRC approves your request to use the DB contracting procedure, you also understand that: (1) your organization is required to participate in brief, state-sponsored surveys at the beginning and the end of your approved project; and (2) the data collected in these surveys will be used in a study by the state to evaluate the effectiveness of the DB process. You also agree that your organization will complete these surveys within the time required by CPARB.

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

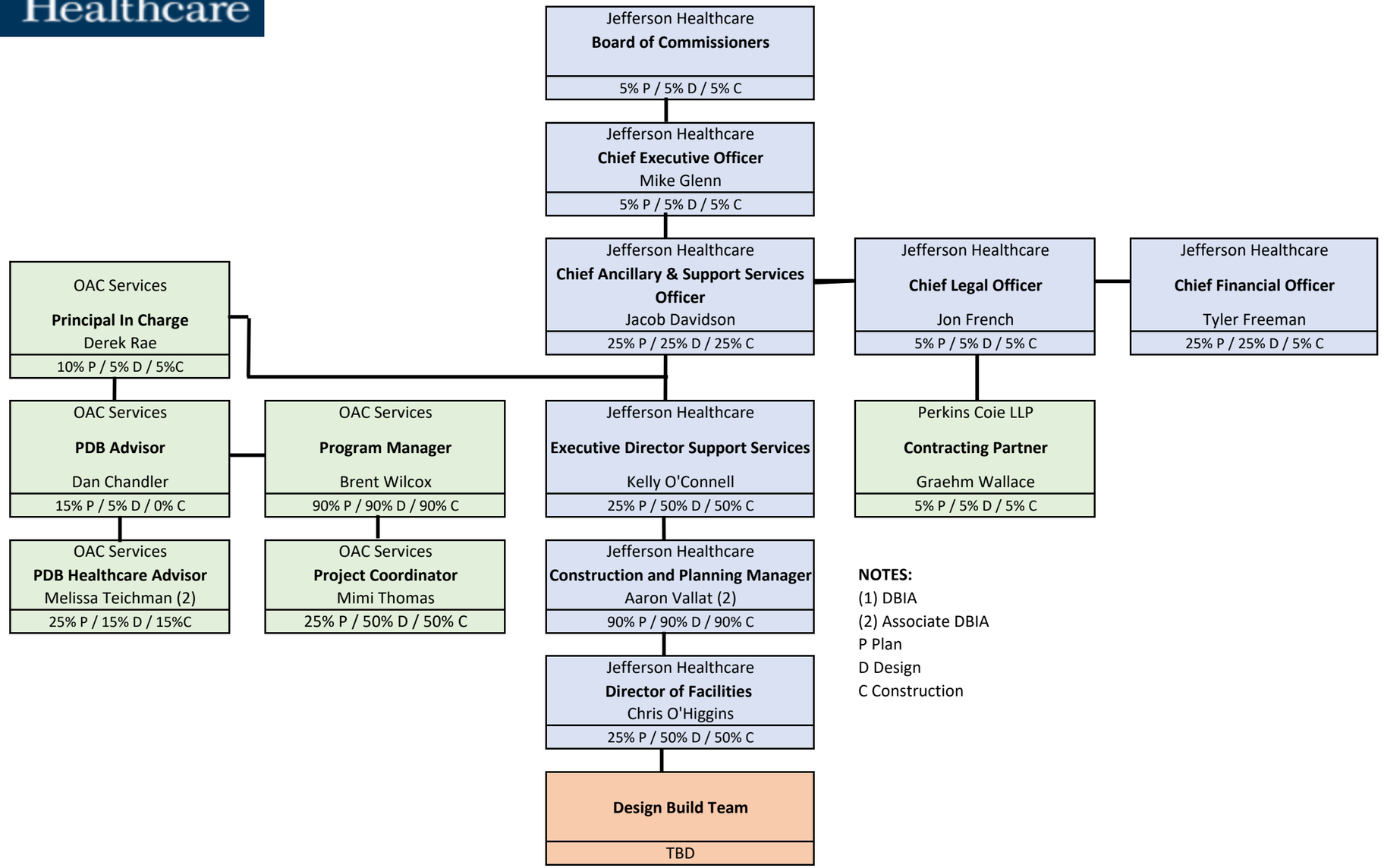
Signature: 

Name: *(please print)* Jacob Davidson *(public body personnel)*

Title: Chief Ancillary and Support Services Officer

Date: 8/19/2021

Jefferson Healthcare South Campus Replacement & Addition



Consultant Team Experience

					Role During Project Phase		
Name	**Summary of Experience**	**Projects**	**Construction Budget**	**Procurement Type**	**Pre-Design**	**Design**	**Construction**
Dan Chandler	OAC Services, PDB Advisor	King County Children & Family Justice Center	$242M	DB	PM	PM	PIC
		Issaquah School District	TBD	PDB	Advisor	Advisor	
		Snohomish County Courthouse	$72M	GC/CM	PM	PM	PIC
		City of Mount Vernon - Feasibility Study	$32M	TBD	PIC		
		North Sound Behavioral Health Treatment Center	$10M	GC/CM	PM/PIC	PIC	
		Bellingham School District	$52M	GC/CM	Advisor	Advisor	
		Shoreline Fire Department	$21M	D/B/B		PE	CM
		Lake Washington School District, Energy Projects*	$5M	DB	PM	PM	PM
		University Place School District, Energy Projects*	$5M	DB	PM	PM	PM
Derek Rae	OAC Services, Principal in Charge (Healthcare)	Mason General Hospital - Campus Renewal Infrastructure Upgrades and Surgery Expansion	$35M	GC/CM	PM	PIC	PIC
		Mason General Hospital - Medical Office Building	$35M	GC/CM	PIC	PIC	PIC
		Asian Art Museum - Structural/Infrastructure Upgrades and Expansion	$55M	GC/CM	PM	PM	PIC
		EvergreenHealth Aging Infrastructure and Seismic Improvements	$3M	GC/CM	PIC	Advisor	Advisor
		EvergreenHealth Family Maternity Center/Obstetrics	$25M	GC/CM	PIC	PIC	PIC
		St. Michael Medical Center	$500M	IPD			PIC
		Jones Pavilion - Various Projects including Infrastructure Upgrades	$100M	GC/CM Private	PM	PM	PM
Melissa Teichman	OAC Services, Vice President (Healthcare)	King County Harborview Maleng Single Patient Rooms	$52M	PDB	PM	PM	Advisor
		EvergreenHealth Aging Infrastructure and Seismic Improvements	$3M	GC/CM	PM	PM	PM
		EvergreenHealth Family Maternity Center/Obstetrics	$25M	GC/CM	PM	PM	PM
		University of Washington Benjamin Hall R&T LDF Lab*	$2M	DB		PM	PM
		University of Washington Benjamin Hall R&T Hochberg Lab*	$2M	DB		PM	PM
		Providence Regional Medical Center Everett*	$307M	GC/CM Private			PM
		Swedish Ballard Tallman MOB*	$25m	GC/CM Private	PM	PM	PM
		Kaiser Permanente Bellevue (formerly Group Health)*	$82m	GC/CM Private			PM
Brent Wilcox	OAC Services, Program Manager	Mason General Hospital - Medical Office Building	$35M	GC/CM	PM	PM	PM
		Swedish Issaquah Medical Surgery Renovation and Bed Expansion*	$11M	GC/CM Private	PM	PM	PM
		Overlake OBGYN Tenant Improvement*	$3M	GC/CM Private	PM	PM	PM
		Swedish Cherry Hill Observation Bed Expansion*	$4.5M	GC/CM Private	PM	PM	PM
		Bellevue Eating Recovery Center*	$8M	GC/CM Private	PM	PM	PM
NOTES:	* non OAC project						
	** privately funded, following public process						

Attachment C - Jefferson Healthcare Construction History (6 years)

Project #	Project Name	Project Description	Contracting Method	Planned Start	Planned Finish	Actual Start	Actual Finish	Planned Budget	Actual Budget	Reason for Budget or schedule overrun
1	Med Gas Phase I	Upgrade of existing medical gas infrastructure to prepare for ESSB construction	D-B-B	10/4/2014	3/24/2016	11/2/2015	3/4/2016	$ 205,000	$ 208,245	Added scope.
2	ESSB	Construction of a new 45K square foot MOB with specialty clinics, outpatient lab, emergency dept and front lobby	D-B-B	4/16/2015	487 days from NTP	6/1/2015	1/26/2017	$20,870,000	$21,445,932	Added scope.
3	MRI Replacement	Replacement of old scanner with new scanner and support equipment including dedicated chiller	D-B-B	5/5/2015	1/6/2016	11/2/2015	1/9/2016	$ 275,000	$ 390,530	Broken slab under scanner. 3 days to fix.Required additional shielding construction and review.
4	Cardiology/Dermatology/Sleep clinics const (TI)	TI in new ESSB shell space to build specialty clinics	D-B-B	3/15/2016	120 days from NTP	11/14/2016	4/3/2017	$ 1,411,166	$ 1,487,017	Added scope in sleep bathrooms (sfloor slope, shower doors, tile) Nurse call install complications, sleep room HVAC scope add
5	JHSA Expansion	TI to incorporate a primary clinic footprint and infrastructure into neighboring surgery clinic	D-B-B	6/13/2016	3/23/2017	1/23/2017	4/13/2017	$ 141,000	$ 142,834	Minor change orders
6	Nuclear Medicine suite upgrade	Replacement of old scanner with new scanner and suite upgrade including bathroom restructure, new flooring, paint, lighting and tech work station	D-B-B	9/1/2016	2/13/2017	2/1/2017	3/3/2017	$ 329,050	$ 333,004	Casework scope increase
7	AHU 3 replacement	Replacement of old AHU unit with new unitwith new unit with UV light treatment and upgraded humidity controls	D-B-B	10/21/2016	6/3/2017	6/3/2017	6/3/2017	$ 421,644	$ 421,644	No overrun.
8	Surgery Flooring Replacement	Replacement of all flooring in all sections of surgery department including break spaces, operatories, corridors, staff areas and locker rooms	D-B-B	10/1/2017	4/6/2018	2/17/2018	4/6/2018	$ 23,000	$ 21,000	No overrun.
9	New Chiller installed	Addition of a third chiller to meet capacity needs	D-B-B	5/1/2018	7/30/2018	6/5/2018	7/30/2018	$ 299,205	$ 299,205	No overrun.

10	Rehab Flooring Project replacement	Replacement of all flooring in physical rehabilitation department including 100% water mitigation treatment	D-B-B	9/5/2017	4/22/2018	4/6/2018	4/22/2018	$ 66,443	$ 62,382	No overrun.
11	Dermatology clinic built (TI)	TI in new ESSB shell space to build specialty clinic	D-B-B	5/31/2018	11/1/2018	6/25/2018	1/22/2019	$ 1,001,881	$ 1,061,733	No overrun.
12	Dental Clinic constructed	TI in neighboring MOB shell space to build specialty clinic	D-B-B	12/4/2018	5/7/2019	12/7/2018	6/21/2019	$ 970,004	$ 1,013,855	Weather delays and mechanical installation complications caused project delay
13	Boiler Replacements (service in-patient, surgery, rehab, pharmacy, plant)	Replacement of old units with similar new units	D-B-B	4/1/2019	8/22/2019	8/13/2019	8/22/2019	$ 426,852	$ 426,852	No overruns
14	Orthopedic procedure room TI for hand and plastics specialist	TI to upgrade orthopedic procedure room into specialized hand surgery procedure room	D-B-B	4/17/2019	1/16/2020	1/6/2020	1/16/2020	$ 41,650	$ 43,484	Added HVAC scope and lighting change
15	AHU 5 replacement	Replacement of old AHU unit	D-B-B	4/20/2020	10/10/2020	10/9/2020	10/10/2020	$ 421,644	$ 421,644	No overrun
16	3-D X-ray installed in dental clinic	New unit installed in existing clinic	D-B-B	11/15/2019	2/21/2020	2/1/2020	2/21/2020	$ 22,215	$ 22,215	No overrun
17	New CT scanner installed with temp mobile pad	Replacement of old scanner with new scanner. Necessitated construction of temporary pad and hook ups for mobile CT unit on site during construction	D-B-B	4/3/2020	8/7/2020	7/8/2020	8/7/2020	$ 872,000	$ 717,866	No overrun
18	Install new autoclave in surgical sterile processing	Replacement of old autoclave with new larger capacity unit	D-B-B	7/8/2020	10/17/2020	10/8/2020	10/10/2020	$ 125,000	$ 115,092	Reduced schedule and budget.
19	Install new UPS backup for CT scanner to eliminate downtime from power outages	Install of battery back up powerful enough to run CT scanner for protection from dirty power and outages	D-B-B	4/8/2020	7/24/2020	7/22/2020	7/24/2020	Cost combined with CT purchase	Cost combined with CT purchase	
20	CT patient lift relocation and recertification	Relocation of patient lift in CT suite necessitated by the new position of scanner with CT Scanner install	D-B-B	8/13/2020	1/21/2021	1/21/2021	1/21/2021	$ 21,550	$ 7,194	Redisigned in field for reduced scope
21	Elevator 1 emergency power	This made it so all elevators had emergency power back up.	D-B-B	4/20/2020	12/15/2020	1/14/2021	2/14/2021	$ 60,241	$ 10,725	Schedule overrun. LNI filing took longer than anticipated. Work was performed in-house for reduced cost.

PRC Attachment D – Preliminary Concepts, sketches or plan depicting the project and scope

EXISTING CAMPUS AERIAL PHOTO

SOME BACKGROUND ON JEFFERSON HEALTHCARE

JH serves the entirety of Jefferson County. The County's population is about 30,000.

Today, more than 1 of every 3 County residents is over the age of 65.

The County grew by nearly 5% in the last seven years, while JH volumes nearly doubled in the same time frame.

In 2018, JH served more than 600 patients on an average day, including those visiting a JH primary care or specialty provider, those using a JH outpatient service or its hospice, emergency room or hospital.

Washington State has 39 Critical Access Hospitals (CAHs). JH is one of the largest and provides one of the most comprehensive array of services.

MASTER PLAN RENDERINGS:

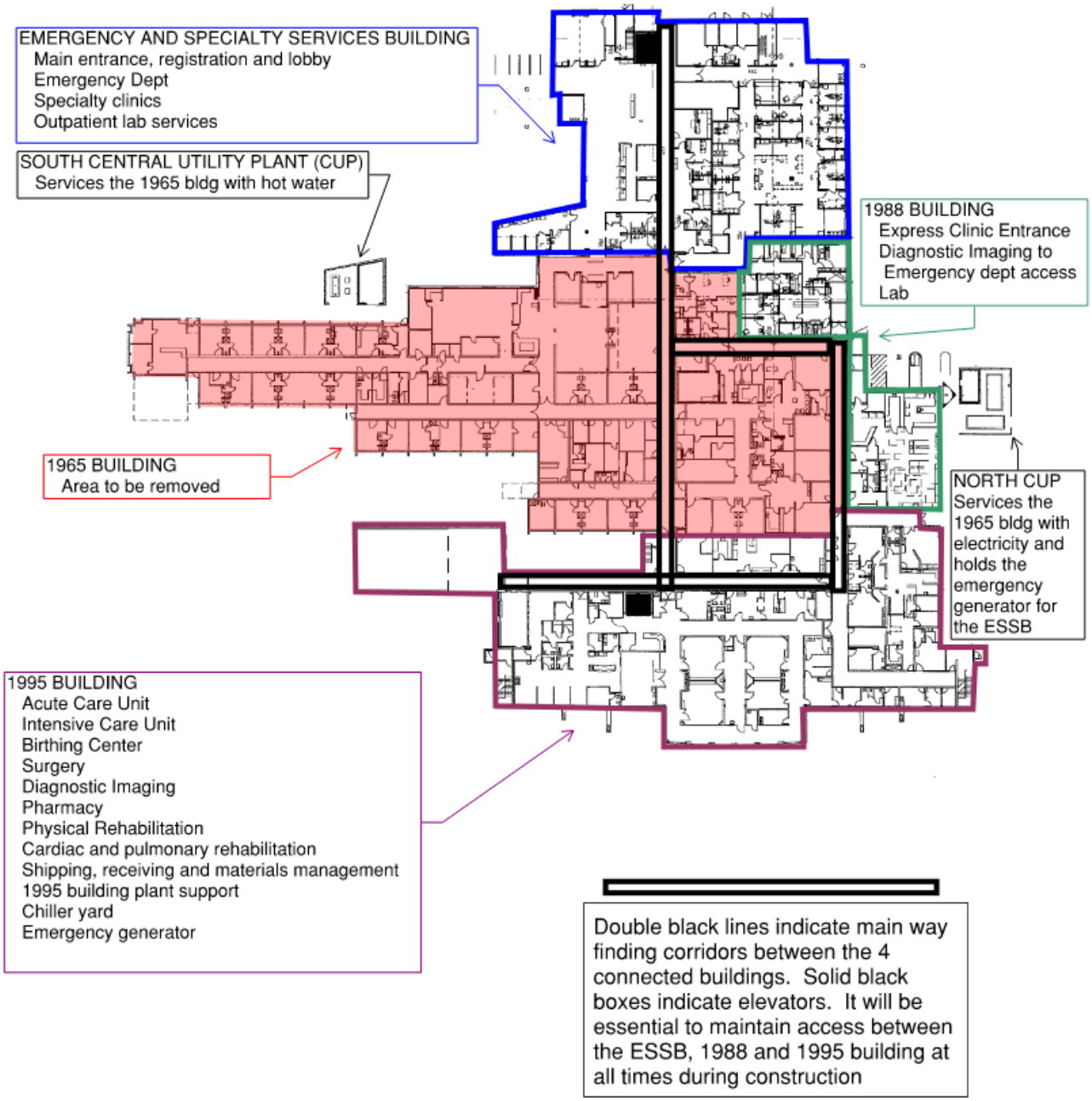
These renderings show the first floor below grade and the 3 floors of the addition aligning with the 3 floors of the ’95 building. An extension off the south end of the ’95 building could provide circulation between ’95 and the new construction at all levels.

Construction types: Infill Type 1. Occupancy Type I. The clinic does not have inpatients and could be of a lesser Construction Type V and Occupancy Type B.

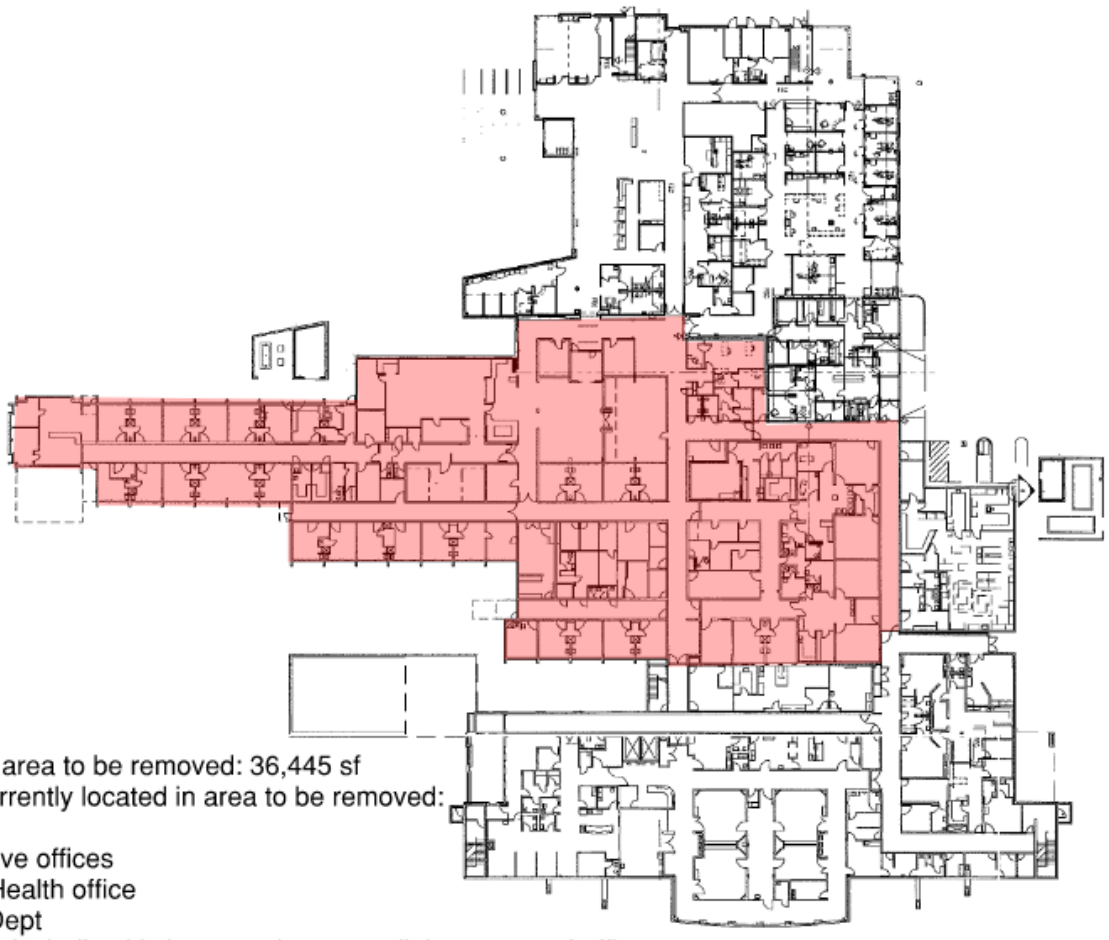
Total Size: Approximately 109,000 sf of new construction.

- 10,000 sf of basement.
- 45,000 sf of new construction infill (ground floor + 2nd floor)
- 54,000 sf on 3 stories (each 18,000 sf) for the Primary Care/Specialty Care building.

EXISTING CONDITION INFORMATION:



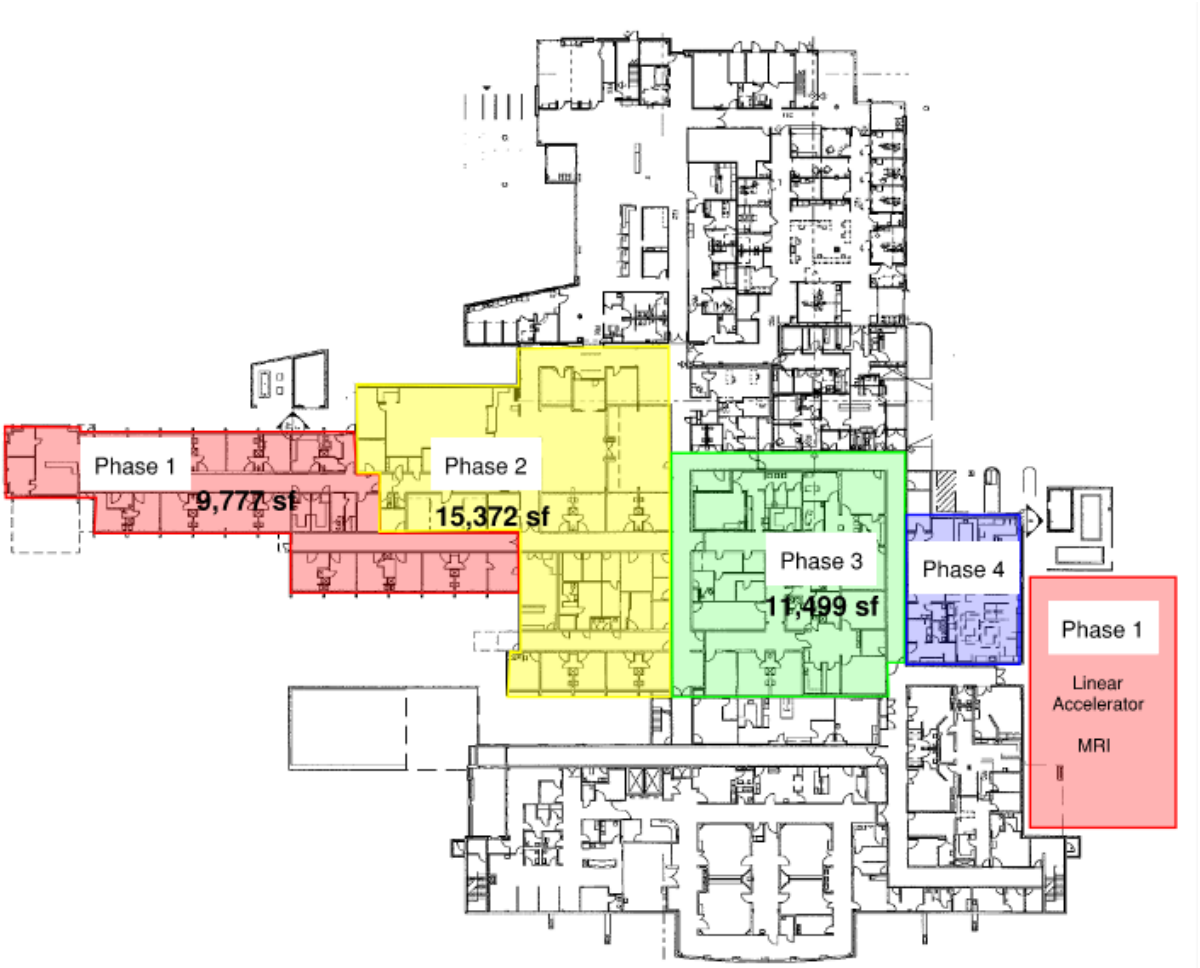
AREA/DEPARTMENTS TO BE DEMO'D:



Highlighted area to be removed: 36,445 sf
Services currently located in area to be removed:

Administrative offices
Employee Health office
Marketing Dept
Dietary dept including kitchen, serving area, dining area and offices
Board of Commissioner's office
Case Managers offices
Vascular Ultrasound services
Patient Advocates
House Supervisors
Nursing scheduling office
Provider Lounge
Women's Clinic
MRI suite
Express Clinic
Puget Conference Room
Facilities Shop
Paint Shop
EVS dept
Gift shop storage
Public Restrooms
Biomed dept
Mail room
Linen storage
Independent Data Farm "C"
IT storage and organization wide data routing
Human Resources dept
Population Health office

PRELIMINARY PHASING *TBD: (The formal phasing plan will be developed with the design-build team following selection. This is a preliminary plan only showing what phasing could potentially look like for the project)



PHASE 1 TBD	
Remove 9,777 sf of:	**Add:**
Administration + offices	New MRI suite
HR	Linear Accelerator
Employee Health	
Marketing	

PHASE 2 TBD
Remove 15,372 sf of:
Dietary and café
Commissioner's office
Case Managers
Dieticians + Dietary Director
Pacific Vascular
Patient Advocates
House Supervisors
Exec. Director of In-Patient Services
Nursing Scheduler
Provider lounge
Women's Clinic

PHASE 3 TBD
Remove 11,500 sf of:
MRI
Express Clinic
Puget Room
Facilities shop
Paint shop
EVS
Gift shop storage
Public restrooms
Biomed shop
Mail room
Linen storage
IDF "C"
IT storage and data routing

PHASE 4 TBD
Seismic retrofit of 1988 building