



**Interior Health**

**Project Brief**

**Royal Inland Hospital  
Clinical Services Building**

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## 1 INTRODUCTION

### 1.1 PURPOSE OF THIS PROJECT BRIEF

This Project Brief, and all comments included in it, is intended only as a convenient summary and reference describing the Royal Inland Hospital Clinical Services Building Project (“the **Project**”), the business opportunity, the Interior Health Authority and the anticipated competitive selection process. **The Project Brief is not included as part of the Request for Qualifications (“RFQ”) or Request for Proposals (“RFP”), and is not intended to be included with, or referred to in any way in interpreting the requirements of, the RFQ, the RFP, the Design-Build Agreement, or to in any way define or describe any party’s rights with respect to the Project.**

## 2 THE BUSINESS OPPORTUNITY

The Interior Health Authority is seeking to enter into a contract with a qualified entity to design and build, the new Clinical Services Building at the Royal Inland Hospital in Kamloops, B.C.

The Design-Builder will be procured using a Design-Build (“**DB**”) model to make best use of taxpayer dollars and to leverage private sector innovation and expertise. The Authority expects that a single private partner will provide these integrated services, assuming and sharing defined project risks.

The overall capital cost of the Project is estimated to be \$79.8 million.

Features of this business opportunity include:

- (a) The design and construction of a new Clinical Services Building;
- (b) Appropriate risk sharing and compensation;
- (c) The opportunity to address a critical infrastructure need for the Authority;
- (d) Strong government and public support for the Project; and
- (e) An interactive competitive selection process in which shortlisted teams and the Authority will have the opportunity to discuss key elements of the Project including procurement issues, design issues and documentation, and provisions of the Design-Build Agreement such as appropriate risk allocations.

## 3 THE PROJECT

### 3.1 BACKGROUND TO THE PROJECT

Royal Inland Hospital (“RIH”) plays a critical role in the delivery of acute health care in Kamloops as well as serving the health care needs of the communities in the surrounding area. RIH is in the Thompson Cariboo Shuswap health service area and is one of two Interior Health tertiary referral hospitals. Located in downtown Kamloops, RIH offers high-level, specialty medical care including core physician specialties, 24 hour emergency and trauma services, ambulatory and outpatient clinics, and diagnostic services. Specialty services include ambulatory psychiatry, elderly mental health, clinical nutrition, and lung health.

The main RIH site has functioned continuously as a health care facility since the early 1900s. The original RIH was constructed in 1912, overlooking the City of Kamloops with various additions occurring throughout the decades, bringing total floor area of the hospital up to 37,700 square metres (m<sup>2</sup>).

Site access and parking shortage at RIH has been at a critical point for many years. A lack of parking could potentially have a negative impact to the delivery of services at RIH, and the topography forces the public to navigate a very steep hill in order to gain access to the hospital from off-site parking. This has been an ongoing source of concern for the community. Two separate traffic and parking studies were completed during planning for the RIH site.

For this Project, the Authority plans to develop a new Clinical Services Building with a parkade included to address parking demands.

The Authority is planning the proposed RIH Clinical Services Building Project to include:

- 350 stall parkade;
- Outpatient Services and retail space;
- Academic Space;
- Clinical Service Upgrades; and
- Bridge link to existing hospital.

### 3.2 PROJECT OBJECTIVES

The following objectives were established to guide the development of the Project:

- Provide an integrated service delivery model for patient access to improve patient flow and access to services;
- Create a safer and more inviting pedestrian experience to the hospital by improving site access;

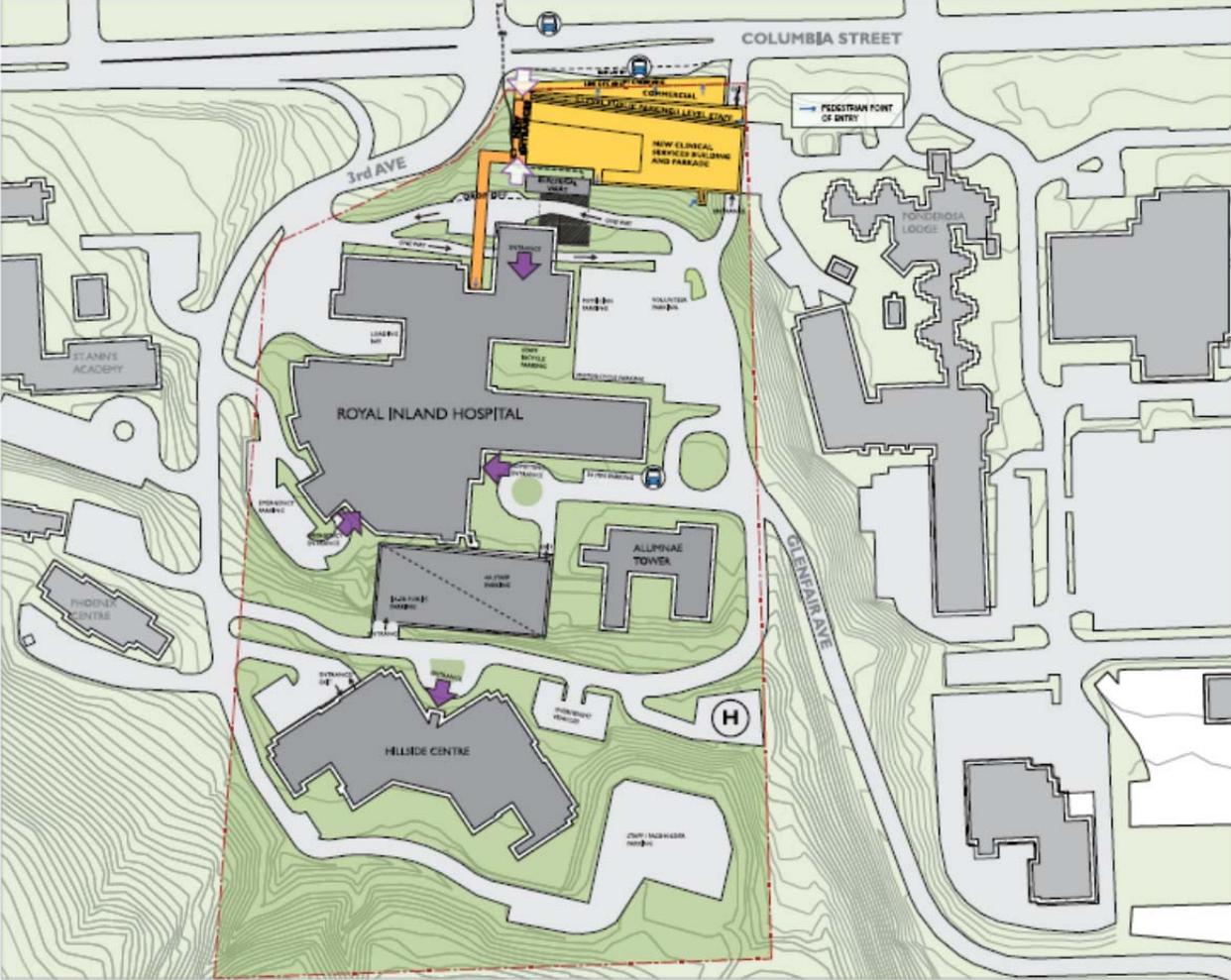
- Plan space to meet functional and workload requirements, based on the 2015/16 and 2026/27 planning horizons and recognizing the potential for future growth and expansion;
- Plan to meet current infection prevention and control, workplace health and safety, and security standards;
- Plan for optimum flexibility in the use of space, e.g. to accommodate changes in practice and operations, as well as future growth and surge;
- Plan to optimize the sharing of space, e.g. facilitate modularity and multi-functional space;
- Respect patient/client privacy in the planning of processes and space, e.g. on how information is collected and managed;
- Plan the environment based on best practices;
- Provide greater flexibility in operation;
- Improve patient care experience; and
- Support enhanced education and its integration within the clinical environment, by:
  - Providing appropriate learning space for students;
  - Enhancing health care provider skills within a changing health system; and
  - Facilitating health care provider collaboration and interdisciplinary team building.

### 3.3 PROJECT SITE

The proposed location for the new Clinical Services Building is on a green space at the north end of the RIH campus adjacent to Columbia Street, shown in the site plan below. The site is generally defined by a very steep sloping rise in excess of 20m. As a result of the site topography, there is approximately a two level grade change from the rear of the building to the front entrance, thus building access occurs at different levels throughout the facility. This significant grade change presents tangible constraints to future development on the site particularly for additional surface parking.

Pedestrian sidewalk provision on site is very limited and provides poor connectivity through the hospital grounds. The vertical grade differential further discourages walking and can be difficult for community members to manage.

Royal Inland Hospital Site Plan



### Royal Inland Hospital Clinical Services Building Concept Plan – North Elevation



### Royal Inland Hospital Clinical Services Building Concept Plan – West Elevation



#### 3.3.1 Site Considerations

RIH is an existing operating hospital and all efforts must be made to ensure the Project does not negatively impact the on-going operations of the hospital. Care and attention must be made to avoid disruptions to services or health care and to minimize the impact of construction on hospital operations including emergency vehicle traffic, worker traffic, noise, vibration etc.

### 3.3.2 Zoning Considerations

The Project will be built on the existing RIH campus therefore no additional or altered zoning is required.

## 3.4 INTERIOR HEALTH AUTHORITY

The Interior Health Authority (the “**Authority**”) was established as one of five geographically-based health authorities in 2001 by the Government of British Columbia. It is responsible for ensuring publicly-funded health services are provided to more than 742,000 residents of the Southern Interior.

Serving a large geographic area of approximately 216,000 square kilometres, the Authority’s service area includes larger cities such as Kamloops, Kelowna, Cranbrook, Trail, Penticton and Vernon, as well as a multitude of rural and remote communities totalling 58 municipalities, 95 unincorporated areas, 55 First Nations communities and seven regional hospital districts.

Currently, the Authority operates 16 community hospitals, four service area hospitals, two tertiary referral hospitals and has 6,275 residential care and assisted living beds (as of October 2012) and provides services for acute care, health promotion and prevention, community care, residential care, mental health, substance misuse, public health and more.

All health care services will continue to be funded by the Province and delivered by IH. The Province maintains control and decision-making over services and owns the land and facilities over the life of the agreement.

Additional information about Interior Health Authority is available at: [www.interiorhealth.ca](http://www.interiorhealth.ca)

The Authority has engaged Partnerships British Columbia Inc. (Partnerships BC) to manage the competitive selection process for this Project.

Additional information about Partnerships BC is available at [www.partnershipsbc.ca](http://www.partnershipsbc.ca).

The Authority has also retained the following advisors to assist in implementing the Project:

- SSA Quantity Surveyor’s Ltd.
- Douglas Hopkins, Boughton Law Corp. (COI Adjudicator);
- Fasken Martineau;
- Dialog (Compliance Team and their sub-consultants)
  - AME Consulting Group
  - Genivar
  - L.A. West Associates
  - McElhanney Consulting
  - LMDG Building Code Consultants
  - Opus International Consultants
- John Singleton, Q.C. – Singleton Urquhart Legal Counsel

### 3.5 LEGISLATIVE AND POLICY REQUIREMENTS

#### 3.5.1 Wood First

As contemplated by the Wood First Act (British Columbia), the successful Proponent will be required to use wood in the Clinical Services Building, consistent with that legislation.

#### 3.5.2 LEED®

The successful Proponent will be required to build the Clinical Services Building to achieve LEED® Gold certification or equivalent.

### 3.6 WORK COMPLETED TO DATE

#### 3.6.1 Approval

The Project has been approved to proceed to procurement by the Province of British Columbia and was announced on April 15, 2013. Further Authority and Province approvals are expected to be required prior to issuance of the RFP and Contract Award.

#### 3.6.2 Project Scope

The proposed Project consists of three major deliverables: two levels of clinical service space, a 350 stall parking garage and 600m<sup>2</sup> of commercial/retail space. Initial concept plans, shown in Section 3.3, estimate that the program results in a six-storey building with retail at grade, parking in the middle, and clinical services space above. The concept plans are shared to allow the Design-Builder to understand the site and program and are not intended to limit the potential for innovation from the Design-Builder. Each of the components will be connected and the Clinical Services Building will be connected back to the main hospital building by way of a pedestrian walkway, making this the principal pedestrian entrance for the building and hospital.

Scope Component	Scope Component Description
Clinical Services Upgrades	2580 m <sup>2</sup> of space for Outpatient Lab & ECG; Pre-Surgical Screening and OR Booking; Cardiopulmonary & Neurodiagnostics; Community Respiratory Therapy; IV Therapy; Vascular Improvement Program; and Bridge link to existing RIH.
	2580 m <sup>2</sup> of space for Medical Outpatient Services; Lecture Theatre, Education; and UBC Medical School/academic space.
Commercial/Retail	600 m <sup>2</sup> of retail and commercial space or future outpatient services
Parkade	350 stall parking garage

The Authority expects to complete basic site preparation concurrently with the Design-Build procurement in order to achieve schedule efficiencies. This will include site clearing, relocation of existing utilities and basic earthworks. The Authority's site works will not be carried out to the extent that it limits the potential for innovation from the Design-Builder.

The Authority recognizes that the current site is a large green space with a number of large trees and memorial trees, therefore, the Authority has committed to relocate the memorial trees elsewhere within the larger RIH site and would seek opportunities from the Design-Builder to repatriate the wood from the larger trees somewhere on the site or possibly within the building.

### 3.6.3 Programming

The Authority has completed the functional programming, indicative design and performance specifications (the "**Statement of Requirements**"). These documents form part of the RFQ as information for the Design-Builder.

The Functional Program completed for the RIH CSB project includes the following project components:

- Outpatient Laboratory & ECG;
- Cardiopulmonary/Neurodiagnostics;
- Community Respiratory Therapy;
- Intravenous Therapy;
- Pre-Surgical Screening & OR Booking;
- Medical Outpatient Services;
- Vascular Improvement Program;
- University of British Columbia Medical School – Kamloops Affiliated Regional Centre;
- Lecture theatre;
- Education; and
- Staff & Support Space.

### 3.6.4 Fairness Advisor

The Authority has appointed John Singleton, Q.C. (Singleton Urquhart Legal Counsel), as the Fairness Advisor to monitor the Competitive Selection Process. The Fairness Advisor will act as an independent observer of the fairness of the implementation of the Competitive Selection Process, up to the selection of a Preferred Proponent. The Fairness Advisor will provide a written report to the Authority that the Authority will make public.

The Fairness Advisor will be:

- (a) provided full access to all documents, meetings and information related to the process under this RFQ which the Fairness Advisor, in its discretion, decides is required; and
- (b) kept fully informed by the Authority of all documents and activities associated with this RFQ.

Respondents may contact the Fairness Advisor directly with regard to concerns about the fairness of the Competitive Selection Process.

### 3.7 PROJECT ELEMENTS

Table 1 identifies and describes the elements of the Project that will be delivered by the Design-Builder.

**Table 1. Project Elements**

Project Element	Description
<b>Elements to be delivered by the Design-Builder:</b>	
Design and Construction	Design, construct and commission the Facility including: <ul style="list-style-type: none"> <li>▪ Obtain all final building and development permits;</li> <li>▪ Design, construct and commission all space and all systems;</li> <li>▪ Provision of fixed equipment;</li> <li>▪ Management of the design development process; and</li> <li>▪ LEED® Gold certification or equivalent.</li> </ul>
Finance	Traditional labour, materials and performance bonds will be expected of the Design-Builder
<b>Elements to be delivered, managed or owned by the Authority:</b>	
Site Preparation	Initial site clearing, utilities relocation and basic earthworks.
Hospital Equipment Procurement	Procurement of equipment and related services (installation, training)
IMIT Systems Verification	Verification and testing of stand alone and integrated IMIT systems

### 3.8 COMPENSATION OF THE DESIGN-BUILDER

The Authority will pay progress payments to the Design-Builder over the construction period as defined in the Design-Build Agreement.

## 4 THE COMPETITIVE SELECTION PROCESS

The Authority intends the Competitive Selection Process to be a two-stage process as follows:

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

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

Table 2 provides an outline of the competitive selection process.

**Table 2: The Competitive Selection Process**

Project Stage	Description
Request for Qualifications	<ul style="list-style-type: none"> <li>▪ Identify and select Respondents who will be invited to respond to the RFP.</li> <li>▪ The RFQ sets out the information requested from Respondents, and the evaluation criteria that will be used to evaluate responses.</li> <li>▪ The Authority intends to shortlist a maximum of three Respondent teams who will then be invited to submit proposals based on the specifications that will be included in the RFP.</li> </ul>
Request for Proposals	<ul style="list-style-type: none"> <li>▪ Proponents will be invited to submit proposals based on the performance specifications, the Final Draft Design-Build Agreement, and requirements included in the RFP.</li> <li>▪ The RFP will detail the business opportunity that Proponents are invited to submit proposals to.</li> </ul>
Collaborative Discussion Process	<ul style="list-style-type: none"> <li>▪ The Authority expects the RFP process to include a series of collaborative meetings with each Proponent.</li> <li>▪ The purpose of such meetings is to aid Proponents in submitting quality proposals that effectively address the needs of the Authority.</li> <li>▪ Meetings will typically include topic areas such as: Clinical/Design, Construction, and Commercial/Legal.</li> </ul>
Design-Build Agreement	<ul style="list-style-type: none"> <li>▪ The Initial Draft Design-Build Agreement will be included with the RFP.</li> <li>▪ Proponents will be invited to provide comments on the agreement and the Authority will respond to these comments while the RFP is open.</li> <li>▪ Prior to the close of the RFP, the Authority will issue a Final Draft Design-Build Agreement to which Proponents will be expected to provide a proposal.</li> </ul>

#### 4.1 TRANSPARENCY OF THE COMPETITIVE SELECTION PROCESS

The RFQ and RFP (including addenda) will be public documents, although only Proponents will be invited to respond to the RFP. The names of shortlisted teams will be made public.

The entire process is subject to the Freedom of Information and Protection of Privacy Act (FOIPPA).

## 4.2 PARTIAL COMPENSATION

The Authority will not pay any partial compensation during the RFQ stage. The Authority intends to offer partial compensation in the amount of \$50,000, inclusive of all taxes, to each unsuccessful Proponent in accordance with the terms of the RFP.

## 5 PROJECT SCHEDULE

Table 3 provides the Authority's estimated timeline for the competitive selection process and the Project.

**Table 3: Project Schedule**

Activity	Timeline
Compliance Team Award	May 8, 2013
RFQ issue date	May 15, 2013
Site Prep Consultant Award	May 14, 2013
Introductory Project Meeting	Week of May 27, 2013
RFQ Submission Time	June 25, 2013 at 2:00 pm
RFQ Evaluations	June 26, 2013 – July 26, 2013
Site Prep construction	July – September, 2013
DB Respondent interviews/presentations (optional)	Week of July 22, 2013
Announce Shortlisted Respondents	August 2013
Issue DB RFP and Initial Draft Design-Build Agreement to Proponents	August 2013
Collaborative Meetings	September – November 2013
Issue Final Draft Design-Build Agreement	December 2013
Submission Time for Technical Submissions	January 2014
Submission Time for Financial Submissions	February 2014
Selection of Preferred Proponent	February 2014
Contract Award	March 2014
Construction Commences	March 2014
Substantial Completion	February 2016