



northern health

Project Brief

For

Queen Charlotte/Haida Gwaii Hospital
Replacement Project

July 18, 2012

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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 Queen Charlotte/Haida Gwaii Hospital Replacement Project, the business opportunity, Northern Health, 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

Northern Health (the Authority) is seeking to enter into a contract with a qualified entity to design and build the Queen Charlotte/Haida Gwaii Hospital Replacement Project (the Project) in the village of Queen Charlotte.

The Project will be procured using a partnership approach. The partnership will utilize a Design-Build model as it will provide greater certainty around project cost and schedule; leverage the strengths of the Authority to support successful Project completion, and support private sector innovation and expertise.

The Authority believes that the Project is an opportunity for participants to form an experienced, highly qualified, multi-disciplinary team supported by the appropriate financial and corporate commitment, resources and experience necessary to undertake the Project.

Features of this business opportunity include:

- (a) The design and construction of a new primary health care facility;
- (b) The opportunity to address a critical infrastructure need for the Authority;
- (c) Strong government and public support for the Project;
- (d) Appropriate risk sharing and compensation; 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.

The Project has been approved to proceed to procurement by the Province of British Columbia. Further Authority and Provincial approvals are expected to be required prior to issuance of the RFP and Contract Award.

The proposed Project will be designed to replace the existing primary health care facility, mental health and addictions and related facilities with a new primary health care facility, including administrative and logistical services, laboratory, diagnostic imaging and pharmacy services.

At a high level, the scope of the Project will comprise of the design and construction of an ambulatory/primary health care centre and an acute centre with supporting administration, food services and logistical services and demolition of the old hospital. Project elements include:

- Public health, mental health and addictions, home and community care services as well as local physician and emergency services;
- A total of eight acute care beds plus one labour, delivery and recovery suite;

- Home and Community care house containing eight residential care beds for clients with complex needs; and
- Diagnostic imaging, laboratory and pharmacy services.

The overall total Project cost is estimated to be approximately \$50 million.

3 THE PROJECT

3.1 BACKGROUND TO THE PROJECT

The Queen Charlotte Islands General Hospital (QCIGH) plays a critical role in serving the health care needs of the southern portion of the populated portions of Haida Gwaii. As a primary health care facility, QCIGH handles non-complex cases. The QCIGH also provides low risk maternity /obstetrical care and chemotherapy and cancer care support and follow up through a community cancer clinic for all of the residents of Haida Gwaii. The current QCIGH was constructed in 1950 in the village of Queen Charlotte on the south end of Graham Island, Haida Gwaii. The QCIGH provides a range of health care services including emergency, clinical and long-term care services to the Village of Queen Charlotte and Skidegate.

The QCIGH is at the end of its design life and, in its current state, is not up to current health care facility standards. Major components of the physical plant have deteriorated and are no longer operational. The remaining components of the building pose potential health and safety risks to both employees and patients.

Addressing the current state of the QCIGH has been recognized by the Authority and the North West Regional Hospital District (NWRHD) as a high priority.

The redevelopment of the QCIGH will enable the Authority to fulfill its commitment to providing quality health care services and improved patient outcomes for northern residents. The Authority is working to ensure the Project includes all the necessary components of a modern health care system including equipment and facilities which will attract and retain health human resources.

3.2 PROJECT OBJECTIVES

To aid with the development of the Project scope and infrastructure decisions, Project objectives have been established for the Project. These Project objectives include the following:

- Enable the Authority to deliver the Primary Care Home¹ philosophy in the community of Queen Charlotte and the area it serves;
- Continue to provide specialized care such as low risk Maternity/Obstetrics and Cancer Care for Haida Gwaii;
- Position the Authority to meet growth in demand for health care services;
- Provide adequate space to enable client focused care delivery and outcomes for patients, clinicians and staff;
- Improve quality of care provided to patients of the Queen Charlotte region;
- Improve working conditions to improve safety, efficiency, and outcomes for patients, clinicians and staff;
- Provide a practice and learning environment that will attract and retain quality health care professionals; and
- In order to meet urgent health care need, complete the new facility by 2015.

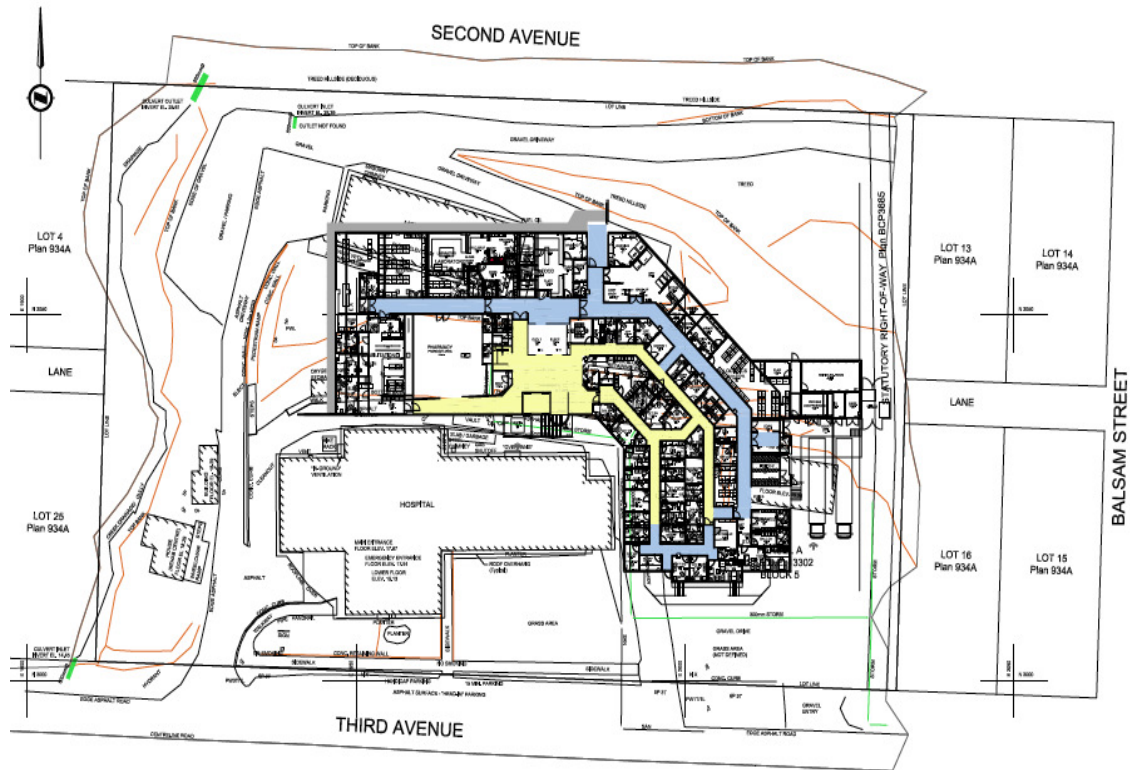
3.3 PROJECT SITE

The Authority has examined site options and has concluded that utilization of the current site provides the most value, both during and after construction. Based on the indicative design, the site is adequate to accommodate the Project. Given the capacity of the current site, the Northern Health Board of Directors passed a motion approving use of the existing site for the new hospital development.

Based on the indicative design and as shown in Figure 1 below, the new two-storey hospital could be constructed behind the existing facility. Once the new facility is complete and occupied, the existing hospital will be deconstructed to make way for parking.

¹ <http://www.northernhealth.ca/YourHealth/PrimaryHealthCare/PrimaryCareHome.aspx>

Figure 1: Indicative Design Placement on the Current Site



3.4 NORTHERN HEALTH AUTHORITY

The Authority serves more than 288,000 British Columbians (6.2 per cent of the Province) throughout 12 census communities, 25 First Nations communities, and numerous unincorporated areas. The region encompasses more than 592,000 square kilometres (64 per cent of the Province). The vastness of this area, combined with the unique health care needs of many northern communities, places great pressure on the staff and resources of the Authority. In order to more effectively deploy resources and meet the needs of residents, the Authority is divided into three health service delivery areas and 17 local health areas, and reports to the Ministry of Health (MoH).

Additional information about the Authority is available at: www.northernhealth.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.

3.5 LEGISLATIVE 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 Project, consistent with that legislation.

3.6 POLICY REQUIREMENTS

3.6.1 LEED®

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

3.7 PROJECT ELEMENTS

Table 2 identifies and describes the elements of the Project that will be delivered by the Design-Builder and the elements that will be delivered, managed or owned by the Authority.

Table 1: Project Elements

Project Element	Description
Elements to be delivered by Design-Builder:	
Design and Construction	Design, construct and commission the Project including: <ul style="list-style-type: none"> ▪ Obtain all final building and development permits; ▪ Design and construct all space; ▪ Management of the design development process; and ▪ LEED® Gold certification or equivalent.
Elements to be delivered, managed or owned by the Authority:	
Facilities Maintenance	Operation, maintenance and rehabilitation of major building systems
Clinical Services	Delivery of all clinical services

3.8 COMPENSATION OF THE PARTNER

It is anticipated that the Authority will make progress payments during construction, the amount, timing and terms and conditions of which will be set out in the RFP.

It is anticipated there will be a Design-Build Price Ceiling in the RFP stipulating a maximum of the progress payments over the construction period and that it will be mandatory to comply with this requirement.

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) from proponents qualified at the RFQ stage.

The accompanying RFQ is being issued by the Authority for the purpose of identifying a shortlist of teams to be invited to participate in a competitive selection process for the development of the Project. The Authority intends that only teams selected through the RFQ will be eligible to be invited to submit a proposal in response to the RFP for the Project.

The Authority wishes to enter into a contract for the Project that will permit the Authority to achieve its corporate objective to provide safe, effective and efficient health care services in the village of Queen Charlotte.

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"> ▪ The RFQ sets out the information requested from respondents, and the evaluation criteria that will be used to evaluate responses. ▪ The Authority intends to evaluate and 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.
Request for Proposals	<ul style="list-style-type: none"> ▪ Proponents will be invited to submit proposals based on the requirements of the RFP including the final draft Design-Build Agreement and the performance specifications. ▪ The RFP will detail the business opportunity that the Proponents are invited to submit proposals to. ▪ It is anticipated that the RFP will include a Design-Build Price Ceiling and it is anticipated that proposals that exceed this ceiling will be disqualified.
Collaborative Discussion Process	<ul style="list-style-type: none"> ▪ The Authority expects the RFP process to include a series of collaborative meetings with each Proponent. ▪ The purpose of such meetings is to aid Proponents in submitting quality proposals that effectively address the needs of the Authority.
Design-Build Agreement	<ul style="list-style-type: none"> ▪ The draft Design-Build Agreement will be included with the RFP. ▪ Proponents will be invited to provide comments on the agreement and the Authority will respond to these comments while the RFP is open. ▪ Prior to the close of the RFP, the Authority will issue a Design-Build Agreement in final form to which the Proponents will be expected to provide a proposal.

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 Fairness Advisor will issue reports documenting the procurement process from a fairness perspective and giving an unbiased opinion on the fairness of the entire competitive selection process.

The Fairness Advisor's reports will be released publicly.

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 expects to offer partial compensation in the amount of \$100,000 to each unsuccessful Proponent who submits a bona fide proposal in response to 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
RFQ issue date	July 18, 2012
Introductory Project Meeting	August 17, 2012
RFQ Submission Time	September 21, 2012
Respondent interviews/presentations (optional)	Week of October 1, 2012
Announce Shortlisted Respondents	October 26, 2012
Issue RFP and Draft Design-Build Agreement to Proponents	November 2, 2012
Collaborative Meetings	November - December 2012
Issue Final Draft Design-Build Agreement	January 25, 2013
Submission Time for Technical Submissions	February 2013
Submission Time for Financial Submissions	March 2013
Selection of Preferred Proponent	April 2013
Contract Award	May 2013
Construction Commences	May 2013
Substantial Completion	May 2015