



Project Brief

BC Children's and BC Women's Redevelopment Project Phase 2

January 7, 2013

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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 BC Children's and BC Women's Redevelopment Project Phase 2, the business opportunity, Provincial Services 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 Project Agreement, or to in any way define or describe any party's rights with respect to the Project.**

2 THE BUSINESS OPPORTUNITY

The Provincial Services Health Authority (the "**Authority**", or "**PHSA**") is seeking to enter into a contract with a qualified entity to design, build, finance and maintain a new Acute Care Centre (the "**Project**", or "**ACC**") building in Vancouver, British Columbia.

The Project will be procured using a partnership approach. The partnership will utilize a Design Build Finance and Maintain ("**DBFM**") model in order to take advantage of private sector innovation and expertise. The Authority expects that a single private partner will provide these integrated services, assuming and sharing defined project risks and participating in the financing of the Project.

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

Features of this business opportunity include:

- (a) The opportunity to address a critical infrastructure need for the Authority;
- (b) Strong government and public support for the Project; and
- (c) 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 Project Agreement such as appropriate risk allocations and payment mechanism.

The Project has been approved by the Province of British Columbia to proceed with the issuance of the RFQ. Further Authority and Province approvals will be required prior to issuance of the RFP and Financial Close.

The scope of the Project includes:

- (a) Demolition of A-Wing and L-Wing of Shaughnessy Hospital and the Medical Education and Research Unit (“**MERU**”).
- (b) Site preparations for the new ACC which includes required site work such as re-grading, landscaping, adjustment to existing surface parking and access routes, pedestrian pathways.
- (c) Renovation of BC Women's Urgent Care Suite/Assessment Room in the 1982 building (which will be done as a construction management project).
- (d) Design and construction of the new ACC.

The capital cost of all project phases is approximately \$700 million. The Phase 2 project is estimated to cost in the range of \$500 million to \$530 million. The PPP contract is anticipated to have a capital value in the range of \$350 million to \$400 million. Approximately 50 per cent of this amount will be financed by Project Co, and the balance will be paid through construction progress draws.

3 THE PROJECT

3.1 BACKGROUND TO THE PROJECT

BC Children's and BC Women's are provincial resources for the coordination and delivery of care to the most acute, complex patients and their families. Existing facilities were not designed to accommodate the increasing volume of women and children who require specialized care to deal with complex and critical illness. The Project creates the opportunity to:

- (a) Effectively manage infection risk through the appropriate separation of the flow of patient, public, staff and materials;
- (b) Meet the specialized care demand projections and the needs of the Province with increased capacity;
- (c) Provide responsive patient care by right-sizing rooms to accommodate the required number of providers and required volume of equipment; and
- (d) Facilitate the teaching and training needs of future health care providers, thus supporting recruitment, clinical resourcing and ultimately care to patients.

Planning for the Project has been underway for several years and has involved multiple agencies and the significant engagement of staff, physicians and families. In September 2010, with the approval of the 2010 business case, government provided funding for Phase 1 and requested that a detailed business case for Phase 2 be prepared. The centrepiece of Phase 2 is the development of the ACC. That business case has now received formal approval, allowing the procurement process for the ACC to commence.

3.2 PROJECT VISION, GUIDING PRINCIPLES AND OBJECTIVES

The Vision for the BC Children's and BC Women's Redevelopment Project is to develop a campus of patient and family-centred care that operates in an environment of quality, excellence and innovation.

The Guiding Principles of the Project are grouped into four main themes shown in the table below. For each guiding principle, several examples of desirable features have been identified.

Table 1: Guiding Principles

Guiding Principle	Desirable Features
Reflect patient and family-centered care philosophy	<ul style="list-style-type: none"> ✓ Put patients and families first and treat the whole person (physical, emotional, social, spiritual dimensions); and ✓ Support a healing environment.
Reflect the culture and core values of BC Children's, BC Women's and UBC	<ul style="list-style-type: none"> ✓ Maintain the individual identities of the organizations that occupy the site now and in the future. ✓ Appropriate for diverse patient populations and ensure accessibility. ✓ Treat the whole person (physical, emotional, social, spiritual dimensions). ✓ Promote patient-provider collaboration and lifelong health and wellness for patients, families, and workers. ✓ Provide space to support clinical education and clinical research activities as part of the core mandate of the organizations.
Maximize operational efficiency	<ul style="list-style-type: none"> ✓ Cost-effective ✓ Support the relationship between services and people. ✓ Incorporate technologies that benefit patient care and support clinical education and clinical research. ✓ Support changes in health care models, including response to public health and environmental disasters, technological changes, and changes to the province's demographics. ✓ Support the needs of staff, physicians, volunteers, learners, patients, and visitors.
Ensure environmental sustainability	<ul style="list-style-type: none"> ✓ Be sensitive to, and work within, the natural environment and the neighbourhood.

The objectives of the Project are to:

- (a) Incorporate LEAN and evidence-based design principles in facility design to improve the delivery of patient and family-centred care;
- (b) Build a new tertiary integrated hospital facility that will serve patients from across the province by utilizing sustainable and financially responsible strategies to address the challenges of the existing BC Children's and BC Women's site;

- (c) Provide a facility that improves operational efficiency and capacity utilization by developing flexible spaces to support effectiveness in health care service delivery and response to public health and environmental disasters;
- (d) Provide space for clinical education and clinical research that support the core mandate of BC Children's and BC Women's;
- (e) Build a facility that is environmentally responsible (to a standard similar or equal to LEED® Gold) and supports a safe and healthy work environment; and
- (f) Integrates with site-wide Information Technology (“IT”).

3.3 PHYSICAL DESCRIPTION OF THE PROJECT

The ACC will be approximately 50,000 gross square meters (“GSM”). Planning to-date suggests that the ACC will include the components outlined below.

- (a) Emergency Department (“ED”): The new model of care includes immediate triage and assessment, no communal patient waiting room; forward movement through the department, with discharge enabled at each stage of care as appropriate; sufficient patient treatment space and capacity to flow patients; and a Clinical Decision Unit of six rooms to provide for patients that have longer stays in the ED.
- (b) Medical Imaging: The current department will be relocated to the new ACC with additional capacity in MRI, Ultrasound and Interventional Radiology. Medical Imaging shares an increasingly close relationship with ED and is located on the same level. Patients regularly flow between the two departments, sometimes with great urgency. This flow is facilitated by “blurring the departmental lines” between Medical Imaging and ED.
- (c) Neonatal Intensive Care Unit (“NICU”): The biggest benefit of the new space for NICU patients, families and providers is the move to single patient rooms. Positive impacts on the well-being of patients and families will be realized through reduced infection risk and noise, and increased privacy and comfort for families. Immediate horizontal adjacency to the High Risk Birthing area must be maintained to ensure the best care and patient safety for babies that require rapid access to the NICU.
- (d) Procedures Suite: The Procedures Suite is organized into two areas – Specialty Procedures and General Procedures. Specialty Procedures provide Orthopedics, Neurosurgery and Cardiac operating rooms as well as Interventional Radiology. These procedures often require post-operative inpatient care in the Pediatric Intensive Care Unit (“PICU”). The General Procedures area includes all other surgical interventions. Both the Specialty and General Procedures areas are supported by Anesthetic Care Unit (“ACU”) beds, which provide for pre- and post-operative care in the same location. The significant requirement for sterile supplies in procedural areas is

satisfied through a dedicated vertical connection to the Medical Device Reprocessing (“MDR”) Department.

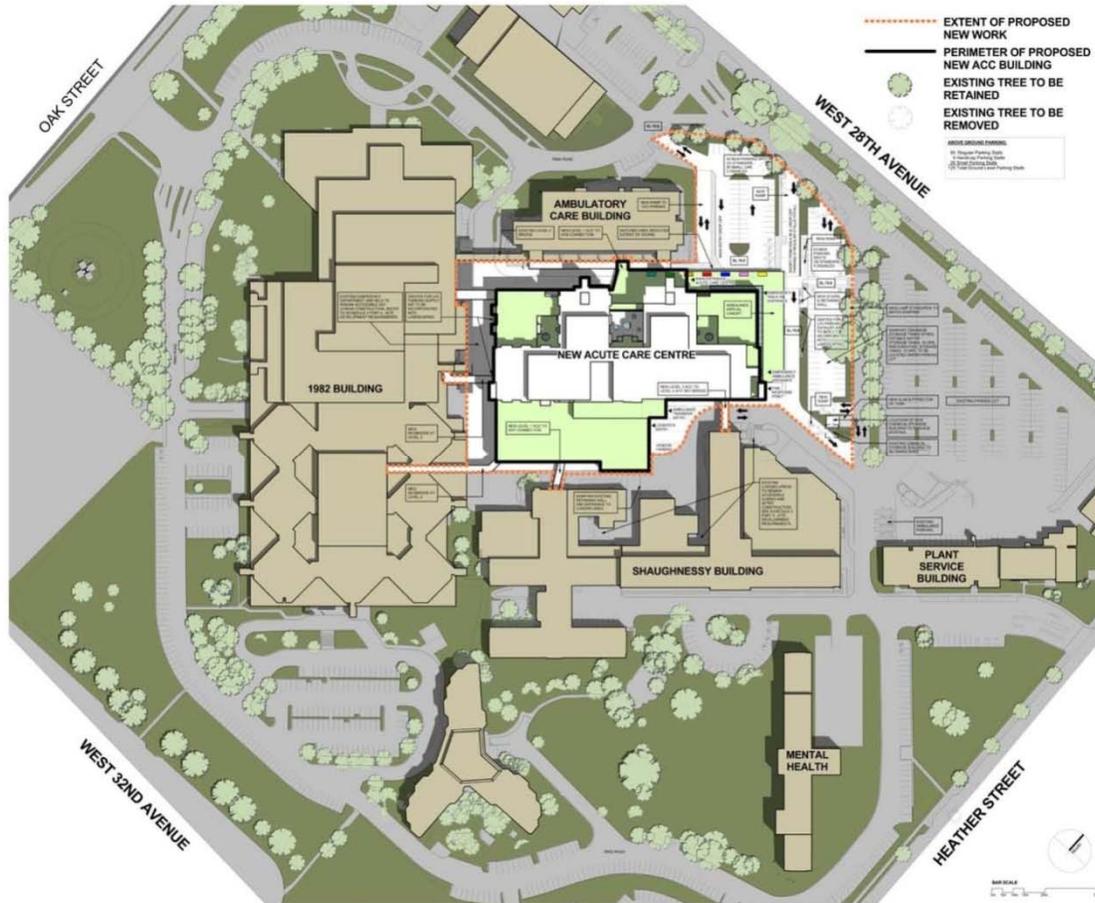
- (e) Pediatric Intensive Care Unit (“PICU”): The PICU serves the most critically ill and injured children in the province. Changing all PICU rooms to single patient rooms will provide the best healing environment that includes reduced infection risk, a quiet, controlled environment and comfortable space for parents to stay with their critically ill child. It is essential that the PICU be adjacent to Specialty Procedures so that patients can be quickly moved should their care require it.
- (f) Medical/Surgical Inpatient Unit: There are 96 single patient rooms planned, each one organized into specific spaces or “zones” for patient, family and provider. Room sizes specified in the functional program are sufficient to accommodate these zones and to allow for equipment needs and interdisciplinary teams to work together with the patient and family.
- (g) Oncology/Hematology/Bone Marrow Transplant (**BMT**): Co-location of the inpatient and outpatient components of this program is best practice to provide a safe environment for an immune- compromised population and also to enable a continuity of care across providers and locations. Breaking down the silos between inpatient and outpatient environments via co-located Oncology/Hematology/BMT service ensures maximum flexibility to provide care when and where it is needed across the entire floor and available spaces. This includes the ability to flex up for inpatient space on the same level on an as-needed basis. Families can stay with their child in hospital in a safe manner under the new design. Appropriately-sized patient rooms for BMT patients will be more comfortable for long stays in the hospital, some of whom require complete isolation for many weeks or possibly months.
- (h) Medical Equipment Depot: The ACC includes a medical equipment depot to provide tracking of equipment and rapid delivery of required equipment to clinical areas. This reduces equipment storage space on the unit, lost equipment, staff time in looking for equipment and clutter in hallways.

3.3.1 Site Considerations

The Site is located at 4500 Oak Street, in a residential area. The Site is owned by PHSA and no land transfers or purchases will be required. Key site considerations include:

- (a) Urban development with constrained access and limited lay-down areas;
- (b) Construction activity on an active acute care campus, where careful consideration will have to be given to minimizing disruption on operations (such as through noise) and maximizing accessibility; and
- (c) The required linkages and service connections to existing facilities that are fully functional acute care patient areas.

A graphical representation of the campus is presented below:



3.3.2 Traffic considerations

The Site is adjacent to a major arterial on Oak Street. Existing site access is available from Oak Street, Heather Street and 28th Avenue.

It is anticipated that the Heather Street access will be closed and a new access point established at Willow Street prior to the end of the Competitive Selection Process.

3.3.3 Zoning Considerations

The Site is currently zoned as CD-1, District 126 (by-law No. 5091). The Project will require rezoning to increase height and density. It is anticipated that the applicable rezoning processes will be completed by PHSA prior to the end of the Competitive Selection Process.

Development and Building Permits will be required. It will be the Preferred Proponent's responsibility to obtain these permits.

3.3.4 Utilities

It is anticipated that the ACC will be self-sufficient in terms of utilities with the exception of steam, which will be provided from the existing steam plant on the Site.

3.3.5 Facility Management Services

The Preferred Proponent will be responsible for the provision, maintenance, repair, replacement and upgrading of all physical plant, mechanical systems, electrical systems, building structure, fixed equipment, building finishes and fixed furnishings required to maintain the ACC in a condition fit for its intended uses.

In addition, it is anticipated that the Preferred Proponent will be responsible for the provision of:

- (a) Housekeeping and waste management services;
- (b) Helpdesk services; and
- (c) Maintenance of the "hard" components of landscaping (including "green roofs") and parking facilities.

3.3.6 Equipment

The Preferred Proponent will have significant obligations with respect to equipment that will include responsibilities for design coordination to full responsibility for the procurement, delivery, installation and commissioning of selected equipment for the ACC. The equipment and different categories will be specified at the RFP stage.

3.4 PROJECT TEAM

3.4.1 Provincial Health Services Authority

PHSA is responsible for providing select specialized and province-wide health care services across BC and works with the five regional health authorities to meet local and provincial needs. Some health problems need highly specialized attention and require services such as cancer therapy, an organ transplant, or treatment for a severe mental health problem. PHSA was created to serve all British Columbians, bringing ground-breaking and cutting edge specialized care to them in a new innovative model of health care delivery.

PHSA plans, coordinates, evaluates and, in some cases, funds select specialized services delivered by regional health authorities. PHSA also leads collaboration projects with the Ministry of Health ("MoH") and regional health authority partners to review and reform major health systems.

Additional information about PHSA is available at: www.phsa.ca.



3.4.2 BC Children's Hospital

BC Children's Hospital and Sunny Hill Health Centre for Children are B.C.'s major treatment, teaching and research facilities for child health.

BC Children's is the province's only tertiary care facility for children and youth, and is the province's major treatment, teaching and research facility for child health. It also provides primary and secondary services to Vancouver residents.

Sunny Hill offers specialized services to children with disabilities, their families, and communities throughout B.C. Sunny Hill serves children from birth to age 19 with interdisciplinary assessment, diagnosis, consultation, referral, and in select cases, treatment for children with complex disabilities.

BC Children's and Sunny Hill are academic health centres affiliated with the University of British Columbia ("UBC"), and partner with many post-secondary institutions across the province. BC Children's affiliation with UBC is key to supporting partnerships in child and youth health. The UBC Faculty of Medicine, Department of Pediatrics, and Pediatric Surgical Divisions are located at BC Children's. There are also strong links with the UBC schools of Rehabilitation, and Speech and Audiology Sciences, as well the School of Nursing and other UBC departments. Additional partnerships supporting child health professional training and research exist with a number of other universities and colleges throughout the province.

Additional information about BC Children's Hospital is available at: www.bcchildrens.ca.

3.4.3 BC Women's Hospital and Health Centre

BC Women's Hospital and Health Centre is the only facility in BC devoted to the health of women, newborns and families, and offers a broad range of specialized services addressing the health needs of women of all ages and backgrounds. It is the largest maternity hospital in Canada and is the cornerstone of the provincial system for high-risk maternity and newborn care.

In recent years, BC Women's has averaged 6,500 births annually and cared for several hundred high-risk newborns through its Neonatal Intensive Care Unit. In the Diagnostic and Ambulatory Program, BC Women's provides essential prenatal consultation, diagnostic and interventional services to women with complex pregnancies. They are responsible for the Provincial Specialized Perinatal Services Program and the B.C. Reproductive Care Program. BC Women's is also the home to the Medical Genetics Program, a provincial academic clinical service offering a full range of clinical genetics services for women, children and families.

As an academic health centre, BC Women's is affiliated with UBC and many other post-secondary institutions across the province, and provides specialized training and continuing education for health care providers throughout B.C. The UBC Faculty of Medicine, and Department of Obstetrics and

Gynaecology are located at BC Women's. There are also strong links with UBC's Department of Family Practice and Department of Midwifery along with other UBC departments.

Additional information about BC Women's Hospital and Health Centre is available at: www.bcwomens.ca.

3.4.4 Partnerships BC

Partnerships BC was established by the Province of British Columbia to evaluate, structure and implement partnership delivery solutions for public infrastructure.

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 Preferred Proponent will be required to use wood in the ACC, consistent with that legislation.

3.5.2 LEED®

The Preferred Proponent will be required to build the ACC to achieve Leadership in Energy and Environmental Design (“LEED®”) Gold certification.

3.6 WORK COMPLETED TO DATE

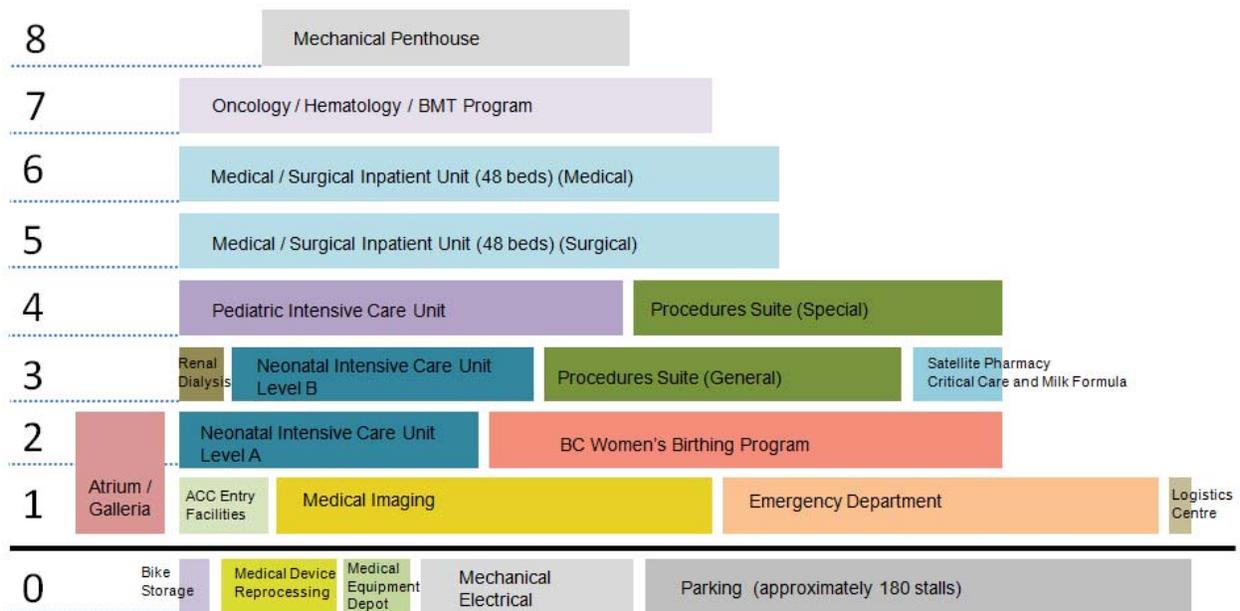
The Authority has undertaken initial operational systems design work in order to describe how services will be delivered within, and to, the ACC. This work covers both clinical service delivery and delivery of support services (e.g., the materials management methodology for maintenance of supply stocks).

Building on that work, functional programmers were engaged to develop a comprehensive functional program for the ACC. The functional program reflects a significant amount of detailed work and clinical participation in the planning process. A range of planning work has been done to ensure that the design of the ACC will be based on leading practice. Literature reviews, site visits and conference materials have all been used to gather information on best practices, emerging trends and to learn from the experience of others.

Users, both clinical and families, were consulted extensively in 2011/12 to develop a draft functional program. This draft was then tested, adjusted and validated through the Integrated Facility Design process in the first half of 2012. Using full scale mock ups of each of the floors of the new facility, clinical, operational and family representatives participated in the process to test flows for patients, families, providers, learners, information, food, supplies, equipment and medications. The outcomes of the Integrated Facility Design process have been essential to the finalization of the functional program.

The Authority's design architects have translated the functional program into an indicative design for the ACC. This indicative design will serve several purposes, including testing the functional program to ensure it fits within the available space; providing input to a quantity survey estimate to confirm affordability; and supporting the refinement of key departmental adjacencies and work flows. The indicative design is not intended to restrict Proponents in their design of the ACC. Indeed, the Authority is particularly interested in opportunities to drive the most efficient and effective work flows possible in the Facility, with a view to maximizing the efficiency of clinical and non-clinical service delivery.

The indicative stacking diagram is presented below:



3.7 PROJECT ELEMENTS

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

Table 2. Project Elements

Project Element	Description
Elements to be delivered by Project Co:	
Design and Construction	Design, construct and commission the Facility including: <ul style="list-style-type: none"> ▪ Obtain all final building and development permits; ▪ Preload (if required); ▪ Design, construct and commission all space; ▪ Provision, maintenance, repair and, as appropriate, upgrading of all fixed equipment; ▪ Management of the design development process; and ▪ LEED® Gold certification.
Utilities	Refer to section 3.3.4
Facilities Management Services	Refer to section 3.3.5
Equipment	Refer to section 3.3.6
Finance	It is anticipated that the Authority will make progress payments during construction of the Facilities (the amount, timing and terms and conditions of which will be set out in the RFP, but which are anticipated to be in the range of 45 to 55 per cent of Project capital costs). Project Co will be required to provide debt and equity financing for the remaining amount.
Hand-back	Undertaking all the necessary tasks to ensure that the Facilities and Sites are returned to the Authority in good working condition in accordance with the contractual requirements of the Project Agreement at the end of term.
Elements to be delivered, managed or owned by the Authority:	
Facilities	The Authority will own the Sites and all buildings and other improvements on the Sites, subject to any licence or other rights to be granted to the partner or third parties
Facilities Maintenance	The Authority will provide ongoing delivery of soft facility maintenance functions and activities that do not form part of the Project such as security.
Clinical Services	The Authority will provide all clinical services delivered on the Sites.
Equipment	The Authority will procure, maintain and provide life cycle services to hospital equipment except as identified in the Project Agreement.

3.8 COMPENSATION OF THE PARTNER

Proponents will be required to bid the monthly service payments that will be made by the Authority throughout the operating term of the Project Agreement. The service payments may only be indexed consistent with, and to the extent of, the underlying component(s) comprising the service payment. The indexation factor will be derived from a common Canadian published index.

Any failure to provide services in accordance with the service specifications may constitute a service failure and may result in deductions from service payments as defined in the Project Agreement payment mechanism.

An amount, bid competitively, will be paid monthly to the partner over the operating term of the Project Agreement, based on the availability and performance of the Facility, commencing upon the Authority's commencement of occupation and use.

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 ACC. 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.

Table 3 provides an outline of the competitive selection process.

Table 3: The Competitive Selection Process

Project Stage	Description
Request for Qualifications	<ul style="list-style-type: none"> ▪ Identify and select respondents who will be invited to respond to the RFP. ▪ The RFQ sets out the information requested from respondents, and the evaluation criteria that will be used to evaluate responses. ▪ 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.
Request for Proposals	<ul style="list-style-type: none"> ▪ Proponents will be invited to submit proposals based on the performance specifications, the final draft Project Agreement, and requirements included in the RFP. ▪ 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 mandatory financial affordability threshold and it is anticipated that proposals that exceed this threshold 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. ▪ Meetings will typically include three topic areas: Clinical/Design, Facility Management, and Commercial/Legal.

Project Agreement	<ul style="list-style-type: none"> ▪ The draft Project 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 Project Agreement in final form to which the proponents will be expected to provide a proposal.
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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.

At the completion of the Competitive Selection Process, the Project team will prepare and publish a summary project report that describes the Competitive Selection Process and the expected benefits of the project. The Project Agreement will be disclosed.

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.

Both the project report and 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 intends to offer partial compensation in the amount of \$500,000 payable to unsuccessful Proponents in accordance with the RFP.

5 PROJECT SCHEDULE

Table 4 provides the Authority's estimated timeline for the competitive selection process and the Project.

Table 4: Project Schedule

Activity	Timeline
RFQ issue date	January 7, 2013
Introductory Project Meeting	January 23, 2013
RFQ Submission Time	February 26, 2013
Respondent interviews (optional)	[to be confirmed]
Announce Shortlisted Respondents	April 2013
Issue RFP and Draft Project Agreement to Proponents	April 2013

Activity	Timeline
Proponents to submit nominated additional Proponent team members and Key Individuals (refer to Section 2.5.3 of the RFQ)	May 2013
Collaborative Meetings	April – August 2013
Interim Financial Submission	TBD
Issue Final Draft Project Agreement	September 2013
Submission Time for Technical Submissions	September 2013
Submission Time for Financial Submissions	December 2013
Selection of Preferred Proponent	Winter 2014
Financial Close	Spring 2014
Construction Commences	Winter 2014
Service Commencement	Winter 2017