

APPENDIX 2

EVALUATION CATEGORIES AND MAJOR EVALUATION CRITERIA

1. EVALUATION CATEGORIES, POINTS AND MAJOR CRITERIA

The evaluation categories (each of which referred to as an “Evaluation Category”) that will be used to assess each Proposal are as follows:

Ref.	Evaluation Category	Maximum Points	Earned Points for Proposal	
			Base Proposal	Alternate Proposal
1.1	Clinical Operations, Efficiency & Design	30		
1.2	Facility Management Services & Human Resources	25		
1.3	Construction	10		
1.4	Financial	20		
1.5	Partnering Relationship	5		
1.6	Risk Transfer & Commercial Considerations	5		
1.7	Team Integration & Delivery	5		
	Total:	100		

Sections 1.1 to 1.7 of this Appendix 2 summarize the major criteria (“Major Evaluation Criteria”) that will be considered by the Proposal Evaluation Committee for each Evaluation Category.

At its discretion the Proposal Evaluation Committee may develop additional criteria under any one or more of the following Major Evaluation Criteria in order to facilitate its review and evaluation.

1.1 CLINICAL OPERATIONS, EFFICIENCY & DESIGN

- (a) The Proponent’s understanding of and meeting key building design and operations requirements as they relate to the Project Vision and Guiding Principles.
- (b) The Proponent’s design solution, including any unique and innovative features, and its impact on the interface between the FM Services and each of the Clinical Services and Non-Clinical Services while considering the resulting effect on functional and operational efficiencies.
- (c) An assessment of the Proponent’s area summary templates in relation to accommodating Clinical Services and Non-Clinical Services, and the Proponent’s ability to undertake the FM Services.
- (d) Design process, including provisions for consultation.
- (e) The Proponent’s site design with specific reference to function, operational efficiency, interaction, communication and way finding at the macro level for the Site as a whole, using space syntax methodology.
- (f) The Proponent’s approach to site criteria detailed in Section 1 Key Site and Building Design Criteria of the Output Specifications, relative to the community context, and:
 - (i) Consistency with the Design Control Covenant.
 - (ii) Consistency with the Development Agreement.
 - (iii) The impact of the design and construction outcomes on integration and its ability to be compatible with adjacent neighbourhoods.
 - (iv) Addressing key traffic, parking, pedestrian and loading issues.
 - (v) Addressing emergency servicing issues.
 - (vi) Provision of necessary infrastructure, both off-site and on-site.
 - (vii) Flexibility for growth through future site development/redevelopment.
 - (viii) Contextual compatibility, based on:
 - Elevations.
 - Sections.
 - Details of materials.

- (g) The Proponent's key site design response, with particular emphasis on:
 - (i) Site conditions, including onsite traffic arrangement.
 - (ii) Building accessibility for vehicles, patients, staff and visitors.
 - (iii) Security and personal safety.

- (h) The Proponent's approach to functional planning, as identified in architectural floor plans, relative to the Clinical Output Specifications and the Non-Clinical Output Specifications, and in particular:
 - (i) Patient flows.
 - (ii) Staff flows.
 - (iii) Intradepartmental relationships.

- (i) The Proponent's design solution and its impact on the operational requirements of AHCC, including in relation to:
 - (i) Work flow methods for nursing and medical staff.
 - (ii) Travel distances for nursing and medical staff between departments.
 - (iii) Linkages within and between functional departments.
 - (iv) Potential recurrent cost savings accruing to the Health Authorities.

- (j) The Proponent's solution and delivery through its design of a functionally optimal outcome that includes adjacencies, as per grouping diagrams for the following (as defined in the Output Specifications):
 - (i) Emergency Group.
 - (ii) Surgical Group – Operating Theatre & Central Processing.
 - (iii) Critical Care and Post Anaesthesia Care Unit.
 - (iv) Health Center as a whole.
 - (v) Ambulatory Care Group.
 - (vi) Cancer Care Group.
 - (vii) Mental Health Group.

- (viii) Public Facilities Group.
- (ix) Women and Children’s services Group.
- (x) Inpatient services.
- (k) The Proponent’s key building design response, with particular emphasis on:
 - (i) Healthcare campus site master planning, expansion capacity, capability and methodology.
 - (ii) Consideration of building type.
 - (iii) Flexibility and expandability.
 - (iv) Facility image and aesthetics.
 - (v) Energy Efficiency and Sustainability.
 - (vi) Provisions for disaster.
 - (vii) Building life cycle approach.
 - (viii) Overall quality.
- (l) The adequacy of the Proposal in meeting the Performance Statements (as defined in Section 1.2 of the Output Specifications), including:
 - (i) Healing environment.
 - (ii) Indoor air quality.
 - (iii) Daylight.
 - (iv) Acoustics.
 - (v) Color design philosophy.
 - (vi) Image and aesthetics.
 - (vii) Use of art.
 - (viii) Space standards.
 - (ix) Circulation (internal).
 - (x) Operational environment.

- (xi) Infection control.
- (xii) Ergonomics.
- (xiii) Design standards for the disabled.
- (m) The Proponents methodology and process for selection and procurement of equipment, inclusive of:
 - (i) Understanding of the requirements of the Health Authorities as defined in and by the Equipment List.
 - (ii) Appropriate communication channels in the selection process for the Health Authorities.
 - (iii) A procurement strategy that enables operation of the Facility to commence in accordance with the schedule in Section 1.7 of the RFP.
- (n) The extent to which Proposals satisfy the Technical Output Specifications, and the appropriateness of the proposed design and technical solutions in the Proposals as referenced to:
 - (i) Structural systems.
 - (ii) Building envelope.
 - (iii) Site and building services infrastructure requirements.
 - (iv) Interior building components.
 - (v) Building engineering systems, including:
 - Civil works.
 - Electrical.
 - Mechanical.
 - Hydraulic and Fire Protection.
 - Vertical transportation.
 - Technology and Communications.
 - IT/Tel.
- (o) The impact of the Proponent’s design and fixed building systems on the operating costs to the Health Authorities for the provision of Clinical Services and Non-Clinical Services, including any innovation in design or construction which provides “added value” to the Health Authorities in terms of managing their own costs over the Project Term.

- (p) Extent to which the Proposal exceeds the minimum requirements set out in the RFP, Output Specifications and other provisions of the Project Agreement.
- (q) Knowledge, qualifications, experience, capabilities and reputation of:
 - (i) Design Team, individually and collectively.
 - (ii) Personnel committed by the Design Team to the Project, and the level of commitment of those personnel to the Project.
- (r) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

1.2 FACILITY MANAGEMENT SERVICES AND HUMAN RESOURCES

- (a) The Proponent’s ability to provide the FM Services within a hospital environment, to the standards as prescribed in the Project Agreement and more particularly the Output Specifications.
- (b) The Proponents plan for delivery of FM Services, including in relation to the following:
 - (i) Consistency of Proposal, in relation to FM Services, with the Project’s Vision and Guiding Principles.
 - (ii) Service delivery methodologies and strategies in service provision for each FM Service, including the ability to provide backup and contingency plans to the Health Authority’s operations.
 - (iii) Innovation in design and delivery of each of the FM Services, including demonstration of “added value” by proposed design and delivery.
 - (iv) Understanding and management of interface issues between each FM Service Provider and between each FM Service and the Clinical Services and Non-Clinical Services.
 - (v) Experience, qualifications and reputation (by FM Service) in healthcare service operations, identifying key issues that are critical in a health care environment.
 - (vi) The adequacy of the proposed Performance Monitoring Program (as defined in the FM Output Specification) to meet the requirements of the FM Output Specifications.

- (vii) Knowledge of and compliance with Applicable Laws for the Project.
- (viii) Comparative costs in a health care environment.
- (c) The appropriateness of the Proponent's management strategy for human resources in relation to:
 - (i) Recruitment and retention strategies.
 - (ii) Training and Development of FM Services' staff, and Health Authorities' staff.
 - (iii) Labour relations and the Proponent's strategy for guaranteeing FM Service outcomes to ensure the Health Authorities are able to achieve and provide Clinical Services and Non-Clinical Services efficiently.
 - (iv) Occupational health and safety strategies, for both the FM Service's staff and for Health Authorities' staff.
 - (v) Horizontal integration/interface management and the seamless transition between the public and private provision of services at and for the AHCC.
 - (vi) Plan for demobilization and mobilization for both the MSA Hospital and the AHCC.
 - (vii) Regulatory compliance measurements and strategies to be utilized to ensure all requirements are continually met.
- (d) Proponent's ability to integrate with Health Co and the Health Authorities, including:
 - (i) Synergies and seamless integration of the FM Services with the provision by the Health Authorities of the Clinical Services and Non-Clinical Services.
 - (ii) Responsiveness to end-users' needs on 24/7 basis.
 - (iii) Any quantifiable benefits to Health Co and the Health Authorities of any proposed horizontal integration of the various FM Services.
- (e) Effectiveness and efficiency of Proponent's equipment inventory system.
- (f) Extent to which the Proposal exceeds the minimum requirements set out in the RFP, Output Specifications and other provisions of the Project Agreement.
- (g) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and

provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

1.3 CONSTRUCTION

- (a) Construction Project Management, including:
- (i) Ability to commence AHCC operations in accordance with the schedule set out in Section 1.7 of the RFP.
 - (ii) The reasonableness of the construction plan and schedule, as demonstrated by the proposed construction plans, milestones and timelines to final completion.
 - (iii) The proposed management process through the construction phase of the Project.
- (b) Construction Methodology and Commissioning, including:
- (i) The Proponent's methodology for moving from the design phase to the construction phase after award of a Project Agreement, with the inclusion of appropriate user group input.
 - (ii) The proposed methodology and proposed construction management process, as they relate to the quality issues required for the Project, including:
 - The Proponent's adherence to the Performance Specifications in Sections 5.2 and 5.3 of the Technical Output Specifications.
 - Extent and type of departures identified in the Schedule of Departures.
 - The Proponent's provision of an appropriate program for quality assurance and how this is to be implemented on a Project-wide basis, including the Constructor's subcontractors.
 - The methodology for the selection and supervision of qualified construction subcontractors.
 - (iii) The Proponent's understanding of the commissioning requirements.
 - (iv) The Proponent's proposed commissioning methodology and work plan, and the Proponent's ability to adhere to the commissioning schedule within the Project Agreement.
 - (v) Extent to which the Proposal exceeds the minimum requirements set out in the RFP, Output Specifications and other provisions of the Project Agreement.

- (c) Knowledge, qualifications, experience, capabilities and reputation of:
 - (i) Constructor and its proposed subcontractors.
 - (ii) Key construction management and supervisory personnel committed to the Project by the Constructor, and the level of commitment of those personnel to the Project.
- (d) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

1.4 FINANCIAL MATTERS

- (a) The Proposal's affordability, in comparison to the affordability requirements for the Project and the ASP Affordability Threshold.
- (b) The expected net present value cost to Health Co and the Health Authorities of:
 - (1) the projected cash flows to Project Co over the length of the Project Agreement; and, (2) any other cost or benefit to Health Co and the Health Authorities resulting from the Proposal, using a real discount rate of 6% including taking into account any adjustments arising from one or more of:
 - (i) Perceived variations in the Project Operations proposed from the Project Operations required by the Initial Form of Project Agreement.
 - (ii) Perceived variations in the risk allocation and other terms of the Proposal from the requirements of the Initial Form of Project Agreement, particularly for Options and for Alternate Proposals (if any).
 - (iii) Any adjustments, and the type and extent of those adjustments, that may be required by Health Co to the Proponent's Financial Model due to assumptions and modelling method used by the Proponent considered inappropriate by Health Co.
 - (iv) The quantitative evaluation of risk, and the Proposal's risk level and risk allocation.
 - (v) Incremental savings or increased costs, if any, to the Health Authorities in providing Clinical Services and Non-Clinical Services resulting from the Proposal.
- (c) The total costs of the Proposal to Health Co and the Health Authorities in both expected net present value terms as well as on an annual basis.

- (d) The Proponent's proposed funding strategy, including the detailed financing plan and the Proponent's Financial Model, and the assumptions upon which the Proponent's Financial Model is based.
- (e) The level and degree to which statements of support are provided from all proposed Funders, and from all those who will be providing equity to Project Co.
- (f) The extent to which draft heads of contract terms are proposed or executed, if applicable, by all relevant parties for all major subcontractors, including for construction, FM Services and hospital equipment.
- (g) The proposed interest rate hedging strategy employed, and the risks associated with this strategy.
- (h) The proposed inflation rate hedging strategy that is employed, and the risks associated with this strategy.
- (i) The provision of parent company guarantees and/or performance bonds to the Proponent, and if applicable to Health Co, including the following information:
 - (i) The full name of the organizations that will provide the proposed guarantees and/or bonds.
 - (ii) The scope of each guarantee or bond, and how this guarantee or bond would work in practice if called on.
 - (iii) The proposed level of the guarantee or bond.
 - (iv) The duration of the guarantee or bond.
- (j) Extent of utilization of commercial opportunities within the proposed AHCC or at the Site, including:
 - (i) Level of third party income assumed in the Proponent's Financial Model to achieve required revenues.
 - (ii) Guarantees of third party income.
 - (iii) Potential impact on reducing the Annual Service Payment and reducing the competitive arrangements for such opportunities presently in place at other facilities of the Health Authorities.
- (k) Proposed insurance coverage and premiums payable, both during the construction phase and during the Operational Term (as defined in the Project Agreement), and how these align to the requirements detailed in the Project Agreement.

- (l) Reasonableness, completeness and adequacy of the Proponent's equipment funding strategy over the term of the Project Agreement.
- (m) The impact on the Annual Service Payment of the Utility Payments and the extent to which the annual tariff is affected if proposed usage patterns are beyond that expected.
- (n) Reasonableness, completeness and adequacy of the construction cost summary pro forma, including reasonableness and feasibility in comparison to those of other Proposals and those assumed by Health Co in its public sector comparator.
- (o) Reasonableness, completeness and adequacy of the proposed overhead and other costing for Variations (as defined in the Project Agreement), including reasonableness and feasibility in comparison to those of other Proposals and those assumed by Health Co in its public sector comparator.
- (p) Reasonableness, completeness and adequacy of the development cost pro forma, including reasonableness and feasibility in comparison to those of other Proposals and those assumed by Health Co in its public sector comparator.
- (q) Reasonableness, completeness and adequacy of the Proponent's estimate of the Proponent's running costs pro forma.
- (r) Reasonableness, completeness and adequacy of the lifecycle cost pro forma, including ability to maintain the infrastructure and equipment in accordance with the Output Specifications and other provisions of the Project Agreement, and including provisions for:
 - (i) Preventative maintenance.
 - (ii) Demand maintenance.
 - (iii) Refresh cycle of building fixed items.
 - (iv) Refresh cycle of furniture items.
- (s) Reasonableness, completeness and adequacy of the FM Services analysis pro forma, including:
 - (i) The number, materiality and reasonableness of any departures to the Service Level Specifications (as defined in the Project Agreement).
 - (ii) Proposed changes to the Service Response and Rectification Times (as defined in the FM Output Specifications).

- (t) Reasonableness, completeness and adequacy of the “Other Costs” and “Income” pro forma.
- (u) Reasonableness, completeness and adequacy of the “Model Specification Booklet” described and requested in the Submission Requirements.
- (v) Reasonableness, completeness and adequacy of the “Model Assumptions Booklet” described and requested in the Submission Requirements.
- (w) Reasonableness, completeness and adequacy of the other pricing and costing information submitted in the Proposal as requested in the Submission Requirements or other parts of the RFP.
- (x) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

1.5 PARTNERING RELATIONSHIP

- (a) Appropriateness and adequacy of Proponent’s proposed strategies for dealing with stakeholders, such as:
 - (i) Health Co.
 - (ii) Each of the Health Authorities, and their various user groups, in the design development and construction phases.
 - (iii) FM Service Providers and their subcontractors.
 - (iv) Local community.
 - (v) The City.
- (b) Clarity of Proponent’s mission and strategy statements.
- (c) Clarity and deliverability of Proposal by Proponent.
- (d) Fostering and promoting a partnering relationship through unique and innovative measures.
- (e) Potential within Proposal to “add value” to the benefit of the Health Authorities.
- (f) Understanding of the Health Authorities’ and British Columbia’s healthcare environments.

- (g) Flexibility vis-à-vis changing needs/requirements of the Health Authorities, especially as clinical requirements change over time, etc.
- (h) Proponent's proposed management structures, particularly for the following:
 - (i) Ability to integrate with all of the Health Authorities.
 - (ii) Clear and appropriate description of management roles.
 - (iii) Management's experience and reputation in healthcare operations.
- (i) Proponent's ability and commitment to integrate with Health Co and the Health Authorities and, in particular:
 - (i) Synergies and seamless integration of Proponent's FM Services with the Health Authorities' Clinical Services and Non-Clinical Services.
 - (ii) Responsiveness to end-users' needs on 24/7 basis.
 - (iii) Any quantifiable benefits to Health Co and the Health Authorities of any proposed horizontal integration of the various FM Services.
- (j) Proponent's ability and commitment to assist Health Co and the Health Authorities to achieve the Project Vision and Guiding Principles.
- (k) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

1.6 RISK TRANSFER AND COMMERCIAL CONSIDERATIONS

- (a) Legal matters related to the Project and to the Proposal, including:
 - (i) Any proposed changes to terms and risk allocation, and the acceptability of these changes to Health Co.
 - (ii) Procedures for managing each risk.
 - (iii) Proposed method for obtaining acceptance of the risk allocation and contractual issues from Funders.
 - (iv) Extent of material contractual issues identified by the Proponent as or related to Priced Options.
 - (v) Relative strengths and weaknesses of the Proponent's legal submissions in comparison to other Proposals.

- (vi) Perceived ability of Health Co to finalize and conclude a Project Agreement based on the Proposal.
- (b) Commercial matters related to the Project and to the Proposal, including:
 - (i) Qualitative review of the Proposal's commercial aspects.
 - (ii) Qualitative and quantitative consideration of any adjustments, and the type and extent of those adjustments, that may be required by Health Co to the Proponent's Financial Model due to assumptions by the Proponent considered beneficial or inappropriate by Health Co.
 - (iii) The quantitative and qualitative evaluation of the range and variability of the expected costs and benefits to Health Co and the Health Authorities, including incremental savings and increased costs, if any, to the Health Authorities of providing Clinical Services and Non-Clinical Services.
 - (iv) Relative strengths and weaknesses of the Proponent's commercial submissions in comparison to other Proposals.
 - (v) The quantitative and qualitative assessment of commercial considerations raised by the legal matters considered above, including issues raised by legal structures and the documentation proposed by the Proponent.
- (c) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

1.7 TEAM INTEGRATION AND DELIVERY

- (a) Ability to provide a cohesive team approach through the conceptual, design, construction and service delivery phases of the Project.
- (b) Role of the various Proponent Team Members and their advisors, particularly the extent to which the Funder is actively involved in the Proposal and the assessment of the financeability of the Proposal.
- (c) The integration of the Design Team, Constructor and FM Service Providers, including:
 - (i) Degree of integration and understanding of the Project's requirements.
 - (ii) Translation of the requirements of the Output Specifications into the design and construction program.

- (iii) Ability to provide an efficient solution.
- (d) The Proponent's strategies for managing relationships, including:
 - (i) Health Co and the other Health Authorities.
 - (ii) The Constructor and Design Team, and the Health Authorities' user groups and users.
 - (iii) The local community, including local politicians.
 - (iv) The media.
 - (v) The individual FM Service Providers.
- (e) Knowledge, qualifications, experience, capabilities and reputation of:
 - (i) Proponent Team Members, individually and collectively.
 - (ii) Personnel committed to the Project by the Proponent and the Proponent Team Members, and the level of commitment of those personnel to the Project.
- (f) Extent to which the Proposal contains extraneous materials, lacks focus and otherwise demonstrates a lack of ability to clearly and concisely organize and provide information in accordance with the requirements of the Submission Requirements and other parts of the RFP.

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