

Bartlett Regional Hospital

AGENDA
PLANNING COMMITTEE MEETING
Thursday, May 5, 2022 – 12:00 p.m.
Zoom Video Conference

This virtual meeting may be accessed via the following link:
<https://bartlethospital.zoom.us/j/94747501805>

or call 1-888-788-0099 and enter webinar ID 947 4750 1805

- I. CALL TO ORDER
- II. APPROVAL OF AGENDA
- III. PUBLIC COMMENT
- IV. APPROVAL OF THE MINUTES
 - [April 1, 2022 Draft Planning Committee Meeting Minutes](#) (Pg.2)
- V. OLD BUSINESS
 - 1. [Master Facility Plan and Timeline](#) – Marc Walker (Pg.4)
 - 2. [Current Projects Update](#) - Marc Walker (Pg.7)
 - 3. [BOPS/Crisis Stabilization Project Update](#) – Jeanne Rynne (Pg.8)
 - 4. ED Expansion Project Update – Jeanne Rynne
 - [Procurement Options](#) – ACTION ITEM (Pg.16)
 - 5. Bartlett Surgery and Specialty Clinic Update – Jerel Humphrey
 - 6. [Strategic Goal Initiatives](#) – Brenda Knapp (Pg.36)
- VI. COMMENTS
- VII. NEXT MEETING – 12:00pm, Friday, June 3, 2022
- VIII. ADJOURN

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartlethospital.org

Planning Committee Meeting Minutes
April 1, 2022 – 12:00 p.m.
Zoom Videoconference / BRH Boardroom

Called to order at 12:00 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT (*Virtual attendees italicized*): Brenda Knapp*, Lance Stevens*, Mark Johnson*, Deb Johnston, Hal Geiger, Iola Young and Kenny Solomon-Gross

ALSO PRESENT: Jerel Humphrey, Robert Tyk, Karen Forrest, Kim McDowell, Dallas Hargrave, Marc Walker, Katie Koester, Lisa EaganLagerquist, Mark Kneedler, Sara Dodd, Sherri Layne, Claire Stremple and Anita Moffitt

APPROVAL OF AGENDA - Mr. Johnson made a MOTION to approve the agenda as written. Mr. Solomon-Gross seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Johnson made a MOTION to approve the minutes from the March 4, 2022 Planning Committee meeting. Mr. Solomon-Gross seconded. There being no objections, minutes approved.

COVID STATUS – Ms. McDowell reported we have 3 Covid patients in house, 7 Covid positive employees. PPE, testing supplies and staffing are all stable at this time. Most Covid positive cases coming through the ED now are incidental findings. There has been a big decrease in the use of our monoclonal antibodies clinics. There has been a spike in Covid cases throughout CBJ due to spring break travel.

MASTER FACILITY PLAN AND TIMELINE – Mr. Walker reported that the facility plan and timeline, included in the packet, have been updated since our last meeting. Completed projects have been removed, new projects, not identified in the original master plan but since been deemed a priority, included.

CURRENT PROJECTS UPDATE – Mr. Walker reported the site improvement project is well underway and moving along quicker than anticipated. Doors and frames for the campus door project were ordered in February and are anticipated to be on campus mid-July for installation.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Ms. Koester reported the field report in the packet reflects the status of the behavioral health building project as of last Thursday. Mr. Forrest reported the work on the behavioral building is going well. She noted that Bartlett Outpatient Psychiatric Services (BOPS) will be expanding significantly, the number of patients they will be able to serve. Patient numbers and revenue information reviewed. Psychiatric providers are currently providing more services with fewer people. There is a need for more therapists, recruitment has been very difficult. In response to Ms. Knapp, Ms. Forrest stated there is no grant funding for the Applied Behavioral Analysis (ABA). Discussion held about projected budget for ABA. An overview of the design changes taking place to the second floor was provided. There will be an elevator in the building. In response to Mr. Johnson, Ms. Forrest reported patient data can be sorted to distinguish CBJ residents from other communities, majority of the patients are from CBJ. Mr. Solomon-Gross initiated discussion about staffing. He requests a staffing plan, to include flow charts be created and presented to the committee. Ms. Knapp suggests HR help with developing a recruitment and marketing plan. Discussion held about the need for a motion to move ahead with changing floor plans. Mr. Humphrey would like a vote of confidence on record. **MOTION by Mr. Johnson: The Planning Committee supports the change in the use of the second floor of the new**

building for the BOPS program as presented and would like the full Board to support it as well. Mr. Stevens seconded. There being no objections, MOTION approved.

ED EXPANSION PROJECT UPDATE - Ms. Koester noted Lisa EaganLangerquist and Mark Kneedler are present and able to help answer any questions the committee may have. She stated that direction from the Planning Committee on the preferred alternate plan for the ED expansion/upgrade project is requested today. Cost estimates from pre-design to current estimates have increased significantly and additional funds are required to complete the project. Increased cost estimates are partly due to the needs that have come up as a result of Covid that had not been identified in the initial plans and the increase in materials. She provided an overview of the pre-design plans which include everything BRH wanted. She then provided an overview of option J, that stays within the original budget. This option causes issues and doesn't improve patient services and delivery of services enough to warrant doing it. Option G is the preferred alternative. It would require an additional \$5 Million but improves patient delivery and our ability to meet code changes in the negative pressure rooms. Ms. EaganLangerquist provided a broad overview of option G. Ms. McDowell reported that key stakeholders have reviewed these plans and identified option G as the safest option for patients and staff. She provided an overview of the list of items supporting this option included on pages 17 and 18 of the packet. In response to Mr. Johnson, Mr. Kneedler stated that discussion has not been held with the state yet about a Certificate of Need (CON) because we need to have a plan first. A consultant has been brought on board to help with the CON process. Once we have authorization to move ahead with a plan, a letter of intent will be drafted and sent to the state to open up discussions. Mr. Johnson expressed concern about moving too far ahead and possibly receiving a negative response from the State. Mr. Solomon-Gross stated that Barbra Nault assisted in bringing a consultant on board to help with this process. He also acknowledged the need for a plan before moving ahead with the CON process. He believes with the help of the engineers and the attorneys, BRH has done its due diligence. Discussion held about the number of rooms to be added to the ED; one airborne isolation room and 2 negative pressure rooms. Overall, the number of negative pressure rooms will increase from 2-6, exam rooms increase from 13-16. Room usage and CON standards discussed. Mr. Tyk said he feels there is hardly any risk of a negative response from the state. BRH is the only hospital in Juneau, this expansion will improve patient and staff safety and increase the ability to serve the population. BRH must be clear about what it is doing and why. Mr. Solomon-Gross noted that he has been in conversations with attorneys Robert Palmer and Barbra Nault about a CON and they don't anticipate any issues. He also noted there is a specialist on board to assist us with the CON process.

MOTION by Mr. Stevens to forward option G to the Finance Committee for review and funding source so we can move this project forward. Mr. Johnson seconded. There being no objections, MOTION approved.

Ms. Knapp thanked the staff and consultants for their work on this project. Ms. Johnston agreed staff and consultants have done an excellent job explaining the differences and what the needs are. She is happy to have this come back to Finance

Bartlett Surgery and Specialty Clinic (BSSC) Relocation – Mr. Humphrey reported we are still looking at options and have no recommendation at this time. He has not heard back from SEARHC about extending of the current BSSC lease.

Prioritization of Strategic Goal Initiatives – Ms. Knapp reported she has no problems with the initiatives assigned to the Planning Committee but is not sure what should be tackled first. Feedback from staff is needed to help make this decision. Mr. Solomon-Gross stated that he would like the chairs from each committee to instruct staff to put together some plans on the initiatives they want to work on. Presentations will be made to the committees for approval and moving to the full Board. Ms. Knapp will ask, through the CEO, that feedback from staff be provided about what staff can provide and what timeframe is recommended for completing each initiative. Mr. Johnson noted that consultants may be needed to help accomplish these tasks. Ms. Knapp will meet with Mr. Humphrey to discuss what staff would be best to provide feedback. Mr. Solomon-Gross encourages all committee chairs to meet with Mr. Humphrey to discuss his recommendations.

Comments – Ms. Knapp will be travelling on Friday, May 6th. Ms. Moffitt to send a survey to identify a date for the next meeting

Next Meeting – To be determined

Adjourned – 1:07 pm.

Project	Type	Cost	Primary Cat.	Priority	Notes	Funding	Status
A. Bidding / Under Construction							
A1	Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement	Reno	\$400k	Surgery		BRH	Nearing Completion
A4	BOPS Replacement Building	New	\$18M	Behavioral Health	May impact ED Addition	BRH	Under Construction
A5	Rainforest Recovery Center Exterior Upgrade	Reno	\$460k	Infrastructure		Def Maint Fund	Under Construction
B5	Fuel Oil Tank Supply Line Upgrade	Site	\$609k	Infrastructure		Def Maint Fund	Ready to Bid
B3	Phase 1 Sidewalk Replacement	Site	\$1.8M	Infrastructure		Def Maint Fund	Under Construction
B4	Southwest Asphalt Replacement (Combined with B3)	Site		Infrastructure		Def Maint Fund	Under Construction
NEW	Campus Door Upgrades	Reno	\$1.1M	Infrastructure		Def Maint Fund	Awarded In Submittal Phase
NEW	Chiller 2 Replacement	Reno	\$465K	Infrastructure		Def Maint Fund	Awarded In Submittal Phase
B. In Design							
C9	Power Conditioning	Site	\$1.8M		Comprehensive surge protection & power cond.		Phase 2 Surge Suppression Ready To Bid
C1	Emergency Dept. Addition & Ventilation Upgrade	Reno	\$18M	Covid	2	Bonding / BRH	In Conceptual Design
	<i>ED - Expanded ED. incl. new Exam, Triage, & Pysch Rms (3,675 sf)</i>			ED			
	<i>ED - New 24-hour Pharmacy (1,215 sf)</i>			ED			
	<i>ED - Reconfigured, relocated and possibly expanded ED Waiting Room</i>			ED	Enlarge for patient separation. Relocate to Entrance.		
	<i>2005 Bldg - OB/Nursery/Special Care. Convert 1 room to +/- pressure</i>			Covid	Requires ventilation system modification		
	<i>2005 Bldg - CCU. All patient rooms with negative/positive pressure</i>			Covid	Requires ventilation system modification		
	<i>2005 Bldg - MHU. Convert 2 rooms for negative/positive pressure</i>			Covid	Requires new ventilation system		
	<i>Pre-2005 Bldg - Med/Surg. Entire back wing negative/positive pressure</i>			Covid	Requires new ventilation system		
	<i>Pre-2005 Bldg - Med/Surg. Add bariatric isolation room with +/- pressure</i>			Covid	Requires new ventilation system		
NEW	Phsician Sleep Rooms (Redesign and rebid in August 2022)	Reno	\$500K	Physician		Def Maint Fund	Redesign/Rebid August 2022
NEW	CT/MRI Replacement	Reno	\$6M	DI		BRH	In Design
C. Future Projects							
B6	New South Site Access	Site	\$1.5M	Access		CBJ primary project permitting	BRH/CBJ
NEW	OR Lights/Booms and required infrastructure upgrades	Reno	\$3M	Surgery			Working with vendor on ROM
C2	North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story)	New/Reno	\$30-50M		3	Where majority of dominos could go	Bonding
	<i>Physician Services rental to replace Juneau Medical Center (8,200 sf)</i>			N. Addition			
	<i>Facilities Offices to replace Juneau Medical Center (950 sf)</i>			N. Addition			
	<i>Expanded Phys. / Occ. / Speech Therapy to replace 1988 Add. (6,880 sf)</i>			N. Addition			
	<i>Expanded Cardiac Gym to replace 1988 Add. (980 sf)</i>			N. Addition			
	<i>Expanded Infusion to replace 1988 Add. (760 sf)</i>			N. Addition			
	<i>Expanded Cafeteria / Kitchen, incl. dedicated Loading Dock (8,625 sf)</i>			N. Addition		Kitchen must move before 1st Floor Reno	BRH
C2B	Proper Changing Rooms and Areas to deal with PAPR's etc.	Reno	Small	Covid		Requires new ventilation system	BRH
C2C	Permanent IT Room	Reno	Medium				
C3	1st Floor Renovation	Reno	\$12M			Requires moved Kitchen (North Addition)	Bonding
	<i>Abatement / Replacement of ductwork and mechanical in Main Shaft</i>					All individual 1st Floor projects could be phased	
	<i>Expanded Materials Management w/ dedicated Loading Dock (4,250 sf)</i>			1 st Floor			
	<i>Expanded Facilities, including Shop space (4,040 sf)</i>			1 st Floor			
	<i>Expanded Facilities-Biomedical Shop (300 sf)</i>			1 st Floor			
	<i>Expanded Facilities – Laundry (2,470 sf)</i>			1 st Floor			
	<i>Reconfigured Shared Staff Space (300 sf)</i>			1 st Floor			
	<i>New Diagnostic Imaging Women's Clinic (2,580 sf)</i>			1 st Floor			
C4	South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf)	New	\$3-10M	S. Addition		New Lab space would allow reno of extg. Lab	Bonding
	<i>Relocate Lab or partially relocate and renovate (2,800 sf or 5,000 sf add.)</i>						
	<i>Create new direct cooridor from ED elevator to Surgical Services</i>						
	<i>Relocate Med Surge patient rooms to exterior, add core (10,000 sf add.)</i>						
C4B	Lab Renovation, including Ventilation Upgrade	Reno	Medium	Lab		Not clear how to renovate without domino space	BRH
C4C	Ventilation Upgrade - Boiler Room	Reno	Small	Infrastructure		May not totally solve heat problem in Lab	BRH

Bartlett Regional Hospital							Originally Prepared by Jensen Yorba Wall, Inc.	
Facilities Master Plan - Project Priorities List							586-1070 corey@jensenyorbawall.com	
March 28, 2022								
Project	Type	Cost	Primary Cat.	Priority	Notes	Funding	Status	
C5	Surgical Service Expansion. Options: 2016 plan, North, or South Add.	New	Large	Surgery		Some or all could be in North Addition	Bonding	
C6	Remove Medical Arts Building, Improve Central Site	Site	Medium	Med. Arts Bldg		Requires Admin. room elsewhere (North Addition)	BRH	
C7	New Parking Garage	Site	Large	Parking		Requires temporary parking loss	Bonding	
C7B	New Parking Garage with Rental / Physician Space above	Site	Large	Parking		Requires temporary parking loss	Bonding	
C8	South Parking / Entrance / Garage		Medium	Parking		Required by ED expansion, South Site Access		
C9	Power Conditioning		Large			Comprehensive surge protection & power cond.		
List does not include basic equipment and small changes like crash carts and lunch room/sleep room needs, small changes to allow better social distancing in PT/OT/ST etc								
Project Size: Small < \$500k, Medium \$500k - \$2M, Large \$2M - \$10M, Major > \$10M								

Bartlett Regional Hospital		Originally Prepared by Jensen Yorba Wall, Inc 586-1070 corey@jensenyorbawall.com											
Facilities Master Plan - Project Priorities Project Timeline													
March 28, 2022													
Project		2021	2022	2023	2024	2025	2026	2027	2028	2029			
A. Bidding / Under Constructior													
A1	Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement	[Bar]											
A4	BOPS Replacement Building	[Bar]											
A5	Rainforest Recovery Center Exterior Upgrade	[Bar]	[Bar]										
B5	Fuel Oil Tank Supply Line Upgrade (Temporary hold on bid to establish Timeline)	[Bar]											
B3	Phase 1 Sidewalk Replacement (+Road Work)	[Bar]	[Bar]										
B4	Southwest Asphalt Replacement (Combined with B3)	[Bar]	[Bar]										
NEW	Campus Door Upgrades	[Bar]	[Bar]										
NEW	Chiller 2 Replacement	[Bar]	[Bar]										
B. In Design													
C9	Power Conditioning	[Bar]	[Bar]										
C1	Emergency Dept. Addition & Ventilation Upgrade	[Bar]	[Bar]	[Bar]									
NEW	Phsician Sleep Rooms (Redesign and rebid in August 2022)	[Bar]	[Bar]	[Bar]									
NEW	CT/MRI Replacement	[Bar]	[Bar]										
C. Future Projects													
B6	New South Site Access (Intrim CEO Request to await arival of permanant CEO)	[Bar]	[Bar]										
NEW	OR Lights/Booms and required infrastructure upgrades	[Bar]	[Bar]										
C2	North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story) <i>C2B - Proper Changing Rooms and Areas to deal with PAPR's etc.</i> <i>C2C - Permanent IT Room</i>		[Bar]	[Bar]	[Bar]	[Bar]	[Bar]						
C3	1st Floor Renovation					[Bar]	[Bar]	[Bar]					
C4	South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf) <i>C4B - Lab Renovation, including Ventilation Upgrade</i> <i>C4C - Ventilation Upgrade - Boiler Room</i>						[Bar]	[Bar]	[Bar]				
C5	Surgical Service Expansion. Options: 2016 plan, North, or South Add.								[Bar]	[Bar]			
C6	Remove Medical Arts Building, Improve Central Site					[Bar]	[Bar]						
C7	New Parking Garage					[Bar]	[Bar]						
C7B	New Parking Garage with Rental / Physician Space above					[Bar]	[Bar]						
C8	South Parking / Entrance / Garage (Intrim CEO Request to await arival of permanant CEO)		[Bar]	[Bar]									
	- Project Planning & Design												
	- Project Construction												

BRH Project Updates

April 28, 2022

Close-out Phase

- **CSR Equipment Upgrades:** Final pay request has been submitted. Waiting on project closeout documentation from contractor.

Under Construction

- **ASU-11/Endo Fan:** RFP 13 for additional ductwork and final system re-balance has been issued to contractor, currently waiting on reply.
- **RRC Siding and Window Replacement:** New substantial completion date for project is 5/31/2021. All interior work is completed, remaining work is gutter installation, re-seeding and punch list items.
- **Behavioral Health Facility:** Steel erection is underway and interior wall framing has begun at the lower level. The Level 1 floor slab is scheduled to be poured on March 30, followed by the Level 2 floor slab the following week. Changes are being incorporated ahead of construction to convert the use of the second floor from specialty clinic space to a behavioral health function. The final completion date is anticipated to be mid/late March of 2023.
- **BRH New Water Main and RRC Waste Line Repairs:** Admiralty Construction is scheduled to begin on May 2nd with the tap in on the lower portion of water line. Will begin working up the access road with the 16" water line shortly after. Estimated duration of the water line installation is two weeks.
- **BRH Site Improvements:** Admiralty Construction is getting really close to finishing phases 1, 2, and 3. They are awaiting sewer structures to finish the underground portion of this area.
- Admiralty Construction began work on Phase 1 of the project, which includes installing the water line on Hospital Drive, on March 16.
- **Campus Door Upgrades:** Currently in submittal phase of project. Lead time for hollow metal doors is approximately 20 weeks; submittal for doors and frames was approved on 2/23/2022
- **Chiller #2 Replacement:** Currently in submittal phase of project. Chiller lead time is approximately 27 weeks and the chiller submittal was approved on 3/25/2022 which puts arrival of chiller around 9/30/2022.

In Design

- **BRH Surge Protection:** The project is scheduled to advertise early May with bids opening in early June. The engineer's estimate range is \$250,000-\$350,000.
- **CT Scanners/MRI Infrastructure Upgrades:** 100% bid documents are due May 9. Project will advertise for bid late May. Architect's estimate range is \$1.1M-\$1.3M. Construction planned to begin in June 2022 with completion in mid-November.
- **ED Addition and Renovation:** BRH Planning Committee and Finance Committee recommended concept G with an increased total project budget of \$17.4M be considered by the BRH Board of Directors at their April 26 meeting. Architects Alaska continues to work on project concept drawings. Cardinal Health has confirmed proposed size of new pharmacy is adequate for proposed program. Project team and stakeholders have selected hammerhead turn-a-round or round about at edge of Wildflower Court as the ambulance path. Selection is pending concept cost estimate. LEED exemption request to be submitted to JCOS on May 4, 2022 meeting.
- **Underground Fuel Line Replacement:** 100% documents received by Taku Engineering February 22, 2022. Construction estimate is \$ 415,000. Total project cost is \$609,000. Working with contracts to start bid advertisement. Expected to start construction after Site Improvements demobilizes.

Planning

- **Valiant Administration Building Window Replacement:** JYW was been contacted to submit a fee proposal to assist with a solution for the water infiltration issues at the windows at the south wall. A small scope of work will be performed this summer in advance of a larger project that will involve removing and reinstalling the siding and window replacement next spring.

On hold/Cancelled

- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** The low bid of two bids came in at \$438,500, more than twice the midpoint of the estimated range of \$150,000-\$250,000. Bid was cancelled. Current plan is to revise/reduce scope of the project and rebid in August 2022.



Daily Observation Report

ENGINEERING DEPARTMENT
CIP Engineering, Third Floor
230 So. Franklin Street, Marine View Center

Project: BRH Behavioral Health Facility, CBJ Contract # BE21-149
Contractor: Dawson Construction
Date/Time Tuesday, April 26, 2022 09:05 a.m.
Weather: Overcast/rain, calm wind, 39 degrees (ground surface – wet.)
Report by: X Rod Wilson, Project Manager, (907) 789-4867 (landline)
 Jeanne Rynne, CBJ City Architect, 586-0800, x4186

Onsite Workforce/Equipment:

Trades	# of Persons	Major Equipment / Notes
General – Dawson Construction (DC)	6	Site supervisor (Jason) & 5 laborers
Concrete – Compass Construction (CC)	1	Superintendent (Rob)
Mechanical – Inside Passage (IP)	1	One Mechanical Associate
Electrical – Ever Electric	2	Jerry Gabor, owner & Brett, foreman

On Site Equipment	# of Pieces	Major Equipment Listing
Equipment, active (DC)	1	-Telescoping forklift (GEHL RS10-55 GEN 3)
Equipment, idle (SEEM)	1	-BOMAG 70/70 Compactor
	1	-Large Excavator (Link-Belt 290-LX)
Equipment, idle (SEEM)	1	-Small Volvo Excavator (VE8182)
	1	-Large drum compactor
	1	-Front-end loader (Volvo CR6U36 L110G)

Purpose of site visit: Routine, daily site visit. (Steve Garger, CBJ PM, not on site.)

Work transpiring since last site visit: DC continues work on the roof system (after installing a temporary tent system over the eastern half.) CC workforce has completed the process of cutting control joints into the basement slab.

Description of Work:

09:05 a.m. Observation:

Upon arrival, the above noted (DC, CC, and IP) workforces were on site.

Dawson Construction: Three DC workers continue work at the roof level (photos on pages 2 through 4.). Riley and Alex work on levels one and two marking wall layouts.

Compass Construction: CC superintendent, (Rob) strips the decorative column at GL's "FF" and "8". See photos 1878, 1879, and 1882.

Inside passage Mechanical: IP worker lays out attachments for ductwork at the 3rd floor.

Ever Electric: EE owner (Jerry) and foreman (Brett) are on site to discuss their approach to provide electrical service to the facility with DC's project superintendent (Jason Sabin).

Southeast Earth movers: SEEM owner (Jon McGraw) showed up on site just as I was leaving with a load of pit rum fill materials (see photo 1885.)

Departed site around 09:45 a.m.

Copies to: Owner, Project File

MAILING ADDRESS: 155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801

Photo 8823 – View of rooftop construction effort looking to the southwest from the roof access hatch. Note an abundance of stored materials and the presence of a “tent” enclosure.



Photo 8825 – View looking to the south along GL “8” at the parapet wall. Roof hatch in the foreground with ‘DensDeck’ and 725 membrane adjacent to the parapet.



Photo 8828 – DC worker fabricates metal framing in advance of sheathing “Elevator Penthouse” walls. Note only a 12-foot wide strip of roof pan has been covered. 75% remains exposed.



Photo 8842 – “Elevator Penthouse” as viewed from the south and west sides, The area to the west (left) of the penthouse has not been started, mostly a storage area for now.



Photo 8852 – “Elevator Penthouse” as viewed from the north and east sides. DC worker installing ‘DensDeck’ sheathing.



Photo 8863 – “Elevator Penthouse” as viewed from the north and east sides. DC worker installing ‘DensDeck’ sheathing.



Photo 1885 – SEEM dumps a load of pit run fill materials along the concrete basement wall adjacent to GL's "E" and "2".



Photo 1878 – CC supervisor (Rob) removes form-work materials from the "Decorative Column" at the juncture of GL's "FF" and "8"



Photo 1879 – Close up view showing the finished surfaces of the “Decorative Column” at the juncture of GL’s “FF” and “8”.



Photo 1882 – View of an electrical box (for future accent lighting) on the southern face of the “Decorative Column”.



Photo 1880 – View of door header assemblies at entries into the storage and support areas on the basement floor level. All exterior walls are to be insulated.



Photo 1881 – View of overhead door header assembly at entries into the snow removal equipment vehicle areas on the basement floor level. All exterior walls are to be insulated.

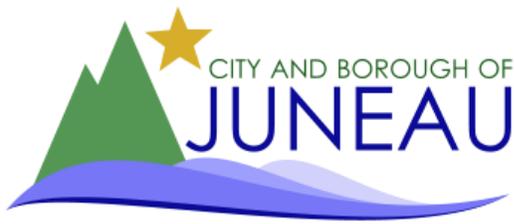


Photo 1883 – IP worker installs support components for HVAC ductwork in the area of Room 315, Breakroom.



Photo 1884 – Ductwork anchors in Room 315, Breakroom, to support future mechanical/duct work. Two anchor bolts visible just to the left of the VTR piping.





DATE: April 28, 2022

TO: Jerel Humphrey, Interim CEO
Bartlett Regional Hospital

FROM: Jeanne Rynne, CBJ Chief Architect

SUBJECT: GC/CM Procurement for BRH Emergency Department Addition and Renovation

Executive Summary

Key characteristics of the BRH Emergency Department (ED) Addition and Renovation project support consideration of an alternative procurement method such as GC/CM (General Contractor/Construction Manager), also known as CMAR (Construction Manager at Risk). The current construction escalation and supply chain challenges underscore the need for considering an alternative approach to the traditional design-bid-build method for construction. Using GC/CM requires that the Assembly approve an ordinance. Timing is of the essence if BRH chooses to consider this procurement approach for ED project.

Benefits of GC/CM

- Allows for qualifications based selection of GC
- Contractor input on construction phasing and cost estimating from early in the design process
- Ability to bid scopes of work prior to 100% completion of project documents

Project Characteristics Relevant to GC/CM Approach

Complexity of Scope – One of the project goals is to complete the ED Addition and Renovation with minimal disruption to the Emergency Department. This will likely entail complex phasing of construction activities around ED operations with the added complexity of complying with ICRA (Infection Control Risk Assessment) requirements throughout the project.

The chart below from the National Institute of Governmental Purchasing (NIGP) compares project delivery methods to project characteristics.¹

¹ National Institute of Governmental Purchasing (NIGP). *Public Procurement Practice: Selecting the Appropriate Construction Project Delivery Method*. NIGP The Institute for Public Procurement. <https://www.nigp.org/resource/global-best-practices/Selecting%20the%20Appropriate%20Construction%20Project%20Delivery%20Method%20Best%20Practice.pdf?dl=true>.

	<i>Construction Project Delivery Methods</i>		
	DB	CMAR	DBB
<i>Project Characteristics</i>	<i>Attributes</i>		
Project Schedule	Fastest	Middle	Slowest
Project Cost (depending on negotiation)	Highest	Middle	Lowest
Change Orders (increases in cost and time)	Lowest	Lowest	Highest
Integration/Collaboration	Highest	Highest	Lowest
Complexity of Scope	Highest	Middle	Lowest
Expertise and Capacity	Contractor	Contractor/Owner	Owner
Risk/Responsibility	Contractor	Contractor/Owner	Owner
Control over Design	Contractor	Owner	Owner

Timing

Project Schedule: The earlier a GC can become involved in the design of a project the better. Consulting with Architects Alaska who have done many hospital projects using GC/CM, bringing the contractor on prior to the Schematic Design phase is ideal, but they have done several project where the GC has not been brought on board until the Design Development phase.

CBJ and BRH processes: In accordance with CBJ purchasing code [9.14 \(c\) \(6\)](#), use of an alternative procurement method requires Assembly approval via an ordinance. This requires introduction at a PWFC (Public Works and Facilities Committee) meeting and two Assembly meetings. Ideally this would take place after approval from the BRH Board of Directors to propose moving forward with the GC/CM approach. Below is a chart that aligns the project milestones with the CBJ ordinance approval process and the BRH approval process.

Attachments:

- National Institute of Governmental Purchasing (NIGP): *Public Procurement Practice: Selecting the Appropriate Construction Project Delivery Method.*
- Design-Build Institute of America (DBIA): *Choosing a Project Delivery Method: A Design-Build Done Right Primer.*

Project Milestones	Option 1 - Expedited CBJ	BRH	Option 2 CBJ
		4/28/22 Propose GC/CM approach to Senior Leadership	
	5/2/22 PWFC		
		5/5/22 BRH Planning Committee	
	5/16/22 Assembly - 1st Reading Ordinance		
		5/24/22 BRH Board of Directors	
		5/26/22 BRH Senior Leadership/CBJ meeting	
		6/3/22 BRH Planning Committee	
			6/6/22 PWFC
	6/13/22 Assembly - 2nd Reading/Adoption Ordinance		6/13/22 Assembly - 1st Reading Ordinance
	6/14/22 Issue RFP for GC/CM Preconstruction Services		
		6/28/22 BRH Board of Directors	
	7/5/22 GC/CM Proposals due		
7/11/22 Schematic Design Complete			7/11/22 Assembly - 2nd Reading/Adoption Ordinance
			7/12/22 Issue RFP for GC/CM Preconstruction Services
	7/30/22 GC/CM selection made		
			8/30/22 GC/CM selection made
9/9/22 Design Development Complete			
12/20/22 Construction Documents Complete			

Option 1 is in the best interest of the project but requires concurrent processing of the issue through CBJ and BRH. BRH Board approval would not be available until the second reading of the Assembly on June 13.

Option 2 is still workable, particularly if BRH is comfortable allowing for an additional month or so to be added to the project schedule. With GC/CM, construction could start sooner with discrete scopes of work (site work for example) than with the Design-Bid-Build method which requires 100% completion of the construction documents prior to bidding. Option 2 allows the issue to work through the BRH review process prior to going to PWFC and the Assembly if the issue moves forward to the Planning Committee on May 5 and to the Board of Directors on May 24.

Option 3, not listed on the chart, would be to stay the course and continue with the traditional Design-Bid-Build approach. According to the latest schedule provided by Architects Alaska, this would put us ready to bid in January of 2023.

Action Requested

Staff requests Senior Leadership to consider whether the GC/CM procurement is worth pursuing for this project, and if so, to select a path forward from the options outlined above.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: April 29, 2022
TO: BRH Planning Committee and Board of Directors
FROM: Jerel Humphrey, Interim CEO
SUBJECT: GC/CM Procurement for BRH Emergency Department Addition and Renovation

Based on the reasons outlined in the memo from CBJ Chief Architect, Senior Leadership feels it is in the best interest of the Emergency Department (ED) Addition and Renovation project to pursue doing the project using the GC/CM (General Contractor/Construction Manager) procurement method and recommends proceeding with the schedule outlined in Option 2.

Senior Leadership requests approval by Planning Committee and Board of Directors to move ahead as recommended.



INTRODUCTION

Application of guidance in public procurement practices will depend on the laws, procurement codes, ordinances, and policies of each entity, along with any grant provisions. Individual agencies may also use different terms for the methods described.

STANDARD

Selection of a construction project delivery method will depend on which delivery methods are permitted by legislation and will be determined through a business analysis of the project characteristics. Project characteristics may include price, complexity of scope, risk, and qualifications, experience, capability, and capacity of the contractor. The attributes of each project characteristic and the priorities of the entity will also help determine which method is selected.

Definition: Project Delivery Method

A **project delivery method** is a process that achieves the satisfactory completion of a construction project. The method is selected for the purpose of assigning risk and responsibility to members of the project team, i.e., owner, designer, builder.

Element 1: The three primary construction project delivery methods are Design-Bid-Build (DBB), Design-Build (DB), and Construction Manager at Risk (CMAR).

Definition: Design-Bid-Build

The traditional construction project delivery method, which customarily involves three sequential project phases of design, procurement, and construction, and two distinct contracts, one for the design phase and one for the construction (build) phase.

1.1 Design-Bid-Build (DBB)

When using the DBB construction project delivery method, the designer is generally selected through qualifications-based selection. Competitive sealed bids or proposals are often used to select the DBB contractor, though some states allow selection through best value or a competitive negotiation process.



Public Procurement Practice

SELECTING THE APPROPRIATE CONSTRUCTION PROJECT DELIVERY METHOD

■ **Multiple-Prime Contracting**

(Cont'd)

A variation of DBB with contracts awarded to multiple contractors instead of one prime contractor. The owner will hold separate contracts with multiple contractors for the various construction work disciplines, such as structural, mechanical, and electrical.

■ **Fast-Track Contracting**

Fast-Track contracting is a DBB variation that involves performing certain construction work before the design is completed.

Definition: Design-Build

A construction project delivery method that combines architectural and engineering design services with construction performance under one contract.

1.2 Design-Build (DB)

When using the DB construction project delivery method, the design-build contractor is preferably selected through a Request for Proposals (RFP) process based on a combination of qualifications and price. Some entities, however, may require selection based only on qualifications through a Request for Qualifications (RFQ) process. The final project price includes both design and construction and is sometimes negotiated prior to award.

Design-Build can form the foundation of a Public-Private Partnership (P3). For more information on P3s, refer to the public procurement practice on the NIGP website.

There are several variations of DB, including Bridging, Progressive Design-Build, Integrated Project Delivery (IPD), and Integrated Design-Build:

■ **Bridging**

A variation of DB in which a designer is retained by the owner to develop the design documents to a specific point, usually to the schematic design level, prior to engaging the DB contractor, who then finishes the design and constructs the project.

■ **Progressive Design-Build (DB)**

A variation of DB in which the sourcing of the design-build contractor is generally based on qualifications or best value, followed by a process in which the owner and design-build contractor work collaboratively through the pre-construction design phases. The construction price is usually determined when the owner is comfortable with the degree of completion of the design, usually at least 40 percent. The design-build contractor is compensated with a firm fixed fee until a fixed price or guaranteed maximum price (GMP) is negotiated for construction. If the owner and design-build contractor are unable to agree, the owner may terminate the contract and use the design to seek competitive bids for a construction contractor.

■ **Integrated Project Delivery (IPD) and Integrated Design-Build**

The DB construction project delivery method integrates the designer and builder into one team with the owner. Integrated Project Delivery (IPD) and Integrated Design-Build are DB variations that extend the integration to include the key subcontractors and subconsultants in the design-build team.

(Cont'd)

If competition is increased, potential total cost may decrease. However, DB favors bigger contractors while smaller contractors can more easily bid on DBB solicitations.



Definition: Construction Manager at Risk (CMR/CMAR)

A construction project delivery method in which the owner enters into separate contracts with the designer and builder, often at or about the same time. During design, the CMAR advises the owner and designer on constructability, value engineering, cost estimating, schedule, sequencing, selection of components and materials, and other matters. When the design is completed, the CMAR becomes the “builder,” or general contractor, responsible or “at risk” for completing construction within the guaranteed maximum price (GMP).

1.3 Construction Manager at Risk (CMR/CMAR)

When using the CMAR construction project delivery method, the designer is selected, generally, through qualifications-based selection, and the CMAR is contracted, generally, through an RFP. Preferably, selection of the CMAR is based on a combination of qualifications and price. However, some entities may require selection only on qualifications. If price is a selection factor, price is proposed in two parts, a fixed price for services during design and a guaranteed maximum price (GMP) for construction. If price is not a selection factor, the fixed fee and GMP are negotiated with the selected CMAR prior to contract award.

When the design is partially complete, the owner and the CMAR negotiate a fixed price for construction based on the design and schedule. If this price does not exceed the GMP and is acceptable to both parties, the owner and CMAR execute a contract for construction services, and the CMAR becomes the general contractor. If the parties cannot agree on a price, the CMAR contract ends and the completed design is used to invite bids from general contractors.

CMAR variations:

- **CM/GC: The Construction Manager/General Contractor (CM/GC or GC/CM)**
The CM/GC variation is nearly identical to CMAR, with the exception that the CM/GC is proposed as a team with major subcontractors and the CMAR may select subcontractors following contract award.
- **CMa: Construction Manager as Agent (CMa)**
Under the CM as Agent (CMa) model, the CMa acts as a consultant to the owner, but is not partnered (contractually) with the designer. CMa services may be contracted during pre-construction, during construction, or over the life of the project. The CMa does not execute the work and is not responsible for subcontracts. As a result, the CMa carries minimal risk.



Public Procurement Practice

SELECTING THE APPROPRIATE CONSTRUCTION PROJECT DELIVERY METHOD

(Cont'd)

1.4 Other construction project delivery methods

While there are three primary construction project delivery methods, Task Order Contracting (TOC) and Job Order Contracting (JOC) are frequently-used construction project delivery method adaptations that allow for innovation. TOC can be viewed as an adaptation of DBB and JOC as an adaptation of DB.

Task Order Contracting (TOC) and Job Order Contracting (JOC)

Both TOC and JOC are efficient and convenient construction project delivery methods for projects that are relatively small in scope and valued below a predetermined threshold. These methods may also be used for projects that need to be done quickly. The solicitation should either state that no guarantee is included for a minimum amount of work or, if required by legislation, provide a reasonable minimum guarantee.

A significant difference between TOC and JOC is the latter's use of a pricing tool when developing the RFP. Some entities may not permit these methods while others limit the project cost or combined project costs that may be awarded as TOC or JOC contracts. Each of these methods can be structured in two phases.

- **TOC**

Phase 1: Contractors are pre-qualified in phase one based on sample tasks.

Phase 2: During phase two, the pre-qualified contractors are invited to compete against one another for each Indefinite Delivery (ID)/Indefinite Quantity (IQ) project. Projects are awarded as tasks to the pre-qualified contractor who submits the lowest responsive offer.

- **JOC**

Phase 1: Competition occurs during phase one. Contracts, if the result of an IFB, are awarded based on total price, or if the result of an RFP, are awarded based on criteria, including a percentage markup on prices in a predetermined unit price book. Unit price for each construction task of the project is based on the selected unit price book and each offeror competes on the adjustment factor, the percentage added to the pre-set unit price.

Phase 2: As projects are identified, the owner initiates discussions with the contractor. Scope is negotiated and the contractor offers a fixed price based on the unit price book.

Element 2: Selection of the construction project delivery method depends on laws, policies, and project characteristics, along with any grant provisions.

Laws will determine which construction project delivery methods are permitted. The construction project delivery method is chosen based on award criteria (Table 1) and project characteristics and their attributes (Table 2).

Public Procurement Practice

SELECTING THE APPROPRIATE CONSTRUCTION PROJECT DELIVERY METHOD

(Cont'd)

Table 1 shows the three primary award criteria (low price, best value, and best qualifications) and the three primary construction project delivery methods (DBB, DB, and CMAR). The table serves as a quick reference to identify the most appropriate construction project delivery method(s) for the award criteria. For example, if selection of the construction project delivery method is based on low price, then DBB would be the best construction project delivery method. If price and qualifications are the award criteria, then either DB or CMAR would be selected as the construction project delivery method.

<i>Construction Project Delivery Methods Criteria</i>	<i>Award Criteria</i>		
	LOW PRICE Award is made to the responsible bidder who submits the lowest responsive bid	BEST VALUE Selection is based on a weighted combination of Price and Qualifications	BEST QUALIFICATIONS Selection is based solely on Qualifications.
DBB • Multiple-prime contracting • Multiple award task order contracting	X	X Price evaluation based on construction cost	
DB • Bridging • Progressive DB • Integrated DB		X	X
CMAR • Construction Manager/General Contractor		X Price evaluation based on CMAR fees and general conditions	X

Table 1: Comparison of Construction Project Delivery Methods

Table 2 compares construction project delivery methods based on project characteristics and their attributes. As the legal environment may provide for choosing among two or more delivery methods, this table can help guide method selection. The information can be viewed as a continuum, and selection will depend on factors such as the unique requirements of the project and the competency of the government negotiators. For example, if the project needs to be done quickly, Design-Build may be the best option. If project stakeholders also wish to keep a cap on increases in time above the contract amount, then the choice expands to either DB or CMAR. In either case, DBB would be the least favorable method.

Because multiple considerations are involved, the procurement professional will need to establish priorities and weigh criteria accordingly.



PRINCIPLES AND PRACTICES OF PUBLIC PROCUREMENT



Public Procurement Practice

SELECTING THE APPROPRIATE CONSTRUCTION PROJECT DELIVERY METHOD

(Cont'd)

Project Characteristics	Construction Project Delivery Methods		
	DB	CMAR	DBB
Project Schedule	Fastest	Middle	Slowest
Project Cost (depending on negotiation)	Highest	Middle	Lowest
Change Orders (increases in cost and time)	Lowest	Lowest	Highest
Integration/Collaboration	Highest	Highest	Lowest
Complexity of Scope	Highest	Middle	Lowest
Expertise and Capacity	Contractor	Contractor/Owner	Owner
Risk/Responsibility	Contractor	Contractor/Owner	Owner
Control over Design	Contractor	Owner	Owner

Table 2: Comparison of Construction Project Delivery Methods by Project Characteristics

Element 3: Selection of the construction project delivery method will be determined through consideration of the attributes of each project delivery method, the entity priorities, and the project characteristics.

The selection of the construction project delivery method should be determined collaboratively between Procurement and internal clients. The decision involves tradeoffs between the different project characteristics, e.g., cost, schedule, and quality. For example, if construction of classrooms needs to be completed before the fall term begins, limited time may be the decision driver and DB may be the best choice. Designing a complex bridge may require the knowledge and experience of the construction contractor and CMAR may be the best choice.

The procurement professional should consider the capability and capacity of the entity when assessing the potential benefits of each construction project delivery method. For example, a higher level of depth, experience, and competence is required of the owner with a DB contract than with DBB or CMAR. With DBB or CMAR, the contracted architect or engineer functions as a guide through the procurement and construction process. The owner may consider employing a third party professional project manager or construction manager to support or supplement staff.

One common complaint about the DBB method is the perception that the lowest bidder may be incompetent, unqualified, or expecting to earn its profit through contract changes and claims. Minimum qualifications, thorough responsibility evaluations, and client reference surveys will help ensure award to competent and responsible contractors. Some governments are also employing best value analysis for DBB contracts to reduce risks.

Public Procurement Practice

SELECTING THE APPROPRIATE CONSTRUCTION PROJECT DELIVERY METHOD

(Cont'd)

Background

When almost all purchases were “bid” and the notion of best value was still years in the future, DBB was the primary method used for construction projects. Like an Invitation for Bids (IFB), the award criteria of the DBB method is low price. Unfortunately, a number of change orders that caused the ultimate project cost to rise were sometimes the unintended consequence of this method. As value analysis, total cost of ownership, and best value became more familiar tools and concepts, other methods evolved. While IFB and DBB are referred to as traditional methods, alternate delivery methods are increasingly utilized to achieve shorter completion time, decreased agency risk, and best value.

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PRINCIPLES AND
PRACTICES OF
PUBLIC PROCUREMENT



Public Procurement Practice

SELECTING THE APPROPRIATE CONSTRUCTION PROJECT DELIVERY METHOD

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CHOOSING A PROJECT DELIVERY METHOD

A Design-Build Done Right Primer



CHOOSING A PROJECT DELIVERY METHOD

A DESIGN-BUILD DONE RIGHT PRIMER

A DESIGN-BUILD INSTITUTE OF AMERICA PUBLICATION

Project Delivery is a comprehensive process including planning, design and construction required to execute and complete a building facility or other type of project. Choosing a project delivery method is one of the fundamental decisions owners make while developing their acquisition strategy.



Project Delivery Systems	Procurement Methods	Contract Formats
Construction Management at Risk (CMR) also known as CM/GC	Best Value (BVS)	Cost Plus Fee
Design-Bid-Build (DBB)	Low Bid	Guaranteed Maximum Price (GMP)
Design-Build (DB)	Negotiated	Lump Sum (or Fixed Price)
Multi-Prime (MP)	Qualifications-Based (QBS)	Target Price
	Sole Source (or Direct Select)	Unit Price

Items listed in alphabetical order.

It is important for the owner to consider all three of these areas – and the options within each – when choosing the project delivery method. This primer focuses on the project delivery method selection.

Determining the **project delivery method** is one of the most important decisions made by every owner embarking on a construction project. Choosing the best method for any project must start with a good understanding of choices available. Owners must also have a firm grasp of the impact of each choice, because the delivery method establishes when parties become engaged; it influences the choices of contractual relationships; and it influences ownership and impact of changes and modification of project costs. In all delivery systems, there is always a minimum of three parties involved: owner, designer and contractor. It is important to choose a delivery method that best meets the unique needs of each owner and their project.

Project considerations have fundamental impacts on the delivery method selected. These considerations include a realistic budget, a schedule that includes a reasonable performance period, a responsive and quality design process, a risk assessment with allocation of risks to the appropriate parties and a recognition of the level of expertise within the owner's organization.

COMMONLY USED PROJECT DELIVERY METHODS¹:

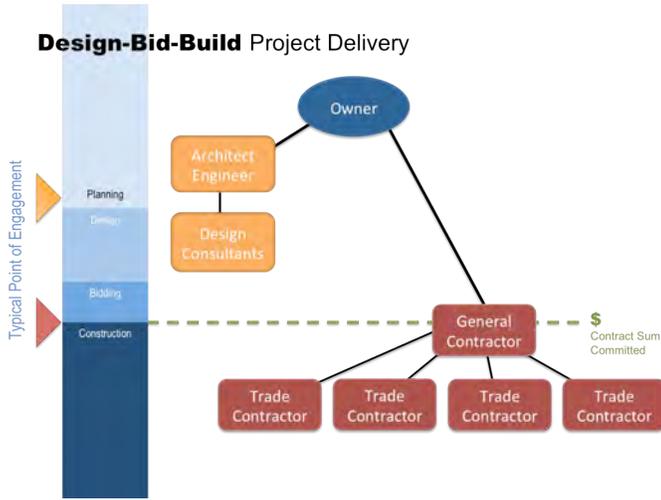
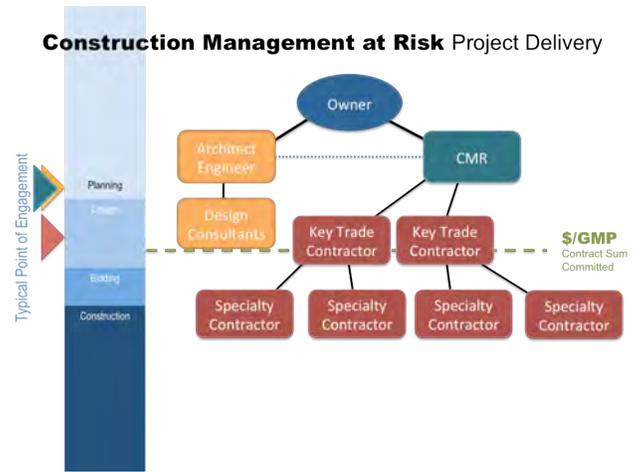
Construction Management at Risk (CMR)²
 Design-Bid-Build (DBB) or traditional
 Design-Build (DB)
 Multi-Prime (MP)

An owner has several areas of concern when embarking on a project. The chosen project delivery method may be a combination or hybrid of multiple delivery methods. Each of these delivery methods establishes different relationships among the parties involved and, subsequently, different levels of risk.

¹ Not included here is "Integrated Project Delivery" or "IPD" which refers to a contractual model where the owner, constructor, designer and potentially others enter into a single, multi-party contract. The contract forms currently available anticipate that the owner, constructor and designer will enter into the same agreement, share some of the risks and rewards of the contract and potentially limit the liability among the parties. Due to the limited history of IPD, it is not included in this list of commonly used project delivery systems. ² Construction Management as Agent (Agency CM) is not a project delivery method. It is a service that the owner may utilize to help with management of the project delivery methods such as multi-prime or design-bid-build.

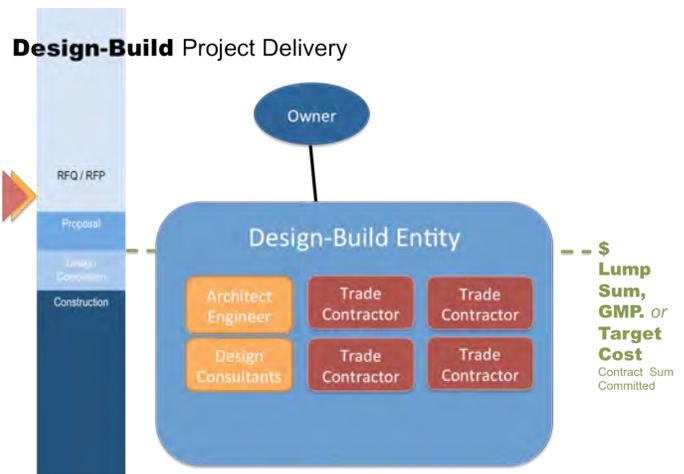
DELIVERY METHODS DEFINED

Construction Management at Risk (CMR) (also called CM at-Risk or CM/GC) – This delivery method entails a commitment by the CMR for construction performance to deliver the project within a defined schedule and price, either a fixed lump sum or a guaranteed maximum price (GMP). The CMR provides construction input to the owner during the design phases and becomes the general contractor during the construction phase.

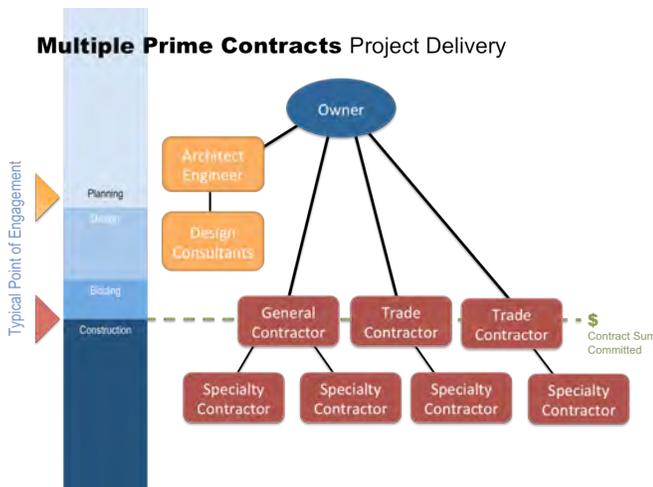
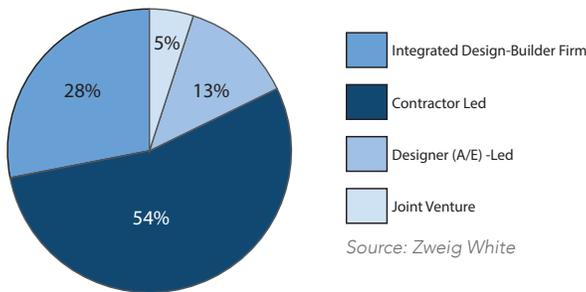


Design-Bid-Build (DBB) – The traditional U.S. project delivery method typically involves three sequential project phases: The design phase, which requires the services of a designer who will be the “designer of record” for the project; the bid phase, when a contractor is selected; and a build or construction phase, when the project is built by the selected (typically low bid) contractor. This sequence usually leads to a sealed bid, fixed-price contract.

Design-Build (DB) – This method of project delivery includes **one** entity (design-builder) and a **single** contract with the owner to provide both architectural/engineering design services and construction.



DESIGN-BUILD ENTITY STRUCTURAL AGREEMENTS



Multi-Prime (MP) – Although similar to design-bid-build relative to the three sequential project phases, with MP the owner contracts directly with separate specialty contractors for specific and designated elements of the work, rather than with a single general or prime contractor.

KEY CONSIDERATIONS WHEN CHOOSING DELIVERY METHODS:

Construction Management at Risk (CMR)

- Three linear phases: design, bid, build or may be fast tracked.
- Three prime players: owner, designer and CM-constructor.
- Two separate contracts: owner to CM-constructor and owner to designer.
- Owner warrants the sufficiency of the plans and specs to the CM-Constructor:
 - Owner is responsible for the “details” of design.
 - Owner is liable for any “gaps” between the plans and specs and the owner’s requirements for performance.

Key Considerations:

- Designer works directly for owner.
- The owner gains the benefit of having the opportunity to incorporate a contractor’s perspective and input to planning and design decisions:
 - More professional relationship with contractor.
 - Earlier knowledge of costs.
 - Earlier involvement of constructor expertise.
- Project delivery typically faster than traditional design-bid-build.
- A primary disadvantage in CMR delivery involves the lack of direct contractual relationship between the contractor and designer, placing the owner between those entities for the resolution of project issues:
 - Disagreements regarding construction quality, the completeness of the design, and impacts to schedule and budget may arise.
 - As with the design-bid-build system, adversarial relationships may result.

Design-Bid-Build (DBB)

- Three linear phases: design, bid and build.
- Three prime players: owner, designer and contractor.
- Two separate contracts: owner to designer and owner to contractor.
- Owner warrants the sufficiency of the plans and specs to the contractor:
 - The contractor is responsible to build the project as designed.
 - The designer is responsible to design to the professional standard of care.
 - Owner is responsible for any “gaps” between the plans and specs and the owner’s requirements for performance.

Key Considerations:

- This method is widely applicable, well understood, and has well-established and clearly defined roles for the parties involved.
- This method is presently a very common approach for public owners due to procurement statutes under which they operate.
- The owner has a significant amount of responsibility for the success or failure of the end product, particularly since the facility’s features are fully determined and specified prior to selection of the contractor (Owner “owns” the details of the design).
- The contractor works directly for the owner.
- The designer works directly for the owner.
- Process may have a longer duration when compared to other delivery methods since all design work must be completed prior to solicitation of the construction bids.
 - Construction may not begin until the design and procurement phases are complete.
- The absence of construction input into the project design may limit the effectiveness and constructability of the design. Important design decisions affecting the types of materials specified and the means and methods of construction may be made without appropriate consideration from a construction perspective.
 - There is no contractual relationship between the contractor and the designer.
 - There is no opportunity for collaboration during the design phase.

- The owner generally faces exposure to contractor change orders and claims over design and constructability issues since the owner accepts liability for design in its contract with the contractor.
 - Change orders: owner is liable for any “gaps” between the plans and specs.
- This traditional approach may promote adversarial relationships rather than cooperation and coordination among the contractor, the designer and the owner.

Design-Build (DB)

- Integrated process: overlapped design and construction – typically fast tracked.
- Two prime players: owner and design-build entity.
- One contract – owner to design-builder with single point of responsibility.
- Entity can take on many forms including:
 - Integrated design-build firm;
 - Contractor led;
 - Designer led;
 - Joint venture; or
 - Developer led.
- The design-builder is responsible to design and construct the project to meet the performance standards set forth by the owner in the contract.
- With respect to any prescriptive designs or specifications, the design-builder is responsible for discovering any inconsistency between the prescriptive requirements and the performance standards and the owner remains responsible for the cost to reconcile the inconsistent standards.

Key Considerations

- Cost efficiencies can be achieved since the contractor and designer are working together throughout the entire process:
 - Fewer changes, fewer claims and less litigation.
 - Earlier knowledge of firm costs.
 - Change orders typically limited to owner changes.
- DB can deliver a project more quickly than conventional DBB or CMR.
- Owner can, and should, specify performance requirements in lieu of prescriptive specifications.
- Ability to enhance project coordination.
- Ability to reduce project claims.
- DB team qualifications are essential for project success; owner must be willing to place a heavy emphasis on the qualifications portion of the selection process.
- Owner must be willing to allow the DB team to handle the design details.
- Owner's entire team must make the “mental shift” to a different way to deliver their project.

Multi-Prime (MP)

- Three linear phases: design, bid and build.
- Multiple-prime players: owner, designer and multiple prime and/or speciality contractors.
- Many separate contracts: owner to designer and owner to multiple prime and/or specialty contractors.
- Owner performs general contractor role.
- Owner warrants the sufficiency of the plans and specs to the contractors:
 - Owner owns the “details” of design.
 - Owner is liable for any “gaps” between the plans and specs and the owner's requirements for performance.

Key Considerations

- Owner has control over the entire process.
- Designer works directly for owner.
- All contractors work directly for owner.
- Some states mandate its use for public sector projects.

- The very nature of this delivery system establishes some primary disadvantages:
 - No central point of contractor coordination and responsibility for all trades. By default, the owner assumes this responsibility.
 - This method may fail due to the absence of overall authority and coordination among the prime contractors during construction.
- A need for increased coordination in the development of the separate bid packages for each prime or specialty contractor, leading to the potential for omitted or duplicated scope.
- The final cost of the project is not known until all prime contracts are procured.
- Problems primarily arise from lack of coordination and contractor delay issues.
 - Potential for numerous claims among various contractors.
- Generally lacks the direct contractual authority to dictate the schedule of another prime contractor.

CHOOSING THE BEST METHOD

Summary of owner considerations:

Owner Control

- Desire to control design details.
- Desire to control project outcome.
- Desire to have control of all prime contractors.
- Desire to empower more innovative project solutions.
- Desire for design excellence.

Owner Relationships

- Desire to have direct relationship with designer.
- Willingness to establish a more professional relationship with contractor.
- Desire to avoid adversarial relationships.
- Ability to enhance project coordination.
- Ability to reduce project claims.
- Desire to integrate the “voice” of the contractor in the planning process.

Project Budget

- Adversity to change orders.
- Need to establish budget at earliest possibility.
- Best value for funds invested.

Project Schedule

- Timing to establish definitive project scope.
- Timing to establish definitive construction cost.
- Ability to fast track a project.
- Total project duration.
- Desire to avoid delays due to disputes or claims.

Owner Risk

- Adversity to change orders.
- Owner’s ability to make timely key decisions.
- Ability to reduce gaps between services.
- Liability for the success or failure of the design.

DBIA offers a free Owner Hotline for any owner interested in more information or with questions. Call or email: ownerhotline@dbia.org 1-866-USE-DBIA (1-866-873-3242)

When these factors are properly evaluated, a good decision can be made on the selection of a project delivery method that best fits the goals and requirements of the owner and the project.

AWARD-WINNING DESIGN-BUILD PROJECTS



PHOTO CREDITS

Photo 1: Buckman Direct Diversion Project, Owner: City of Santa Fe, County of Santa Fe and Buckman Direct Diversion Board, 2012 *Design-Build Honor Award* *2: Colonel James Nesmith Readiness Center*, Owner: Oregon Military Department, 2013 *National Design-Build Award* *3: SPU South Transfer Station*, Owner: Seattle Public Utilities, 2013 *Merit Award Winners* *4: Charnock Well Field Restoration Project*, Owner: City of Santa Monica, California, 2012 *Design-Build Merit Award* *5: San Diego International Airport Green Build Landside Project*, Owner: San Diego County Regional Airport Authority, 2013 *Design-Build Honor Award* *6: Henry M. Jackson Federal Building Modernization*, Owner: U.S. General Services Administration (GSA), 2014 *Design-Build Merit Award* *7: Wayne N. Aspinall Federal Building and U.S. Courthouse*, Owner: U.S. General Services Administration, Rocky Mountain Region, 2014 *Design-Build Merit Award* *8: UC Irvine Contemporary Arts Center*, Owner: University of California, Irvine, 2013 *Design-Build Honor Award* *9: I-15 Corridor Expansion I-15 CORE*, Owner: Utah Department of Transportation, 2013 *National Design-Build Award* *10: Governor George Deukmejian Courthouse*, Owner: State of California Judicial Council, Administrative Office of the Courts, 2014 *Design-Build Merit Award*



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1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.		
	Initiative	Owner
1.1	Evaluate and expand affiliations and partnerships with other healthcare organizations.	Planning Committee
1.2	Develop a comprehensive telehealth department at Bartlett Regional Hospital to help develop new service lines.	Planning Committee
1.3	Recruit needed medical specialists.	Physician Recruitment Committee

2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.		
	Initiative	Owner
2.1	Develop a facility plan that provides for the efficient delivery of clinical services.	Planning Committee
2.2	Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively.	1. Planning Committee 2. Governance Committee
2.3	Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs.	Governance Committee

3. People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.		
	Initiative	Owner
3.1	Resolve electronic medical record system concerns.	1. Finance Committee 2. Quality Committee
3.2	Expand workforce development programs.	1. Planning Committee 2. Quality Committee
3.3	Explore feasibility of hospital run clinics and hospital employed providers.	1. Planning Committee 2. Finance Committee

4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.		
	Initiative	Owner
4.1	Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required.	Finance Committee
4.2	Ensure Bartlett Regional Hospital has the proper executive team to manage finances and assure adequate financial controls.	Finance Committee
4.3	Monitor inflation, provider shortages, and labor shortages impact on budget.	Finance Committee
4.4	Evaluate service line impact on revenues.	Finance Committee

5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.		
	Initiative	Owner
5.1	Stay current on technology and resources to facilitate risk management, data security, and employee safety.	Quality Committee
5.2	Develop quality initiatives that exceed accreditation and regulation requirements.	Quality Committee

6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.		
	Initiative	Owner
6.1	Maintain a robust education and training program at all levels to assure compliance goals are achieved.	Compliance Committee