

Date: August 2, 2013
To: Potential Offerors
From: Gary L. Callahan, Senior Contracts Manager
Re: **Solicitation Addendum # 5 to RFP 13-0637 / East Hawaii Region
Design-Build Turnkey Angiography Suite**

This correspondence serves as Addendum # 5 to the subject Request for Proposals (“RFP”). Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the “Submission Deadline for Questions & Clarification Requests” is being changed by this addendum below to:

3:00 PM, HST, Thursday, August 15, 2013

1. The following questions or comments have been responded to before. We have run through them a second time in an attempt to better spell out what we need in the Angio/Cath Lab/ Suite, Hilo Medical Center’s revised responses are included below:

1. Please list all procedures (or at least detailed types) and quantity or percentage of use that will be performed in the proposed suite? This will help determine the type of equipment, features, options etc. required that will determine the design and construction/facility support that is necessary. **Note:** If HMC does not have a dedicated Cardiac Cath lab or cardiac services department/unit elsewhere in the hospital, and Cardiac Cath procedures will be performed in the new suite, it is our experience and best practice that the most prudent (and technically within FGI Guides) approach is to design and build this suite as a Cath lab that can/will support vascular and IR (interventional radiography) instead of an Angio/Specials/IR/Vascular Lab that will support occasional Cardiac Cath procedures.
2. General Space Planning: The use of existing or need for new space(s) will be identified in functional programming below, but the following spaces are needed for main and support areas for Cardiac Cath (or only portions for Angio only):
 - a. Treatment/Exam
This is a part of the new floor plans and design which are attached to this Addendum as Attachments 1 and 2.
 - b. Control Room
This will require additional space to be carved out of the existing file storage room. The new control room can only extend an overall maximum of 8’-0” into the existing file storage room. (In the event that the vendor cannot place all equipment in the allotted area for treatment and control then the adjacent hallway/corridor could be considered.)

Note: When the existing sections of the file storage system are removed, the contractor shall reconfigure, rewire, etc. the balance of the file storage units so that they are operate as they did before being altered. The facility will be responsible for removing and relocating the files themselves. The contractor will be responsible for removing the file storage cabinets, track, raised floor, etc. to accommodate the Control Room footprint. There is an existing window that will become a part of the new Control Room space. The contractor shall provide both custom blinds and window film.

c. Equipment Room/Enclosure

This space is indicated to be carved out of the existing nuclear medicine space as shown on the proposed plan.

(Note; the equipment vendor shall include as a part of their pricing the following:

1. Relocation of the existing GE Millennium Gamma Camera to an adjacent space.
2. The furnishing and installation of conduits and raceways to accommodate the Gamma Camera cabling and electrical power and any facility phone/data lines.
3. The furnishing and installation of new millwork and finishes to accommodate the existing computer equipment towers, monitors, etc. Furnish and install new millwork to replace the existing millwork in the existing Nuclear Medicine area.
4. The removal of the existing epoxy pad and preparation of the floor for new tile.
5. The furnishing and installation of new flooring in the area where the Gamma Camera is removed and in the area where the Gamma Camera is to be relocated to.

(In the event that the vendor cannot place all equipment in the allotted area of the new equipment room then the adjacent hallway/corridor could be considered.)

d. Image Viewing / Reading

There is an existing RAD reading room across the corridor. In an existing space that this generally used for consultation and other tasks a new Cardio reading room will be carved out. This will require the reconfiguration of the overall space to accommodate the consultation area and traffic flow will be altered through this space. The existing RAD reading room millwork will need to be modified to accommodate the deletion of one door and the addition of another door. The proposed Cardio reading room millwork should consist of counter tops and open upper cabinets with adjustable shelving. The contractor shall furnish and install new finishes in both spaces to include, but not limited to, flooring, cove base, wall patch and paint, ceiling grid and tile, light fixtures and HVAC grilles.

e. Clerical Offices/Spaces

These spaces are existing and shall remain where they are for support of this space.

f. Medical Staff Offices/Work Stations

These spaces are existing in other areas of the facility and shall remain where they are.

g. Medication Storage

See Item 4

h. Consultation Area

See item "2d".

- i. Patient Dress
This function takes place in the Short Stay area of the facility and will continue so.
 - j. Patient Prep
This function takes place in the Short Stay area of the facility and will continue so.
 - k. Patient Holding
This function takes place in the Short Stay area of the facility and will continue so.
 - l. Patient Recovery
This function takes place in a remote site, Short Stay, and will continue so.
 - m. Staff Scrubs/Clothing Change Areas
This function takes place in other areas and will continue so.
 - n. Scrub Sink areas
A new scrub area is to be located in the new control room area.
 - o. Clean and Soiled Workrooms
A new clean workroom is to be established for space carved out of the existing nuclear medicine department. A new soiled utility room is to be a part of the consultation area reconfigure. See Item 2d for further requirements
 - p. Environment Services (Janitor Closet)
Existing to remain throughout the facility
3. To properly address design requirements, has a Functional Programming Outline (FGI 2010 Section 1.2-2) been prepared to provide direction on overall and specific purpose/use of the suite? Summary outline as follows:
- a. Functional Program Requirements – The healthcare provider shall supply a functional program for each facility project.
 - b. Functional Program Outline - Purpose of the Project
 - i. Required Services
 - ii. Environment of Care Components
 - iii. Delivery of care model (concepts)
 - 1. Definition
 - 2. Functional program shall support delivery of care model to allow the design of the physical environment to respond properly.
 - iv. Facility and Service Users (people)
 - v. Systems Design
 - vi. Layout/Operational Planning
 - vii. Physical Environment – Key Elements
 - 1. Light and Views
 - 2. Clarity of Access (way finding)
There have been some automatic door openers requested and are indicated on the plans
 - 3. Control of Environment
 - 4. Privacy and Confidentiality
 - 5. Safety and Security
 - 6. Finishes
 - 7. Cultural Responsiveness
 - 8. Water Features
 - viii. Design and Process Implementation – Groups/Departments affected by and integral to the design shall be included in the planning and implementation process.

- c. Functional Requirements
 - i. Projected Operational Use and Demand
 - ii. Relevant operational circulation patterns.
 - iii. Departmental Operational Relationships.
 - iv. Patient, staff and family/visitor needs.
 - v. Communication and information operational needs.
 - vi. Space and Equipment Needs
 - 1. Size and function of each space and any other design feature.
 - a. Project Occupant Load
 - b. Project numbers of procedures for treatment areas.
 - c. Required adjacencies for each space.
 - d. Space for dedicated storage.
 - 2. Furnishings, Fixtures and Equipment Requirements
 - a. Building Service Equipment
 - b. Fixed and Movable Equipment
 - c. Furnishings and Fixtures
 - d. Storage Requirements
 - 3. Circulation Patterns
 - a. Staff, Patients, and the public.
 - b. Equipment and Clean and Soiled Materials
 - c. Features that are a function of Infection Control.
 - vii. Short and Long Term planning applications
 - 1. Future Growth
 - 2. Impact on Adjacent facilities
 - 3. Impact on existing operations and departments
 - 4. Flexibility
 - 5. Technology and equipment
4. Ancillary Equipment/Specialties:
 - a. Catheter Storage Units
 - i. How many?
The facility asked for as many as we could get into the space. The proposed space for this equipment is generally:
 - a. **Along the plan south wall of the new control room.**
 - b. **Along the plan east wall of the treatment area. Some small units could be placed in other areas of the space.**
 - c. **The contractor shall include the relocation of three (3) existing storage units. This relocation shall include data, power and any other facility security or notification connections to this equipment.**
 - d. **The equipment vendor shall provide as a part of their estimate for four (4) new catheter/medical component units. This shall include connections for power, data and facility security or notification connections to this equipment.**
 - ii. Preferred manufacturer(s)?
Pyxis, Omni Cell

- iii. Who furnishes?
The equipment vendor as a part of the turn key proposal will include the equipment and facilitate the turn over, after installation, to the facility.
- iv. Who installs?
Equipment vendor
- b. Hemodynamics / Physiological Monitoring Systems
 - i. How many different types?
2 types
 - ii. Preferred manufacturer(s)?
Philips and Sensis
 - iii. Control Only or Control and Exam Monitoring Stations?
Both
 - iv. Who furnishes?
Equipment vendor furnishes via the facility preferred vendor.
 - v. Who installs?
Contractor installs in empty raceways, pull boxes, and conduits only. Equipment vendor installs, certifies and trains based on the preferred facility equipment vendor.
- c. Medical Gases
 - i. Oxygen: How many outlets?
2 locations
Piped or bottle?
Piped and connected to the facility system
Floor, Wall or Ceiling mounted or combination of each?
1 ceiling, 1 wall
 - ii. Air: How many outlets?
2
Piped or bottle?
Piped and connect to facility air system
Floor, Wall or Ceiling mounted or combination of each?
1 ceiling, 1 wall
 - iii. Vacuum:
How many outlets?
2
Piped or bottle?
Piped and connect to facility vacuum system.
Floor, Wall or Ceiling mounted or combination of each?
1 ceiling, 1 wall
 - iv. Nitrogen:
How many outlets?
0
Piped or bottle?
Bottle supplied by facility
Floor, Wall or Ceiling mounted or combination of each?
n/a
 - v. Nitrous Oxide Piped or bottle.
n/a, does not apply

- How many outlets?
0
 Floor, Wall or Ceiling mounted or combination of each?
n/a, does not apply
- vi. WAGDS (Waste Anesthesia Gas Disposal System)
n/a, does not apply
- vii. How many outlets?
0
 Floor, Wall or Ceiling mounted or combination of each?
n/a, does not apply
- d. Ceiling Mounted OR Booms.
 Who provides booms?
Equipment Vendor as it relates to their equipment. Surgical lights and med. Gas are not on booms.
 Who Installs booms?
Vendor
- i. For Med Gases?
0
- ii. For additional/optional monitors?
Equip. vendor supplier for physiological monitoring
 Who will provide monitors?
Equip. vendor supplier for physiological monitoring
 Who will install monitors?
Equip. vendor supplier for physiological monitoring
- iii. For additional/optional surgical/OR lights?
Equipment Vendor, the facility prefers 4 fixtures equal to Skytron AR24 Argos II with wall control and rechargeable wand. (See the attached cut sheet)
 Who will provide surgical/OR lights?
Contractor
 Who will install surgical/OR lights?
Contractor
- iv. For Emergency Power Outlets?
Emergency duplex receptacles as required in the exam and control area, all duplex receptacles in the reading rooms to be emergency.
- e. Ceiling or Table mounted Contrast Injector?
Table except that it must be both mobile and stationary. Stationary for some procedures and mobile for others to be out of the way. This device to be furnished by the equipment vendor as a part of their package.
(Note: Access cabling for the contrast injector to be routed at base of table under floor to control room.)
- f. Will PYXIS or similar drug, catheter, sterile supply or other electronic inventory systems be used in the suite?
Presently a ½ size unit is being used by the facility in the existing Angio suite and is to remain there. The equipment vendor shall furnish and install a full size unit for this space. This shall include connections for power, data and facility security or notification connections to this equipment.

- g. Cath lab/suite audio/stereo/music system?
4 – ceiling mounted speakers, 1 – amplifier 1 - i-pod docking station. Amplifier and volume control to be located in the control room.
5. Radiation protection
- a. Who will design radiation protection?
The facility physicist, Mo Patel
 - b. Facility physicist or will contractor be responsible?
Facility physicist, Mo Patel
 - c. Are as-built floor plans available of spaces and floor material/thickness above and below proposed suite?
Yes, equipment vendor responsibility under the design criteria to coordinate existing structure thickness with new equipment and provide to facility physicist.
6. Safety, Security and Comm.
- a. Will nurse call (inter-department) be required?
Yes, Add Alternate to include 4 new Hill Rom intercom stations to be connected to the existing Hub. Coordinate with Hill Rom and facility for locations.
 - b. What is the current Code Blue system and/or who is the current manufacturer/vendor for the system?
Hill Rom is the current vendor. Need 1 – exam room NC station, 1 – control room NC station. Code Blue in the exam room only. Timer in the exam room only.
7. Power
- a. Does emergency generator power exist?
Yes, the facility requests that the new Angio suite, the new HVAC chiller and the new HVAC air handler be on emergency power.
 - b. If e-power exists, is there one branch or separate branches? i.e. Critical, Life Safety and Equipment.
Contractor to verify available emergency branch with facility
 - c. Is there a recent power quality and power load study available for the emergency generator branch?
No, however both a load and power study should be performed during the design process.
 - d. Is it known whether UPS or Power Conditioning will be required for the new equipment in the suite?
The equipment vendor shall include separate pricing for a vendor installed and warranted UPS system or a power conditioner system.
8. HVAC Systems
- a. Is there a preferred location for a new exterior DX condensing unit for a new dedicated HVAC system for the suite?
This has *changed* in that the facility requests that the new HVAC equipment have the capacity to serve not only the Angio Suite. The facility prefers a chiller located on the ground floor in the vicinity of the east entrance to serve new air handlers for these spaces. We are asking that the Contractor coordinate with the facility on requirements for chilled water/ventilation/air conditioning systems; the facility will be asking for an “oversized” HVAC system to meet future demands that are not limited to the requirement(s) of the angiography project.

- b. Is there an existing building automation system?

The existing building automation system, BMS, is a Johnson controls system that is not up to date and not presently used to its maximum capacity. The facility will check to see how many updates are in arrears and the cost thereof. Will need this information before it can be decided on whether or not the new HVAC equipment will be controlled via the BMS system.

9. PACS System

- a. **Should include the following by the contractor:**

1. **(4) Cat 6e cables from the control room to the existing facility Hub**
2. **1 – duplex receptacle in the control room on emergency power**
3. **1 desk mounted monitor, facility specified**

Below is the SANPACS imaging system proposal for more information on the PACS system:

Purpose: To increase local digital storage capacity for Imaging's PACS system by utilizing SAN storage.

Move existing PACS storage to SAN rather than Server based. The original storage capacity of the PACS server was 5.25 TB which was projected to hold 5 years of data. The 5.25 TB only allowed for approximately 3.5 years of data storage. An additional 15 TB of storage was purchased and installed in December 2012. Based on the average usage per year of the previous storage the additional storage could last a maximum of approximately 10 years provided no increases in storage consumption occur.

Identify critical dates that must be met. Include any other projects that are prerequisites for this project and projects dependent on this project's successful completion.

Request that the SAN storage option be available in concert with new angiography suite installation, to include the migration of all previously acquired data from the PACS server storage to the SAN storage.

Project will not replace any manual systems. It will replace the existing server storage on the PACS server which communicates with Health Connect.

10. Medicine Storage units

- a. **The facility currently has what is described as a half size Pyxis medicine dispenser. They want a full size medicine dispenser as a part of the renovation. This is to be furnished by the equipment vendor and installed by the equipment vendor.**

11. Gamma Camera Relocation

- a. **The relocation of the Gamma Camera is to be included by the equipment vendor. This shall include:**
 1. **the relocation of the Gamma camera**
 2. **The furnishing and installation of millwork to accommodate the existing facility computers, monitors, associated wiring and raceways, etc.**