



Mason Health

Mason General Hospital • Mason Clinic

**State of Washington
Capital Projects Advisory Review Board (CPARB)
Project Review Committee (PRC)**

**Application for Re-Certification of a Public Body
GC/CM Delivery**

**Submitted by
Mason Health
April 19, 2023**

State of Washington
Capital Projects Advisory Review Board (CPARB)
PROJECT REVIEW COMMITTEE (PRC)

APPLICATION FOR RECERTIFICATION OF PUBLIC BODY
RCW 39.10 Alternative Public Works Contracting
General Contractor/Construction Manager (GC/CM) and/or Design-Build (DB)

The PRC will consider recertification applications based upon agency's experience, capability, and success in undertaking Alternative Public Works Contracting utilizing the General Contractor/Construction Manager (GC/CM) and/or Design-Build (DB) project delivery process. **Incomplete applications may delay action on your application.**

Identification of Applicant

- a) Legal name of Public Body (your organization): **Public Hospital District No. 1, Mason County, WA. Dba Mason Health (Mason General Hospital / Mason Clinic)**
- b) Mailing Address: **901 Mountain View Dr. PO Box 1668; Shelton, WA 98584**
- c) Contact Person Name: **Eric Moll** Title: **Chief Executive Officer**
- d) Phone Number: **360-427-9554** E-mail: **emoll@masongeneral.com**
- e) Expiration Date of current Certification: **7/27/2023** GC/CM DB
- f) Type of Certification Being Sought: GC/CM DB

1. Experience and Qualifications for Determining Whether Projects Are Appropriate for GC/CM and/or DB Alternative Contracting Procedure(s) in RCW 39.10

(RCW 39.10.270 (2)(a)) Limit response to two pages or less.

Provide your agency's processes. If there have been any changes to your agency's processes since certification/recertification addressing items (a) and (b) below, please submit the revised process chart or list with the reasoning for the changes.

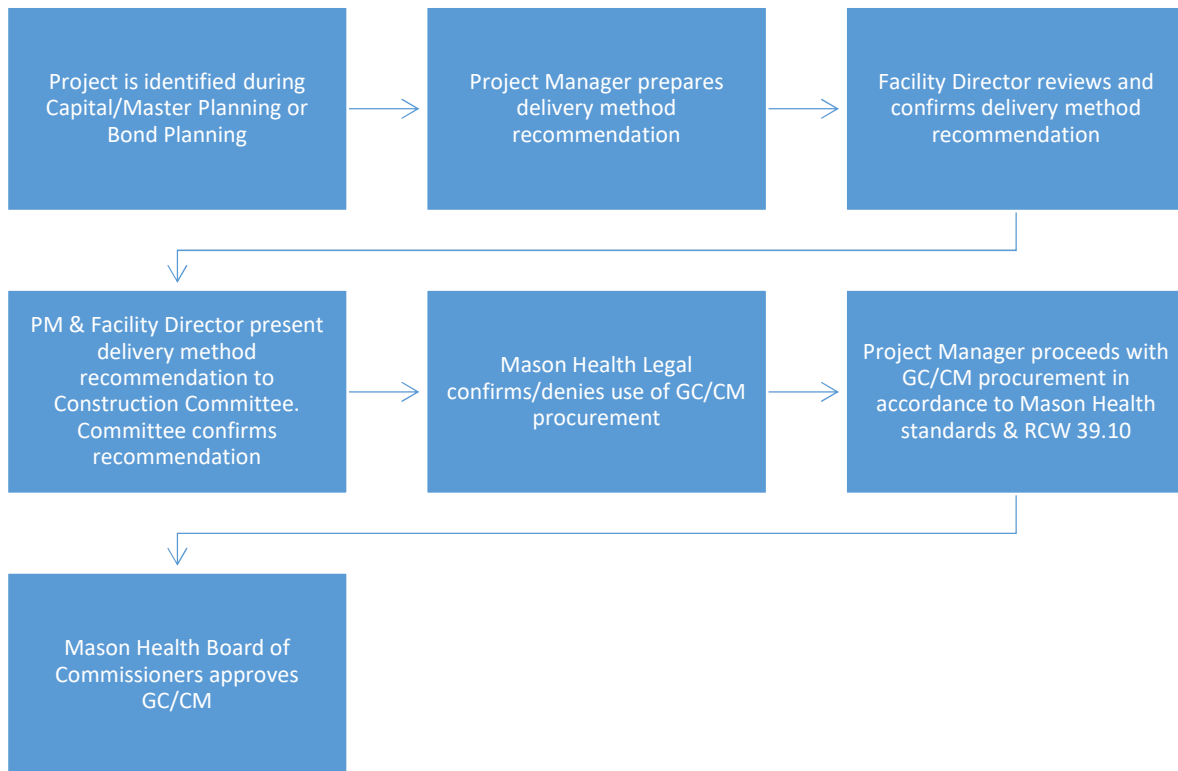
- (a) The steps your organization takes to determine that use of GC/CM and/or DB is appropriate for a proposed project; and
- (b) The steps your organization takes in approving this determination.

RESPONSE:

The flow chart below illustrates Mason Health's (MH) process for determining the appropriate delivery method for each project. We have implemented a new step in this process since we were last certified, as shown in step #4 in the graphic below. The Construction Committee reviews and approves all project delivery method recommendations before the recommendation goes to Mason Health's legal counsel.

We formed the Construction Committee in 2021, which is made up of the CEO, CFO, COO, Facility Director, a Public Hospital District Commissioner (Commissioner), and MH's project manager (OAC Services). This is a critical leadership group that oversees all design & construction projects. This group meets monthly to review current and planned projects and ensure decisions are made timely to keep work progressing on schedule. This is also an important step to stay in sync with the Board of Commissioners. Additional information is provided in the response to Question 3.

Also refer to attached Exhibit A – Delivery Method Recommendation Form. We have included a completed form from our latest GC/CM project as an example. This project was delayed for a time due to Covid. Phase 2, the Rehab project, was completed in December of 2022 and is being closed out now.



2. Project Delivery Knowledge and Experience

(RCW 39.10.270 (3)(b)(i)) Limit response to two pages or less.

Please describe your organization’s experience in delivering projects under Alternative Public Works in the past three years and summarize how these projects met the statutes in RCW 39.10.

- (a) Include the status of each alternative delivery project *[planned, underway, or completed, projects, start and completion dates, and projected/actual construction cost]*. Describe cost overruns or schedule delay, and any Litigation and Significant Disputes on any Alternative Delivery Project since Previous certification/recertification.
- (b) List lessons learned from your experience.

RESPONSE:

a. Knowledge and Experience, past three years:

In the past three years Mason Health (MH) has completed 2 GC/CM projects; the Cedar Building Renovation, and the Mason Clinic project.

While not within the last three years, it is worth nothing that Mason Health has a long history of success with GC/CM delivery dating back to the Campus Renewal Project completed in 2013 (\$35 Million).

Cedar Building Renovation (Patient Connect Center (PAC) & Rehab Projects)

- Project Status: Closeout
- Planning, Design & Permitting: 2018 – 2019 (PAC) and 2019 – 2021 (Rehab)
- Construction: August 2021 – March 2022 (PAC) and June 2022 – December 2022 (Rehab)
- Delays: The project did experience minor procurement delays due to the Covid-19 pandemic. On the PAC project one of the electrical panels was delayed due to a specialty breaker inside the panel. The Contractor & Electrician identified a temporary panel which were utilized to achieve Temporary Occupancy, but the final Certificate of Occupancy was delayed by 6 weeks.
- Both phases came in Projected Costs: \$4.34 Million
- Actual Costs: \$4.00 Million
 - o under budget with a total combined savings of over \$300,000.
- No litigation or disputes encountered on this project.

The Cedar Building Renovation was split into two phases, the Patient Access Center (PAC) on the upper level, and the Rehab clinic on the lower level. The upper floor serves as a business administration space for scheduling, referral management and other key hospital support services, and the lower level is the outpatient Rehabilitation Services clinic. This two-phased project involved renovating the upper and lower levels of the building while the building was occupied. During the first phase (PAC), there were staff working in various parts of the building and an operational clinic on the lower level. During the second phase (Rehab), the upper-level PAC was fully operational with approximately 30 staff members working every weekday.

We selected GC/CM delivery for this project due to the phasing, complex coordination needs of the project, and to minimize impacts to ongoing operations occurring in the building during construction. The first phase (PAC) also required a new emergency power feed to the building, and the route for that feed was directly across the ambulance/emergency driveway. This road could not be shut down at any time and required early investigation with the selected GC/CM to determine a plan for work across this 24-hour driveway.

Medical Office Building (MOB) – Mason Clinic

- Project Status: Closed
- Planning, Design & Permitting: 2015 – 2018
- Construction: December 2018 – May 2020 (Base scope complete February 2020, day-2 work complete June 2020)
- Delays: Completed on schedule
- Original Budget: \$35 Million
- Final Approved Budget: \$43.5 Million
- Actual Costs: \$43.2 Million (See paragraphs below regarding budget increase)
- No litigation or disputes encountered on this project.

Mason Clinic was completed in 2020, a new Medical Office Building attached to the hospital. This project was identified in a Campus Master Plan in 2015, and design commenced immediately following the Master Plan. This building is now home to many of MH's outpatient clinics, consolidating services under one roof to improve patient care and support our Mission.

The MOB Project was initially budgeted at \$35 million. Following the selection of the Architect and GC/CM partners, the first design concept estimates came in at over \$40 million, several million over budget. We came together with our team to evaluate what was essential for this project. The GC/CM contractor was essential during this time to help validate options, provide estimates, and to support value engineering efforts. Ultimately, we approved a \$4 million budget increase and set the new target budget at \$39 million. Part of this increase supported the development of new hospital parking, another project identified in the 2015 Campus Master Plan.

During construction the hospital opted to allocate additional capital dollars to fund two additional projects, the build-out of a pod of shelled space on the lower level (Project Alternate #1), and the construction of a new campus data center. The pod build-out became a necessity as service lines continued to grow and new providers were recruited during design and construction. The existing campus data center would be at capacity with the MOB addition, and much of the existing equipment was nearing end of life. With more Campus Master Plan projects to come, we knew the data center needed to be replaced and approved the data center add which had been planned in a large room on the lower level of the MOB. These final additions brought the total project budget to \$43.5 million.

Early planning and coordination with the General Contractor (GC) were essential for this project to be successful. Having the GC at the table during design allowed us to make informed, cost-effective decisions, and maximize our budget to get the most out of the project. There was also a significant amount of planning to sequence the work in a logical way and complete enabling work prior to breaking ground. We moved three administrative departments out of the hospital into a leased commercial office space and relocated the main entrance to the hospital to make way for the new MOB. GC/CM delivery

allowed us to partner with a qualified team that helped us make the best decisions for the campus and our community.

Planned/Future Projects

Mason Health has engaged ZGF Architects for the next campus master planning effort which will wrap up in May 2023. The Master Planning efforts are intended to forecast critical campus needs for the next 5-10 years. Part of the master plan will include a prioritized list of projects approved by the Public Hospital District Board of Commissioners in Q2 of 2023. It is anticipated that several, if not all of these future projects will qualify for GC/CM delivery as they involve complex phasing or coordination and will be in an occupied healthcare setting where operations must continue during construction. Potential projects include renovating and relocating the hospital Laboratory, a Pharmacy remodel, expansion of the existing campus, remodeling the Diagnostic Imaging department, and many others. Early programming for the Laboratory project has already commenced, and we anticipate one other Master Plan related project will start Q3 or Q4 of this year.

b. Lessons Learned

- Value Engineering long-term impacts:
 - o On the Mason Clinic project, we worked with the Architect and Contractor to select a more cost-effective sliding door. The sliding doors have been a constant problem with ongoing maintenance and warranty repairs since day one. We have spent more time and money on fixing these doors than the original delta between the specified and the alternate door.
 - o We also value engineered the wall types in some locations and went with a wall just above the ceiling as opposed to extending all the way to the deck above. This has been a source of many complaints from staff due to noise transference. The hospital is now installing a white noise system to improve acoustical performance in the building. Again, the cost delta for full-height walls is less than the cost to install a white noise system after the fact.
- MEP Selection: On the Mason Clinic project we did not engage the MEP subcontractors early with MCCM and ECCM procurement. Those scopes were bid out along with the remainder of the subcontractors as part of the GMP. We ran into challenges and questions immediately after award that could have been resolved during preconstruction had we selected MEP partners through MCCM and ECCM agreements. When MH elected to increase the budget during construction and build-out a pod of shelled space on the lower level, we had to bring in a new HVAC subcontractor to perform the work as the current subcontractor did not have capacity for the added scope. This was an additional logistical challenge for MH and Skanska that likely could have been avoided had we chosen a qualified MCCM contractor during preconstruction.
- Reuse of existing partitions: In an effort to be lean and keep budget low, we opted to design the Rehab project around existing partitions and attempt to reuse as much of the existing layout as possible. Aligning new partitions with existing and matching the finish became a major hurdle, especially when we discovered the existing walls were an old assembly type no longer used, resulting in a different wall thickness than current standards. This required a significant increase to the framing/GWB scope and was extremely difficult to overcome and stay on schedule.
- Alternates: Limit the number of alternates on a project and be very clear on the scope. On the Mason Clinic project we priced twelve alternates with the selected GC/CM. Several of these alternates moved forward, however, not all alternates were properly detailed and we had a large price range for the requests. This caused additional work after subcontractor award that could have been avoided had we been more clear as an Owner of what was needed.
- Procurement: Do not overlook the smallest of items on a project. On the Cedar Building Renovations we made an initial push after design was completed to work through the major submittals and get things ordered. We let off the gas slightly after the initial push, only to find some of the smaller items now had procurement challenges and potential delays. For several weeks our weekly OAC meetings were focused on temporary solutions or alternate products to achieve occupancy as planned. It would have been more cost-effective and less impactful to the schedule to temporarily add an architectural team member to assist with submittals in the initial push. We are doing this now on another project on campus (not GC/CM) to ensure we do not make the same mistakes.
- Light fixture diffusers and the importance of updating as-builts: On the first phase of the Cedar Building project we discovered that the specified light fixtures had an error in the product # and

could not receive diffusers without modifications to the fixture. This was corrected after the fact through a change order. The same fixtures were specified on the lower-level Rehab phase, but a new electrician was utilized for cost reasons and the same mistake was repeated. This could have easily been avoided by updating design documents as we go, and if we had provided the as-builts from upstairs to the new electrical contractor.

3. Personnel with Construction Experience Using the Contracting Procedure

(RCW 39.10.270 (3)(b)(ii) Limit response to two pages or less.

Please provide an updated matrix/chart showing changes in your agency's personnel with management and construction experience using the alternative contracting procedure(s) since the previous certification. Provide a current organizational chart and highlight changes since previous certification/recertification. Do not include outside consultants.

RESPONSE:

Mason Health has deep organizational experience with GC/CM delivery. Our CEO Eric Moll has been an advocate for GC/CM and helped guide Mason Health through successful GC/CM projects and two public body certifications in 2017 and 2020. Eric was Chief Administrative Officer at the time of our first GC/CM project completed in 2013 and has directly overseen all Mason Health GC/CM projects to date. Eric also served on the PRC from 2011 to 2013 representing Public Hospital Districts.

Our team has seen many changes since we were certified in 2020. We have highlighted the names/positions that have changed in the chart below. Both the CFO and Facility Director retired in the last three years and those positions have been filled with new hires, Steve Leslie and Patrick O'Neil. Both come with extensive management experience and a diverse background with complex construction projects. Steve and Patrick are disciplined with their approach to managing design & construction, which complements our team well. They are committed to a well-managed design process and allowing adequate time to properly plan a project in order to minimize changes during and after the work.

Since 2020 we have also welcomed two new Commissioners to the Public Hospital District Board of Commissioners, Darrin Moody (current President) and Don Welander (current Trustee). Darrin has a special role serving as a liaison to the Board of Commissioners through his leadership role on the Construction Committee (see response to Question #1). Darrin and Don come from unique backgrounds and support Mason Health with a broad range of experience and expertise. Darrin and Don also come to us with valuable construction experience. Darrin oversaw the Fairfield Police Department remodel, and Don managed several retail and school district projects prior to becoming Commissioners.

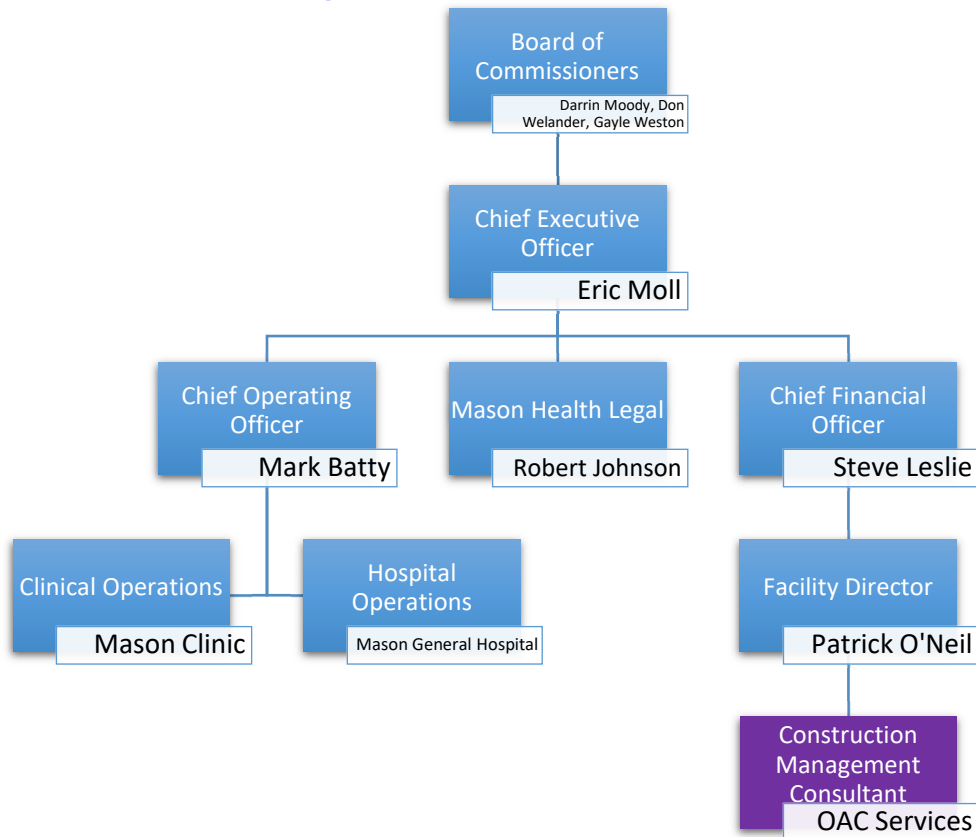
In 2022, at the request of Eric Moll (CEO), the Construction Committee dedicated one of our monthly meetings to a GC/CM contracting presentation to educate our newer team members on the specifics of this delivery method. We take our Public Body certification seriously and proactively took steps to shore up our team prior to completion of the Campus Master Plan knowing we have several important projects coming up in the near future.

Mason Health Team Chart

NAME	POSITION	*Years of Service:
Eric Moll	Chief Executive Officer	19 years
Steve Leslie	Chief Financial Officer	1 year
Patrick O'Neil	Plant Engineer / Facility Director	2 years
Mark Batty	Chief Operations Officer	4 years
Robert Johnson	Mason Health Legal Counsel & GC/CM Attorney, Johnson PLLC	33 years
Darrin Moody	Mason Health - Hospital Board of Commissioners – Current President	1 year
Gayle Weston	Mason Health - Hospital Board of Commissioners – Current Secretary	6 years
Don Welander	Mason Health - Hospital Board of Commissioners – Current Trustee	1 year

*Years of service represents the total number of years with Mason Health

Organizational Chart



The chart above is a reduced version of Mason Health's overall organizational chart. This reduced version focuses on personnel involved in design/construction projects and corresponds with the flow chart graphic provided in response to question #1. If a full organizational chart would be helpful, we are happy to provide this.

4. Resolution of Audit Findings on Previous Public Works Projects

(RCW 39.10.270 (3)(c)) Limit response to one page or less.

If your organization had audit findings on **any** public works project since the **PREVIOUS** certification/recertification application, please specify the project, briefly state those findings, and describe how your organization is resolving them.

RESPONSE:

Mason Health has had no State Auditor’s Office (SAO) findings on any past public works projects.

5. Project Data Collection

Please provide a matrix listing all projects with a total value of greater than \$5 million, including projects with a design agreement or DB agreement awarded within the last 3 years. This list shall also include projects within the public body’s capital plan projected to start within the next three (3) years.

- Project Title
- Description of Project
- Agency’s Project Number
- Project Value
- Delivery Method *[DB, or GC/CM - either actual or as-planned]*
- Is the project complete *[Yes or No]*

RESPONSE:

Project Title	Description	Project #	Project Value	Delivery Method	Complete?
MOB – Mason Clinic	New Medical Office Building	4850.1282	\$43.5M	GC/CM	Yes
Laboratory Renovation	Relocate & build-out new Laboratory space	TBD	~\$5.5M (TBD)	*GC/CM (*as-planned)	No
Additional Campus Master Plan Projects TBD	TBD	TBD	TBD	TBD	No

Additional future projects TBD based on Campus Master Planning which will be completed in May 2023.

6. GC/CM Self Performance *(complete only if requesting GC/CM recertification)*

Please provide GC/CM project information on subcontract awards and payments, and if completed, a final project report. As prepared for each GC/CM project, please provide documentation supporting compliance with the limitations on the GC/CM self-performed work. This information may include but is not limited to a construction management and contracting plan, final subcontracting plan and/or a final TCC/MACC summary with subcontract awards, or similar.

RESPONSE:

Refer to tables below with project reports for the Mason Clinic (MOB) and Cedar Building Renovation projects.

Cedar Building Renovations Project:

Cedar Building Renovations (PAC & Rehab)	Budget	Actual
Specified GCs	\$ 295,535	\$ 296,577
NSS	\$ 128,541	\$ 117,648
Fee (including Bonds, insurance, etc.)	\$ 181,166	\$ 186,233
GCCM Contingency	\$ 44,993	\$ 30,262
Project is closed out.		

Subcontracting/Self-perform Data:

Bid package Type	Bid Package Budget Estimate Total	% of Bid Package budget Estimate by bid package type	Bid Total	% of actual bid by bid package type	DBE Spend	DBE % Spend
GCCM Self-perform	\$ 142,290	7%	\$ 131,174	6%		
Subcontractor	\$ 2,006,101	93%	\$ 2,158,719	94%	\$ 372,280	16%
Bid Package Total	\$ 2,148,391	100%	\$ 2,289,893	100%		

Mason Clinic MOB Project:

Mason Clinic	Budget	Actual
Specified GCs	\$ 897,676	\$ 1,012,726
NSS	\$ 1,188,401	\$ 1,162,075
Fee (including Bonds, insurance, etc.)	\$ 977,947	\$ 1,143,954
GCCM Contingency	\$ 422,119	\$ 360,925
Project is closed out.		

Subcontracting/Self-perform Data:

Bid package Type	Bid Package Budget Estimate Total	% of Bid Package budget Estimate by bid package type	Bid Total	% of actual bid by bid package type	DBE Spend	DBE % Spend
GCCM Self-perform	\$ 4,472,895	20%	\$ 4,779,713	19%		
Subcontractor	\$ 17,771,351	80%	\$ 21,012,747	81%	\$ 480,211	2%
Bid Package Total	\$ 22,244,246	100%	\$ 25,792,460	100%		

7. Subcontractor Outreach

Please describe your subcontractor outreach and how the public body will encourage small, women and minority-owned business participation.

RESPONSE:

Mason Health encourages participation from disadvantaged, small, women and minority-owned businesses, as well as local businesses in and around Mason County. This is not just something we say, it's something we strive to improve upon with each new project. Our standard RFQ includes a Subcontractor Outreach section to make our position clear to prospective General Contractor's, but also to encourage information sharing and help us learn what has worked well on other projects.

We also request the General Contractor's outreach plan and DBE/MWBE history as a scored component of their SOQ. This ensures our GC/CM partner understands this is a priority and carries Mason Health's enthusiasm through the subcontractor outreach and buyout process. Since our last project, we restructured our RFQ and increased the number of points available for DBE/MWBE approach to make this a higher priority in our team selection.

On the Mason Clinic project, we worked with our selected GC/CM (Skanska USA) to split up bid packages into sub-packages/scopes that traditionally would be combined into one larger package. This allowed us to create bidding opportunities for smaller firms which may not have the bandwidth to take on a larger scope.

We also offered project information sessions to spread the word and reached out to DBE/MWBE/local firms encouraging them to attend and learn more about the project prior to the bid invitation.

Below are snapshots from Mason Health's current GC/CM RFQ:

6.7 Tab 7 - DBE/MWBE Approach (5 points)

6.7.1 Provide your firm's plan related to the DBE/MWBE outreach during design and construction including coordination of materials procurement and subcontract work.

6.7.2 Provide examples of DBE/MWBE utilization on past projects.

*Tab 6 – Statement Of Qualifications Submittal Format

11.0 DBE/MWBE OUTREACH

Mason Health encourages participation from disadvantaged, women and minority owned business enterprises. This includes outreach to the local subcontractor community in and around Mason County as well. The successful General Contractor will be required to work with Mason Health and our consultants to develop a buyout plan that encourages participation from DBE/MWBE and local firms. Be prepared to discuss and present examples of successful DBE/MWBE outreach on other projects, and how your firm is making this a part of your company culture.


*Tab 11 – DBE/MWBE Outreach

SIGNATURE OF AUTHORIZED REPRESENTATIVE

In submitting this application, you, as the authorized representative of your organization, understand that the PRC may request additional information about your organization, its construction history, and the experience and qualifications of its construction management personnel. You agree to submit information in a timely manner and understand that failure to do so may delay action on your application.

The 2021 Legislature updated [RCW 39.10.330\(8\)](#) stating that Design-Build contracts must require the awarded firm to track and report to the public body and to the office of minority and women's business enterprises (OMWBE) its utilization of the OMWBE certified businesses and veteran certified businesses. By submitting this application, you agree to include these reporting requirements in project contracts.

PRC strongly encourages all project team members to read the Design-Build Best Practices Guidelines as developed by CPARB and attend any relevant applicable training. If the PRC approves your request for recertification, you also agree to provide additional information if requested. Public Bodies may renew their certification or recertifications for additional three-year periods provided the current certification has not expired.

Signature: 
Name: (please print) Eric Moll
Title: CEO
Date: 4/19/23

Mason Health
RECOMMENDATION FOR PROJECT APPROVAL
TO USE THE
GENERAL CONTRACTOR/CONSTRUCTION MANAGER (GC/CM)
CONTRACTING PROCEDURE
Internal Review Form

Project Name: _____

Project Cost: _____

Anticipated Construction Start Date: _____

In order to qualify to use the GC/CM contracting procedure, projects meet at least one of the following criteria:

1. Implementation of the project involves complex scheduling, phasing, or coordination, what are the complexities?
2. The project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on patients, patient flow, staff and Joint Commission that must be addressed. What are the potential impacts.
Note: Please identify functions within the existing facility which require relocation during construction and how construction sequencing will affect them. As part of your response you may refer to the drawings or sketches that you provide under Question 9.
3. Involvement of the GC/CM is critical during the design phase. Why is this involvement critical?
4. The project encompasses a complex or technical work environment. What is this environment?
5. The project requires specialized work on a building that has high level of sensitivity or significance to ongoing operation. Why is the building significance and what is the specialized work that must be done?

Provide a detailed explanation of why use of the GC/CM contracting procedure is appropriate for the proposed project, noting which criteria apply from the list above:

Public Benefit

In addition to the above information, please provide information on how use of the GC/CM contracting procedure will serve the public interest. For example, your description must address, but is not limited to:

- How this contracting method provides a substantial fiscal benefit; or
- How the use of the traditional method of awarding contracts in a lump sum (the “design-bid-build method”) is not practical for meeting desired patient safety, quality standards or delivery schedules.

GC/CM Delivery Method Recommended by:

Project Manager/Director

Date

GC/CM Delivery Method Approved by:

Eric Moll, Chief Executive Officer

Date

Mason Health
RECOMMENDATION FOR PROJECT APPROVAL
TO USE THE
GENERAL CONTRACTOR/CONSTRUCTION MANAGER (GC/CM)
CONTRACTING PROCEDURE
Internal Review Form

Project Name: Patient Access Center & Rehab Projects

Project Cost: \$4 Million Budget

Anticipated Construction Start Date: April 2020

In order to qualify to use the GC/CM contracting procedure, projects meet at least one of the following criteria:

1. Implementation of the project involves complex scheduling, phasing, or coordination, what are the complexities?
2. The project involves construction at an existing facility that must continue to operate during construction, what are the operational impacts on patients, patient flow, staff and Joint Commission that must be addressed. What are the potential impacts.

Note: Please identify functions within the existing facility which require relocation during construction and how construction sequencing will affect them. As part of your response you may refer to the drawings or sketches that you provide under Question 9.

3. Involvement of the GC/CM is critical during the design phase. Why is this involvement critical?
4. The project encompasses a complex or technical work environment. What is this environment?
5. The project requires specialized work on a building that has high level of sensitivity or significance to ongoing operation. Why is the building significance and what is the specialized work that must be done?

Provide a detailed explanation of why use of the GC/CM contracting procedure is appropriate for the proposed project, noting which criteria apply from the list above:

The PAC/Rehab projects qualify for GC/CM delivery method based on criteria 1 and 2. The project is phased, occupants on floor 2 will temporarily relocate to the first floor during construction, and then relocate to the 2nd floor upon completion prior to commencing work on floor 1. Also, construction will take place while adjacent portions of the building are occupied. The occupants will primarily be Mason Health staff, with one small clinic on floor 1 operating and seeing patients. GC/CM will enable us to bring on a firm that is qualified to perform work in an occupied environment, who can coordinate with us to ensure disruptions are minimized.

Public Benefit

In addition to the above information, please provide information on how use of the GC/CM contracting procedure will serve the public interest. For example, your description must address, but is not limited to:

- How this contracting method provides a substantial fiscal benefit; or
- How the use of the traditional method of awarding contracts in a lump sum (the "design-bid-build method") is not practical for meeting desired patient safety, quality standards or delivery schedules.

The traditional delivery method would come with risks that GC/CM would help us avoid and/or minimize. For example, design-bid-build encourages a lump sum, low bid approach which opens the door to contractors whom may not be qualified to perform the work. With the Patient Access Center functioning and scheduling appointments for the hospital and clinics, it is crucial that these staff continue working without disruptions. Bringing a GC/CM on early in the process with the right team and experience reduces the risks of downtime for the PAC staff, and allows us to continue serving the community.

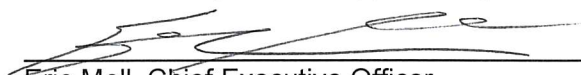
GC/CM also allows us to work with the selected firm to develop a coordinated schedule. Staff relocations must be planned so other hospital resources can be allocated at the proper times to support these scopes and moves. GC/CM delivery gives us the chance to interview the firm and ensure they have the right team, skillset and understanding of the organization's goals.

GC/CM Delivery Method Recommended by:

Brent Wilcox 
Project Manager/Director

1/13/2020
Date

GC/CM Delivery Method Approved by:


Eric Moll, Chief Executive Officer

4/1/2020
Date