

## **MASON HEALTH - GC/CM RECERTIFICATION**

1. Under discussion point 2 will these future projects, anticipated to be using GC/CM as a result of the 2020 master planning, be ready within the next 3 years or would it be better to apply as a project approval? Could you be more specific, there are no GC/CM project qualifiers indicated within the next 3 years.

### **MASON HEALTH RESPONSE:**

As a healthcare organization we need to be nimble and able to act quickly to any needs which may come up. Being certified as an agency gives us this flexibility and ensures we can assemble the right team to deliver projects safely in sensitive environments. In addition, we have several projects upcoming which we believe will qualify for the GC/CM delivery model.

The Patient Access Center and Rehab tenant improvement are already in for permit and we have completed the GC/CM selection process. The campus Master Planning efforts are also currently underway; our focus is to forecast the needs of departments within the hospital and create a prioritized list of projects for the board of commissioners to review and approve 3<sup>rd</sup> quarter of this year (2020). While we don't have a project list to share at this time, TGB is preparing post department interview reports now to help us develop a list of projects. Our intent is to start the first projects in 4<sup>th</sup> quarter of 2020, or 1<sup>st</sup> quarter of 2021.

We are certain several if not all of these Master Planning projects will qualify for GC/CM delivery per the terms in Exhibit A included in our application. Because these projects will take place within the hospital, complex scheduling, phasing and coordination will be essential to ensure the projects are completed safely and do not impact daily operations or patient safety.

As an example of the potential Master Planning projects, refer to the snapshot below from TGB's draft report following department interviews. This is just a small portion of the report, but you can see urgent attention is needed in both the Emergency and Laboratory departments. These projects would meet all 5 of the criteria in Exhibit A, which are shown in the second snapshot below for your convenience. There are (11) departments where urgent attention is needed in the "Space-Facility" column in the current draft report, these will very likely show up in the final project list as tenant improvements needed in the next 3 years.

**CAPITAL PROJECTS ADVISORY REVIEW BOARD**  
**PROJECT REVIEW COMMITTEE**  
**QUESTIONS RE: APPLICATION**  
 Meeting Date: May 28, 2020

LEGEND									
URGENT ATTENTION									RISK POTENTIAL, COMPROMISED SERVICES, EXPERIENCE IMPACTED
UPCOMING NEEDS									THINGS ARE CHANGING, INTERIM WORK-AROUNDS CAN BE PUT IN PLACE
NEEDS MET FOR THE NEXT 3-5 YEARS									NO ANTICIPATED CHANGES IN SERVICE OR GROWTH AT THIS TIME
		STAFFING	OPERATIONS	EQUIPMENT	SPACE-FACILITY	PT OR STAFF EXPERIENCE	COMMENTS	KEY CONSIDERATIONS	
DEPARTMENT SERVICES									
ANESTHESIA							office limited to existing staff, no add'l space for future staff		
DIAGNOSTIC IMAGING							CT at capacity, MRI approaching capacity, Nuc Med under utilized, ideally repurpose X-ray for ultrasound	MRI may consider expanded hours to reduce 3-4 wks wait time, may consider relocation of US, also existing breakroom may be available for treadmill stress test, as staff using new breakroom. Mammo has ability to reduce appt times to increase capacity if needed. staff's openness to extended hours to meet demand un-	
EMERGENCY							No ability to "fast-track" triage walk-in patients. all rooms treated the same. ideal to have "Fast track" operations and separation of population. No dedicated BH observation rooms, causing staff to position in hallway. More BH rooms needed, ideally in quiet zone of ED, surge hits at 4 pm when Walk-in clinic closes. Insufficient work stations for staff, even during non-peak times. Some patients present at Walk-in then re-directed to ED.	create cultural alignment between walk-in clinic / create Fast-track triage, dedicate BH rooms in quiet corridor with dedicated "watch" desk.	
LABORATORY							Air supply/exhaust may be compromised by amount of heat generated by equipment, new equipment adds compromise work space, layout exposes potential risk of errors	improve staff workflow & work area, provide additional space for equipment and supplies.	

**\*Snapshot from TGB's draft Master Planning report**

**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?

**\*Snapshot from Exhibit A, GC/CM contracting criteria**