Project Report:
Whitehorse General Hospital Expansion
November 2015
Purpose of the Report

The purpose of this report is to provide key information to the public about the Whitehorse General Hospital (WGH) Expansion Project (the Project). This report describes the need for the Project and how it will be delivered. The report explains how different procurement delivery methods were analyzed, the procurement model used and how project benefits and innovations are expected to be achieved. A summary of the key aspects of the Project’s Design-Build Agreement (DBA) is also provided.

The Yukon Hospital Corporation (YHC) is committed to a high standard of disclosure as part of its accountability for the delivery of this project. The organization is publicly accountable for projects through regular budgeting, auditing and reporting processes.

The YHC Project Steering Committee, which includes representatives from the hospital’s executive management team, is accountable for the contents of this project report. The steering committee receives advice/input from the project and operations teams and reports to the YHC Board of Trustees, which has ultimate accountability and oversight for meeting the project’s outcomes.

Site plan of Whitehorse General Hospital campus shows location of expansion as well as new ambulance station.

All renderings by PCL Westcoast Constructors Inc. & CEI Architecture
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Emergency Department at Whitehorse General Hospital

All renderings by PCL Westcoast Constructors Inc. & CEI Architecture
1. Executive Summary

The Yukon Hospital Corporation (YHC) is a family of hospitals serving the entire territory – with a population of approximately 34,000 covering nearly 483,000 square kilometres – through facilities in Whitehorse, Dawson City and Watson Lake.

Whitehorse General Hospital is independently operated by YHC and funded in large part by Yukon government. The facility was built on its current site on the eastern shore of the Yukon River in 1959 with major renovations completed in 1997. This work, while substantially improving the hospital at the time, was the last significant enhancement to the facility – and the emergency room was not optimally or flexibly designed to meet the changing and growing demand in hospital services.

The WGH Expansion project addresses the growing demand on acute care, increasing complexity of health care delivery and limitations caused by the current facility’s design, while enhancing and sustaining the ability of the hospital to deliver safe and excellent care – now and into the future.

The project includes a new two-storey wing to be built onto the existing hospital. This new building will be home to a state-of-the-art emergency department (ED), critical care observation unit with the ED, shelled second-floor space for future use, data centre for information technology systems and electrical/mechanic upgrades to support expansion. A new magnetic resonance imaging (MRI) program was opened in January 2015 as the first phase in the project. This phase was procured separately with a contract awarded to Siemens Healthcare Canada Ltd (for the construction of a MRI facility and purchase of an MRI scanner). The hospital’s expansion will enhance acute care capacity to meet growing and changing needs, enhance the quality of care for patients, improve access to health services and maximize staff and physician recruitment and retention.

The total cost of the project is estimated at $72 million and funded by Yukon government. This includes elements within and outside the design build such as design and construction costs, equipment, project management, procurement, implementation, and contingency costs.

The decision to use a design-build (DB) methodology was based on a qualitative evaluation. This assessment indicated the project objectives could be met using the DB method. Benefits of this model include competition and innovation as well as cost and schedule certainty.

In June 2015, following a competitive selection process based on the principles of openness, transparency and fairness, the YHC entered into a performance-based, fixed-price project agreement with PCL Constructors Westcoast Inc. (PCL) to deliver the project. PCL will design and build the project over an approximately two-year construction period.

PCL submitted a strong proposal and its design has many features that contribute positively to patients, families and health care providers. For instance, PCL’s solution provides a facility that will reflect the Yukon’s communities and traditions, so the hospital can provide culturally appropriate and safe care. Standardization both within WGH and across Yukon hospital facilities will create efficiencies, reduce potential for errors and improve the work environment for hospital and medical staff. This also allows for the flexibility to adapt the space to support growth, work processes and levels of clinical acuity. PCL’s solution also provides efficient travel distances within the hospital, which improves the delivery of patient care by maximizing provider to patient contact. The separation of various travel paths such as patient, supplies and materials reduces the risk of infections throughout the
facility and enhances the experience of patient and family. PCL’s solution substantially improves the line of sight between health providers and patients to ensure safety and security, while providing privacy and comfort during treatment.

The design-builder will receive monthly payments in accordance with the design-build agreement and approved by a payments certifier.

Partnerships BC (PBC) is supporting the hospital’s delivery of this project through the sharing of its advice, expertise, procurement and project management best practices.

YHC will remain responsible for all hospital program and service delivery as well as the building’s ownership, operation and maintenance. The hospital will continue to be publicly funded in accordance with the Canada Health Act and operated/governed in accordance to Yukon’s Hospital Act.
2. Project Benefits and Key Features

The project includes a new facility for a Magnetic Resonance Imaging (MRI) scanner built adjacent to the main hospital atrium as well as a new 40,000 square foot, two-storey wing to include a state-of-the-art emergency department, relocation of CT and general radiology (X-ray), shelled space for future inpatient use and other infrastructure upgrades built on the east side of the existing hospital.

Because construction of the MRI facility was awarded to Siemens Healthcare Canada Ltd. and completed in January 2015 as the first phase of expansion, this report’s primary focus is on the next phase of the project, which includes the new hospital wing.

As the first large-scale enhancements to WGH in nearly 20 years, expansion will enhance and sustain the hospital’s capacity to provide safe and excellent care – now and into the future – to meet growing and changing needs, improve the quality of care for patients, improve access to services, and maximize staff and physician recruitment and retention. Key features and benefits of the project include modern clinical design using evidence-based principles, stakeholder engagement, flexible design with standardized room layouts, use of natural elements and materials, travel distance efficiency and local economic benefit.

2.1 Modern clinical design

The design of the WGH expansion is based on clinical best practices and design standards for Canadian health care facilities that support direct care providers in providing the best possible health care. The hospital expansion is designed to improve emergency care and create a healing environment with optimal patient flow that minimizes the spread of infections and reduces the length of stay. The emergency department will also have improved lines of sight between staff and patients and a larger number of more suitable treatment spaces that meet national standards – this will enhance overall care by offering greater patient comfort, privacy, safety and security. These spaces will also allow for the use of current medical technology with the capacity to adapt in the future.

2.2 Stakeholder engagement

WGH serves many communities, including 14 First Nations, spread across a remote geographic location in Canada’s North. Yukon has a small but diverse population with a unique set of health and social needs. To date, the project team has undertaken a significant amount of engagement to ensure the diversity of perspectives and health needs were considered as a part of the planning, design and construction of the hospital’s expansion.

The design of hospitals also involves the expertise of health providers and hospital staff who deliver care and work throughout the facility. Our clinical and operations team such as nurses, doctors, maintenance/custodial, materials management and facilities, laboratory, pharmacy, medical imaging, and management staff have been involved in setting specifications, evaluating proposals and developing a final design.

Yukon’s First Nations communities have also provided input into the building’s design features to ensure we are able to create an environment that reflects community values and traditions, while also providing culturally appropriate and safe care. The general public has also offered ideas on how to make the new emergency department more patient/family friendly. Hundreds of suggestions have been submitted ranging from facility improvements such as making parking more accessible and patient areas more comfortable to enhancing privacy.
2.3 Flexibility and standardization

To maximize efficiencies and to reflect the hospital’s staffing model, the new hospital wing will be standardized as much as possible. It is a performance requirement that rooms with a similar function be standardized both within a facility and between related facilities, including the community hospitals. For example, treatment spaces in the new WGH emergency department will be standardized to a level found in all Yukon’s hospitals. This standardization also allows for the flexing of spaces between different functions as needs dictate.

2.4 Use of natural materials and elements

Natural light and green space have been proven to enhance healing and reduce a patient’s length of stay in hospitals. Natural and borrowed light will be optimized and incorporated throughout the new facility with large windows into the main lobby and waiting area of the emergency department. Clear stories will be utilized within the department to draw additional light from outside into work spaces and patient care areas. Natural colours, shapes, elements and materials such as wood will be utilized as much as possible to deinstitutionalize the building while still enabling people to easily recognize the facility as a hospital. Landscaped space immediately adjacent to the emergency department will provide a calming area of respite for patients, visitors and staff. In some cases, where the new two-storey wing impedes the view from patient areas in the existing hospital, visual elements such as graphic murals have been proposed to enhance the healing environment.

2.5 Travel distance efficiency

The expansion has been designed to maximize efficiencies. Features and functions have been located close to one another to minimize the movement of patients and streamline traffic flows. Decreased travel distances for frequent travel paths result in faster response time, enhanced staff efficiency and the improvement of care. Separation of flows support best infection control practices as well as improvements to patient experience. The design features a public entrance directly into the admitting and triage area and an ambulance bay that flows directly and quickly into the trauma treatment room. Diagnostics such as CT and X-ray which are heavily used in emergency situations will move into the new emergency department. The new building also features line of sight capabilities that will allow staff to easily monitor and ensure safety in patient areas, but still ensure the necessary privacy for treatment and seclusion of required operational functions.

2.6 Economic and labour benefits

The project will be a benefit to the local economy and labour force. WGH expansion is expected to create direct and indirect jobs in industries supplying goods and services used in construction. Many local skilled trades and service providers helped build the MRI facility. YHC has also worked to ensure local specialized trades and service providers were able to promote their businesses to PCL and benefit from participation in the next phase of the project. To date (as of September 2015), 70% of the work hours on the construction site have been filled by Yukon sub-trades, providing electrical, plumbing and heating, concrete, excavation, paving and signage.
3. Project Background, Rationale & Objectives

3.1 Background

WGH is the Yukon’s primary acute care centre, providing a full range of care, including 24/7 emergency care, inpatient and ambulatory care, surgical services, cancer care, visiting specialists clinics, therapy and lab services, and advanced diagnostic imaging such as computed tomography (CT), digital radiology, mammography, ultrasound, and recently, magnetic resonance imaging (MRI).

In 2011, with the input from a broad range of stakeholders, WGH established a master plan for the hospital campus that provides a long-term blueprint for the redevelopment of the site to meet the current and future hospital care needs of Yukoners. The plan did also identify several priority issues to be addressed in the short-term, including a new emergency department, ICU/observation unit and data centre. Building on this plan, a team was engaged to develop a comprehensive functional program for a potential expansion.

In 2013, YHC started to build a business case for WGH expansion, including a detailed needs assessment and costing. This process looked at Yukon’s demographic needs, national health standards and hospital service delivery.

Recent population growth and changing demographics have resulted in capacity challenges at the hospital. Many patients are coming to WGH’s emergency department for non-urgent or semi-urgent care due to limited access to primary care and family doctors. As the hospital manages higher volume, the ED has grown crowded and is not designed for optimal triage and patient flow, infection control, and safety and security.

An “indicative design” (ID) was also developed to illustrate a possible solution, which would meet the requirements of the hospital. The ID process served several purposes such as testing whether a service can fit within the available space, providing a basis for a cost estimate, and serving as a starting point for prospective design-build teams to develop their own innovative design for consideration. The final business plan for hospital expansion was completed and approved in 2014.

The total cost of expansion, including MRI program, emergency department, shelled second-floor space for future use, renovations to vacated space, data centre and electrical/mechanical upgrades, is nearly $72 million.
The cost is funded by Yukon government with $2 million contributed by the Yukon Hospital Foundation for the purchase of an MRI scanner.

3.2 Rationale
In general terms, the planning process and assessment of available quantitative and qualitative data identified the primary reasons for expansion.

3.2.1 Quality and Safety
Yukon hospitals’ mission is to provide safe and excellent hospital care. Ensuring that our facilities can support and sustain our ability to meet this commitment over the immediate and long term is essential to the health and well-being of people in the territory.

WGH measured itself against the current Canadian design standards for health care facilities (CSA Z8000-11) and noted the existing emergency department was not optimally designed for:

- Infection control
- Line of sight between staff and patients
- Travel distance efficiency to ED from the main entrance or ambulance bay
- Patient’s first point of contact at triage
- Mass casualty incident management
- Decontamination

Quality and safety is the primary driver for expansion, which will create modern clinical space designed on the basis of best practices and standards. This will not only provide an enhanced working environment for direct care providers, but also enable us to provide the best care possible for Yukoners.

3.2.2 Yukon demographic health needs
While the Yukon population is projected to grow by up to 23% by 2024, the proportion of the population over 65 years is expected to grow by 17%. Over the same period, the 15-29 year age group is expected to decline by about 4%.

What’s more, chronic disease, smoking, alcohol use, injury, acute myocardial infarction, and self-injury rates are higher in the Yukon than the Canadian average.

This demographic shift along with the territory’s unique health needs means the provision of hospital care will become increasingly complex. A larger and older population will create increased demand on WGH’s ED, ICU, and inpatient capacity that will be extremely difficult to manage within the current space – both from a volume and quality of care perspective. This project will effectively meet the future acute care needs of a changing community.

3.2.3 Health care delivery
The current emergency department with 10 treatment spaces is undersized for the nearly 33,000 annual visits it currently handles. There is also a need for more suitable treatment spaces to help treat the types of patients and conditions that are seen. Based solely on today’s volumes, 21 spaces would be needed, which is more than double the current capacity. However, the data also revealed that a significant portion of those visits are for non-urgent or semi-urgent needs, which could be better supported within a community health setting.

This means that planning for a new ED was done within the context of the whole health care system. A key assumption in project planning was that improved access to primary care services through family doctors, referred care clinics, collaborative care practices and/or drop-in clinics could effectively divert a large number of lower acuity cases from emergency departments to a more appropriate type of care.

Expansion will help create an appropriately sized emergency department with 17 suitable treatment spaces to meet the community’s acute care needs.
3.3 Design Principles

The WGH expansion will be designed using the following principles:

- Patient and family centered care
- Healing environment
- Leading practice
- Evidence-based design
- Operational efficiency
- Openness and accessibility
- Standardization
- Adaptability, flexibility and expandability
- Sustainability
- Efficient use of resources
- Seamless operational and physical connection to adjacent buildings
- Yukon’s diversity, traditions and culture

3.4 Scope of the Project

The hospital expansion will be carefully designed to meet the needs of Yukoners, ensuring the greatest benefit for the best value. The project includes a new two-storey, 40,000 square-foot wing to be built on the existing hospital and will include:

- New emergency department with 17 treatment spaces
- Critical care observation area next to emergency department
- Design and construction of new radiology and CT rooms and associated support services
- Shelled second floor for future inpatient use
- New data centre to support information systems
- Mechanical and electrical upgrades
- Relocation of ambulance station
- New MRI facility with reception/waiting area, patient preparation area and exam suite with scanner (completed January 2015)

Ensuring available inpatient beds is an on-going challenge for the hospital. While construction would be underway on the new emergency department, it was determined that building second-floor space at the same time was a cost effective solution and could be fitted at a later date for inpatient use. A comprehensive needs assessment will be undertaken in the near future to determine how to use this space, including what service and number beds will meet the need. This means the fitting out of this space is out of scope in this phase of expansion.

Project funding also includes resources for the renovation of both the vacated emergency department as well as the medical imaging department, which will be reconfigured because of the relocation of general radiology and CT into the new emergency department. However, a needs assessment process will be undertaken to determine how to make the best use of these areas as several hospital functions require more space to manage current and future growth in patient volumes.
3.5 Goals & Objectives

The following objectives were established to guide the development of the Project:

Goal 1: Provide improved emergency care

Objectives
- improved patient flow
- increased patient safety

Outcomes
- improved patient experience
- improved quality of emergency care

Goal 2: Provide improved healing environment

Objectives
- improved delivery of care
- increased staff productivity

Outcomes
- Decreased average length of stay
- Improved staff retention

Goal 3: Ensure sustainable building and services

Objectives
- Established energy efficient and sustainable design
- Improved space for staff and physicians to support recruitment and retention efforts
- Implemented Lean principles for design to ensure facility supports improved staffing and operational efficiencies

Outcomes
- Sustainable staffing and operational systems
- Engaged, supported people

Goal 4: Provide improved diagnostic imaging services

Objectives
- Decreased associated medical travel expenses
- Enhanced local diagnostic services

Outcomes
- Better access to diagnostic services
- Improved patient experience
- Better health outcomes

Main entrance to Whitehorse General Hospital Emergency Department
With the support of Partnerships BC (PBC), a two-stage competitive selection process was undertaken for the WGH Expansion project. During the RFQ stage, respondents were asked to present their qualifications for the project. Five teams responded and a shortlist of three proponent teams was selected and invited to participate in the RFP.

The RFP required each proponent to submit a proposal to design and build the project within a cost ceiling of $54.2 million. The ceiling was set out by YHC to ensure the project was affordable once proposals were received from proponents. As part of the RFP, the proponents were also provided with a final draft of the project design-build agreement, so it could serve as the common basis for all proposals.

During the RFP stage, collaborative meetings were held so each team had the opportunity to discuss issues or concerns related to commercial, legal, design and construction matters. Proponents submitted proposals in two steps: technical submissions and financial submissions.

### 4. Competitive Selection Process

#### 4.1 Procurement Methodology

The evaluation of procurement options is mainly concerned with identifying the method of delivery that will result in the greatest value for money on both a quantitative (financial) and qualitative basis.

The evaluation of procurement options involves two main steps. The first step identifies key procurement objectives, and provides a qualitative assessment of two options. The second step involves a more detailed quantitative analysis of the options.

After an evaluation of two approaches, we look closer at one option – design-build – to determine its benefits and whether it was a good fit for the project. It was determined that a design-build (DB) approach would deliver the best value for money because this model leverages private sector competition, innovation and expertise, while ensuring cost and schedule certainty.

The table below provides a comparison of two procurement options that were considered:

<table>
<thead>
<tr>
<th></th>
<th>DESIGN BID BUILD (DBB)</th>
<th>DESIGN BUILD (DB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant team</td>
<td>One architectural team establishes design. No advisors represent hospital’s interest</td>
<td>Consultant team develops preliminary concept to test feasibility (i.e., indicative design). Pre-qualifies three teams to develop solutions to meet hospital’s requirements.</td>
</tr>
<tr>
<td>Design process</td>
<td>One design option (non-competitive)</td>
<td>Three design options (competitive)</td>
</tr>
<tr>
<td>Cost</td>
<td>Not confirmed until RFP responses have been received.</td>
<td>Cost ceiling established early. DB teams cannot exceed.</td>
</tr>
<tr>
<td>Change orders</td>
<td>Often many change orders as design may be difficult to construct</td>
<td>DB teams identify innovative solutions to construction before construction begins</td>
</tr>
</tbody>
</table>
There are several benefits to this design-build approach:

- Able to engage several experienced, expert teams
- Meet procurement objectives and prove cost effectiveness
- Establish cost ceiling before RFP
- Allocate design risk to DB team so costs incurred for changes are limited to those related to a fundamental scope change

Government of Yukon will fund the project and the hospital maintains ownership and operation of the expanded facility.

Design-Build Projects typically provide the following qualitative benefits

**Competition and innovation:** The competitive nature of the bidding process encourages private sector teams to develop innovative solutions in all aspects of the project from design to construction.

**Schedule certainty:** The private partner receives monthly payments (approved by a payments certifier) and can incur financial penalties if the project is not completed on time.

**Cost certainty:** The design-build agreement is a fixed price contract.

4.2 Market sounding

PBC conducted a series of market sounding sessions to discuss the proposed project. The purpose of the market sounding exercise was to confirm market interest and discuss key elements of the project during the business case development phase.

The objectives of the market sounding were to:

- Provide select information about the project to the market participants
- Discuss the procurement model for the project
- Discuss any perceived risks of the project
- Raise market awareness and interest in the project

PBC and YHC identified a number of companies that have been actively involved in delivering large public infrastructure projects across the Yukon and British Columbia. Eleven construction firms and six design firms were invited to participate in the market sounding. The following eight teams ultimately chose to take part:

- Bird Design-Build Construction
- Bouygues
- Clark Builders
- EllisDon
- Lark Group
- B+H Architects
- CEI Architecture
- IBI Group

Half-hour market sounding sessions were held via teleconference on February 20, 21 and 24, 2014. Three of the construction firms that were invited, but declined to participate in the market sounding, indicated that this was because their firms would not be bidding the project (for reasons unknown). Participating respondents provided the following insight:

- Strong potential to be a successful design-build project.
- Will be a good response from the local workforce regarding the project and opportunities to work together
- 30-month construction period appeared to be reasonable based on available information
- Working within an operating hospital environment is a risk – as it presents challenges from access, traffic flow and dust control to maintaining physical connections and infection control during construction
- Strong interest in pursuing the project (two construction firms indicated that they have already partnered with an architect in preparation for the procurement).
### 4.3 Procurement Schedule

The timeline of the competitive selection process is outlined in the table below.

<table>
<thead>
<tr>
<th>PROJECT STAGE</th>
<th>TIMING</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Qualifications</td>
<td>July 2014 to November 2014</td>
<td>The project is marketed nationally to identify and select qualified respondents who will be invited to respond to the RFP. Submissions from five respondents were evaluated and the following shortlist of three teams was announced:</td>
</tr>
<tr>
<td></td>
<td><strong>Two-month competition</strong></td>
<td>• Bird Design-Build Construction and Clark Builders (Joint Venture)</td>
</tr>
<tr>
<td></td>
<td><strong>Five/six week evaluation</strong></td>
<td>• EllisDon Construction Services Inc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• PCL Constructors Westcoast Inc.</td>
</tr>
<tr>
<td>Specifications development and approvals</td>
<td>August 2014 to November 2014</td>
<td>Project specifications were developed and approvals received.</td>
</tr>
<tr>
<td>Business to business networking session</td>
<td>December 2014</td>
<td>Special event held in partnership with Whitehorse Chamber of Commerce and Yukon Contractors Association for local contractors and service providers to promote businesses directly to shortlisted teams.</td>
</tr>
<tr>
<td>Request for Proposals</td>
<td>November 2014 to April 2015</td>
<td>The three shortlisted teams developed proposals in two parts: technical and financial.</td>
</tr>
<tr>
<td></td>
<td><strong>Four-month competition</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Two-month evaluation</strong></td>
<td></td>
</tr>
<tr>
<td>Collaborative Discussions</td>
<td>December 2014 to January 2015</td>
<td>The RFP process included a series of collaborative meetings with each proponent. The purpose was to help proponents submit quality proposals that effectively address the needs of the hospital.</td>
</tr>
<tr>
<td>Identify successful proponent</td>
<td>May 2015</td>
<td>After evaluation of the proposals, PCL Constructors Westcoast Inc. was identified as the successful proponent.</td>
</tr>
<tr>
<td>DB Agreement Finalization</td>
<td>June 2015</td>
<td>The DB agreement was signed by Yukon Hospital Corporation and PCL Constructors Westcoast Inc.</td>
</tr>
<tr>
<td></td>
<td><strong>One-month negotiation and contract award</strong></td>
<td></td>
</tr>
<tr>
<td>Business to business networking session</td>
<td>June 2015</td>
<td>Second event held in partnership with Whitehorse Chamber of Commerce and Yukon Contractors Association for local contractors and service providers to promote businesses directly to selected design-build team.</td>
</tr>
</tbody>
</table>
4.4 Request for Qualifications

A 15-week Request for Qualifications (RFQ) process was started in July 2014 to identify design-build teams with the appropriate level qualifications and experience to deliver the expansion project. The objective of the RFQ was to shortlist qualified teams to participate in the Request for Proposals (RFP) process.

The project was marketed nationally and five responses were received. As a result of a comprehensive evaluation, three qualified teams were identified as eligible to participate further in the competitive selection process. The teams that were shortlisted are described below:

<table>
<thead>
<tr>
<th>DESIGN-BUILDER</th>
<th>DESIGN FIRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bird/Clark Builders</td>
<td>Stantec</td>
</tr>
<tr>
<td>EllisDon</td>
<td>Parkin Architects</td>
</tr>
<tr>
<td>PCL</td>
<td>CEI Architecture</td>
</tr>
</tbody>
</table>

4.5 Request for Proposals

A six-month Request for Proposal process (RFP) was started in November 2014 to select one design-build team for the project. The three shortlisted teams were then invited to participate in the RFP, which is the final stage of the competitive selection process.

During the four-month time frame, as DB teams finalized proposed solutions, YHC held a business-to-business networking session, held collaborative meetings, answered requests for information, and conducted facility tours.

4.6 Evaluation of Proposals

The overall objective of the evaluation was to select a proposal that best met the requirements established in the RFP. The project steering committee appointed an evaluation committee to evaluate the proposals based on the criteria set out in the RFP and recommend a proponent. The evaluation work was completed in two stages: evaluation of technical submissions and evaluation of financial submissions.

4.6.1 Technical Evaluation

The three proponents’ technical submissions were received on March 24, 2015 and evaluated in accordance with the RFP.

First, evaluators determined whether the proponents’ technical submissions substantially meet the following requirements:

- Mandatory requirements as set out in RFP
- Requirements set out in the final design-build (project) agreement
- Demonstrate good understanding of the project and obligations of design-builder
- Demonstrate capability to perform obligations and responsibilities, and deliver the project according to the design-build agreement

The committee identified issues in all proponents’ technical submissions, and invited teams to address those issues. In total, 23 clarifications were sent to the proponents. The technical evaluation determined that all proponents satisfied the technical criteria and were invited to provide a financial proposal.
4.6.2 Financial Evaluation

Having satisfied the technical criteria, the proponents provided a financial submission on April 30, 2015. The evaluation committee considered the requirements of the RFP as well as evidence and information provided by the financial evaluation team, including:

- Financial submission did not exceed established cost ceiling
- Proponent has financial capacity to meet obligations
- Proponent confirmed bonding for performance, labour and materials
- Met requirements in RFP and final design-build agreement

The evaluation committee concluded that all three proponents substantially satisfied the requirements of the RFP.

4.6.3 Scored Elements

Scored elements enable the hospital, during evaluation of submissions, to allocate extra points to submissions with clinical design elements that optimize the design over and above the compliance requirements of the RFP.

Proponents could score additional points for submitting a clinical design that optimized travel distance efficiency, separation of flows, line of sight, natural light and standardization.

The use of the scored elements methodology achieved an optimized clinical design as intended. Based on scoring criteria, as set out in the RFP, PCL’s proposal scored the highest and was recommended by the evaluation committee to be chosen as the preferred proponent. The following highlights outline some of the clinical design achievements in the PCL solution:

- Decreased travel distances for frequent paths which facilitates improved access to care, response time, staff efficiency, and overall health/wellness of staff as they serve patients.
- Separation of flows which supports best infection control practices as well as the patient experience.
- Line of sight capabilities ensuring staff can easily monitor the status and ensure the safety in patient areas.
- Standardization within the facility which provides consistency, makes response time faster and ensure less human error.
- Flexibility within the space so it can support growth with multi-use areas, support new work processes and technology, accommodate service or equipment changes, and ensure clinical areas are acuity adaptable.
- Separation of traffic, pedestrian and emergency vehicle flows.

4.7 Fairness Advisor

A fairness advisor was engaged to provide arm’s length advice to the hospital’s project steering committee and independent assurance as to the fairness and appropriateness of the activities related to each stage of the procurement process for the Whitehorse General Hospital Expansion Project. The terms of engagement state that the advisor was asked to:

- Report to project steering committee, which includes the hospital’s senior management officials and YHC Board of Trustees
- Act as independent observer relating to the fairness of the competitive selection process
- Provide advice to project team on matters of fairness
- Be available to respondents and proponents to answer questions related to fairness
- Serve until the end of the competitive selection process

The fairness advisor’s activities were self-determined, but included the following:

- Review procurement documentation
- Observe and/or monitor considerations, communications and responses during the competitive selection process
- Observe and/or monitor collaborative discussions and meetings
• Observe and/or monitor the RFQ and RFP evaluation processes
• Observe and/or monitor relevant meetings where respondent or proponent comparisons are made and the criteria, weighting and rating systems are applied

The fairness advisor was kept informed of all documents and activities related to the procurement process and provided full access to all information related to the competitive selection process, including documentation, personnel, meetings, reports and minutes. The advisor’s role was not to validate the evaluation committee’s recommendations, but rather provide oversight and assurance regarding processes applied in making those recommendations.

The fairness advisor’s final report details the review process undertaken along with the finding that the procurement process was conducted in fair manner according to established procedures. The report was included with the recommendation of contract award presented to the YHC Board of Trustees for approval. The full fairness advisor report for WGH Expansion is available at www.yukonhospitals.ca/wghexpansion.

4.8 Owner’s Project Management Costs

The owner’s (YHC) project management costs, including the planning and competitive selection process, is factored into the overall project cost. The owner’s total project management costs in nominal (actual current) dollars from approval of the business plan to the completion of construction is $4.1 million. This includes the cost of developing specifications, preparing procurement documentation, and monitoring the design and construction of the expansion project, using YHC’s project management team and external advisors. It also supports clinical commissioning, transition planning, and move-in at the new facility.

In addition, partial compensation of $100,000 was paid to each of the unsuccessful proponents. This partial compensation encourages competition, ensures the quality of the proposals submitted, secures access to intellectual property and mitigates costs incurred by proponents in developing proposals.

Exterior aerial view of the new, two-storey hospital wing at Whitehorse General Hospital that will be home to the Emergency Department
5. Design-Build Agreement

Quick facts about the final project agreement

<table>
<thead>
<tr>
<th>Design-Builder</th>
<th>PCL Constructors Westcoast Inc. &amp; CEI Architecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Owner</td>
<td>Yukon Hospital Corporation</td>
</tr>
<tr>
<td>Contract value</td>
<td>$54.2 million (without GST)</td>
</tr>
<tr>
<td>Construction complete</td>
<td>Fall 2017</td>
</tr>
<tr>
<td>Term of Agreement</td>
<td>June 4, 2015 to est. September 2017 (once YHC and PCL have completed all requirements of the DBA).</td>
</tr>
</tbody>
</table>

The project design-build agreement (along with other project documents and resources such as the Needs Assessment) is available for download from our website at www.yukonhospitals.ca/wghexpansion under ‘Publications & Resources’.

5.1 Key Terms of the DBA

Under the terms of the agreement PCL Constructors Westcoast Inc. is responsible for the following:

- Design and construction of the new two-storey hospital wing and surrounding infrastructure
- Meet all applicable design, safety and building standards
- Allow for optimal delivery of patient-centered care
- Design traffic and pedestrian flow during construction
- Minimize interruption or impact on existing hospital services from construction
- Establish clear and consistent way-finding and signage
- Ensure the new building is sustainable from an environmental, adaptability/scalability and facility management perspective
- Ensure the design facilitates efficient and effective workflows and processes

Patient drop-off area at main entrance of the Emergency Department at Whitehorse General Hospital
5.2 Financing
The full WGH Expansion project is funded by the Government of Yukon, which provided $72 million for the MRI facility and scanner, emergency department, shelled second floor space, data centre and power infrastructure upgrades. The Yukon Hospital Foundation contributed $2 million of that total toward the purchase of the MRI scanner. The Yukon Hospital Corporation will fully own, operate and maintain the new expanded facility.

5.3 Risk Allocation Summary
The project agreement includes detailed risk allocation provisions over the contract term. This approach provides certainty for the Yukon Hospital Corporation by transferring key risks to PCL Constructors Westcoast Inc – such as construction, cost and schedule – and adds values through design and private sector innovation.

<table>
<thead>
<tr>
<th>Yukon Hospital Corporation Risks</th>
<th>Shared Risks</th>
<th>PCL Constructors Westcoast Inc Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cost of equipment</td>
<td>• Change in laws</td>
<td>• Commissioning</td>
</tr>
<tr>
<td>• Site planning and preparation</td>
<td>• Availability of equipment</td>
<td>• Geotechnical</td>
</tr>
<tr>
<td>• Site conditions</td>
<td></td>
<td>• Construction</td>
</tr>
<tr>
<td>• Program delivery</td>
<td></td>
<td>• Labour</td>
</tr>
<tr>
<td>• YHC initiated scope changes</td>
<td></td>
<td>• Design</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Schedule</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Scope changes initiated by design-builder</td>
</tr>
</tbody>
</table>