REQUEST FOR PROPOSALS FOR
MEDICAL EQUIPMENT PLANNING, CONSULTATION, & IMPLEMENTATION

Master Campus Plan
Cooper University Health Care – Camden, New Jersey

ADDENDUM No. 1
12 March 2024

Clarifications and responses are provided below related to all Medical Equipment Consulting firms developing their proposals. Proposals remain due by 3pm EDT, 22 March 2024.

General Note: The awarded Team must be able to participate, in person with the Design Development meetings commencing on 1 April at 1:00P through Friday, 5 April to 3:00P at Cooper in Camden.

Requests for Information and responses as follows;

1. How many different buildings will the existing inventory occur in, and are they all located on the same campus?

Response: Anticipate one hospital with three pavilions

2. Is the scope of the existing inventory limited to medical equipment, or is furniture and IT also to be part of the inventory assessment?

Response: Anticipate all new medical equipment for Tower A. Tower B& C, Owner with the assistance of Medical Equipment Consultant will determine equipment to be reused. Further, inventory and assessment of existing equipment will be additional service if required.

3. As it relates to the relocation of existing equipment. Will the MEQ consultant be responsible for the tagging of all equipment to be relocated?

Response: If required as an additional service then Yes.

4. The RFP mentions Furniture and IT being specified and budgeted by others and the MEQ consultant issuing the requisition. Is it the intent to have the MEQ consultant also manage the delivery and installation of these items?

Response: No but coordination of IT and infrastructure related to the medical equipment is part of the Medical Equipment Consultant scope.

5. It is assumed that the cost of warehouse, assembly, Delivery, placement, and installation in the rooms will be contracted directly by the owner and the MEQ consultant will manage those services. Is this correct?

Response: Correct, Transition Planning & Moving services are not part of this Consutlants agreement and will be hired direct to the Owner.

6. In the Scope for tower A, it is implied that the Architect will be doing the MEQ drawings and the MEQ consultant will review and mark up as need. For Tower B&C it asked for the MEQ consultant to provide the room layout designs. Is this a correct assumption?

Response: Correct.

7. SD appears to be complete by the time Medical Equipment Planning will start - however some of our services identified under SD would still be required: inventory, room list creation, SD budget. Are we able to post a value for this under SD (as listed on Exhibit E) or should these required functions be included within DD phase?

Response: Please complete the Fee Sheet as requested as part of Exhibit E. SD tasks and associated costs to be identified in that line item.

8. Is Tower A all new or is there relocation of existing equipment? Should a full inventory be included for DD or review / assessment of major equipment items that could potentially be viable for relocation at project completion. Typically, BHP recommends the full inventory at the start of procurement to achieve a more realistic application of reuse of existing. Please advise.

Response: Anticipate all new equipment for Tower A. Tower B&C, Owner with the assistance of Medical Equipment Consultant will determine equipment to be reused. Further, inventory and assessment of existing equipment will be additional service if required.

9. Have site visits been completed with SD phase or should time be allotted to support additional site visits?

Response: SD scope is noted in RFP. Consultants choice of method of delivery and work plan dictates approach.

10. OAC meeting attendance - will BHP be required at all OAC meetings in person? Many times we would attend virtually at the start of the construction and gravitate to in person as the schedule / equipment coordination develops.

Response: RFP delineates meetings schedule.

11. Procurement Meetings - estimated start time be after the completion of CD's / start of procurement?

Response: Schedule and approach to work is Consultants role & task. However, Architect anticipates multiple CD deliverables for long lead items and schedule betterment. The first will be a Core & Shell CD set in October 2024 then a FitOut in February 2025.

12. Is it anticipated that Union Labor will be required for equipment delivery and installation on this project?

Response: Yes

13. Item i stated that the selected consultant will assist with relocation of equipment from an existing facility. This is very hard to estimate at this time since we do not know what equipment will relocate and how many phases of relocation there will be. Are you able to provide any additional details or time frames / or set benchmark for RFP pricing? Typically, relocation of medical equipment would be done by separate RFP for that service.

    Response: Not at this time but Transition Planning & Moving services are not part of this Consutlants agreement.

14. Item o. 1. Please confirm project definition of "Patient Integration". (listed as different from OR Integration). Please confirm that this specification / budget allowance would come through low voltage engineer / IT.

Response: Yes

15. Item o.6. Understand that BHP would enter requisitions for furnishings. Please confirm that is furniture only and does not include artwork, signage and other Interior Design Components.

Response: Yes

16. Item 3.f Provide Preliminary equipment layouts for major equipment rooms - please confirm if this refers to vendor prepared submittals. If no, please elaborate on the expectations if the architect is to handle the equipment placement drawings.

Response: No, Consultant will provide equipment plans and room layouts to the Architect for DD & CD documentation along with the cut sheet information and an updated / current responsibility matrix. Architect will document final deliverables of equipment placement and coordination with in their drawings. Both Architect and Medical Equipment Consultant are responsible for coordination of infrastructure and spatial placement.

Tower B

17. Please confirm that CUH/Hammes is expecting a full preliminary Major / Minor Equipment list by department and by room at the completion of Schematic Design versus a Functional Room List budget.

Response: Yes

18. Please confirm whether full inventory is required at this time or better served to be done when project moves forward.

Response: Not at this time

19. Please confirm that the Programming and SD phase of Tower B will run concurrently, but separately, with the DD meetings of Tower A.

Response: Yes

20. Insurance – our provided asked the following question for clarification:
Can you clarify if the insurance requirements are aggregate or per occurrence? In addition, can you clarify what coverage they are looking for when referring to "Employers Liability", this should be the same as Workers Compensation however, they have two different limits.

Response: Aggregate except as noted. Other coverages as noted, worker compensation helps employees with medical expenses associated with workplace injury while employers liability supplements employers legal costs and risk.

Exhibit F

21. Please clarify meaning of acronym "ROM".

Response: Rough Order of Magnitude

22. Will Lockers be specified by the Architect and Provided by the GC?

Response: Yes, Exhibit E has been modified - no ROM estimate is required.

23. Are room estimated supposed to include any furniture or IT? Are conferences rooms to include any A/V estimate?

Response: No, only Medical equipment. Correct, no ROM estimate is required for Conference Rooms.

24. Mammo - is this 3D mammo room or Stereotactic?

Response: Both, give in ranges.

25. Should MRI procedure rooms include equipment to support use of Anesthesia?

Response: Yes

26. In rooms with Clean Suite Laminar flow ceilings - we these be specified by Arch/Engineers and purchased via GC? These do not typically fall under medical equipment and is not how CUH is currently procuring.

Response: Yes

27. Is Neuro/Cardiac OR to include a biplane?

Response: Yes

28. Is the Specialty OR to be a Hybrid room with Imaging &/or a room with Robot?

Response: Yes, you may modify or add lines to augment medical equipment in your experience could be included.

29. Central Sterile Processing - for estimating processed: how many OR's, IR's, Endo rooms is this room to support?

Response: Yes

30. Pharmacy - for estimating, do we assume this Pharmacy will dispense Chemo and have USP 800, 797 and 795 rooms?

Response: Yes

31. Lab – is this full lab to support the hospital? Need more information to estimate including use of automated lines. Will this lab also include Grossing?

Response: Yes include in ROM with in ranges based upon your experience.

32. Morgue - how many deceased would be held here? Will Autopsies be done here as well?

    Med/Surg - will there be use of Prefabricated Headwalls and if so, are these to be Architect specified / Contractor supplied?

Response: Twelve, no autopsies

33. Med/Surg - do we assume hardwired physiologic patient monitor in each room? (as well as Telemetry for the floor)?

Response: Yes include in ROM

34. ICU - should head room also get a patient ceiling lift?

Response: Yes include in ROM

35. ICU - will there be use of Prefabricated Headwalls and if so, are these to be Architect specified / Contractor supplied? Or should we provide estimate to use ceiling mounted boom to pull bed off headwall?

Response: Yes include in ROM, No booms or columns in patient rooms.

36. Diaylsis - typically the Dialysis machines are provided by Contract Service and not purchased outright by CUH - is this how we should proceed with estimated budget? RO water system required should be specified by the MEP Team/HA.

Response: No, please include a complete system in ROM.

37. Pneumatic Tube: This is atypical to include under medical equipment. Please confirm no estimate is required.

Response: Correct, no ROM estimate is required.

End of Addendum No. 1