DGS-30-456
(Rev. 02/22)

Construction Management at Risk
Procurement Review Submittal Form

General Project Information

Agency Name:	University of Virginia Medical Center	
Is the agency a covered institution per §2.2-4379?		Yes
Project Name:	University Hospital South Tower Shell Floors 6-8 Fit-out	
Project Number:	209-B1314-000 (PJ03821)	

Other Project Information

Advising A/E Name:	Tatiana Escobar, Perkins + Will	License Number:	018497
COV Sections: §2.2-4380.B.2, §2.2-4381.C.2			
Attach written determination for use of CM at Risk.			
COV Sections: §2.2-4380.C.2, §2.2-4380.B.1; §2.2-4381.D.2, §2.2-4381.C.1			
Is the procurement process proposed a two-step process?			Yes
COV Sections: §2.2-4380.C.2, §2.2-4380.B.7; §2.2-4381.D.2, §2.2-4381.C.7			

Agency Reasons for Use of CM at Risk

Construction Cost (COV Sections: §2.2-4381.B.1, §2.2-4380.C.3, §2.2-4381.D.3)	Yes
Building Use (COV Sections: §2.2-4381.B.1, §2.2-4380.C.3, §2.2-4381.D.3)	Yes
Project Timeline (COV Sections: §2.2-4381.B.1, §2.2-4380.C.3, §2.2-4381.D.3)	No
Need for Project Phasing (COV Sections: §2.2-4380.C.5, §2.2-4381.D.5)	Yes
Project Complexity (COV Sections: §2.2-4381.B.1, §2.2-4380.C.4, §2.2-4381.D.4)	Yes
Value Eng. and/or Constructability Analysis Concurrent with Design (COV Sections: §2.2-4381.A)	Yes
Need for Quality Control/Vendor Prequalification (COV Sections: §2.2-4380.C.5, §2.2-4381.D.5)	Yes
Need for Cost/Design Control (COV Sections: §2.2-4380.C.5, §2.2-4381.D.5)	Yes

Supporting Information for Procurement Method Selection

Project Use (i.e. lab, classroom, office, etc.): (COV Sections: §2.2-4380.C.3; §2.2-4381.D.3)
The UVA Medical Center has made major investments in critical infrastructure systems supporting the UVA Hospital, including the recent addition of the South Tower. Completed in 2020, the new 440,000-square-foot bed tower includes 84 private patient rooms with the capacity to accommodate 84 additional beds in the future. The UVA Children's Hospital provides a full range of pediatric and high risk maternal fetal care to the region. UVA's excellent standing in the State has resulted in new patients placing an ever-increasing demand on a fixed number of pediatric intensive care and neonatal intensive care inpatient beds. With that demand in mind, two of the three shell floors (6-8) in the existing South Tower are now being targeted to provide additional neonatal and pediatric inpatient capacity while the third shell floor will be developed for adult intensive care use.

Construction Cost:	$86.7 million	(COV Sections: §2.2-4380.C.3; §2.2-4381.D.3)			
Project schedule:	Design Start Date	9/1/2024	Design Compl. Date	5/31/2025	

(COV Sections: §2.2-4380.C.3; §2.2-4381.D.3)	Const. Start Date	1/1/2026	Const. Compl. Date	3/31/2029
	Attach bar chart schedule to illustrate fast tracking or other schedule complexities. (COV Sections: §2.2-4380.C.3, §2.2-4380.C.4; §2.2-4381.D.3, §2.2-4381.D.4)			

Additional description to highlight key attributes that affect the project complexity, need for value engineering/constructability analysis, quality control/vendor prequalification, and cost/design control as indicated by "Yes" answers above:

CM at Risk is the most practical and fiscally advantageous procurement method for this complex Project.
The CM will construct this Project within the fully operational South Tower that houses the Hospital's Level 1 Trauma Center Emergency Department, multiple interventional spaces including OR's and Cath Labs, and three 28-bed Adult ICU's. UVA will require the selected CM to join the overall Project team during the early Schematic Phase of design to provide insight and expertise on potential construction phasing options that minimize Project impact to this large and highly active facility. The CM firm will be responsible for make-safe operations and coordination with occupied spaces adjacent, above, and below, prior to any demolition activities, and throughout the construction process.
The 6th floor fit-out will be located directly above Transplant Recovery ICU and the 8th floor fit-out is located directly beneath the Mechanical penthouse. The work of this Project will require careful coordination, and the available hours for work are short in duration, and limited in frequency, posing further challenges. The location above Transplant unit will present challenges during every phase of construction. Patient care in existing ICU's has proven to be extremely sensitive to the noise and vibration typical of construction work. Additionally, there will be specific Infection Control processes required due to the acuity of the inpatient population on the three active floors immediately beneath the Project area, and the CM will be required to fully understand the impacts of all of their work on the MEP systems within the building to insure that no Project activities impact those systems in ways that could be problematic to the active patient care spaces.
Adjacent spaces on 7 East in the hospital (site of the current NICU) are themselves expected to be reconfigured and re-purposed in a future phase including demolition/ re-design/ relocation of MEP systems that serve those spaces. This will require careful planning of systems for both the fit-out and the future phase, as well as phasing of the construction of those systems, especially since we need to accommodate ongoing clinical operations in the adjacent spaces.
The CM will be critical for required preconstruction coordination with the design team and UVA hospital operations staff, providing early cost models, managing the extensive Value Management process and Constructability Analysis efforts, developing effective and optimal phasing plans, and performing preconstruction activities and commissioning. Significant complexity includes:
• Current labor shortages and supply chain delays in the construction industry will require the CM's assistance to enable cost control and effective planning for phasing.

• Planning and executing a viable, efficient, multi-phased renovation plan to accommodate Medical Center staff, operations, and on-going patient care during renovations of an occupied hospital.
• Scheduling and executing all staging, phased demolition work, and enabling projects to accommodate swing space, construction, and renovation activities.
• Analysis of the impacts of temporarily relocating occupants in phases to expedite the construction schedule and determining the impact of those relocations to overall hospital operations will be of paramount importance.
• Maintaining functionality of occupied spaces including minimizing noise and disruption, keeping existing systems online while the CM builds new systems, and developing a transition plan to switch over with input from occupants and the design team.

These complicating factors require a responsive phasing and logistics plan coordinated closely with the design team, clinical teams from the impacted inpatient units, and our Health System Physical Plant team, and users. Early costing exercises are essential to ensure the Project accommodates priority scope items in the renovations. This complex Project will gain significant fiscal benefit, schedule reliability, and an improved final product, from bringing a seasoned CM team on board during the design process.

(COV Sections: §2.2-4380.C.4; §2.2-4381.D.4)

Submitted by: Jeff Moore DocuSigned by: Jeff Moore 392ED34288F241D... Date: 5/15/2024

Signature: Donald E. Sundgren DocuSigned by: Donald Sundgren AED1A3FA39A74E1... 5/16/2024

Title: Associate Vice President & Chief Facilities Officer

(Agency Head or Authorized Representative)

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Based upon the information provided by the Agency, the use of Construction Management at Risk **IS** recommended for this project.

Recommended by: DocuSigned by: W.M. Coppa C2C8454B56A44EF...

W. Michael Coppa, RA
Director, Division of Engineering and Buildings

is
is not

Yes
No