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## RFP: Transition and Activation Planning for the Correll Pavilion at Grady

Date: **06.07.2021**

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### ADDENDUM # 1

#### Questions Received 05.26 – 05.28, 2021 (see responses in red)

1. Substantial completion is September and completion December 2022. Is this the expected move in date?

**Substantial completion/certificate of occupancy is September 14, 2022, the date people/staff can start moving in.**

2. Is it a requirement that we propose on all components of the RFP, or can we just bid for our core competencies? Specifically, may we elect not to propose on sections 4. Move Management and 5. Warehouse and Logistics management of the RFP? We would include in our proposal instead to work with Grady Health System to assist in the selection of a 3<sup>rd</sup> party vendor for these services?

**It is required to propose on all components of the RFP. GHS prefers one overall firm to manage the entire process specified in the transition and activation RFP.**

**You can propose recommended vendors such as movers and/or warehouse and logistics at a later date per the Project schedule. However, we need your expertise to help GHS manage all aspects related to sections 4 and 5. Please include your management fees. GHS has limited resources on sections 4 and 5 due to the scale of the Project. Demonstrating your capabilities on executing sections 4 and 5 will help GHS understand your approach.**

3. Attachment C. Project Schedule lists the substantial completion date as September 14, 2022 and final completion as December 12, 2022. Does 'final completion' mean final construction completion or Day 1 Activation? If it is construction completion, when is Day 1 Activation?

**"Final completion" is a construction term in the contract – Contractor is finished with all work require by the Contract Documents.**

**We need your assistance on determining Day 1 during our transition planning, part of the Project Timeline. GHS prefers Day 1 to occur in October 2022.**

4. Has an evaluation been conducted of new and different equipment and systems that will require training?

**No**

5. Which Learning Management System (LMS) does the organization use? **Net Learning**

6. What internal resources does Grady Health System have available to support the Transition and Activation? How many FTEs are dedicated to support the project?

**All stakeholders will support the Project, most have been involved since the beginning of the design process.**

**Mukang Pederson, CASS internal Lead: 25-30 hours/week in the beginning, full-time after July 1, 2022**

**Project coordinator: full-time 40 hours/week**

**MEQ assist PM: 25-30 hours/week in the beginning, full-time after July 1, 2022**

**Procurement specialist: 20- 30 hours/week**

**IT manager: full-time 40 hours/week**

**Director of Strategic Construction: 20 hours/week**

7. Is there an internal lead or director of the Transition and Activation that the selected consultant will work with?

**Mukang Pederson, CASS internal Lead, will be working with the selected Consultant.**

8. Can you provide the furniture and equipment (new and reuse) lists and schedules (if available) for the project?

**See Attachment – CASS FEE Final**

**See Attachment – CASS room by room MEQ**

9. Will you be designating an internal clinical lead from your team as part of this project?

**No**

10. Have you contracted with a real estate firm for warehousing?

**No**

11. Is the medical equipment warehousing and logistics part of this project as it is mentioned in RFP but there is not medical equipment list or details. if so we need to see the current medical equipment list in order to formulate a cost proposal for this portion of the RFP.

**See Attachment - CASS room by room MEQ**

12. Is the new medical equipment that is going required for these projects( less the 15% that will be reused) going to be procured through this RFP or independently through Grady Health System.

**Procured through GHS**

13. can you provide a deployment schedule for the medical equipment and how it will be phased for delivery. Also for the IT equipment.

**Not ready.**

14. Are there loading docks at these facilities?

**Yes.**

15. are there any limitations to truck size due to height or access restrictions?

**Height restriction at the dock is max. 13'-6" to accommodate emergency vehicles.**

16. Are there any limitations to delivery times at the facilities **No.**

17. Is union labor required for this project? **No.**

18. Any special security clearances needed for consultants to access and go on site?

**Doing business with Grady and Vendormate info: <https://www.gradyhealth.org/suppliers/>**

**<https://www.gradyhealth.org/wp-content/uploads/2019/03/Grady-Project-Manual-Vol.-4.pdf> page 6 and page 7**

19. What are Insurance requirements? **See attachment – Insurance Requirements**

20. Is a Climate controlled warehouse required?

**We plan to have items that are not climate sensitive delivered to the warehouse therefore climate control should not be required.**

**Some IT equipment will need climate control, the selected consultant will work with IT to determine the list of items.**

21. What level of services will be required for the delivery of IT equipment to the new facility? Phased bulk dock deliveries? dispersal to specific floors and locations? De-boxing and trash removal / disposal? **Yes, all of the above.**

22. Will the furniture be within the warehousing and delivery scope of the RFP? **Furniture will not be in the warehouse/delivery scope.**  
What level of services will be required for the delivery of furniture to the new facility? Will “Corporate Environment” be responsible for dispersal, de- boxing, installation and trash removal / disposal or will the Activation Planning vendor?  
**Corporate Environment will be responsible for dispersal, de- boxing, installation and trash removal / disposal; we need the Transition/Activation Consultant to provide the furniture/accessories deliver/installation schedule.**
23. Will any patients be transferred as part of this move? **No.**
24. The transition plan scope includes work with the GHS transition/activation leadership team. Please briefly describe the makeup of that team and the structure of additional stakeholder groups that are expected to be involved in periodic meetings (i.e., clinical department heads, IT managers, physician liaisons).  
**GHS Leadership team includes the Chiefs of Strategy, Ambulatory, Medicine, Clinical, Patient Experience and Acute Care Surgery.**  
**Additional stakeholder groups for periodic meetings: Department directors/practice administrations for both clinical and non-clinical, IT EPIC, IT hardware, HR, Ambulatory Education, Emergency preparedness, and MD Advisory.**
25. Has GHS already secured warehouse space, **No.** and does this space include areas for pre-testing equipment prior to field installation? **Yes.**
26. Have staffing recommendations already been provided as part of the prior planning efforts, or is the development of staffing recommendations a part of this scope of services?  
**Staffing recommendations already been provided as part of the prior planning efforts**
27. Does GHS have a training vendor or preferred method to deliver training? **No.**
28. Does GHS intend to invest in full space mockups (i.e., cardboard walls in a conference room) or off-site space to facilitate training? **No.**
29. The scope of services includes licensing and regulatory support. Have department leaders been identified who will manage this process and operate the building following move-in? **Yes.** If not, is the consultant expected to provide training or other turnover to the new management team? **No new management team**

30. Is there a defined activation and transition budget with line items for various anticipated costs and resources through opening and occupancy?

**No, we need your expertise to help with the budget.**

31. Please describe the medical equipment planner and low voltage / IT planner scope of services relative to Items 3 (Transition Plan), 4 (Move Management), 5 (Warehouse & Logistics Management) of Section 4 (Specifications/Description) of the RFP. Understanding their scope of services will be helpful to ensure scope of services are not duplicated.

- **Medical equipment planner – Assist with schedule for relocation of medical equipment and assist in coordination of critical equipment for identification of in-service training, system certification requirements, etc. Move Management: Assistance in coordination of items requiring installation by the vendor. Warehousing/Logistics Management: Assistance in coordination of schedule for delivery to warehouse and identification of equipment assembly requirements and delivery to CASS based on contractor's schedule for completion and move plan.**
- **Low voltage/IT planner – Limited scope, will inform the Consultant of construction progress**

32. Can Grady provide the operations plan completed by NBBJ? **We will share with the selected consultant.**

33. Can Grady describe the process in which the operations plan was developed and the internal Grady team member roster (department leaders and process improvement team members involved)? Understanding that process and team member composition will be helpful in anticipating a transition/activation planning approach.

**The operational planning meetings started in December 2020 and ended in May 2021. We had six rounds of meetings with the stakeholders and their transformation team members to discuss our current and future workflows. The last two rounds of meetings were held in person, a few “shadowing” tours occurred in the clinics to further understand the current workflows – Oral Surgery, ENT, Eye, Ortho, Oncology, and PAT.**

**We have also developed various work groups, meetings began in February –**

- **MD Advisory**
- **Scheduling and referral process**
- **Registration and patient access**
- **OR procedures**
- **PAT process**

- Financial clearance
- Direct admits and stretcher patients
- Staffing
- Inmate process
- EPIC template and documentation
- Radiology utilization
- Ortho DME
- Emergency preparedness

Weekly touch base meetings – CASS internal lead meet with the consultant

Bi-weekly coordination meetings – CASS coordinators meet with the consultant re: meeting schedules and attendees

Monthly meetings with 3 clinical leaders (Oncology, Specialty, Ortho)

Bi-monthly meetings with Leadership

34. Please confirm that the prime supplier, along with each partner company, will be required to complete the Business Identification and Nondiscrimination form. **Yes.**
35. What is Grady's Health System budget cycle? Calendar year or Fiscal year? **Calendar**
36. It is noted that the development of workflows and operational plans are completed. Will the selected vendor have access to the operational plans developed to date? **Yes.** Did the operational planning include staffing and role planning? **Yes, we have the preliminary staffing plan.**

END OF DOCUMENT