

**UCR Health Outpatient Pavilion Project  
Request for Offers (RFO) for Project Developer  
Addendum #2**



January 19, 2018

*The following information and documents, as described below, shall become part of the University of California, Riverside Request for Offers (RFO) for the Health Outpatient Pavilion Project.*

**I. UCR HEALTH OUTPATIENT PAVILION PROJECT, REQUEST FOR OFFERS (RFO) FOR PROJECT DEVELOPER DATED NOVEMBER 6, 2017**

**A. Table of Contents**

**Insert** the following into the Table of Contents:

- 2.11 Operations and Maintenance Plan
- 3.10 UCR Outpatient Pavilion Project Procurement Response to RFO Technical Scoring Framework
- 3.11 Turnover of Facilities Upon Termination of the Ground Lease

**Modify** the following in the Table of Contents:

- 3.~~10~~12 Litigation/Arbitration Update
- 3.~~11~~13 General Conditions

**B. 1.1 Request for Offers and Project Approval Schedule**

**Revise** Paragraph 1.1 Request for Offers and Project Approval Schedule as follows:

**1.1 Request for Offers and Project Approval Schedule**

The anticipated schedule of the RFO process is below. The University may update and revise the schedule in its sole discretion.

**Anticipated RFO Milestones**

<b>Activity</b>	<b>Schedule</b>
<b>Release of RFO</b>	<b>November 6, 2017</b>
Submit Questions	November 6, 2017 to March 1, 2018
Submit Alternative Technical Concepts*	November 6, 2017 to February 16, 2018
Charrette #1	November 16 & 17, 2017**
Addendum #1	December 18, 2017
Addendum #2	January <del>18</del> <u>19</u> , 2018
Charrette #2	February 7, 2018
<del>Addendum #2</del> <u>Addendum #3</u>	<del>February 12, 2018</del> <u>February 12, 2018</u>
Approval of Alternative Technical Concepts	December 15 thru February 28, 2018

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<b>Response Deadline</b>	<b>March 12, 2018</b>
Respondent Presentations (Optional at discretion of Reviewing Committee.)	March 19 -23, 2018
Optional Clarification (Discretion of Reviewing Committee)	April 2 – 6, 2018
Selection of Preferred Offeror	April 9 -16, 2018

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**C. Section 2.11 Operations and Maintenance Plan**

**Add** new Section 2.11 Operations and Maintenance Plan as follows:

**“2.11 Operations and Maintenance Plan**

The University will consider the extent to which the Offeror has provided a credible and responsive plan to meet its obligations to maintain and operate all the functions and operations of the Project. The University is looking for a Developer that has demonstrated successful strategies for the Operations and Maintenance (“O&M”) of outpatient facilities in the areas of:

- (a) Annual reporting with the client of O&M costs and performance, providing an on-going facility capital renewal plan and successful provisions for O&M and facility capital renewal;
- (b) Successful examples operating and managing services in an outpatient clinic and ambulatory surgery center of similar or greater size and scope as the UCR facility;
- (c) Demonstrated success in performing to the levels and standards of O&M services and facility capital renewals as proposed by Developer for UCR Health Outpatient Pavilion facility; and
- (d) Proposal for O&M services should also propose a management fee by O&M services provider (“O&M Provider”) that is tied to Key Performance Indicators (“KPIs”), so that “Utilizing Key Performance Indicators (“KPI”) on the structure of the O&M Provider’s management fee to provide incentives for performance.”

**D. 3.0 OFFER REQUIREMENTS,**

Refer to page 16 last paragraph. Modify the paragraph issued in Addendum #1 dated December 18, 2017, as follows:

**Requests for Information**

Offerors may submit questions and Requests for Information (collectively “RFIs”) in writing via email to **both** Evan Jansen at: [evan.jansen@ucr.edu](mailto:evan.jansen@ucr.edu) **AND** Lynn Javier at:

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[ljavier@rggroupglobal.com](mailto:ljavier@rggroupglobal.com). RFIs are requested by the date in the schedule above. Offerors are encouraged to submit RFIs as quickly as possible. The University will endeavor to answer RFIs in writing on a timely basis; however, it is under no obligation to respond to all or any particular RFI. In no case will RFIs be accepted via telephone.

**E. Section 3.1 Conceptual Design Submittal**

**Revise** Section 3.1 Conceptual Design Submittal as follows:

**“3.1 Conceptual Design Submittal**

Each Offeror must submit a Conceptual Level Design for the Project. Based on the Basis of Design provided by UCR and the planned services in the facility, provide site plan(s) and building concept(s), including phasing, stacking, massing, adjacencies, and other elements demonstrating your team’s understanding of the University’s needs and the facility’s program. This should include site master planning and future master planning approaches (e.g., placement of future buildings).

The Conceptual Design Submittal also shall include the following:

**3.1.0 Alignment of Final UCR Health Outpatient Pavilion Project Program with UCR Health and Student Health Business Plan.**

The Developer will review both the UCR Health and Student Health business plan and evaluate for opportunities to improve revenue opportunities and/or consolidate services that may be beneficial to both the University and Developer. The final building program will be modified to support a financially viable project that promotes UCR Health and provides “State of the Art” health care to students and community.

The Developer’s schedule should take into account the time required to align the project program, business models and required revenue to support the project.

**3.1.1 Design Concept.** The primary-conceptual design goals for the Project are that the planning and design, including for parking (i) meets the specific design and program requirements detailed in the BOD, (ii) be practical and economical, and (iii) produces a facility that promotes the UCR Health brand and establishes a new University gateway presence in this blended City-Campus district.

**3.1.2. Technical Component.** The following drawings and perspectives shall be provided in each Offer:

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(A) SITE PLAN

Scale: 1" = 20' – 0"

Include the following:

- Relationships with existing site elements and buildings
- Relationships to adjacent site improvements and buildings
- Relationships with site program, site adjacencies (internal and external), and indicate any future phasing opportunities
- Location of the proposed and future buildings
- Location of the proposed roads, parking, **patient drop-off and pick-up locations (including ASC)**, service areas, walks, and other various site/building features
- Healing gardens, public dining, amenities that will service students and community
- Building and site accessibility including to/from public right-of way
- Site and facility entry points, and circulation

(B) CONCEPTUAL DESIGN DIAGRAMS

- Massing diagram that demonstrates relationships to adjacent buildings, major transportation routes and UCR Health marketing opportunities
- Stacking diagram that show the intended relationship between services, departments and clinical workflow

(C) CONCEPTUAL FLOOR PLANS

Include all levels and roofs

Drawing requirements:

Scale: 1/16"=1'- 0"

- ~~Floor plans to include the following: Scale: 1/8" = 1'- 0"~~
- Conceptual floor plans that show department adjacency, primary circulation and **total** area for the department
- Floor plans should demonstrate workflow and opportunities for space flexibility
- Show shell space and how it might be utilized after completion and prior to build out for intended purpose
  - 2 shell Operating Rooms
  - Pre Op space and Post Op space
  - Code and non-code related support spaces
- North arrow designation

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- Dimensioned general concept for building conceptual structural system grid
- Exterior walls, primary circulation doors, building entrance(s), percentage of exterior glazed walls, other building or plan features that demonstrate added value, and consistency with UCR planning and design standards glazing, and openings
- Building core elements
- ~~Floor Plans indicating each functional use area~~
- Concept of clinical plan and flexibility for use by other specialties and/or departments

(D) CONCEPTUAL EXTERIOR ELEVATIONS

Scale: 1/168" = 1' – 0"

Drawing requirements:

- ~~One~~Two representative ~~detailed~~ Exterior elevations
- ~~Structural grid designations~~
- Vertical floor elevation designations
- ~~Material designations~~
- Fenestration and shading devices
- ~~Two fully rendered versions: 1 aerial version and 1 pedestrian version~~

(E) CONCEPTUAL BUILDING SECTIONS

Scale: 1/168" = 1' – 0";

Two (2) required

Longitudinal and cross section through entire building

Drawing requirements:

- ~~Primary building sections~~
- Conceptual ~~Structural structural grid~~ designations
- Vertical floor elevation designations
- Conceptual Material designations

(F) TWO CONCEPTUAL PERSPECTIVES

One aerial perspective and one pedestrian perspective

Fully Rendered

Scale: No scale

Indicate context, height and mass, exterior finishes and materials

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(G) CONSTRUCTION PHASING AND LOGISTICS

- Provide conceptual plan showing phasing of construction with general durations
- Site Access for University Extension deliveries, students drop-off, disabled parking and student/staff parking,
- Pedestrian access around site from International Village
- Emergency vehicle access
- Construction laydown and staging area, construction parking, construction vehicle access and construction trailers
- General approach to noise and dust management

**3.1.3 Project Narratives.** The following design narratives and reasoning for the suggested approach shall be included in each Offer with the content as described below:

(A) ARCHITECTURAL DESIGN NARRATIVE

Identify design context and philosophical design intent and reasons for overall interior and exterior design approach (e.g., how it meets the needs of the University). Narrative should include, at a minimum, the following elements:

- Site planning concept and the logic for planning decisions
  - Describe how the Project enhances University Extension, International Village and other adjacent neighbors
- Programmatic Approach: internal adjacencies, and stacking including diagrammatic illustrations
- Relationships with existing site elements and external adjacencies
- Location of the proposed building(s), open space features, and parking
- Circulation approach: location of proposed roads, service areas, walks, and other relevant site/building features

(B) CONFORMANCE TO PROJECT REQUIREMENTS

Describe in detail how the proposed conceptual design meets the required Project elements.

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(C) BUILDING SYSTEMS DESIGN NARRATIVE

Describe all building systems. Include discussion of energy conservation/sustainability provisions, seismic resilience and consideration of life cycle costs.

(D) PROJECT MANAGEMENT APPROACH

Provide a narrative overview of the management structure and key roles and responsibilities for the Project. Provide a project management organizational and management structure concepts, and associated descriptive narrative, as follows:

1. Preliminary Project and Construction schedule, delivered in Primavera or equal;
2. An organizational chart related to the design and construction phases of the Project, clearly indicating lines of communication between members of the design team, construction team, quality assurance and quality control teams, O&M operator and management team and the University; and
3. An organizational structure concept that diagrams responsibilities, communication lines and utilization of key personnel, together with a narrative describing the rationale and intent for the proposed organizational structure highlighting specifically the following activities:
  - a) Final program alignment with UCR Health and Student Health Business Plans
  - b) Master planning, design, and permitting;
  - c) Construction; and
  - d) Operations and maintenance services.

(E) SUSTAINABILITY

Each Offeror shall prepare a sustainability project plan to reach minimum LEED Silver certification upon occupancy (Gold certification preferred by UCR) and as described in the BOD. Offers may refer back to Offeror's initial SOQ or add additional detail, as necessary.

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(F) BEST MANAGEMENT PRACTICES

The Offeror will provide a comprehensive plan that demonstrates how the project team will be integrated and focused on a common set of values that aligns behaviors of the team to deliver the project goals. Such plan should include, but not be limited to, how the Offeror is responsible for leading the Project team in the implementation of Offeror's preferred project delivery process, and providing measurable design and construction efficiencies of no less than 5% of traditionally-delivered Project costs.

(G) MAINTENANCE AND OPERATIONS REQUIREMENTS

The Offeror will provide a maintenance and operation plan that identifies the regulatory and industry guidelines and standards that will be used for licensing and accreditation and metrics for daily operations and maintenance.

a. Ambulatory Surgical Centers (ASCs) are required to be in compliance with the Federal requirements set forth in the Medicare Conditions for Coverage (CfC) in order to receive Medicare/Medicaid payment.

b. The licensing and on-going accreditation, will be with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

c. The Offeror shall identify in the financial model the cost for daily maintenance and operations as well as for deferred maintenance cost. The model should reference industry benchmark and best practices as percentages and anticipated cost modeling standards.

**F. Section 3.3, "Property Operations, Management and Maintenance Offer"**

**Add** the following paragraphs to the end of Section 3.3 Property Operations, Management and Maintenance Offer:

**"3.3.16 Annual Operations and Maintenance (O&M) Report**

Every calendar year, Offeror shall meet with the designated University representatives submit to the University a report containing information on Developer's performance of the O&M Services during the previous calendar year (an "Annual O&M Report"). The Annual O&M Report shall contain:



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- (a) A summary of the data of the actual building performance metrics;
- (b) An O&M budget report with actual O&M costs for the past year, building renewal expenditures over the past year and O&M and Building Renewal budget balances;
- (c) The Planned Maintenance Schedule for the next year;
- (d) Offeror's Facilities Capital Renewal Plan for the next five (5) years; and
- (e) An Asset Inventory Report that contains an inventory of systems, components, spare parts and other items or elements required for the ongoing operation and maintenance of the Facilities"

**G. Section 3.6 Project Financial Proposal and Financial Pro Forma Models**

**Refer** to Construction Cost, page 26

**Add** the following to the end of this paragraph:

"Construction Cost shall be submitted on the Construction Cost Detailed Summary."

[Construction Cost Detailed Summary will be issued in a later addendum.]

**H. Section 3.7 Parking**

**Add** the following paragraph to the end of Section 3.7 Parking as follows:

"The Offeror must include at least one alternative scenario that pursues a strategy to provide up to an additional 1000 parking spaces on the site over those already required in the RFO, and the financial impact and cost for the additional space. The proposed operations and management solution is up to the Offeror in-order to provide the best solution for all parties. The Offeror must provide at a minimum four ADA parking spaces, but not less than required by code. These spaces must be located on the ground floor of the parking structure, in an area that is close and accessible to the UNEX building."

**I. Section 3.10 UCR Outpatient Pavilion Project Procurement Response to RFO Technical Scoring Framework**

**Add** new Section 3.10 UCR Outpatient Pavilion Project Procurement Response to RFO Technical Scoring Framework as follows:

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**“3.10 UCR Outpatient Pavilion Project Procurement Response to RFO Technical Scoring Framework**

The Offer will be evaluated based on the RFO Technical Scoring Framework attached to this Request of Offers (RFO) for Project Developer.” (Attachment A)

**J. Section 3.11 Turnover of Facilities Upon Termination of the Ground Lease**

**Add** the following new Section 3.11 Turnover of Facilities Upon Termination of the Ground Lease and renumber the remaining sections accordingly.

**“3.11 Turnover of Facilities Upon Termination of the Ground Lease**

**3.11.1 Turnover of Operations, Maintenance & Capital Renewal Fund Balances**

Upon the Termination of the Ground Lease (“Termination Date”), the balances in the Capital Renewal Account and any accumulations in the Operations and Maintenance funds set aside by the Offeror shall revert to the University. The University will provide instruction in preparation for the Termination of the Agreement for the transfer of the funds.

**3.11.2 Turnover of Replacement Parts**

At the Termination Date, Offeror shall transfer to the University all spare fixed components and replacement parts (the “Replacement Parts”), at no cost to the University, that Offeror has in its inventory and possession for purposes of the maintenance of the Facility. For further certainty, at the Termination Date Offeror shall have an inventory of Replacement Parts which is reasonably in accordance with the amount and type of inventory maintained throughout the Term. Offeror shall ensure that all Replacement Parts are stored on the premises at locations previously agreed upon by the University and Offeror as of the Termination Date. At the Termination Date, Offeror shall release and transfer to the University all its rights, title and interest in all such Replacement Parts, free and clear of all liens and encumbrances.”

**II. OUTPATIENT PAVILION – DEVELOPER RELEASE DOCUMENTS/RFO APPENDIX A – BASIS OF DESIGN**

**A. Section 3-Space Program Requirements – Student Health and Counseling Center Space Needs**

**Delete** the “Section 3-Student Health and Counseling Space Needs” issued with the “Request for Offers (RFO) for Project Developer” in its entirety, and

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**Substitute** the revised “Section 3-Student Health and Counseling Space Needs” attached to this addendum. (Attachment B)

**B. Section 3-Space Program Requirements – Section 3-Functional Program Requirements and Criteria**

Refer to 3.2 Functional Program Requirements for Urgent Care, Facility Planning Considerations & Performance Criteria, page 10.

**Insert** the following to end of this section on page 10 as follows:

- **“Student Health Program – Counseling and Psychological Services (CAPS)”**

CAPS program flexibility:

1. Program Option A listed in the Student Health program is an option that may be explored and utilized at the Developer’s choice.
2. The CAPS program may be located in the Outpatient Pavilion building or in the adjacent parking structure on the ground level.
3. Program for CAPS provides the spaces for CAPS and the required support space.
4. A single entrance and waiting for UCR Health and Student Health CAPS program is desirable if both programs are located in the Outpatient Pavilion. Waiting and reception space can be combined if CAPS is located in Outpatient Pavilion.”

**C. Section 5-Site Design Requirements**

**1. Section 5 – Site Design Requirements**

Refer to 5.1 SITE DESIGN CRITERIA, SITE MASTER PLAN STUDY

**Add** the following after the bullets on page 3:

**“University Extension Site Impacts**

UC Riverside Extension (“UNEX”) is located at 1200 University Avenue (“UNEX Site”), and is adjacent to the anticipated UCR Health Outpatient Pavilion Project (“Project”) site. UNEX is an educational institution that provides professional certificate programs year-round. UNEX provides individual attention to students and to serving the community’s changing needs. Annual enrollment is approximately 24,000 students, with approximately 90% of those students attending classes on-site regularly. UNEX offers classes, conducts special events, one-day workshops, weekend programs, and hosts community programs 7 days a week from 7am to 10pm.

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Developers submitting Requests for Offers should take into account the following uses of the UNEX Site, including the alley running between the two sites, for planning and design purposes:

- **OSHER LIFELONG LEARNING INSTITUTE.** A unique program that exists to provide stimulating learning experiences that enrich the intellectual, social and cultural lives of adults over the age of 50. On average, the program features over 80 non-credit, academic courses and 30 topical lectures each year. Many Osher students may have mobility challenges and require parking in close proximity to the alley-side entrance to UNEX that includes safe walkways.
- **OTHER COMMUNITY PROGRAMS.** UNEX uses the alley running between the UNEX site and the Project site for a variety of other community programs, including a “meals on wheels” service. Specifically, UNEX uses its kitchens to prepare meals for the community and requires parking access for tractor trailers.
- **TRAFFIC FLOW.** The UNEX site has heavy car traffic volume, with as many as 250+ people being dropped off for certain classes, workshops and events.
- **PEDESTRIAN TRAFFIC.** Pedestrian traffic passes through the alley between the sites and is substantially comprised of international students and other residents traveling toward University Avenue from International Village and/or other nearby apartments to the south of the Project Site.
- **DROP-OFF AREA.** UNEX requires a covered drop-off area, located along the alley running between the two sites, for students and community members visiting UNEX.”

**2. ALTA NSPS Land Title Survey University of California, Riverside Outpatient Pavilion (December 2017)**

Insert the “ALTA\_NSPS Land Title Survey, University of California Riverside Outpatient Pavilion (December 2017) into the Section 5-Site Design Requirements folder.  
(Attachment C)

**D. Section 7 Systems Design and Performance Criteria**

**Refer to 7.1 Mechanical Systems, Page 2**

**Modify** the Hours of Operation as follows:

- Hours of Operation is Determined by Use
  - ~~Monday to Friday 8am to 8pm~~
  - ~~Saturday 9am to 5pm~~

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Urgent Care, Pharmacy, Imaging and Laboratory Hours:

- Monday thru Friday 4am to 11pm
- Saturday 9am to 5pm

School of Medicine Clinical Space Hours:

- Monday thru Friday 8am to 8pm
- Saturday 9am to 5pm

Student Health Services and Counseling and Psychological Services Hours:

Monday thru Friday 9am to 5pm

**E. Section 8 Detailed Space Requirements**

**1. 8.4 Detailed Space Requirements for Ambulatory Surgery and Endoscopy Procedure Suite**

**Delete** 8.4 Detailed Space Requirements for Ambulatory Surgery and Endoscopy Procedure Suite in its entirety, and

**Substitute** the revised 8.4 Detailed Space Requirements for Ambulatory Surgery and Endoscopy Procedure Suite attached to this addendum (Attachment D)

**2. 8.7 Detailed Space Requirements for Retail Pharmacy**

**Delete** 8.7 Detailed Space Requirements for Retail Pharmacy in its entirety, and

**Substitute** the revised 8.7 Detailed Space Requirements for Retail Pharmacy attached to this addendum (Attachment E)

**III. ATTACHMENTS**

- A. UCR Outpatient Pavilion Project Procurement Response to RFO Technical Scoring Framework
- B. Section 3-Student Health and Counseling Space Needs
- C. ALTA\_NSPS Land Title Survey, University of California Riverside Outpatient Pavilion (December 2017)
- D. 8.4 Detailed Space Requirements for Ambulatory Surgery and Endoscopy Procedure Suite
- E. 8.7 Detailed Space Requirements for Retail Pharmacy

End of Addendum

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**ATTACHMENT**



UCR Outpatient Pavilion Project Procurement Response to RFO Technical Scoring Framework

# UCR Outpatient Pavilion Project Procurement Response To RFO Technical Scoring Framework

Developer : \_\_\_\_\_

		A					B					A+B=C	D	C x D = Score	
	Offer Criteria	Developer Response to RFO Criteria					Value of Response to Owner Program/Financial Impacts					Points from A and B	Weight	Score	
<b>2.1</b>	<b>Financial</b>														
2.1.1	Define and demonstrate the economic and business terms of the offer that will produce the most favorable lease terms under the Space Lease.											0	9	0	
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5				
2.1.2.1	Define the monthly base rent payments over the proposed program space lease term and any offered extensions, including the formula by which the rent will be adjusted for rent growth factor and to reflect the projected and actual project cost differences.											0	10	0	
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5				
2.1.2.2	Define and itemize the operational expenses and triple-net costs over the proposed program space lease term and any offered extensions, including the formula by which the rent will be adjusted for rent growth factor and to reflect the projected and actual project cost differences.											0	9	0	
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5				
2.1.2.3	Define tenant improvement costs and amortization over the life of the space lease. Define and itemize any offered extensions.											0	5	0	
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5				
2.1.3	Approach and resources that Developer will bring post-selection to validate the business plan of the UCR Health/SOM and link final space program to Project financial success.											0	9	0	
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5				
2.1.4	Options (e.g. leasing, donations, etc.) for procurement and funding of Medical Equipment. Demonstration of impacts to the financial model.											0	6	0	
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5				

2.1.5	Pre Agreement Term Sheet Comments and Exceptions that will produce a favorable impact for both the developer and the University											0	5	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
2.1.6	Provide definition of the financial innovations and/or options the developer provides the University and the Project.											0	8	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
2.1.7	Approach and innovation that the Developer brings in the use of University funds, specifically the \$40-million in Century Bond funds available to the project.											0	8	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
2.2	<b>Conceptual Design</b>													
2.2.1	Site planning addresses the access and circulation concerns and issues of patients, family, staff, emergency vehicles, service requirements and adjacent neighbors and concerns e.g. University Extension, University Village, International Village, etc.											0	10	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
2.2.3	Narrative of strategic space program planning of which Work Flow functionality, incorporating industry "Best Practices" modified for UCR Health, SOM and Student Health and Counseling Center demographics and population. Conceptual design meets Project function/performance and space requirements.											0	9	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
2.2.4	Exterior architecture of the Project creates a gateway and a sense of place that is identifiable with UCR SOM, maximizes UCR Health branding opportunities and is complementary to the existing campus architecture.											0	7	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			
2.2.5	Block diagrams and sections illustrate demonstrate the future flexibility of space as Health Care evolves over time. Specifically, Ambulatory Surgery Center, Procedure Rooms, Imaging and Clinical Space.											0	8	0
	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>			



2.2.6	Demonstration on how Project design brings innovation to the delivery of patient care and performance. Design concepts should support integration of UCR Health and Student Health.											0	9	0	
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
	Conceptual design concepts should support the efficient operations of all OPV functions and services, whether provided by a third party operator or UCR Health and improve workflow efficiency.												0	7	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
2.3	<b>Additional Partners</b>														
2.3.1	Development of potential revenue from resources/partnerships outside of UCR Health. Both short and long term options should be presented. (This may be from resources identified in the RFO and revised BOD program, co-branding opportunities or other opportunities outside the listed sources/options.)												0	10	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
2.3.2	Demonstration on how developer brings innovation to the Project delivery through resources and partnerships beyond what was asked for in the RFO.												0	10	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
2.4	<b>Proposed Schedule</b>														
	Preliminary project schedule showing proposed phasing and sequencing of construction activities. Schedule describes a coherent and achievable process and plan for UCR Health occupancy not later than June 30, 2021.												0	6	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
	Preliminary Work Plan indicating major milestones and Scope of Work for each major task; including but not limited to negotiations and lease signing, programming, determining mix of uses, design and construction documents, university review, permit review, lease-up, medical equipment and occupancy, etc.													0	6
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			

	Define opportunities for innovation in construction methodology, construction traffic management, construction labor, and material management that would benefit the Project and mitigate negative site and neighborhood impacts.											0	8	0	
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
<b>Financial Capability</b>															
	Information submitted in compliance with section 3.6 (Project Financial Proposal and financial Pro Forma Models) demonstrates [Offeror's or Guarantor's] financial capacity to perform its obligations under the Development Agreement and complete the Project. This includes demonstration of sufficient net worth of Offeror, or if a guaranty is proposed, the net worth of the Guarantor.												0	10	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
	Provide sufficient sources of equity/financing (demonstrated by a commitment letter if debt or equity source is an unrelated entity.)												0	10	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
2.7	<b>Litigation/Arbitration Update</b>														
2.7.1	Provide all information as requested in section 3.10 of the RFO.												0	10	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			
2.8	<b>Overall Qualifications</b>														
2.8.1	Overall quality of each Offeror and its architect, general contractor and key personnel as well as adequacy and constancy of staffing during all phases shall be considered. Experience and history of successful engagement of the community, successful delivery of projects involving multiple stakeholders, and experience in difficult locations will be considered.												0	10	0
	<b>Score</b>		1	2	3	4	5	1	2	3	4	5			

2.9		Financial Pro Formas and General Provisions														
2.9.1	Pro forma financial analysis will be evaluated for its logic and comprehensiveness, realistic estimates of construction costs, income and expenses and reasonable return metrics (e.g. ROI), keeping in mind the University's goal of affordability.											0	9	0		
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5					
	The Developer included an unlocked and dynamic financial pro forma model, as requested. In Microsoft Excel format, with all hardcoded cells in blue font, all formulae cells in black font, and all cells with formulae connections to cells in other tabs in the workbook in green font.											0	5	0		
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5					
	The Developer included the use of \$40 million in University Century Bond funds in all submitted Financial Proposals and Financial Pro Forma Models, as prescribed in the RFO.											0	7	0		
<b>Score</b>	1	2	3	4	5	1	2	3	4	5						
2.10		Stipend & Work Product Agreement														
2.10.1	The Developer included an executed Work Product Agreement (Appendix D) along with its response to the RFO without exception to the terms and conditions of that agreement.											0	5	0		
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5					
2.11		Maintenance and Operations														
2.11.1	The Developer provided a maintenance and operations plan that demonstrates it will meet the regulatory, industry and University guidelines and standards that will be used for licensing and accreditation and metrics for daily operations and maintenance of an outpatient clinic, lab, and ambulatory surgery center.											0	10	0		
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5					
2.11.2	Demonstrate in the financial model the cost for daily maintenance and operations as well as for deferred maintenance cost. The model should reference industry benchmark and best practices as percentages and anticipated cost modeling standards.											0	6	0		
	<b>Score</b>	1	2	3	4	5	1	2	3	4	5					

**UCR Health Outpatient Pavilion Project  
Request for Offers (RFO) for Project Developer  
Addendum #2**



January 19, 2018

**ATTACHMENT**



Section 3-Student Health and Counseling Space Needs

										Option A There need to be discussions with both SOM and Student Health regarding operational concerns and agreement Assumes 30,000 Students	
Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure	Option A Notes (Some of the Recommendations require a detailed Service Level Agreement for successful operations)
Student Health	Assignable	Waiting - Health and <b>Dental</b>	25	30	750	Public Space	Waiting			563	Reduce ASF by 25% and add 75% of original ASF to UCR Health Program.
Student Health	Assignable	Waiting - Pharmacy (if internal)	25	10	250	Public Space	Waiting			0	See new Pharmacy program for OPV
Student Health	Assignable	Triage	100	2	200	Transitional / Adjacent Space	Other	Waiting Room		0	Triage patients will use Urgent Care Questions: Can Student be charged a lower co-pay at the Urgent Care?
Student Health	Assignable	Alcove - Weigh-In	20	4	80	Patient Services	Other	Exam Rooms		60	Reduce ASF by 25% and add 75% of original ASF to UCR Health Program. Efficiency from integrating with UCR Health
Student Health	Assignable	Exam Rooms	110	20	2,200	Patient Services	Exam			1,650	Reduce ASF by 25% and add 75% of original ASF to UCR Health Program.
Student Health	Assignable	Exam Room - Women's	110	0	0	Patient Services	Exam			0	4 exam rooms should have independent thermostats for control. No need for special "Women's" rooms.
Student Health	Assignable	Exam Room - Negative Pressure	110	1	110	Patient Services	Exam			110	This exam room needs to be located close to waiting to avoid bring contagious patients through the entire clinic. This room will need an anteroom
Student Health	Assignable	Exam Room - Accessible	140	1	140	Patient Services	Exam			140	
Student Health	Assignable	<b>Med Room/Storage</b>	<b>160</b>	<b>1</b>	<b>160</b>	<b>Patient Services</b>		<b>Storage for Vaccines &amp; Autoclave</b>		<b>160</b>	<b>Counter for work/prep, Refrigerators, autoclave</b>
Student Health	Assignable	Exam Room - Telemedicine	110	1	110	Patient Services	Exam			0	Student Health will use the Telemedicine room in the OPV. Given future demand it would be advisable to have minimum of two rooms set up for telemedicine.
Student Health	Assignable	Exam Room - Travel Clinic	110	0	0	Patient Services	Exam			0	
Student Health	Assignable	Dressing Room	40	1	40	Patient Services	Lab Services	Radiology		0	Combine with UCR Health Imaging.
Student Health	Assignable	Radiography and Control Area	300	1	300	Patient Services	Lab Services	Dressing Room		0	Combine with UCR Health Imaging.
Student Health	Assignable	Radiology Work Area	60	1	60	Patient Services	Lab Services			0	Combine with UCR Health Imaging.
Student Health	Assignable	Blood Draw	0	0	0	Patient Services	Lab Services	Lab		0	
Student Health	Assignable	Laboratory	0	0	0	Patient Services	Lab Services	Blood Draw		0	
Student Health	Assignable	Specimen Collection Toilet	0	0	0	Patient Services	Lab Services	Lab & Blood Draw		0	
Student Health	Assignable	Pharmacy	600	1	600	Patient Services	Pharmacy			0	See new Pharmacy program for OPV
Student Health	Assignable	Pharmacy OTC	5	24	120	Patient Services	Pharmacy			0	See new Pharmacy program for OPV

Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure	Option A Notes (Some of the Recommendations require a detailed Service Level Agreement for successful operations)
Student Health	Assignable	Pharmacist's Office	100	1	100	Patient Services	Pharmacy			0	See new Pharmacy program for OPV
Student Health	Assignable	Patient Toilet - Women's Exam	60	2	120	Patient Services	Restroom			0	
Student Health	Assignable	Patient Toilet	60	4	240	Patient Services	Restroom			240	
Student Health	Assignable	Procedure Room (Trauma)	180	2	360	Patient Services	Other			180	Reduce to 1 Procedure Room and combine with OPV program. Additional capacity is available in OPV.
Student Health	Assignable	Cot Room (3 stations)			0	Patient Services	Other			0	
Student Health	Assignable	Observation Room (3 Stations)	360	1	360	Patient Services	Other			0	Observation will be in Urgent Care
Student Health	Assignable	Patient Toilet	60	1	60	Patient Services	Restroom			60	
Student Health	Assignable	Injection	120	0	0	Administration	Other			0	
Student Health	Assignable	Chief MD Office - Large	140	1	140	Administration	Office			140	

Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure		Option A Notes (Some of the Recommendations require a detailed Service Level Agreement for successful operations)
Student Health	Assignable	Office - Provider (MD)	110	10	1,100	Administration	Office			600		Provide 60ASF workstations that can be shared
Student Health	Assignable	Office - Psychiatrist	110	3	330	Administration	Office			300		3 Offices at 100 ASF per office
Student Health	Assignable	Office - Nurses	100	1	100	Administration	Office			100		Nurse Manager Office
Student Health	Assignable	Workstation - Nurses	100	3	300	Administration	Work Station			225		Reduce ASF by 25% and add 75% of original ASF to UCR Health Program.
Student Health	Assignable	Staff Lockers (half size)	3.5	35	123	Staff Support	Storage			125		
Student Health	Assignable	Staff Toilet	60	5	300	Staff Support	Restroom			240		Reduce ASF by 20% and add 80% of original ASF to UCR Health Program.
Student Health	Assignable	Director of SHS	140	0	0	Administration	Office	Near Joint Use Admin preferred; within SHS		0		Is this correct? No Office?
Student Health	Non-Assignable	Toilet - Public, Accessible	60	5	300	Public Space	Restrooms		<b>9,053</b>	240		Reduce ASF by 20% and add 80% of original ASF to UCR Health Program.
										<b>Student Health Integrated with UCR Health</b>	<b>CAPS Program</b>	<b>Notes</b>
Joint Use Admin & Shared Spaces	Assignable	Registration/Reception- shared SHS/CAPS/de	60	8	480	Public Space	Registration	Alcove - Check-in		120	240	Student Health waiting with be integrated with UCR Health. SH assumed to be 50% of number and then reduced 50% for integration with UCR Health. CAPS will need their own waiting if in a separate building. Need to verify number with Liz..
Joint Use Admin & Shared Spaces	Assignable	Alcove - Check-In	15	10	150	Patient Services	Other	Registration		45	45	3 windows with security glass for CAPS, Efficiency on SH due to integration with UCR Health
Joint Use Admin & Shared Spaces	Assignable	Break Room	20	20	400	Staff Support	Staff			0	200	Student Health will use UCR Health Break Room. CAPS will require separate break room if in a separate location like the Parking Structure
Joint Use Admin & Shared Spaces	Assignable	Conference Room(s) (with built-in storage)	300	2	600	Staff Support	Meeting			0	300	SH can use UCR Health meeting room. CAPS will need a meeting room.
Joint Use Admin & Shared Spaces	Assignable	Office - IT	120	1	120	Administration	Office	Secure Server Room		0	170	2 - 85 ASF IT cubicle for support in CAPS
Joint Use Admin & Shared Spaces	Assignable	Office - MSO	120	1	120	Administration	Office			0	120	MSO office is in the CAPS space if more economical
Joint Use Admin & Shared Spaces	Assignable	Office - Administrative	100	4	400	Administration	Office			0	225	3- 75 ASF Work Stations This space can reside with CAPS
Joint Use Admin & Shared Spaces	Assignable	Office - Analyst <b>HR Analysis</b>	100	1	100	Administration	Office			0	100	This space could be in CAPS space if more economical ( HR Analysis)
Joint Use Admin & Shared Spaces	Assignable	Office - Insurance ( <b>Supervisor</b> )	100	1	100	Administration	Office			0	285	4 work stations + 1 consult room 14x14' room for work stations and an 85 ASF consult room private
Joint Use Admin & Shared Spaces	Assignable	Workstation- Fiscal	100	1	100	Administration	Work Station			0	85	Cubical

Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure		Option A Notes <i>(Some of the Recommendations require a detailed Service Level Agreement for successful operations)</i>
Joint Use Admin & Shared Spaces	Assignable	Workstation - Billing	50	6	300	Administration	Work Station			0	300	Billing and can be with CAPS



Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure		Option A Notes (Some of the Recommendations require a detailed Service Level Agreement for successful operations)
Joint Use Admin & Shared Spaces	Assignable	Workstation - Insurance Verification	50	4	200	Administration	Work Station			0	0	Not required per Liz, see item below
Joint Use Admin & Shared Spaces	Assignable	Workstation - Insurance Verification	50	4	200	Administration	Work Station			0	100	2 - 50 ASF cubical
Joint Use Admin & Shared Spaces	Assignable	Cash Safe <b>No CASH</b>	15	1	15	Administration	Storage	Accessibility for Armored Truck Drivers		0	115	No Cash - Not Required (Need 75ASF Telecom room + 1 IDF room 40 ASF with Cooling)
Joint Use Admin & Shared Spaces	Assignable	Storage	100	1	100	Administration	Storage			0	50	Storage is reduced to SH being with UCR Health, some general storage needed for CAPS
Joint Use Admin & Shared Spaces	Assignable	Secure Server Room	60	1	60	Administration	Storage	IT Workstations		0	60	Two IDF rooms may be required for SH and CAPS
Joint Use Admin & Shared Spaces	Assignable	Workroom, Copy, Printer	140	1	140	Administration	Storage			0	100	CAPS will need their own workroom, SH can use UCR Health
Joint Use Admin & Shared Spaces	Assignable	Workstation - Administrative	50	2	100	Administration	Work Station			0	100	

Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure		Option A Notes (Some of the Recommendations require a detailed Service Level Agreement for successful operations)
Joint Use Admin & Shared Spaces	Assignable	General Storage	100	1	100	Administration	Storage			25	75	Reduced 50% for efficiency with UCR Health. CAPS will require some storage
Joint Use Admin & Shared Spaces	Assignable	Patient Record Storage	100	2	200	Administration	Storage			0	0	The storage could remain in Veitch and records could be scanned over the next 3 years during project development.
Joint Use Admin & Shared Spaces	Assignable	Student Work Room	110	1	110	Administration	Office			0	110	Peer Educator
Joint Use Admin & Shared Spaces	Assignable	Senior Director Office - Large	150	1	150	Administration	Office			0	140	Locate Senior Director office in CAPS space. Is this workable? Reduce to 140 SF
Joint Use Admin & Shared Spaces	Non-Assignable	Housekeeping Closet	50	1	50	Support	Storage			0	40	Housekeeping required for CAPS but could be smaller
Joint Use Admin & Shared Spaces	Non-Assignable	Ambulance pick-up/service yard	1,000	1	1,000	Patient Services	Other			0	0	Use UCR Health Emergency Service Area
Joint Use Admin & Shared Spaces	Non-Assignable	Emergency Supply Container	300	1	300	Patient Services	Other		<b>5,595</b>	0	0	Disaster Storage that should remain centrally located on campus.
Dental Clinic	Assignable	Dental Operatory	120	3	360	Patient Services	Other			0	0	Assumes there is no dental program.
Dental Clinic	Assignable	Dental Operatory - Accessible	150	1	150	Patient Services	Other			0	0	
Dental Clinic	Assignable	Radiography alcove	80	1	80	Patient Services	Lab Services			0	0	
Dental Clinic	Assignable	Laboratory/ Sterilization	100	1	100	Patient Services	Lab Services			0	0	
Dental Clinic	Assignable	Storage	100	1	100	Support	Storage			0	0	
Dental Clinic	Assignable	Office - Dentist	110	3	330	Administration	Office			0	0	
Dental Clinic	Assignable	Work station - Tech	60	2	120	Administration	Work Station		<b>1,240</b>	0	0	
CAPS	Assignable	Waiting	25	45	1125	Public Space	Waiting			0	300	Additional reduction was taken after discussion with Liz. At 15 SF/person the space will accommodate 20 waiting patients.
CAPS	Assignable	Consultation/hospitalization holding area	100	2	200	Patient Services	Waiting			0	170	2 holding rooms at 85 ASF
CAPS	Assignable	Storage, Patient Records	80	3	240	Patient Services	Storage			0	0	Leave storage at Veitch
CAPS	Assignable	Client/Staff toilet - Accessible	60	2	120	Patient Services	Restroom	within CAPS		0	120	
CAPS	Assignable	Director of CAPS	140	1	140	Administration	Office	Near Joint Use Admin preferred; within CAPS		0	140	
CAPS	Assignable	Office - Assistant Director	120	3	360	Administration	Office			0	360	

Area	Assignable Vs. Non-Assignable Spaces	Room Type	Area (ASF)	Quantity	Total ASF	Function	Type	Adjacency	Area Subtotals	Program Changes Option A - SOM and Student Health Integrated and CAPS is part of OPV Bldg. or Parking Structure		Option A Notes (Some of the Recommendations require a detailed Service Level Agreement for successful operations)
CAPS	Assignable	Office - Counselors	110	25	2,750	Administration	Office			0	2,200	Reduce number of offices to 20
CAPS	Assignable	Office - Psych Interns + Paraprof. Case Managers	100	5	500	Administration	Office			0	500	
CAPS	Assignable	Office - Case Managers	110	0	0	Administration	Office	Relocated to Central Campus		0	0	
CAPS	Non-Assignable	Toilet - Public, Accessible	60	4	240	Public Space	Restroom			0	240	
CAPS	Non-Assignable	Toilet - Public, Accessible, Unisex	60	1	60	Public Space	Restroom			0	60	
CAPS		Group Rooms	175	3	525	Patient Services	Meeting		<b>6,260</b>	0	525	
<b>22,148</b>									<b>22,148</b>	<b>5,323</b>	<b>7,575</b>	

**UCR Health Outpatient Pavilion Project  
Request for Offers (RFO) for Project Developer  
Addendum #2**



January 19, 2018

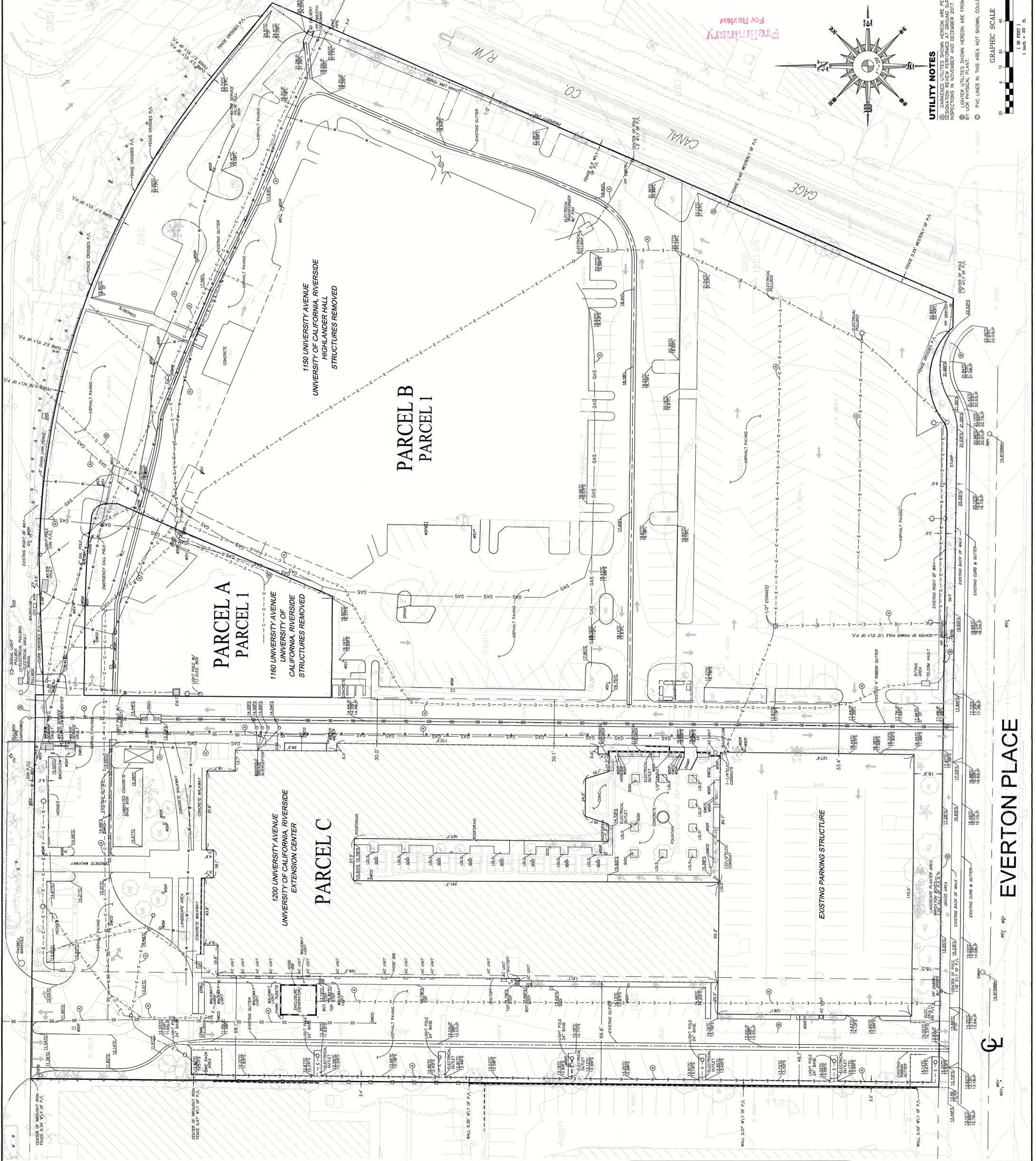
**ATTACHMENT**



ALTA\_NSPS Land Title Survey, University of California Riverside Outpatient Pavilion (December 2017)



SHEET NO. 2 OF 2 SHEETS FILE NO. 645-08	PREPARED FOR: UNIVERSITY OF CALIFORNIA, RIVERSIDE 1233 UNIVERSITY AVENUE, SUITE 240 RIVERSIDE, CA 92507	F.M. 100 11/17/15	SEE SURVEY NOTES 31401 (Cadastral) - 11/17/15 31402 (Cadastral) - 11/17/15 31403 (Cadastral) - 11/17/15 31404 (Cadastral) - 11/17/15 31405 (Cadastral) - 11/17/15 31406 (Cadastral) - 11/17/15 31407 (Cadastral) - 11/17/15 31408 (Cadastral) - 11/17/15 31409 (Cadastral) - 11/17/15 31410 (Cadastral) - 11/17/15 31411 (Cadastral) - 11/17/15 31412 (Cadastral) - 11/17/15 31413 (Cadastral) - 11/17/15 31414 (Cadastral) - 11/17/15 31415 (Cadastral) - 11/17/15 31416 (Cadastral) - 11/17/15 31417 (Cadastral) - 11/17/15 31418 (Cadastral) - 11/17/15 31419 (Cadastral) - 11/17/15 31420 (Cadastral) - 11/17/15 31421 (Cadastral) - 11/17/15 31422 (Cadastral) - 11/17/15 31423 (Cadastral) - 11/17/15 31424 (Cadastral) - 11/17/15 31425 (Cadastral) - 11/17/15 31426 (Cadastral) - 11/17/15 31427 (Cadastral) - 11/17/15 31428 (Cadastral) - 11/17/15 31429 (Cadastral) - 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11/17/15 31500 (Cadastral) - 11/17/15	Date: MARCH 2015 Scale: 1"=20' Prepared under the Supervision of HILLWIG - GOODROW, INC. 31401 (Cadastral) - 11/17/15 31402 (Cadastral) - 11/17/15 31403 (Cadastral) - 11/17/15 31404 (Cadastral) - 11/17/15 31405 (Cadastral) - 11/17/15 31406 (Cadastral) - 11/17/15 31407 (Cadastral) - 11/17/15 31408 (Cadastral) - 11/17/15 31409 (Cadastral) - 11/17/15 31410 (Cadastral) - 11/17/15 31411 (Cadastral) - 11/17/15 31412 (Cadastral) - 11/17/15 31413 (Cadastral) - 11/17/15 31414 (Cadastral) - 11/17/15 31415 (Cadastral) - 11/17/15 31416 (Cadastral) - 11/17/15 31417 (Cadastral) - 11/17/15 31418 (Cadastral) - 11/17/15 31419 (Cadastral) - 11/17/15 31420 (Cadastral) - 11/17/15 31421 (Cadastral) - 11/17/15 31422 (Cadastral) - 11/17/15 31423 (Cadastral) - 11/17/15 31424 (Cadastral) - 11/17/15 31425 (Cadastral) - 11/17/15 31426 (Cadastral) - 11/17/15 31427 (Cadastral) - 11/17/15 31428 (Cadastral) - 11/17/15 31429 (Cadastral) - 11/17/15 31430 (Cadastral) - 11/17/15 31431 (Cadastral) - 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**UTILITY NOTES**

- ① DARKENED UTILITIES SHOWN HEREON ARE PER A UTILITY DESIGNATION REVIEW PERFORMED AT GROUND SURFACE ENCOMPASS INSPECTIONS IN NOVEMBER AND DECEMBER 2017.
- ② LIGHTER UTILITIES SHOWN HEREON ARE FROM RECORDS PROVIDED BY UCR PHYSICAL PLANT.
- ③ PVC LINES IN THIS AREA NOT SHOWN, COULD NOT BE TRACED.

**EVERTON PLACE**



MSY

**UCR Health Outpatient Pavilion Project  
Request for Offers (RFO) for Project Developer  
Addendum #2**



January 19, 2018

**ATTACHMENT**



8.4 Detailed Space Requirements for Ambulatory Surgery and Endoscopy  
Procedure Suite

## 8.4 DETAILED SPACE REQUIREMENTS FOR AMBULATORY SURGERY AND ENDOSCOPY PROCEDURE SUITE

It is essential that the selected developer/architect follow all applicable standards regarding proper workflow when designing the surgical suite. Proper workflow is crucial to maintaining an aseptic environment. The key factor is the controlled flow of patients, staff and materials from unrestricted to semi-restricted to restricted areas.

ROOM / AREA	UNIT	ASF	TOTAL ASF	COMMENTS
<b>Patient Intake</b>				
Reception	1	120	120	Assumes imaging patients will use central registration; includes clerical.
Registration Cubicle	2	80	160	<del>Not included in this program; assumes located w/central registration.</del>
Check-out/Discharge Cubicle	1	80	80	Acoustic, visual and computer screen privacy; space for patient and family member; confirm # of check-out staff.
Office Equipment/Supply Storage Alcove	1	80	80	Printer/copier/fax equipment/office supplies.
Patient/Visitor Waiting	1	300	300	For ASC, endo, minor; consider separate waiting for pediatric patients and families. <b>Reduced.</b>
Child Play Area	1	100	100	Locate adjacent to peds waiting; visible from reception.
Visitor Toilet Room	0	0	0	Assumes public toilet rooms can be shared with other services and walking distances are reasonable; not included in this program.
Wheelchair Alcove	1	40	40	<del>Shared at OPV entrance; not included in this program.—Alcove is generally needed for quick access to discharge.</del>
Refreshment Center	1	80	80	Counter with sink and wall cabs; for coffee/tea and refreshments; contiguous to waiting.
Education Station/Display Area	0	20	0	Assumes located w/central registration; not included here.
Consult/Multipurpose Room	1	120	120	Family consultation; accessible for surgeons and anesthesiologists. <b>Locate behind door, away from waiting for privacy.</b>
<b>Subtotal ASF</b>			<b>1,080</b>	

### **Pre-Op Care & Post Anesthesia Care Unit (Phase I, Phase II Recovery and Minor Procedures (Some spaces have been combined to create a unit that can swing depending on demand.)**

Unrestricted area; consider sharing support space (and reducing SF) with phase I recovery (PACU) where permitted.

Pre-surgical Testing	0	0	0	Include?
Minor Procedure Room	2	180	360	May be accessed from semi- and un-restricted corridors; share for exams.
Outpatient Changing/Locker Space:				
Changing Booth (Standard)	0	25	0	Depends on operational concept; not included.
Changing Booth (Handicapped)	1	50	50	Depends on operational concept; not included. <b>Added since generally required by licensing/OSHPD.</b>
Patient Belongings Holding	1	80	80	Determine need and process for holding patients' belongings.
Gowned Patient Waiting Area	0	60	0	Depends on operational concept; not included. <b>Having gowned patients in a waiting room is not considered a best practice.</b>



Patient Toilet Room	0	60	0
Injection/Block Room	0	120	0

Patient Care Space:

Pre-operative Cubicle	3	130	390
Pre-operative Room	1	160	160
Phase I & II Recovery Bay	11	130	1,430
Phase I & II Recovery Room	1	160	160
Recliner Chair (Discharge Lounge)	0	0	0
Patient Toilet Room	2	60	120
Hand Gel/Foam Stations	8	5	40
Nurse Station: Pre-op/Phase I & II Recovery	2	280	560
Medication Preparation Room	1	120	120
Nourishment Station	1	80	80
Automated Medication Dispensing Unit	2	30	60
Staff Toilet Room	4	60	240
Clean Supply	1	140	140
Soiled Holding	2	120	240
Equipment Storage Room	1	160	160
Environmental Services Room	2	80	160
Emergency Equipment Alcove	2	15	30
Mobile Equipment Alcove	2	30	60
Stretcher/Wheelchair Alcove	2	30	60

**Subtotal ASF**

**4,700**

**Post-Anesthesia Care Unit  
(Phase 1 Recovery)**

**See change above**

<del>Phase I Recovery Bay (PACU)</del>	<del>0</del>	<del>130</del>	<del>0</del>
<del>Phase I Recovery Room (PACU)</del>	<del>0</del>	<del>160</del>	<del>0</del>
<del>Handwashing Station</del>	<del>2</del>	<del>40</del>	<del>20</del>
<del>Nurse Station: PACU</del>	<del>0</del>	<del>120</del>	<del>0</del>
<del>Staff Toilet Room</del>	<del>4</del>	<del>60</del>	<del>60</del>
<del>Medication Preparation Room</del>	<del>1</del>	<del>80</del>	<del>80</del>

For regional blocks or line placement prior to surgery; depends of scope of services; not included.  
Design for "swing" use between pre-op and stage 2 recovery; minimum 4 pre-op; consider potential accommodation of PACU overflow? Share support space with minor/endo.

Semi-enclosed w/partitions on 3 sides, curtain on corridor side. **Provide Sinks**

Quiet room for pediatrics, etc.. **Provide Sink**

**Provide Sinks**

Quiet room for pediatrics, etc.. **Provide Sinks**

Lounge-type setting with recliner chairs; depends on operational concept; not included.

For use by pre-op and stage II recovery patients; 2 minimum.

**8 minimum; distributed.**

Direct visualization of and access to pre-op/phase II recovery; also access to endo/minor. **Design entire area to swing. 2 nurse stations identified here. Area has also been increased to accommodate endoscopy nurses.**

Depends on operational concept; locate at nurse station; reduce if alcove. **Needs to be centrally located for ease of use or provide 2 rooms.(Pyxis, IT, worksurface and interface with EPIC in addition to operational and code requirements.)**

Locate at Pre-op/phase II recovery nurse station.

Self-contained fixed or mobile unit; depends on operational concept.

**Distribute in unit and provide POC testing area.**

Includes equipment, supplies, floor sink; share and reduce?

Unrestricted area; minimum of 1 entrance from semi-restricted surgical corridor w/o crossing public corridor; separate pediatric from adult with space for parents; 6 positions minimum; consider accommodation of PACU overflow into pre-op? Also consider sharing support space (and reducing SF) with pre-op/phase II recovery where permitted.

Bay with cubicle curtains.

For isolation and/or pediatrics.

2 minimum; distributed.

Direct visualization of and access to PACU patients. **Added nurse station above.**

Provide minimum of one within working area.

Depends on operational concept; locate at nurse station; reduce if alcove.

Automated Medication Dispensing Unit  
 Clean Workroom  
 Soiled Workroom  
 Equipment Storage Room  
 Environmental Services Room  
 Emergency Equipment Alcove  
 Mobile Equipment Alcove  
 Stretcher/Wheelchair Alcove

0	20	0
4	100	400
4	80	80
4	100	400
4	80	80
4	15	15
4	80	80
4	30	30

Self-contained fixed or mobile unit; depends on operational concept; not included.

Includes equipment, supplies, floor sink; share and reduce?  
 One per post-anesthesia care unit; crash cart.

~~Subtotal ASF~~  
**Subtotal ASF**

~~645~~  
**0**

Total now -0-

**Operating Rooms**

General Operating Room

4	650	2,600
2	650	1,300
4	50	200
4	30	120

Sized for general and specialty cases; flexibility in use.

Shell Operating Rooms

Two shell Operating Rooms that can be used for interim function if planning and design allow for future conversion. Locate shell OR's in a manner that they could be accessed from another corridor without going through the sterile zone. (They may be used for procedure rooms in interim period.)

Scrub Station (Two Sinks)

One per each one or two operating rooms depending on configuration. Plan for additional due to shell ORs.

Stretcher Alcove

One outside each OR patient entrance. Plan for additional due to shell ORs.

**Subtotal ASF**

**4,220**

**Operating Room Support**

Control Station

1	100	100
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Positioned to control access into the semi-restricted area.

Scheduling Office

1	110	110
---	-----	-----

Assumes this function is located in central reception/registration. Scheduling Office is required, generally needs to have good proximity to related team functions.

PACS Viewing Office

1	160	160
---	-----	-----

Depends on scope of operations; not included.

Staff Toilet Room

2	60	120
---	----	-----

Provide minimum of one within each "pod" or working area.

Clean Core

4	100	400
---	-----	-----

100 ASF per operating room; depends on operational concept; not included. Changed to included. Shell ORs will need same sterile core.

General Equipment Storage

1	250	250
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Specialty Equipment Storage

1	120	120
---	-----	-----

Anesthesia Workroom/Storage

4	75	300
---	----	-----

Medical Gas Storage Room

1	30	30
---	----	----

For daily back-up.

Medication Station

0	0	0
---	---	---

Share.

Automated Medication Dispensing Unit

2	20	40
---	----	----

Self-contained fixed or mobile unit; depends on operational concept; not included. Changed to included. Large Pyxis unit w/ security, IT and power to service ASC. Case specific drugs would be in OR Pyxis on or near anesthesia cart. All data feeds into Epic system.

Clean Workroom Supplies

1	180	180
---	-----	-----

Soiled Workroom

1	180	180
---	-----	-----

Share. Added for Neptune/or similar and other soiled materials.

Blood Bank Refrigerator Alcove	1	30	30
Environmental Services Room	1	80	80
Clean Case Cart Holding	1	120	120
Soiled Case Cart Holding	1	120	120
Blanket warmers, hypothermia cart, other	1	75	75
Frozen Section Laboratory	1	50	50
Satellite Laboratory	1	80	80
Satellite Pharmacy	1	50	50
Biomedical Work Area	0	120	0
Decasing Room	0	80	0

Temporary holding of portable blood bank refrigerator.  
 For OR's; share?  
 Depends on operational concept; using case cart system? ~~Need to determine if 120 SF is adequate.~~  
 Depends on operational concept; using case cart system? ~~Need to determine if 120 SF is adequate.~~  
 Space to be distributed based on final configuration.  
 Depends on operational concept; not included. Added for quick prep or quick assessment.  
 Depends on operational concept; not included. Added for quick prep or quick assessment.  
 Depends on operational concept; not included. ASC Pharmacy support  
 Depends on operational concept; not included.  
 Sending/receiving for direct purchases; depends on materials distribution system; not included.

**Subtotal ASF 2,595**

**Endoscopy Procedure Suite**

Endoscopy Procedure Room	2	300	600
Prep/recovery bay	4	110	440
Recliner Chari (discharge Lounge)	2	60	120
Handwashing Station (scrub)	2	25	50
Patient Toilet Room	2	60	120
Nurse Station	0	120	0
Staff Toilet Room	0	60	0
Medication Preparation Room	0	80	0
Clean Workroom	0	100	0
Soiled Workroom	0	80	0
Equipment Storage Room	0	100	0
Environmental Services Room	0	80	0
Emergency Equipment Alcove	0	15	0
Mobile Equipment Alcove	0	80	0
Stretcher/Wheelchair Alcove	0	30	0

Locate with visual control from pre-op/phase II recovery nurse station, but separate visually and acoustically from ASC patients.

For endoscopy procedure room; reduce to 10 ASF is standard hw station.  
 Directly accessible from endo procedure room and pre-procedure/recovery.  
 Share with pre-op/phase II recovery area.  
 Share with pre-op/phase II recovery area.  
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 Share with pre-op/phase II recovery area.  
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 Share with pre-op/phase II recovery area.

Scope Cleaning/Storage:- Locate in Sterile Processing

Decontamination Area	1	120	120
Scope Cleaning Room	1	120	120
Scope Storage	1	60	60

Enclosed room/area separate from clean work area.  
 Includes pass-thru from decontamination area. Accommodate 2 scope cleaning pieces of equipment  
 Cabinet by vendor?

**Subtotal ASF 1,630**

**Staff / Admin Support**

Office: Manager	1	120	120
Workstation: Clerical	1	80	80
Workstation: Resident/Student	2	40	80
Conference/Classroom	0	0	0

Confirm staff.  
 Confirm staff.  
 "Off-stage" private space; confirm staff.  
 Share general conference room; not included.

Audiovisual Room	0	0	0
Office Equipment/Supply Storage	1	60	60
Staff Lounge/Pantry	1	340	340
Male Staff Lockers/Changing	1	180	180
Male Staff Toilet/Shower	1	180	180
Female Staff Lockers/Changing	1	180	180
Female Staff Toilet/Shower	1	180	180

Share.  
 Alcove with printer/copier/fax equipment and office supplies.  
 May adjust based on male/female #'s.  
 Includes 1 toilet, 1 urinal, 2 sinks, 1 shower; may adjust based on male/female #'s.  
 Includes 2 toilets, 2 sinks, 1 shower; may adjust based on male/female #'s.  
 May adjust based on male/female #'s.

**Subtotal ASF 1,400**

**Sterile Processing**

Soiled and clean work areas shall be physically separated.

Supply Receiving/Breakdown	1	120	120
Soiled Receiving/Decontamination	1	240	240
Washer/Sterilizer	2	80	160
Cart Washer	1	120	120
Clean Assembly Workroom	1	360	360
Terminal Sterilizer	2	100	200
Clean/Sterile Med/Surg Supply	1	360	360
Instrument Storage Area	1	80	80
Cart Assembly/Holding Area	1	100	100
Supervisor Office	1	100	100
Female Locker/Change	1	100	100
Female Toilet Room	1	160	160
Male Locker/Change	1	100	100
Male Toilet Room	1	140	140
Staff Lounge/Pantry	1	120	120
Environmental Services Room	1	80	80

Work space for cleaning and initial washing of med/surg instruments and equipment; includes work counter, hw station(s), flushing rim clinical sink(s), washer/sterilizer(s), waste and soiled linen receptacles; soiled cart staging; pass-thru doors and washer sterilizers shall deliver items into clean processing workroom; need emergency eyewash shower?  
 Size will vary depending on vendor and capacity; check need for 1 or 2?  
 Size dependent on vendor; pass-thru from decontam to clean assembly; check need?  
 Clean work space (pack/prep) with hw station(s) and equipment for terminal sterilization and/or high-level disinfection of med/surg equipment and supplies; includes clean cart staging; assumes reliance on an external (not in OPV) laundry/linen service.  
 Size will vary depending on vendor and capacity; check need for 1 or 2?  
 For receiving/unpacking clean/sterile supplies; adjacent to, but separate from the clean assembly workroom; includes storage for clean/sterile packs and HVAC provisions for ventilation, humidity and temperature control.  
 Depends on operational concept and use of case carts.  
 Depends on operational concept, type of cart and supply/instrument distribution system; locate adjacent to clean/sterile storage and near the primary clean cart distribution point.  
 60-100 ASF; depends on organization structure and staffing.  
 May change depending on male/female staff #'s.  
 2 toilets, 2 sinks, 1 shower; may change depending on male/female staff #'s.  
 May change depending on male/female staff #'s.  
 1 urinal, 1 toilet, 2 sinks, 1 shower; may change depending on male/female staff #'s.  
 Access to/from corridor, decontam and clean assembly.

**Subtotal ASF 2,540**

**Total ASF 18,165**

ASF to RSF Factor 1.55

**Total RSF 28,156**

**NOTES/QUESTIONS:**

1. For all data space and related requirements, see UCR IT information provided on OneDrive. For mechanical/electrical space refer to the "OPV Stacking with RSF" document as well as tk1sc engineering documents. Mechanical, electrical and data space is excluded from and incremental to the above program.

2. Developer shall provide a separate discharge exit for patient privacy.

3. Pre-surgical testing will take place in the OPV physician practices.

4. What is the plan for accommodating medical gases for the OPV?

5. Should staff and physician lockers/toilets/showers be separated?

6. The urgent care ambulance transfer access/egress will also support the transfer of internal OPV stretcher patients out of the OPV, most likely from the ASC. An elevator sized for stretcher patients shall be included in the OPV with horizontal proximity urgent care and on upper floors the ASC at a minimum.

**UCR Health Outpatient Pavilion Project  
Request for Offers (RFO) for Project Developer  
Addendum #2**



January 19, 2018

**ATTACHMENT**



8.7 Detailed Space Requirements for Retail Pharmacy

## 8.7 DETAILED SPACE REQUIREMENTS FOR RETAIL PHARMACY

ROOM / AREA	UNIT	ASF	TOTAL ASF	COMMENTS
Waiting Area	1	200	200	
Prescription Drop-Off Window	2	40	80	One for students, one for retail
Prescription Pick-up & Cashier Station	2	40	80	One for students, one for retail
Consult Cubicle	2	60	120	Includes patient education.
Consult Room	4	90	360	These can be used for injections, education, etc.
Team/Conference Room	1	180	180	Used for team meeting, teaching, etc.
Compounding, Anteroom, Sterile (Neg Pressure)	1	275	275	Dedicated exhaust required; Ante room 75sf, Workstation w/hood 100sf, Workroom 100 sf, Additional discussion is required.
Compounding, Anteroom, Non-Sterile (Neg Pressure)	1	275	275	Dedicated exhaust required; Ante room 75sf, Workstation w/hood 100sf, Workroom 100 sf, Additional discussion is required.
Narcotic Vault	1	75	75	
ASC drug processing, storage, distribution and management	1	400	400	Need to discuss how this works with the retail and student pharmacy. Stocking and management of Pyxis or similar. Due to type of drugs being used, this will require security access to ASC.
Dispensing Station	4	60	240	All necessary security provisions shall be provided.
ASC Office Management	1	110	110	Pharmacist managing and coordinating ASC requirements.
Retail Display Area related to clinical/ASC services	1	400	400	Need to confirm products and space required
Fill Area/Working Stock	1	800	800	Detailed configuration of space will be developed during design development
Handwashing Station	2	10	20	
Refrigerator/Freezer	2	30	60	This assumes that vaccines are delivered through the clinical offices.
Receiving/Breakdown Area	1	100	100	Receive from materials management or direct? In either case, all necessary security provisions shall be provided.
Bulk Storage	1	300	300	
Staff Toilet	3	60	180	
Office: Manager	1	110	110	
Office Students	1	110	110	
Office - Retail	1	110	110	
Workstation: assistant/tech	1	60	60	
Staff Locker Alcove	2	85	170	
<b>Subtotal ASF</b>			<b>4,815</b>	
ASF to RSF Factor			1.35	
<b>Total RSF</b>			<b>6,500</b>	

NOTE:

1. For all data space and related requirements, see UCR IT information provided on OneDrive. For mechanical/electrical space refer to the "OPV Stacking with RSF" document as well as tk1sc engineering documents. Mechanical, electrical and data space is excluded from and incremental to the above program.
2. OPV Pharmacy location, hours of operation, plan and design must be reviewed and approved by UCR pharmacy and security representatives.
3. The above should be considered a "spec" program; RSF will vary depending on the ultimate pharmacy operation.