

Amendment 2, to RFP 14-12008-SR

Procurement Management Department

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Date: August 29, 2014

To: All Prospective Bidders

From: Sandra M. Rico, Procurement Contracting Officer

Subject: Amendment 2 to RFP 14-12008-SR

Reference: Program Management Owner's Representative Services for JHS Capital Plan

Jackson Health Systems-Public Health Trust (JHS-PHT or Trust) does hereby amend the subject Invitation to Bid (ITB) by the following actions.

A. REVISIONS TO THE RFP:

REVISION 1: The Due Date for RFP 14-12008-SR has been extended to **Friday, October 3, 2014 by or before 2:00 p.m. EST.**

REVISION 2: Section 2.3 – General Business Requirements Making up the Technical Qualifications Evaluation Score is hereby amended as follows:

MANAGEMENT APPROACH AND SERVICES

The Proposer shall provide a detailed narrative of the management approach that will be used to deliver the Scope of Services **as set forth in Section 2.2 – Scope of Work**. The Proposer should identify any unique experience, qualifications, techniques, and approaches that will best achieve JHS's objectives and that could be considered superior to the Proposer's competition. Describe how these unique assets will be utilized to provide a better outcome for JHS.

REVISION 3: Section 4.1(9) - Required Forms and Attachments is hereby amended as follows:

9) **Required Forms & Attachments**

The Proposer must complete, sign and submit the forms listed in Section 1.20 (a), the forms may be found in **Section 7.0** as part of the Proposal. ~~**as well as the functional requirements questionnaire that must be downloaded with this RFP.**~~

REVISION 4: Section 4.1(8) – Disclosures of Conflicts is hereby amended as follows:

8) **Disclosure of Conflicts**

Disclose any financial or legal conflicts of interest, whether existing or potential, which may affect Proposer's performance of the Scope of Services required under RFP Agreement 14-12008-SR if Proposer is selected as Program Manager, including, but not limited to, any business services currently being provided for institutions that may be in direct competition with JHS **and/or any existing or potential services to be provided directly to the Trust.**

REVISION 5: Section 1.36 – Substitution of “Key Personnel” is hereby amended as follows:

1.36 SUBSTITUTION OF “KEY PERSONNEL”

Substitution of key personnel, by the Proposer, during the pre-award evaluation and selection process is permissible only on notice to the Contracting Officer and with the knowledge of the Selection Committee, which shall take any substitutions into consideration during Proposal evaluation.

The key personnel assigned to this project by the Contractor are considered to be essential to the work being performed for the Trust. During contract performance, the Contractor shall make no substitutions of key personnel unless illness, death, or termination of employment necessitates the substitution or in the event the Proposer and/or the Trust determines that a personnel substitution is in the best interest of the project. In no event shall a substitution of key personnel take place due to the Proposer’s reassignment of key personnel to another project. This project shall take precedence over any other project the Proposer may have assigned to the key personnel identified herein.

For this RFP process and subsequent contract performance, “key personnel” means, but shall not be limited to, the positions proposed and identified **below: as Key Personnel in RFP Section 2.4.C.**

- a) **Principal**
- b) **Project Executive**
- c) **Sr. Project Manager**
- d) **Project Manager(s)**
- e) **Project Controls Staff (to be determined by Proposer)**

REVISION 6: Section 2.4.C (3) – Key Personnel is hereby amended as follows:

2.4.C Key Personnel

1. Organizational chart of ~~company~~ **Proposing Team** that states the number of staff employed in each function or department. Indicate staff resources that are projected to be dedicated to the Scope of Services of this RFP. **In addition, Proposer shall include resumes for ALL staff resources that are projected to be dedicated to the Scope of Services of this RFP, including Key Personnel.** Describe Proposer’s approach to project organization and management, including the responsibilities of Proposer’s management and staff personnel that will perform work on this Project.

REVISION 7: Section 2.4.A (1) & (3) – Proposer Qualifications is hereby amended as follows:

2.4.A Proposer Qualifications

1. State the full name and address of Proposer’s organization and, if applicable, the branch office or other subordinate elements that will perform or assist in the services required in this RFP. Indicate whether Proposer’s organization operates as an individual, partnership, or corporation, include the state in which it is incorporated or otherwise organized to conduct business. If applicable, list all subcontractors; include each firm’s name, address, contact person, complete description of the work to be subcontracted, and descriptive information concerning subcontractor’s organization and abilities. **Minimum Qualifications: Prime** Proposer must have and demonstrate industry leadership experience in providing Program Management / Construction Management Services for substantial public health and hospital systems, with preference given to multi-site experience and academic medical center environments. A minimum of three hospital and health system program management services contract references in the last

10 years is required. **Prime** Proposer must also provide evidence/demonstrate knowledge of healthcare design guidelines and principles of all related authorities having jurisdiction, including but not limited to: State of Florida Agency for Healthcare Administration (AHCA), Centers for Medicare & Medicaid Services (CMS), Joint Commission. ~~City of Miami, City of North Miami Beach and Miami-Dade County.~~

3. Describe the **Proposer's Proposing Team's (inclusive of subcontractors to the Prime)** qualifications to provide the Scope of Services requested in this RFP including relevant prior experience and qualifications. Highlight experience in providing comparable services for public health and hospital systems, preferably with multi-site experience and academic medical center environments (preferred). Highlight **Proposer's Proposing Team's** knowledge of and experience with JHS authorities having jurisdiction for capital projects: State of Florida AHCA, CMS, Joint Commission, City of Miami, City of North Miami Beach and Miami-Dade County.

REVISION 8: Section 1.15 – Local Preference/Local Certified Service-Disabled Veterans Preference is hereby amended as follows:

In accordance with the Procurement Regulation § XV.D. Preference to Local Business in Trust Contracts, if a non-local Proposer has the highest ranked evaluation on a Request for Proposals, each local firm who has submitted an offer shall receive a local preference bonus equal to five percent (5%) of the highest ranked score. This preference shall apply to establishing the competitive range and any subsequent evaluations. ~~including best and final offers.~~

REVISION 9: Section 1.16 – Modification or Withdrawal of Proposals is hereby amended as follows:

Proposals may be modified or withdrawn prior to the established due date. For the purpose of this RFP, Late Proposals, Late Withdrawals, and Late Modifications, the established due date is either the time and date announced for receipt of Proposals or receipt of modifications to Proposals, if any.; ~~or if negotiations with Proposers in the competitive range have begun, it is the time and date by which modified or best and final offers must be submitted, provided that only Proposers who are in the competitive range may submit modified or best and final offers.~~

REVISION 10: Section 5.1 – Competitive RFP Process is hereby amended as follows:

After the short-list is established, oral presentations will be scheduled with the Selection Committee. The Selection Committee will then conduct a “full” re-evaluation of the short-listed group based on clarifications made to the original RFP response through the oral presentation. The highest ranking Proposer resulting from the “full” re-evaluation will be asked to ~~submit a Price Proposal and to~~ participate in a negotiation session. ~~which may include a best and final offer and any other concessions available to the Trust.~~ The lack of cooperation of a Proposer at this stage in the process may cause the Selection Committee to re-evaluate their highest ranked, short-listed respondent and cause a reconsideration to recommend a second highest ranked short-listed respondent for negotiation. **If negotiations are not successful with the second highest ranked short-listed respondent, a reconsideration to recommend the third highest ranked short-listed respondent for negotiation shall be commenced, and so on until successful negotiations have been completed.** After the negotiations are complete, the Selection Committee will review the negotiated results and will then have an opportunity to recommend the final contract for award. Depending on the final dollar amount of the award, the Trust's Chief Procurement Officer may award the contract or forward the contract to the Trust's Board of Trustees for consideration and award.

REVISION 11: Section 5.7 – Negotiations is hereby amended as follows:

The Selection Committee, a subcommittee thereof (Negotiation Team), or such other committee or qualified staff, all as determined and appointed by the Chief Procurement Officer, may conduct negotiations with - the highest ranked Proposer determined to be on the short-list; with the highest ranked Proposer when the Selection Committee determines not to establish a short-list; simultaneously with more than one highest ranked Proposers; or, with a sole Proposer when only one Proposal is received.

Negotiations are held to promote understanding of the Trust's requirements and the Proposers' Proposals and to facilitate arriving at a contract that will be most advantageous to the Trust, taking into consideration price and the other evaluation factors set forth in the Request for Proposals.

The Procurement Officer should establish procedures and schedules for conducting negotiations in accordance with this Section. There may be successive rounds of negotiations with the Proposers on the short-list. Perceived weaknesses and deficiencies in each Proposal on the short list may be identified by the Selection Committee and conveyed separately to each Proposer. If during negotiations the Selection Committee determines there is a need for any substantial clarification of or change in the Request for Proposals, the Request shall be amended to incorporate such clarification or change, and shall be distributed to each Proposer remaining on the short list. Any substantial oral clarification of a Proposal shall be reduced to writing by the Proposer. The Procurement Officer shall keep a record of the date, place, and purpose of meetings and those attending.

Any representative of a Proposer participating in oral presentations or negotiations for the Proposer shall be listed on an affidavit (Form A-2 (PHT)) submitted with the Proposal or thereafter in accordance with Form A-2 (PHT) and the "Conflict of Interest and Code of Ethics Ordinance," Section 2-11.1(s) 5, of the Miami-Dade County Code, as amended. All negotiations shall be conducted in accordance with the "Government in the Sunshine Law," Section 286.011, Florida Statutes, as amended.

~~***When in the best interest of the Trust, the Selection Committee may request, through the Procurement Officer, the submission of best and final offers from all Proposers remaining in the competitive range or from the highest ranked respondent resulting from the Selection Committee's "full" re-evaluation of the short-listed respondents. The request for best and final offers shall be in writing and shall establish a common date and time for the submission. Proposers shall be informed that if they do not submit a best and final offer or a notice of withdrawal, their immediate previous offer will be construed as their best and final offer. Best and final offers shall be submitted only once and shall be evaluated by the Selection Committee and Negotiating Team; provided, however, the Selection Committee, through the Procurement Officer, may make a written determination that it is in the Trust's best interest to conduct additional negotiations with more than one Proposer or change the Trust's requirements and require another submission of best and final offers which shall be evaluated by the Selection Committee.***~~

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B. ATTACHMENTS TO THE RFP:

ATTACHMENT 1: Additional Pre-Proposal Conference sign-in sheet.

ATTACHMENT 2: Sections of the JHS Revised Facilities Master Plan as prepared by Hellmuth, Obata, & Kassabaum (HOK)

- Master Plan Executive Summary
- Campus Master Plan
- Capital Plan

ATTACHMENT 3: Jackson Health System Capital Project List for Facilities Design & Construction

ATTACHMENT 4: Revised Form A-14 – Small Business Enterprise (SBE) Status

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C. QUESTIONS AND ANSWERS:

No.	Question	Response
1	We are working on submittal for A/E Design quals for the Rehab Hospital project. In this RFP, I noticed the project description for the Rehab facility is significantly different than what was issued for the previously issue NTPC (ISD Contract No. A14—JHS-02). On page 4 of the NTPC, the Rehab project is described as being a “minimum of 135,385 s.f.” This sounds reasonable compared to the estimated GMP of \$54.4MM. Page 6 of the current RFP for Program Management describes the Rehab project to be on the order of 206,000 s.f. A clarification may be needed.	The Scope of Work for NTPC A14-JHS-02 currently identifies a total project budget of \$80M for a minimum 135,385 square foot Rehabilitation Hospital. The Master Plan currently identifies a total project budget of \$117.4M for a 206,000 square foot Rehabilitation Hospital. The disparity will be resolved during the Programming Phase, as JHS does not anticipate spending \$117.4M. The approved programming will be appropriately budgeted as to final recommended square footage and estimated A/E, Construction and FF&E costs.
2	Please provide a list of Capital Improvement Projects over the next 10 years and the schedule for both owners rep and projects.	Please reference Attachment 4 in this Amendment No. 2
3	Will the Capital Improvement Projects over the next 10 years be hard bid, dB, etc?	The selection of the procurement vehicles to be utilized for projects under the Capital Improvement Plan shall be decided on a case-by-case basis at the time of solicitation. The Program Manager scope includes providing project delivery strategies for the upcoming capital projects.
4	Will the owner's rep selected through this RFP be designing?	Design services are not part of the Program Manager scope of services described in this RFP.
5	What kind of projects are intended for the Capital Improvement Projects over the next 10 years?	Anticipated projects vary from construction of new facilities, renovation/modernization of existing facilities, infrastructure upgrades, equipment replacements, etc. Please refer to Master plan and draft Capital Plan Project list for more information.
6	If a firm is currently working on a project at JHS, would it preclude the firm from participating as a sub-consultant for this RFP?	Please reference Revision No. 4 in this Amendment No. 2. The Trust shall not preclude any potential proposers from submitting a response to this RFP, however proposers shall disclose any conflicts that may be apparent or perceived. The trust shall evaluate each disclosure on a case-by-case basis.
7	If a firm is currently waiting for results on the selection of a project for JHS, would the firm be precluded from participating as a sub-consultant for this RFP?	Please Reference Answer A6 in this Amendment No. 2.
8	If a firm is currently waiting for results on the selection of a project for JHS and the firm is subsequently selected for that project, would the firm have the opportunity to reject such a selection if the team they were on was selected for this RFP?	Please Reference Answer A6 in this Amendment No. 2. Acceptance or denial of any work outside the scope of this RFP is a business decision on the part of the Proposing Team.

No.	Question	Response
9	Will JHS be sending the Master Plan? During the pre-proposal conference, it was mentioned that it would go out as an attachment. Also, once the Capital Plan has been finalized, will it be posted?	Please reference Attachments 2 and 3 in this Amendment No. 2.
10	We are hereby respectfully requesting a 6-week time extension for submittal of the proposal for this RFP.	See Revision 1 in this Amendment No. 2.
11	Under Section 2.1 General Information, under Scope of Services, page 23, the RFP instructs “Proposers are instructed to indicate a response to ALL service requirements and specifications contained in this Section in the order listed using the same numbering system.” Yet there are no instructions under Section 4 PROPOSAL SUBMISSION AND FORMAT, on what section of the proposal addresses the many items under 2.2 Scope of Work. Do the items under 2.2 need to be addressed? If so, please confirm that the response to 2.2 scope items belongs in Proposal Response Section 4 Technical Qualifications.	Please reference Revision 2 in this Amendment No. 2.
12	Where can we find the “functional requirements questionnaire” referenced on page 32 of the RFP? Please provide a link for downloading.	Please reference Revision 3 in this Amendment No. 2.
13	5.12 (3) on page 38 of the RFP requires that: “..all prime Proposers shall submit with their Proposal a “Letter of Consent to Participate as SBE Sub Vendor,” or equivalent, signed and dated by an authorized representative of each SBE sub vendor identified by the prime Proposer, affirming the proposed SBE sub vendor’s explicit consent to perform for the prime Proposer in relation to this potential contract engagement with the Public Health Trust in the capacity described by the prime Proposer in its Proposal under this RFP.” Please confirm the appropriate proposal response section for these SBE letters—Section 5 Qualifications of the Proposer, or Section 11 Certified Small Business Subcontracting.	Please include this information in Tab/Section 11 - Certified Small Business Subcontracting of your Proposal.
14	May we have approval to use the Jackson Health System logo on our proposal cover and in our proposal page headers?	Approved.
15	The Miami-Dade County Contractor Due Diligence Affidavit was included with the forms in the RFP, yet not included in the listing under Section 1.20(a) as required for submission or under Section 4. Does that form need to be completed and submitted with the proposal?	Yes, this form is required for this RFP. Please include the completed form under Tab/Section 9 - Required Forms & Attachments of your proposal.

No.	Question	Response
16	Forms A-11 and A-12 also were included with the RFP, yet not listed in the instructions either under Section 1.20(a) or under Section 4. Do those forms need to be completed and submitted with the proposal?	Yes, these forms are required for this RFP. Please include the completed forms under Tab/Section 9 - Required Forms & Attachments of your proposal.
17	Will you be issuing additional information regarding the JHS Master Plan prepared by HOK and that which is internally available to the JHS Facilities Design & Construction department in terms of a list of projects to be included in the forthcoming Capital Improvement Plan?	Please Reference Answer A9 in this Amendment No. 2.
18	Will you be making available any existing information related to JHS' approved minimum standards for design and/or operation?	The Trust complies with the minimum requirements as prescribed by AHCA, The Joint Commission, CMS, and all other applicable healthcare regulatory agencies.
19	Please identify, as referenced previously, the financial/accounting software currently utilized by JHS.	Jackson Health System currently utilizes Lawson and Axiom for financial and budgeting purposes.
20	Will you please provide detail, if available, regarding JHS' current plan for managing the process of procurement, delivery, and installation of furniture, fixtures, and equipment?	The Trust's traditional process is that FF&E (including medical equipment planning) is a part of the project specific design solicitation's scope of work. All planning, recommendations, coordination and ancillary services of FF&E is inclusive in our A/E solicitations. As determined to be in the best interest of the Trust, selected purchases of FF&E will be Owner-Direct through existing Group Purchasing Organization (GPO) contracts, state contracts, U.S. Communities contracts, MedAssets contracts, or other approved procurement methods. However, the Trust would look for recommendation of "best practices" and current trends from the program manager.
21	Will you please provide details, if available, regarding JHS' current plan for temporary office space? Please clarify if space will be provided by JHS or if requirements will be stipulated for the Program Management Owner's Representative to establish its own temporary office space.	There is limited office space available within the Capital Projects section in the Institute Annex building 4th floor. There is also a double wide trailer adjacent to the building that is available for additional office space.
22	As stated during the pre-proposal conference held on August 15, 2014, please confirm in the form of an addendum that an individual team member's previous experience can be used as and is otherwise fully transferrable to the representative experience of the Prime Proposer.	Experience is only transferable from a team member only if the team member is employed by the Prime Proposer and listed as Key Personnel to be utilized for the duration of the term of the contract and not employed by any subcontractors to the Prime contractor.

No.	Question	Response
23	It is fully understood that the first page of the <u>proposal</u> should be Form A-1 (Cover Page). Please clarify whether or not an aesthetically-designed cover, incorporating various graphics along with text identifying the proposal's contents, will be permitted for the exterior binder, back cover and spine.	The use of aesthetically designed covers, etc. is acceptable by the Trust.
24	Will you consider a four (4) to six (6) week extension to the proposal preparation period and deadline?	Please reference Revision 1 in this Amendment No. 2.
25	Miami Dade County is currently soliciting A14-JHS-02, which has a construction value of over \$10M. At the pre-bid meeting, Jackson staff informed attendees that projects over \$10M in costs will be managed by the PM Owner rep selected under RFP 14-12008-SR. Please confirm that the prime and the subconsultants selected under solicitation A14-JHS-02, are conflicted from the PM Owner rep solicitation. Since A14-JHS-02 is due on the same day as the PM Owner rep, there is no way of confirming the teams that submit.	Confirmed. Those firms that are awarded a contract pursuant to solicitation A14-JHS-02 will be in conflict with the award of this RFP.
26	Are the prime and subconsultants for the Masterplan conflicted from the PM Owner rep pursuit?	Hellmuth, Obata, and Kassabaum, Inc. (d/b/a HOK) is hereby precluded from submitting a response to this RFP due only to the fact that consulting services were rendered in the preparation of this RFP. Since HOK's subcontractors for the Facilities Masterplan Revision Project were not utilized in these consulting services, they shall not be precluded from participation in this RFP process. Please reference answer A27 in this Amendment No. 2 for the listing of HOK's subcontractors for the Facilities Masterplan Revision Project.
27	Please identify the prime and subconsultants that worked on the Masterplan.	Hellmuth, Obata, and Kassabaum (HOK) was the Prime consultant for the Masterplan. HOK's sub-consultant team was comprised of: SDM Consulting Engineers, Inc. (MEP), Bliss & Nyitray, Inc. (Structural), EAC Consulting, Inc. (Civil), and Desman Associates (Transportation/Parking).
28	Please provide a copy of the capital plan and development schedule developed by the master planner for which the list of projects in the RFP was derived. If the schedule does not reflect the priority projects (fast track projects targeted within 5 to 7 years), please identify.	Please reference Attachments 2 and 3 in this Amendment No. 2.
29	Please identify capital that is associated with the Masterplan that tracks back to the needs for financing proposed project.	The Capital Plan is funded from General Obligation Bond (GOB), Annual Capital Contributions, previous revenue bonds, grants, and Foundation donations. There is no proposed financing of projects planned at this time.

No.	Question	Response
30	Please provide a summary as to how the list of projects was developed, and the general order they are believed to be required to be in service.	The Capital Plan project listing is a combination of past fiscal year project initiatives combined with the master plan recommendations in support of alignment with Jackson's strategic plan. Please reference answer A9 in this Amendment No. 2 for more information.
31	Please provide any preliminary schedule(s) or sequence for the work and individual projects that have been developed, or the System used to plan its growth.	Please reference Attachments 2 and 3 in this Amendment No. 2.
32	Please provide a description of how the construction and project costs supporting the Masterplan were developed, and any detail that may be available.	Please reference Attachments 2 and 3 in this Amendment No. 2.
33	Please clarify specific projects that will be implemented in the first year, or identify if this is yet to be determined.	Definition and prioritization of the projects to develop a master schedule is part of the program manager scope.
34	Please confirm that individual experience is transferrable as well as experience gained through an acquisition.	Please reference answer A22 in this Amendment No. 2.
35	If established, please provide the selection committee roster.	This information will be available upon conclusion of the solicitation process.
36	Please provide the roster and makeup of the Capital Steering Committee.	The Capital Steering Committee Process/Procedure is still under development at this time. It is the intent of the Trust to finalize this document prior to the award of a contract pursuant to this RFP process.
37	It has been noted that on Page 32, #9 Required Forms & Attachments, of the RFP that we need to submit the Functional Requirements Questionnaire. Can you provide me with a location on your site that I can download this document and/or email to me?	Please reference Revision 3 in this Amendment No. 2.
38	Will the evaluation criteria provided on pg. 34 of the RFP be used for ranking both the proposals as well as the shortlist presentations? If a different criteria will be used for shortlist presentations will PHT please provide?	Yes, the same criteria shall be utilized.
39	Will PHT be following Miami-Dade County scoring procedures for ranking the proposals? In other words, will the qualitative scores be converted to ordinal with the high and low scored dropped?	Evaluation and Scoring of proposals submitted in response to this RFP shall be pursuant to Section 5.0 of the solicitation document.
40	Has a selection committee been identified for this opportunity? If so, will the PHT please provide a list of individuals planned to participate?	Please reference answer A35 in this Amendment No. 2.

No.	Question	Response
41	Can PHT confirm the comments from the Pre-proposal meeting that verbally confirmed a proposer can utilize the experience of a staff member's personal project experience from previous employers to meet the minimum qualifications?	Please reference answer A22 in this Amendment No. 2.
42	The Small Business Enterprise (SBE) Status Form (Form A-14) provided on page 66 of the RFP indicates that "Any Proposer that is properly SBE certified, only by the Department of Small Business Development of Miami-Dade County, shall be accorded a selection factor. A Proposer entitled to a selection factor shall receive an additional ten (10%) percent of the evaluation points scored on the technical (non-price) portion of Proposer's proposal." Will the PHT please clarify if this selection factor can be met by team subconsultants, supporting a non-SBE prime, which are certified SBEs and assigned a combined percentage of 25% or more of the total contract fee?	Please reference Attachment No. 4 in this Amendment No. 2. SBE participation for this RFP process shall be governed by Sections 1.14 and 5.13 of the RFP. Please utilize the new form provided in Attachment 4 of this Amendment No. 2 in lieu of the form included in the RFP.
43	Will the PHT please advise as to where the "Functional Requirements Questionnaire" identified in Section 4.1, item 9, is available for download?	Please reference Revision 3 in this Amendment No. 2.
44	Which roles are defined as "Key Personnel"?Page 20, section 1.36 refers to page 30 section 2.4.C; Section 2.4.c, item #3 refers back to section 1.36.	Please reference Revision 5 and Revision 6 in this Amendment No. 2.
45	Would PHT consider a 1 week extension to allow respondents time to review and consider details from the Master Plan documents anticipated to be released with Addendum 1.	Please reference answer A10 in this Amendment No. 2.
46	Does Miami Dade County, Veteran Business Enterprise (VBE) rules apply to prime firms under this contract for 5% preference for VBE subcontractor participation?	Yes. However please note that the proposing team may only claim either the Local Preference OR the VBE Preference, not both.
47	CCNA. Scope of services for this RFP contain numerous and similar scope of service tasks as incorporated in previous RFP, ISD Project 814-JHS-02, specifically naming out various engineering tasks such as value engineering, cost engineering, scheduling, etc. Why then is this project not subject to CCNA guidelines.	The Trust, in coordination with Miami Dade County Internal Services Department has confirmed that no Technical Category in for Program Manager services currently exists. Even so, this procurement is CCNA compliant as it is qualifications based and no pricing is being solicited during the selection process.

No.	Question	Response
48	During proposal meeting of Aug 15th, JHS staff confirmed that qualification experience will travel with the individual employee and be evaluated, scored and considered in ranking of proposers, even if the employee or prospective employee has no experience with the proposing firm. In previous JHS solicitations and various other Dade County projects, experience of consultant/team of firms had been used to evaluate, score and consider the proposer. Why and in what way(s) is this solicitation any different from the past practices of Miami Dade departments?	This practice is the standard for Jackson Health System. Evaluation, Scoring, and ranking of consultant/teams shall be at the sole discretion of the Selection Committee.
49	Does JHS currently engage or will engage a financial and/or legal advisory team?	JHS uses in-house and MDC resources for both financial and legal advisory services.
50	Will JHS make available the operations standards?	Please reference answer A18 in this Amendment No. 2.
51	If available, will JHS provide the business models developed in support of the master plan?	Please reference Attachments 2 and 3 in this Amendment No. 2.
52	How will the equipment procurement and installation portion of the program be managed?	Please reference answer A20 in this Amendment No. 2
53	When and how will the HOK Master Plan and supporting/related documentation be made available?	Please reference Attachments 2 and 3 in this Amendment No. 2.
54	At the pre-proposal conference, it was stated that the “minimum qualifications” requirements must be met solely by the proposer. Will JHS consider revising that interpretation of the RFP to take into account the capabilities and qualifications of the entire Program Management Owner’s Representative team since the program will be delivered by the entire team and not solely the proposer?	Please reference Revision 7 in this Amendment No. 2.
55	Will JHS issue a record of all the questions (and answers) asked at the pre-proposal meeting?	No. Only questions submitted and answered in writing via amendment shall be made binding.
56	Does JHS have a list of the 10 year Capital Plan?	Please reference Attachments 2 and 3 in this Amendment No. 2.
57	Who are the members of the review/evaluation committee	This information will be available upon conclusion of the solicitation process.
58	Please provide the criteria for SBE qualifications.	Please Reference Answer A42 in this Amendment No. 2

END OF AMENDMENT 2 TO RFP 14-12008-SR

Acknowledgement:

Amendment 2 Acknowledgment and Acceptance	Date
Signature of Authorized Representative:	
Typed/Printed Name:	
Title:	

Bidders must submit Acknowledgements to all amendments with their bid submittal

ATTACHMENT 1



SIGN-IN SHEET

SOLICITATION NUMBER: RFP 14-12008-SR - Program Management Owner's Representative Services for JHS Capital Plan

LOCATION: 1611 NW 12th Avenue, Diagnostic Treatment Center (DTC) Conference Room #259

PURPOSE: Pre-Proposal Conference

DATE: Friday, August 15, 2014, 9:00 AM

NAME / TITLE	Department / Company Name	Bidding as Prime? (Y/N)	SBE Firm (Y/N)	PHONE	E-MAIL
Enrique Juarez	Jones Lang LaSalle Healthcare	Y	N	unavailable	Enrique.Juarez@am.jll.com
Edwige Clark	Jones Lang LaSalle Healthcare	Y	N	unavailable	Edwige.Clark@am.jll.com
Terri Chadderton	TLC Engineering for Architecture	N	N	unavailable	tchadderton10@gmail.com
Deidre Lott	Hammes Co	Y	N	unavailable	dlott@hammesco.com
Ann McNeill	MCO Construction	N	N	unavailable	president@mcoconstruction.net
John Perez	Cumming	N	N	unavailable	jperez@ccorpusa.com
Dwight Stephenson	D. Stephenson Construction	N	N	(954) 315-7020	unavailable
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ATTACHMENT 2

1.0 EXECUTIVE SUMMARY

INTRODUCTION

PROCESS OVERVIEW

INTRODUCTION

The Public Health Trust/Jackson Health System Multi-Campus Facility Master Plan Revision provides a framework for the Jackson Health System strategic initiatives over the next 5 to 10 year planning horizon to serve the population of Miami-Dade County and beyond.

This plan provides:

- A clear visualization of the future state of JHS facilities
- Best practice patient and visitor flow patterns
- Alignment of services with facilities
- Step-by-step transition plan and associated costs

The transition plan provides a clear and manageable path to evolve the existing physical facilities from current state to future state over a ten year planning horizon and includes short term and long term investments.

STAKEHOLDERS

Throughout the master planning process, weekly meetings with the *Core Working Group* were held consisting of key leadership from HOK and JHS. Monthly *Steering Committee* reviews provided guidance to ensure recommendations aligned with strategic priorities of JHS.

Key Leadership One-on-One sessions were held to provide the opportunity for input from both Jackson Health System and University of Miami leadership.

Interviews were conducted with *service line committee chairs* and designated staff to review service line plans and strategic initiatives. Interviews were also conducted with *tactical groups* to discuss current challenges and opportunities with regards to facilities and operations, to review site and facility conditions, *facility interviews and tours* were held to review existing conditions and discuss anticipated projects and opportunities for improvement.

Further coordination included several work sessions with the University of Miami to ensure priorities of both institutions were discussed to provide solutions to meet the needs of the Miami Health District as a whole, and discussions with Union representatives.

INTRODUCTION

VISIONING

KEY STRATEGIC INITIATIVES

Of the 11 key strategic initiatives, many impact the Facility strategic plan⁽¹⁾:

1. Develop a Physician Medical Staff Model that Secures the Future of Jackson
2. Reshape our Academic Community Partnerships to Ensure Long-Term Sustainability
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7. ***Expand our Ambulatory Settings and Distribute Access to Care Across Miami-Dade County***
8. Continue to Invest and Expand our Quality and Service Initiatives
9. ***Improve our Cost Structure to Prepare for Expected Reimbursement Declines***
10. Improve Organizational Readiness to Execute and Adapt in this Reform Environment
11. Information Technology Strategy

BOND PRIORITIES⁽²⁾

- Rehabilitation Hospital
- Children's Ambulatory Pavilion (CAP)
 - Tertiary Ambulatory on Jackson Memorial Campus with inpatient services
 - Distribution of urgent care/primary care development/CAP in growing market in the South
- Emergency Room and OR reconfiguration
- Urgent Care Centers

OTHER STRATEGIC PRIORITIES⁽³⁾

- Site circulation and patient access
- Consolidation of Holtz functions in modern facility
- Development of Miami Transplant Institute (MTI)
- Increase outpatient care access
- Reconfiguration of oncology and cardiology services

(1) Based on 2012 Strategic Planning Board Retreat

(2) Based on Jackson Health Systems New Project and Equipment Requests FY 2013-14

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INTRODUCTION

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	PROJECTS	INITIATIVE
MAIN	A. NEW REHABILITATION HOSPITAL	3,4
	B. ED EXPANSION AND RENOVATION	9
	C. NEW MIAMI TRANSPLANT INSTITUTE	3,4
	D. NEW ICU TOWER	3,9
	E. BEHAVIORAL HEALTH EXPANSION	3, 9
	F. INTERVENTIONAL PLATFORM IMPROVEMENTS	9
	G. NICU/LDR MODERNIZATION	3
	H. HOSPITAL MODERNIZATION	9
	I. PARKING	
	J. INFRASTRUCTURE & SITE UTILITIES	
NORTH	K. INPATIENT UPGRADES, SURGERY, ED	3,4,5,9
SOUTH	L. BED BUILDING OUT, L&D MODERNIZATION	3,4,5
SYSTEM	URGENT CARE CENTERS	7
	CHILDREN'S AMBULATORY PAVILION	7

STRATEGIC PLAN ALIGNMENT WITH MASTER PLAN

FUTURE STATE OF JACKSON HEALTH SYSTEM

KEY MASTER PLAN INITIATIVES & FACILITY RESPONSES

	STRATEGY	MASTER PLAN RESPONSE
JACKSON HEALTH SYSTEM	<i>Development of an integrated health system serving Dade County healthcare needs through three acute care campuses with a distributed ambulatory, specialty, and urgent care network, accommodating 74,000 Inpatient Admissions, 6,500 births, 175,000 emergency visits, 14,000 Outpatient Surgical cases, and over 600,000 ambulatory visits</i>	<i>The future state for the Jackson Health System strengthens the Jackson Memorial Hospital campus as the hub for tertiary care for Miami-Dade County, while distributing ambulatory and community-based acute care resources throughout the community.</i>
AMBULATORY NETWORK	<i>Development of a community based primary, urgent and specialty care network that expands services throughout the community of Miami - Dade County.</i>	<i>Eight to twelve large to small clinical facilities housing primary and urgent care will be located strategically and sized to serve the populations, including outpatient pediatric services strategically located in south west Miami-Dade County.</i>
HOSPITAL CENTERS	<i>JMH supports the tertiary services in trauma, burn, rehabilitation, transplant, neonatology, and pediatrics. Jackson North Medical Center and Jackson South Community Hospital will serve as full service community based acute care hospitals, with services ranging from emergency care to labor and delivery.</i>	<i>Modernize the JMH hospital including a new ICU tower, improvements to NICU, emergency, surgical and interventional services. Expand the JSCH inpatient capacity through the fitting out of existing shell space and improvements to Labor and Delivery and ED/outpatient flow. At JNMC, improve patient flow for outpatient and emergency services as well as modernize ICU capacity.</i>
SPECIALTY HOSPITALS	<i>Integrate specialty programs into comprehensive state-of-the-art specialty hospitals or centers supported by diagnostics, outpatient clinics, inpatient beds, research and education.</i>	<i>In addition to maintaining the current trauma facilities, an expansion of behavioral health beds and consolidation of services on the Jackson Memorial campus will reinforce the centers of excellence. The project will replace acute rehabilitation with a 92 bed comprehensive hospital including all private patient rooms, new therapy gyms, integrated research and a conference center and create a new Miami Transplant Institute to consolidate all services and includes over 100 private patient rooms, outpatient clinics, procedural areas and integrated research. Develop operational protocols to improve ED flow for behavioral health patients.</i>

STRATEGIC PLAN ALIGNMENT WITH MASTER PLAN

FUTURE STATE OF JACKSON HEALTH SYSTEM

KEY SERVICES & MASTER PLAN FACILITY RESPONSES

	JACKSON MEMORIAL HOSPITAL	JACKSON SOUTH COMMUNITY HOSPITAL	JACKSON NORTH MEDICAL CENTER
EMERGENCY, SURGICAL & INTERVENTIONAL SERVICES	Improve the operation of the emergency, operating and procedural functions accommodating growth, efficiency and improved flexibility.		
	<i>Separation of patient flow between pediatric and adult patients through new addition for adult entry to the north and a dedicated pediatric entry to the south, including renovation of 84-room emergency care center to improve patient access and flow, creating rapid results and universal rooms. Reconfiguration of surgery to provide an interventional platform including IR and cath, while improving the patient flow and privacy.</i>	<i>Enhance patient flow for outpatient surgical services through reconfiguration of intake area. Expansion of the emergency department to accommodate trauma and pediatric volume. Creation of a separate ED entrance for pediatrics.</i>	<i>Improvements are recommended to enhance patient flow in the procedural, ED and imaging areas to increase patient and provider satisfaction, including a pediatric friendly area in the emergency department and creation of new prep and recovery area to support patient flow. Operating suite will be expanded to allow for the renovation of the existing ORs into larger, modern rooms while maintaining same number of rooms. PACU will also be reconfigured to support the new area.</i>
ACUTE REHAB	Re-establish Jackson Health as the center for world-class Rehabilitation care in the Americas.		
	<i>Relocate beds from Ryder, the current rehab facility and Jackson North Medical Center to create a comprehensive rehabilitation hospital consisting of 92 rehab beds, clinics, diagnostic, therapy and treatment areas, and clinical support. Other UM programs in addition to programs mentioned above.</i>	<i>Remain as active part of the JHS referral network for rehabilitation services.</i>	<i>Shift the 12 licensed acute rehabilitation beds to consolidated rehabilitation hospital on JMH campus. Vacated space can be repurposed to increase the number of private rooms at Jackson North.</i>

STRATEGIC PLAN ALIGNMENT WITH MASTER PLAN

FUTURE STATE OF JACKSON HEALTH SYSTEM

KEY SERVICES & MASTER PLAN FACILITY RESPONSES

	JACKSON MEMORIAL HOSPITAL	JACKSON SOUTH COMMUNITY HOSPITAL	JACKSON NORTH MEDICAL CENTER
MIAMI TRANSPLANT INSTITUTE	Creation of consolidated Miami Transplant Institute (MTI) to be destination for highly specialized transplant services recognized nationally and throughout the Americas.		
	<i>Consolidation of fragmented services to create a state of the art facility. This building will house 108 transplant beds, including 18 ICUs, clinics, research, diagnostics and treatment, and faculty offices. Expansion of outpatient care access for transplant services for the region.</i>	<i>Remain as active part of the JHS referral network for transplant services.</i>	<i>Remain as active part of the JHS referral network for transplant services.</i>
ACUTE & INTENSIVE CARE	Increase number of private rooms, improve utilization, and modernize acute and ICU beds to provide state-of-the-art environment.		
	<i>Modernize and expand to 164 adult ICU beds, including a new 132 bed ICU tower. Upgrade to existing acute care units in the East, West and Central towers to increase the number of private patient rooms, including use of vacated rehab beds in Ryder. Decant or limit use of South Wing for inpatient beds due to constrained building configuration.</i>	<i>Fit-out of current shell floors to increase capacity for both acute and ICU care and increase number of private patient rooms.</i>	<i>In order to maintain current operations and improve patient flow, the master plan recommends an existing underutilized acute care area to be renovated for modernized ICU care for a 12 bed unit of 9,500 DGSF. In the vacated ICU space of 8,400 DGSF, the development of a 14 bed universal care unit/observation is recommended to improve patient flow for surgery and other procedural areas. Move the north ICU to make room for the OR expansion and modernization of ICU capacity.</i>

STRATEGIC PLAN ALIGNMENT WITH MASTER PLAN

FUTURE STATE OF JACKSON HEALTH SYSTEM

KEY MASTER PLAN INITIATIVES & FACILITY RESPONSES

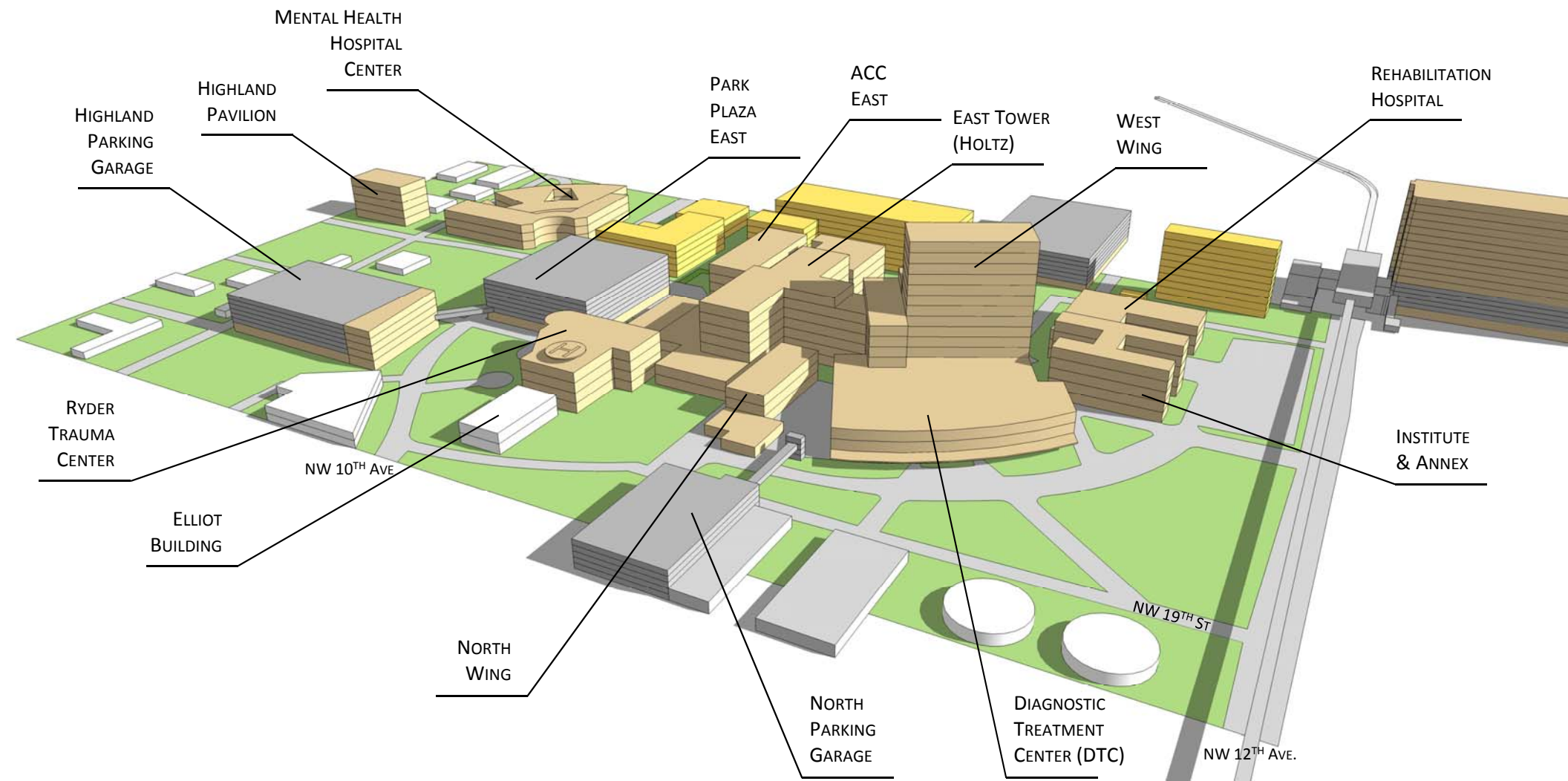
	JACKSON MEMORIAL HOSPITAL	JACKSON SOUTH COMMUNITY HOSPITAL	JACKSON NORTH MEDICAL CENTER
HOLTZ CHILDREN'S HOSPITAL & JACKSON WOMEN'S	Holtz to provide comprehensive and patient focused services, and to be seen a market leader in Miami-Dade County.		
	<i>Creation of a Children's Ambulatory Pavilion off-campus to serve a broader market, and create comprehensive care. Improvements to bring current facilities to modern standard of care. NICU unit will be upgraded to modern standard of care, providing larger rooms with increased privacy and family amenities. Creation of a separate pediatric Emergency entrance.</i>	<i>Alignment with UM pediatricians in market area to increase patient access and Holtz presence. Creation of 8 bed pediatric inpatient unit with dedicated pediatric-trained staff. Addition of separate Children's Pediatric ED.</i>	<i>Creation of dedicated space in the current emergency department to support pediatric friendly care. Modernization and improvements to Labor and Delivery and Pediatrics.</i>
ONCOLOGY SERVICES	Better consolidate the oncology services on the main campus to improve and coordinate care of patients.		
	<i>Increase the number of quality of private bed rooms and the consolidation of fragmented cancer services at JMH to provide patient-focused, multidisciplinary care for the high volume service.</i>	<i>Remain as active part of the JHS referral network for oncology services.</i>	<i>Inpatient oncology will take place in renovated bed units, develop an infusion center near or with urgent care center, and preventive screening capabilities within existing facility to support patient population.</i>
BEHAVIORAL HEALTH SERVICES	<i>Expand and consolidate behavioral health hospital on campus, including the addition of 80 beds through a vertical expansion and the consolidation of existing beds in the Highland building. Operational improvements to the ED flow for patient management.</i>	<i>Remain as active part of the JHS referral network for behavioral health services. Renovation of behavioral health entrance to improve patient flow.</i>	<i>Remain as active part of the JHS referral network for behavioral health services.</i>

JACKSON MEMORIAL CAMPUS

JACKSON MEMORIAL HOSPITAL, HOLTZ AND BEHAVIORAL HEALTH

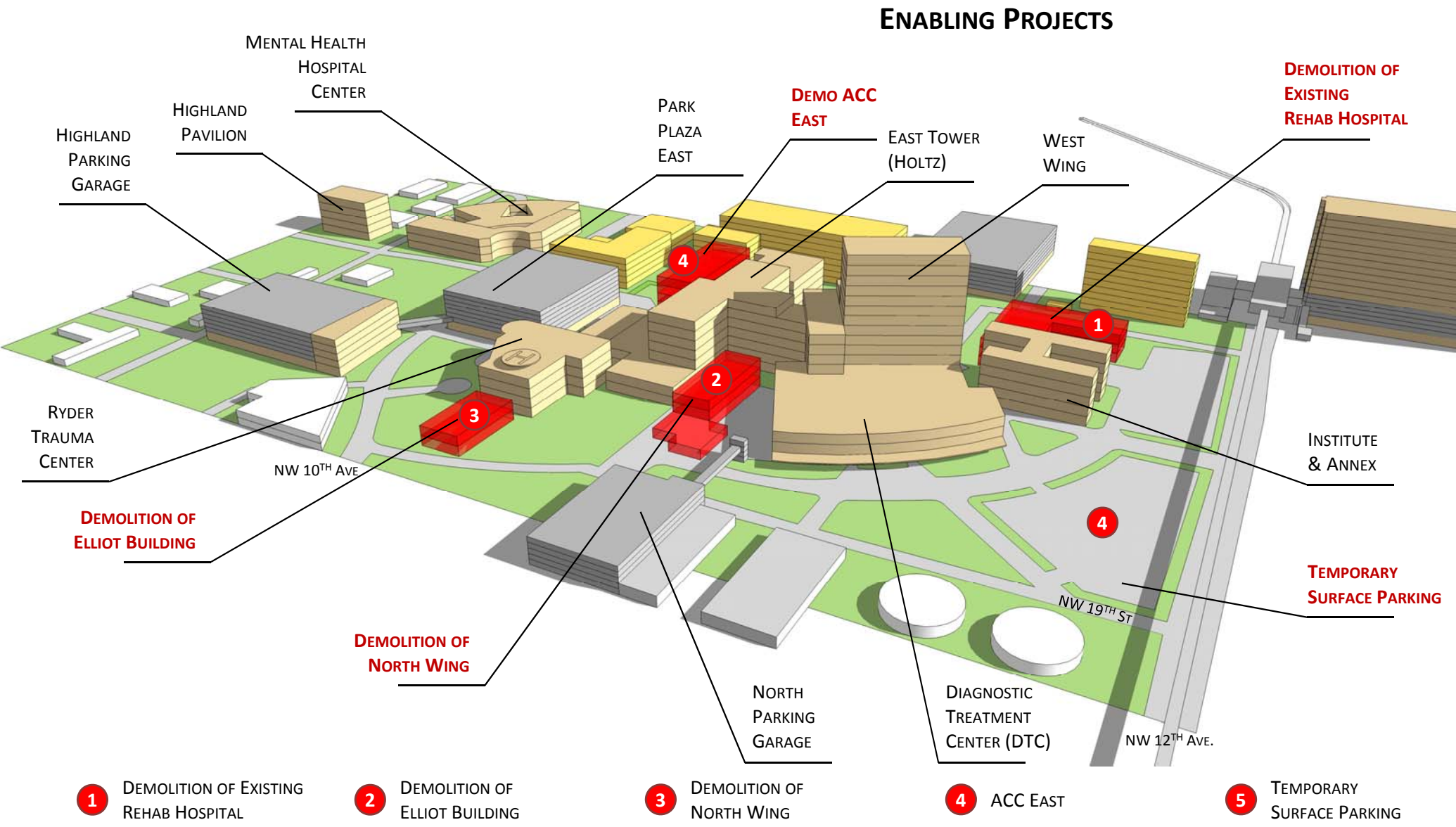
JACKSON MEMORIAL HOSPITAL CAMPUS

EXISTING JACKSON MEMORIAL CAMPUS



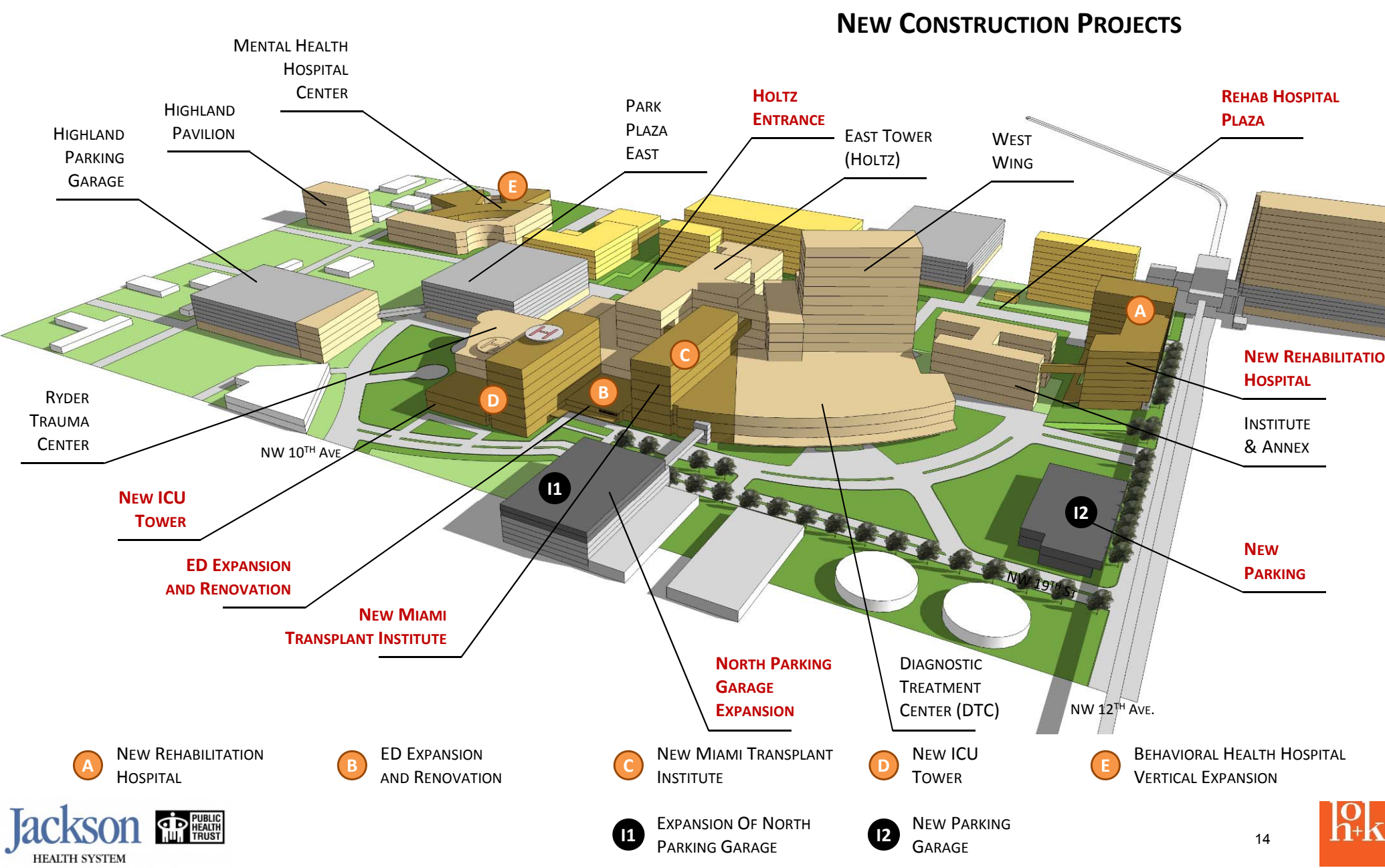
JACKSON MEMORIAL HOSPITAL CAMPUS

DEVELOPMENT PLAN



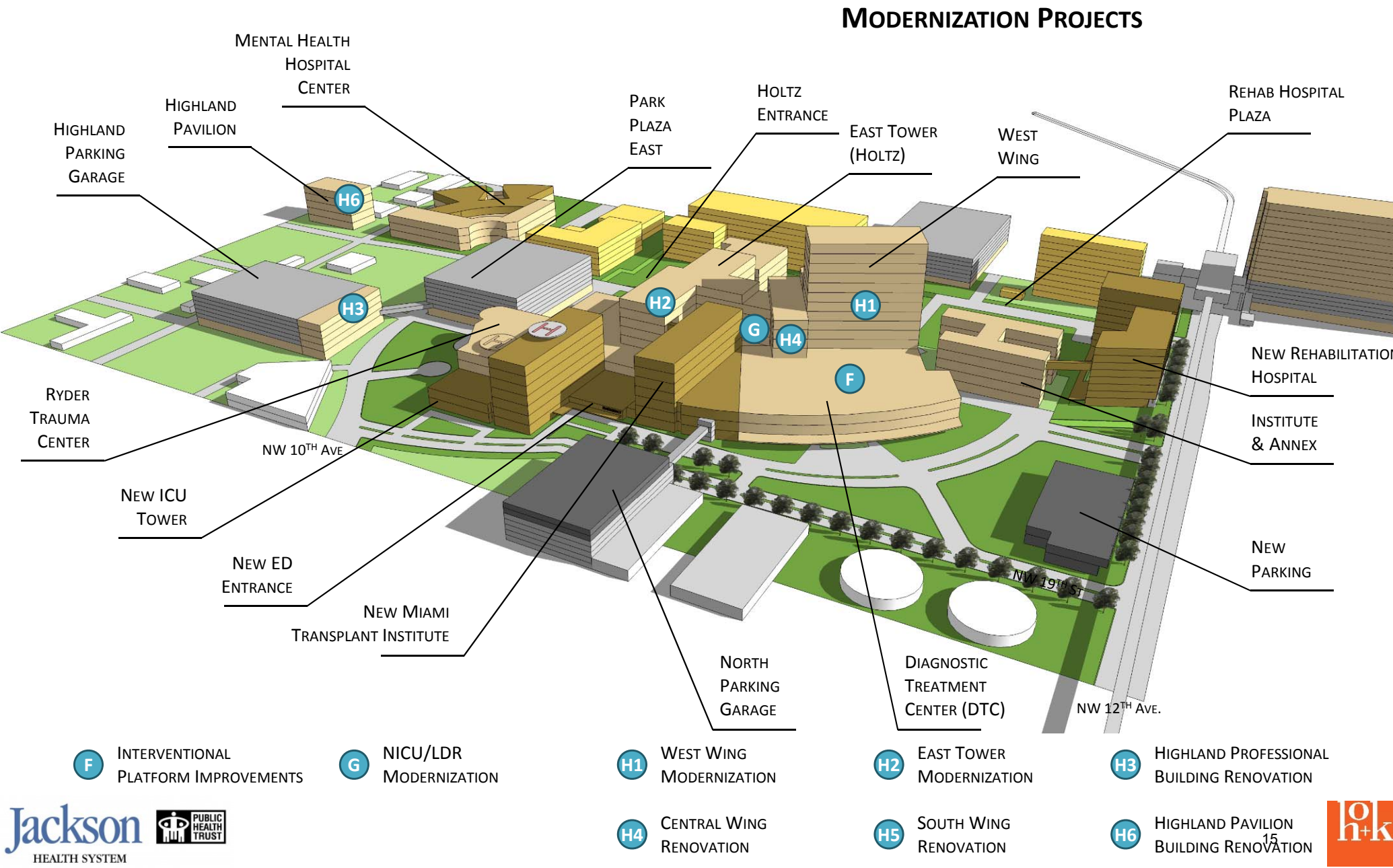
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DEVELOPMENT PLAN



JACKSON MEMORIAL HOSPITAL CAMPUS

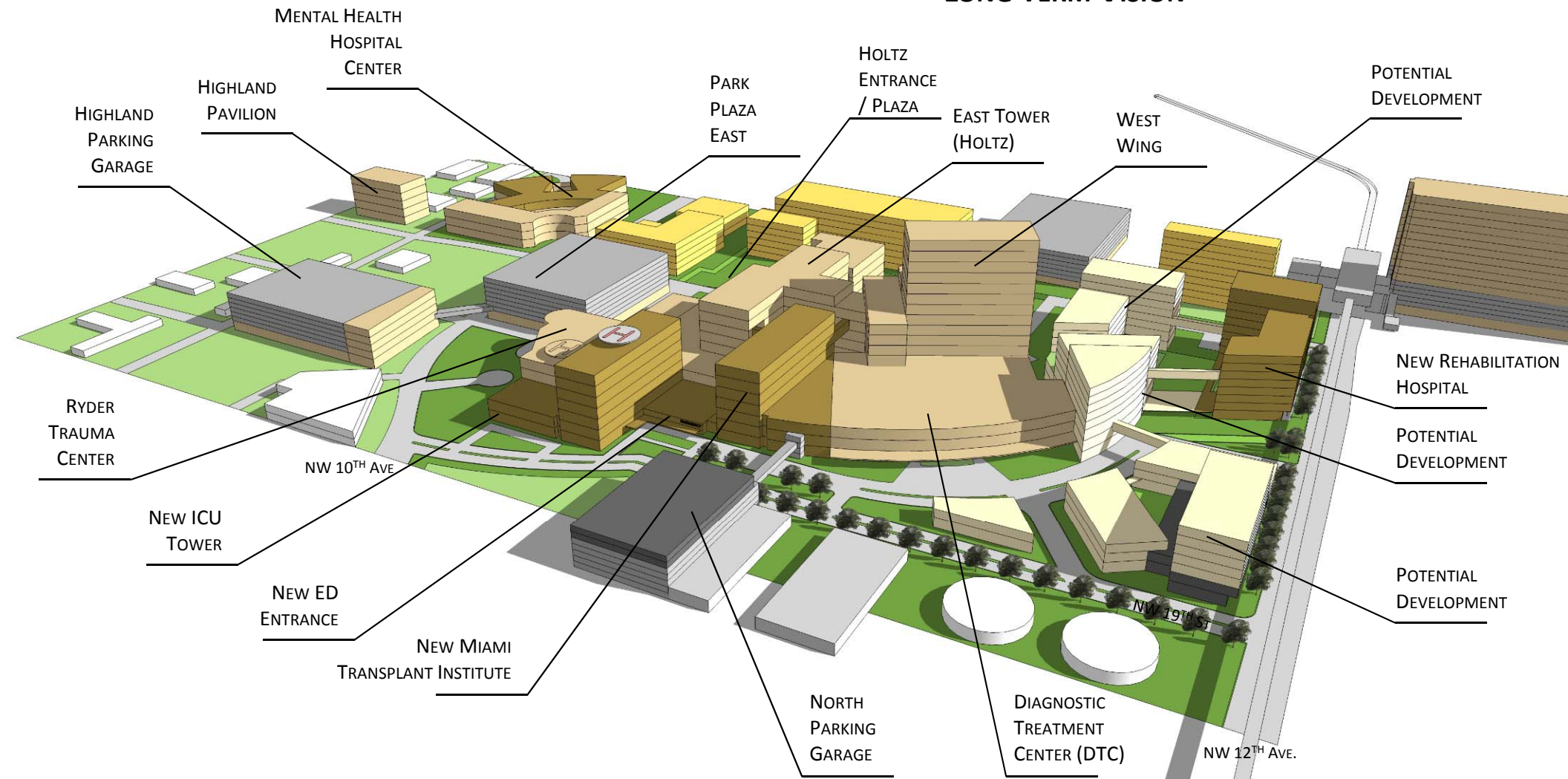
DEVELOPMENT PLAN



JACKSON MEMORIAL HOSPITAL CAMPUS

FUTURE

LONG TERM VISION



JACKSON NORTH MEDICAL CENTER

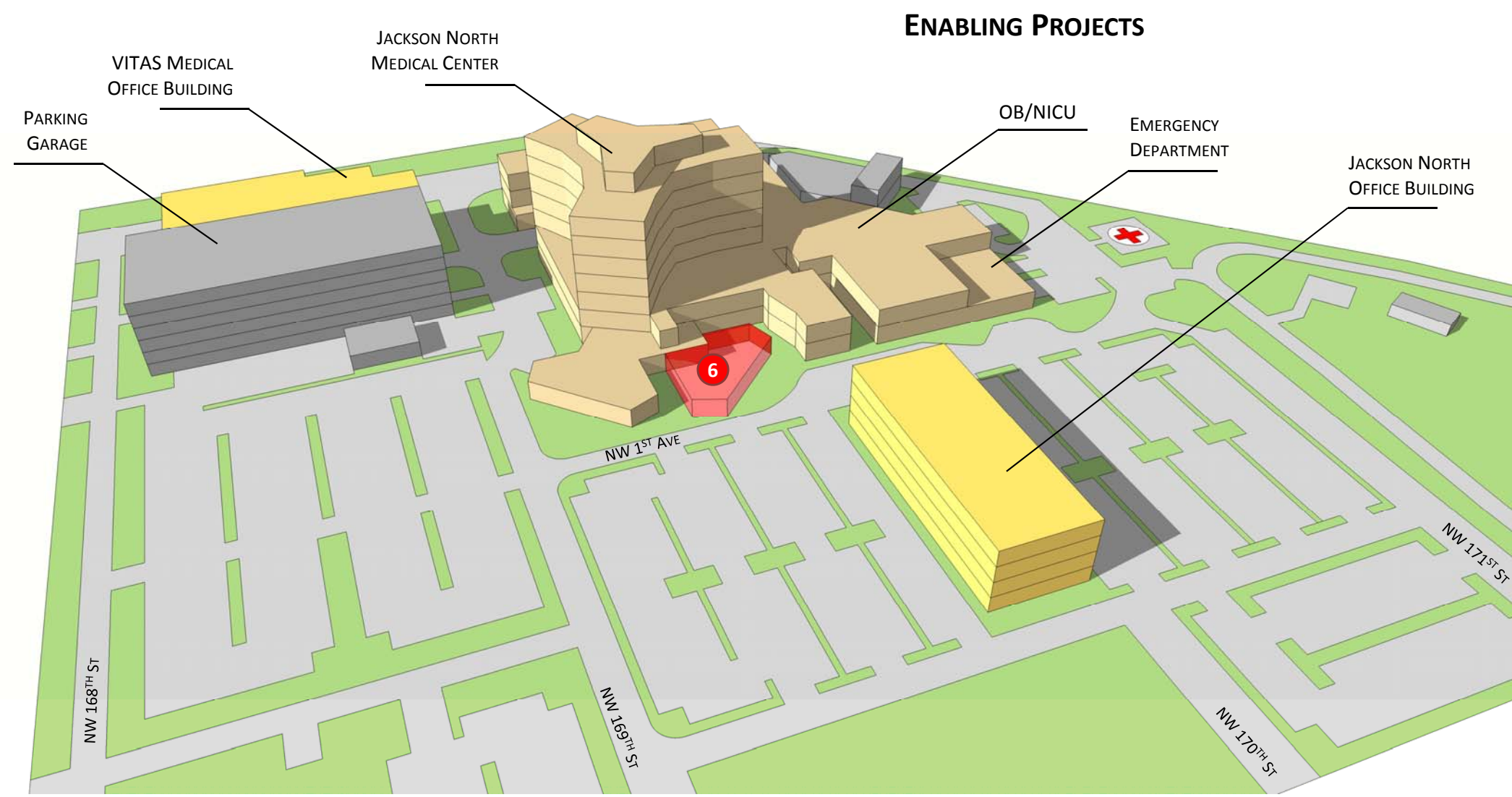
JACKSON NORTH MEDICAL CENTER CAMPUS

EXISTING CAMPUS



JACKSON NORTH MEDICAL CENTER CAMPUS

DEVELOPMENT PLAN

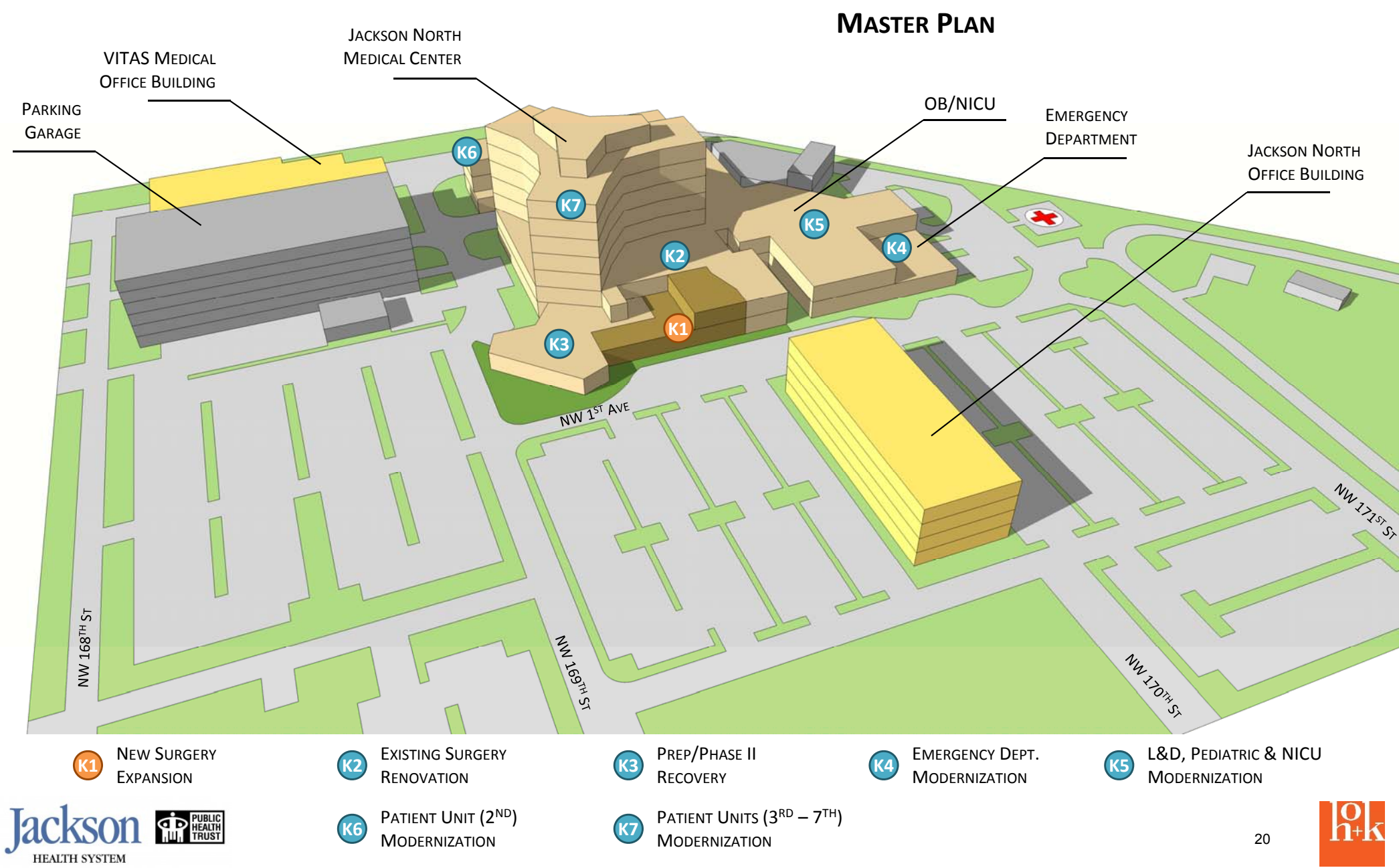


ENABLING PROJECTS

6 DEMOLITION OF EXISTING
NORTH ICU WING

JACKSON NORTH MEDICAL CENTER CAMPUS

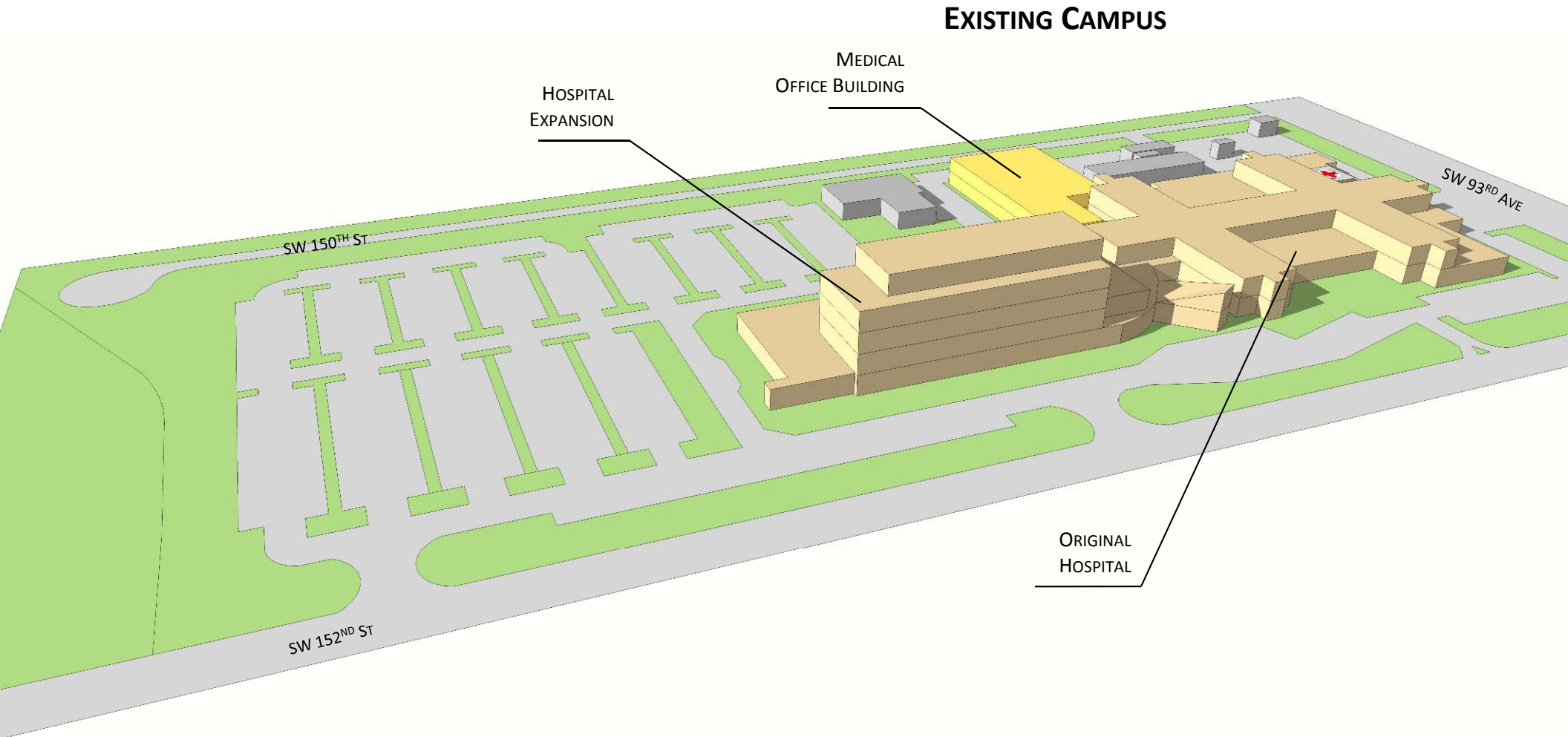
DEVELOPMENT PLAN



JACKSON SOUTH COMMUNITY HOSPITAL

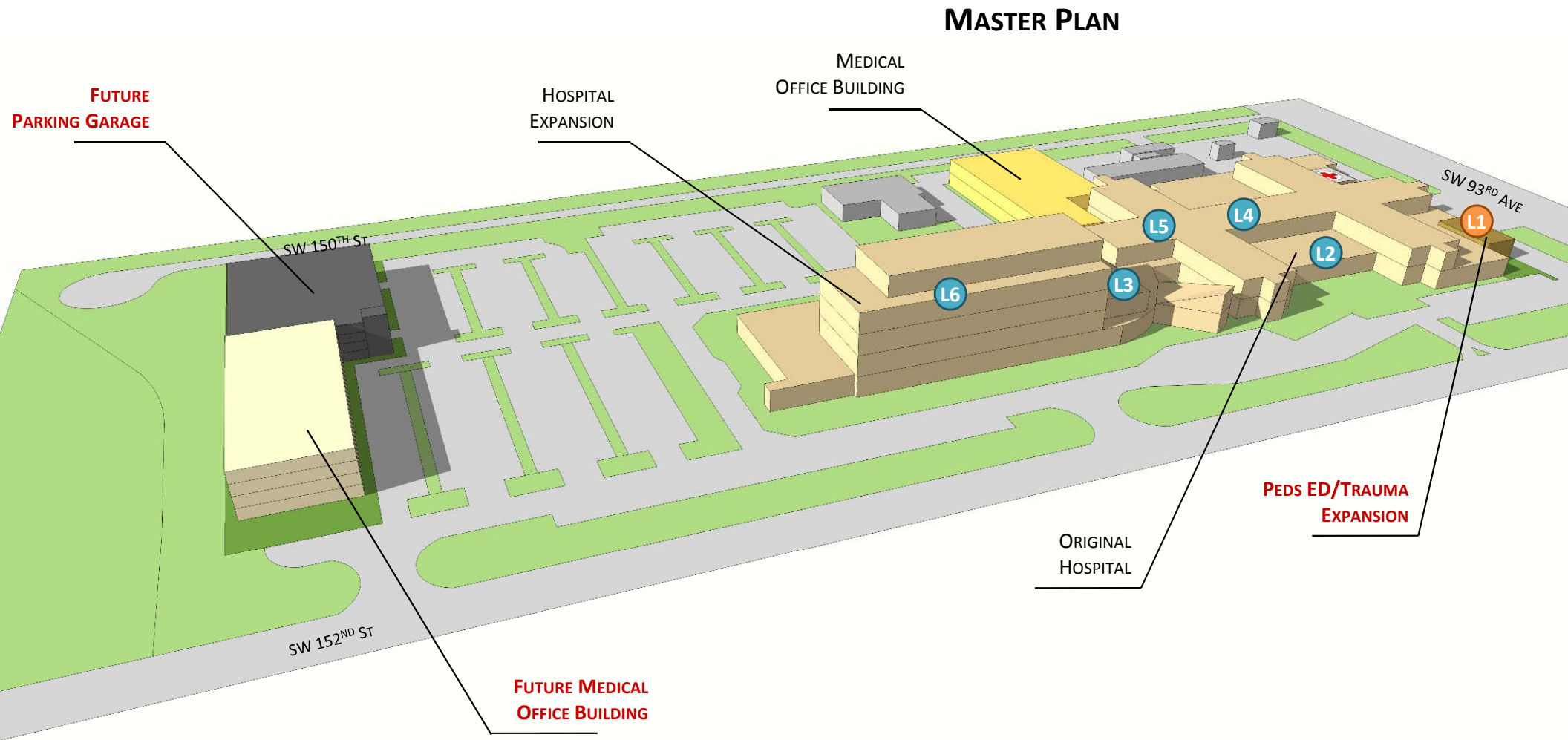
JACKSON SOUTH COMMUNITY HOSPITAL CAMPUS

EXISTING CAMPUS



JACKSON SOUTH COMMUNITY HOSPITAL CAMPUS

DEVELOPMENT PLAN



- L1** NEW PEDS ED/TRAUMA ADDITION
- L2** BEHAVIORAL HEALTH RAD LAB ENTRANCE RENOVATION
- L3** 2ND ICU UNIT BUILD OUT
- L4** SOUTH WING A UNIT MODERNIZATION
- L5** LABOR AND DELIVERY MODERNIZATION
- L6** 4TH FLOOR PATIENT UNIT BUILD OUT

CAPITAL BUDGET AND SCHEDULE

CAPITAL PLAN FOR JACKSON MEMORIAL, HOLTZ AND REHAB

PROJECTS	PROJECT COSTS*	COMMENTS
REHABILITATION HOSPITAL		
NEW REHABILITATION HOSPITAL	\$117.4M	COSTS DOES NOT INCLUDE COST FOR UM SPACE** INCLUDES POST-DEMOLITION OF EXISTING REHAB
MEMORIAL		
ED EXPANSION AND RENOVATION	\$18.5M	SEPARATE ADULTS FROM PEDIATRICS
NEW MIAMI TRANSPLANT INSTITUTE	\$115.7M	INCLUDES RELOCATION/DEMO OF NORTH WING
NEW ICU TOWER	\$153.8M	INCLUDES RELOCATION/DEMO OF ELLIOT
INTERVENTIONAL PLATFORM IMPROVEMENTS	\$17.4M	SURGERY, CATH AND IR WITH PREP AND RECOVERY
OTHER MODERNIZATION (MEMORIAL)	\$65.7M	UPGRADE OF PATIENT ROOMS AND SUPPORT SPACES
PARKING	\$18.8M	TOTAL OF 600 NEW PARKING SPACES
INFRASTRUCTURE & SITE UTILITIES	\$29.5M	IMPROVEMENTS TIMED WITH DEVELOPMENT / CAPACITY
OTHER CAPITAL PROJECTS	\$66.8M	RADIOLOGY AND OTHER BUILDING UPGRADES
HOLTZ CHILDREN'S HOSPITAL		
PEDIATRICS ED AND HOLTZ ENTRY/LOBBY	\$9.0M	DEDICATED ENTRY FOR ALL CHILDREN'S & WOMEN SERVICES
NICU/LDR MODERNIZATION	\$38.9M	
OTHER MODERNIZATION (HOLTZ)	\$39.2M	
SUBTOTAL	\$690.7M	

CAPITAL BUDGET AND SCHEDULE

CAPITAL PLAN FOR BEHAVIORAL HEALTH, NORTH, SOUTH AND OTHER LOCATIONS

PROJECTS	PROJECT COSTS*	COMMENTS
BEHAVIORAL HEALTH HOSPITAL		
HOSPITAL EXPANSION	\$28.4M	3 RD FLOOR ADDITION, ED IMPROVEMENTS, AND HIGHLAND PAVILION
MODERNIZATION	\$4.0M	
JACKSON NORTH MEDICAL CENTER		
HOSPITAL EXPANSION	\$11.0M	SURGERY EXPANSION AND RENOVATION
MODERNIZATION	\$62.8M	BED UNIT UPGRADES
JACKSON SOUTH COMMUNITY HOSPITAL		
HOSPITAL EXPANSION	\$1.7M	PEDS ED/TRAUMA EXPANSION
MODERNIZATION	\$44.7M	BED BUILD-OUT AND RENOVATIONS
JACKSON HEALTH SYSTEM		
URGENT CARE CENTERS**	\$40.0M	8-12 UCC WITHIN 48 MONTHS
CHILDREN'S AMBULATORY PAVILION**	\$40.0M	LOCATED OFF-SITE, FREESTANDING
JACKSON HEALTH SYSTEM GRAND TOTAL	\$923.3M	

MASTER PLAN CAPITAL COSTS

BOND ALIGNMENT

SUMMARY OF MASTER PLAN CAPITAL COMPARISON TO BOND SOURCE*

	BREAKDOWN BY CATEGORIES					TOTALS
	CAPITAL PROJECTS	MAJOR MEDICAL EQUIPMENT	IT RELATED	OTHER EQUIPMENT	OTHER INFRA-STRUCTURE	
BOND SOURCE -	\$460 M	\$125 M	\$4 M	\$11 M	\$230 M	\$830 M
MASTER PLAN						
JMH, HOLTZ & REHAB	\$690 M	\$100 M	\$4 M	\$11 M		\$805 M
BEHAVIORAL HEALTH	\$32 M					\$32 M
JACKSON NORTH	\$75 M	\$8 M	-	-		\$83 M
JACKSON SOUTH	\$46 M	\$17 M	-	-		\$63 M
JACKSON HEALTH SYSTEM**	\$80 M	-	-	-	\$230 M	\$310 M
TOTAL MASTER PLAN	\$923 M	\$125 M	\$4 M	\$11 M	\$230 M	\$1,293 M
ADDITIONAL SOURCE	\$462 M	-	-	-	-	\$462 M

2.0 MULTI-CAMPUS FACILITIES MASTER PLAN

2.0 INTRODUCTION

MASTER PLAN PROCESS

HOK was engaged for a 5-month Master Plan process for the Jackson Health System to assess the system's current facility infrastructure and its ability to support JHS projected demand and strategic priorities.

Specific deliverables include a comprehensive system and campus master plan for Jackson Memorial Hospital, Jackson South Community Hospital and Jackson North Medical Center, as well as future system expansion.

SCOPE OF SERVICES

- Coordination with Ongoing Strategic Planning Process
- County Network Distribution
- Campus Master Planning
- Medical Facilities Master Planning
- Utilities Infrastructure Evaluation
- Project Cost Projections at a Master Plan level
- Development Timeline with Actionable Phasing
- Incorporation of the UM in the planning process
- Address all listed technical requirements

STAKEHOLDERS

Throughout the master planning process, weekly meetings with the *Core Working Group* were held consisting of key leadership from HOK and JHS. Monthly *Steering Committee* reviews provided guidance to ensure recommendations aligned with strategic priorities of JHS.

Key Leadership One-on-One sessions were held to provide the opportunity for input from both Jackson Health System and University of Miami leadership.

Interviews were conducted with *service line committee chairs* and designated staff to review service line plans and strategic initiatives. Interviews were also conducted with *tactical groups* to discuss current challenges and opportunities with regards to facilities and operations.

To review site and facility conditions, *facility interviews and tours* were held to review existing conditions and discuss anticipated projects and opportunities for improvement.

Further coordination included several work sessions with the University of Miami to ensure priorities of both institutions were discussed to provide solutions to meet the needs of the Miami Health District as a whole.

KEY STRATEGIC INITIATIVES

Of the 11 key strategic initiatives, many impact the Facility strategic plan⁽¹⁾:

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 - Tertiary Ambulatory on Jackson Memorial Campus with inpatient services
 - Distribution of urgent care/primary care development/CAP in growing market in the South
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- Consolidation of Holtz functions in modern facility
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- Increase outpatient care access
- Reconfiguration of oncology and cardiology services

(1) Based on 2012 Strategic Planning Board Retreat

(2) Based on Jackson Health Systems New Project and Equipment Requests FY 2013-14

(3) Based on 2012 Strategic Planning Board Retreat, leadership and user interviews





THE CURRENT STATE

Jackson Health System is a 1,680 bed system that serves as the public health system for Miami-Dade County through a care continuum, spanning highly specialized tertiary care throughout primary, secondary, acute, behavioral, rehab, and post-acute services.

Jackson Memorial Campus is a 1,230 bed tertiary teaching hospital and regional referral center associated with Florida International University Herbert Wertheim College of Medicine and the University of Miami Leonard M. Miller School of Medicine. Specialty centers include the Ryder Trauma Center, Burn Center, Holtz Children’s Hospital, Jackson Women's Hospital, Jackson Rehabilitation Hospital, Behavioral Health Hospital, and the Miami Transplant Institute.

Jackson South Community Hospital serves South Miami-Dade County through its 188-bed facility, providing acute care and OB services with specialty services in cardiology, robotic surgery, bariatric surgery, a comprehensive breast center and digestive health.

Jackson North Medical Center provides community based acute care to the north Miami-Dade area, with an affiliation with Florida International University Herbert Wertheim College of Medicine. The 382-bed facility includes 24-hour adult and pediatric emergency care, cardiac care, maternity care, orthopedics, surgery, inpatient and outpatient rehabilitation, and wound care, and serves as part of the county’s STEMI network for interventional cardiology.

Jackson Memorial	Jackson South Community Hospital	Jackson North Medical Center	Community
			
Tertiary Services	Full Acute Care Services	Full Acute Care Services	Comprehensive Care Network
<ul style="list-style-type: none">• UM Affiliation• Ryder Trauma• Holtz Children’s Hospital• Miami Transplant Institute• Burn Center• Cancer Center• Taylor Breast Health Center• Acute and Tertiary Services• Jackson Rehab Hospital• Behavioral Health	<ul style="list-style-type: none">• Emergency Services• Surgery• Bariatric• Comprehensive Breast Center• Digestive Disease Center• Cardiovascular	<ul style="list-style-type: none">• FIU Affiliation• Emergency Services• Cardiovascular• Maternity• Orthopedics• Surgery• Rehabilitation• Wound Care• Stroke• Cancer Center• Behavioral Health	<ul style="list-style-type: none">• 3 Primary Care Centers• 5 Specialty Centers• 18 School Based Centers• 2 LTC Nursing• Behavioral Health Network

The scope of the master plan was to develop a multiple-campus and integrated facility plan linked to the Jackson Health System strategic initiatives aimed at achieving functional, operational, and financial improvements, accomplished within a timeframe that effectively addresses fiscal priorities, facility deficiencies, and long-range development needs.

(1) Source: 2010-2012 Intellimed and Outpatient Data provided by JHS
(2) See section 4.3.13 for detailed growth projections

METHODOLOGY

The basis of projections, assessments, and analyses were based on the data collected including population demographics from JHS provided information⁽¹⁾ and included ten year population projections which takes into account the ages, social economics, and gender. Health use rates were collected from health statistic reports provided by JHS, regarding market use rates, origins, length of stay, and discharge coding.

A review of historical trends in market and JHS volume, market share, demographics and use rates was conducted to inform the projection process. Strategic service line initiatives were taken into account as well as anticipated shift to outpatient services. See section 4.3.13 in the appendix for more detail.

Service Line Growth Assumptions⁽²⁾

SERVICE LINES	5-YR MARKET SHARE CHANGE	SHIFT TO OP
CARDIOVASCULAR	↔	✓
TRANSPLANT	↑	
OBSTETRICS	↔	
PEDIATRICS	↑	✓
NEONATOLOGY	↔	
TRAUMA/EMERGENCY	↔	
ONCOLOGY	↔	✓
BEHAVIORAL HEALTH	↔	✓
REHAB/ORTHO/NEURO	↑	
PRIMARY CARE	↑	✓
MEDICAL SUBSPECIALTIES	↑	✓
SURGICAL SUBSPECIALTIES	↑	✓

THE FUTURE STATE

The Jackson Health System strengthened through the Jackson Memorial Hospital campus, Jackson North, and Jackson South will act as the hub for tertiary care for Miami-Dade County, while distributing ambulatory and community-based acute care resources throughout the community. Through this approach to delivery of care, population growth, and focused service line initiatives, this Master Plan projects patient volumes to increase to nearly 75,000 inpatient discharges and over 500,000 outpatient visits, and coupled with operational efficiencies and improved bed utilization, resulting in a need for a more efficient inpatient beds system-wide ⁽¹⁾⁽²⁾ with a broader distribution of outpatient and primary care services.

The scope of the master plan is to develop a multiple campus and integrated facility linked to the strategic initiatives for the Jackson Health System that achieves functional, operational and financial improvements accomplished within a timeframe that addresses fiscal priorities, project issues, and long-range capital improvements.

(1) Source: 2010-2012 Intellimed and Outpatient Data provided by JHS
(2) See section 4.3.13 for detailed growth projections

KEY MASTER PLAN INITIATIVES & FACILITY RESPONSES – JACKSON MEMORIAL HOSPITAL CAMPUS

ACUTE REHAB HOSPITAL	<p>Re-establish Jackson Health as the center for world-class Rehabilitation care in the Americas.</p> <p><i>Creation of a 206,000 SF comprehensive rehabilitation hospital consisting of 92 rehab beds, clinics, designated research space, diagnostic and treatment areas, and faculty offices.</i></p> <p><i>Locate rehab services within new urgent care centers</i></p>
JMH ADULT EMERGENCY CARE	<p>Separation of Adult and Peds flow</p> <p><i>Expansion of the adult emergency center of 15,000 SF with renovation of the existing emergency care to improve patient access and flow, creating rapid results and universal rooms. The project creates released ED space for growth and separate entry from Holtz Children ED.</i></p>
MIAMI TRANSPLANT INSTITUTE	<p>Creation of consolidated Miami Transplant Institute (MTI) to be destination for highly specialized transplant services recognized nationally and throughout the Americas.</p> <p><i>Consolidation of fragmented services to create a 204,000 SF state of the art facility, housing 108 transplant beds, includes a 12 bed ICU, 4 procedure rooms, clinics, research, diagnostics and treatment, support and faculty offices. Expansion of outpatient care access for transplant services for the region.</i></p>
JMH INTENSIVE CARE	<p>Modernization and increase capacity of ICUs to provide state-of-the-art critical care</p> <p><i>Increase in acuity driven by strengthening tertiary services, and a shift of low acuity care out of the hospital will require new, 180,000 SF and 120 private beds for intensive care room with includes support space and connections to the Memorial Hospital, ED, and Ryder Hospital.</i></p>
JMH INTERVENTIONAL PLATFORM	<p>Improve the operation of the operating and procedural functions to accommodate growth and improved flexibility</p> <p><i>A 28,000 SF of renovation and reconfiguration of surgical and interventional services to provide appropriate room size, separation of patient flows, private prep and recovery, including dedicated space for pediatrics.</i></p>
HOSPITAL MODERNIZATION	<p><i>Modernization program of approximately 170,000 SF of light to moderate renovations of bed units, and 70,000 SF of light to moderate renovations of outpatient clinics, including consolidation of fragmented cancer services, and consisting of a multiphase renovations and upgrades as space and floor units become available.</i></p>
JMH PARKING	<p><i>Increase the parking capacity on Jackson Memorial Campus with a 220-car expansion of the existing North Parking Garage and the construction of a new 380-car parking garage at the intersection of 12th Ave and 19th St. Redistribute accessible parking throughout the campus to enhance patient access</i></p>
JMH INFRASTRUCTURE	<p><i>The plan recommends the demolition of four existing buildings for a total of 226,300 SF, that are too costly to upgrade, old, or in a significant location for future development. Current site central plants have capacity to meet the new increases in buildings coupled with the reduction of demolished space. A series of site utilities upgrades and roadways improvements are also included in the master plan budget</i></p>

KEY MASTER PLAN INITIATIVES & FACILITY RESPONSES – JACKSON MEMORIAL HOSPITAL CAMPUS

HOLTZ CHILDREN’S HOSPITAL	<p>Expand pediatrics services and modernize priority programs</p> <p><i>The modernization of 35,000 SF of Level III & II NICU space for approximately 100 beds, including upgrade of labor and delivery of approximately 6,000 SF for modernized rooms and space. Expansion of the Holtz lobby, entry and clinic program of 12,000 SF with the development of an entry plaza, canopy and drive, including the development of a pediatric ED entry and 11,500 SF of renovation of emergency space.</i></p> <p><i>Creation of a free-standing of a CHILDREN’S AMBULATORY PAVILION outpatient pediatric facility serving south west Miami-Dade County with specialty clinics, diagnostics and treatment services.</i></p>
BEHAVIORAL HEALTH	<p><i>The addition of 45,000 SF, 80-bed unit above the current 2nd floor of the hospital to accommodate growth, including expansion of the ED triage and the bed relocation of 40 private beds from the Highland Pavilion to B.H. Light renovations of the Highland Pavilion to accommodate relocation of outpatient functions and administrative space consolidation.</i></p>
AMBULATORY CARE	<p><i>Development of 8 to 12 urgent care centers for distribution of urgent and primary care to increase patient access and distribute services to a broader service area. Urgent care centers will be a combination of smaller leased spaces and larger clinical operations with integrated diagnostics, outpatient rehabilitation and other community based services.</i></p>
JACKSON SOUTH COMMUNITY HOSPITAL	<p><i>Expand to a 164-bed all private hospital with the fit out of current shell floor that includes the build out of ICU beds in shell space increasing inpatient bed capacity. Also provide improvements to labor and delivery area, addition of pediatric beds, and a 3,000 SF expansion the ED for dedicated pediatric entry and rooms.</i></p>
JACKSON NORTH MEDICAL CENTER	<p><i>The plan for North consists of shifting and renovating ICUs to the 3rd floor with the renovation and relocation of acute beds to the open 7th floor. This allows to demolish existing ICU north wing to expand surgery operating rooms with a 12,000 SF addition, allowing the renovation of existing surgery, compliance and upgrade of mechanical systems. In addition, improvements to patient flow in the procedural and emergency departments to enhance patient flow, increase capacity and improve patient satisfaction.</i></p>

MULTI-CAMPUS FACILITIES MASTER PLAN REVISION

1.0 EXECUTIVE SUMMARY

PROVIDES AN OVERVIEW OF KEY MASTER PLAN POINTS

2.0 MULTI-CAMPUS FACILITIES MASTER PLAN REVISION

INTRODUCES THE MASTER PLAN PROCESS AND OBJECTIVES

2.1 SYSTEM STRATEGY

HIGHLIGHTS SYSTEM RELATED STRATEGY AND RECOMMENDATIONS

2.2 CAMPUS MASTER PLAN

PROVIDES AND OVERVIEW OF ALL RECOMMENDATIONS, ORGANIZED BY CAMPUS

2.2.1 JACKSON MEMORIAL HOSPITAL CAMPUS

2.2.2 BEHAVIORAL HEALTH CAMPUS

2.2.3 JACKSON NORTH MEDICAL CENTER CAMPUS

2.2.4 JACKSON SOUTH COMMUNITY HOSPITAL

2.3 PHASING AND CAPITAL PLAN

OUTLINES SPECIFIC COST AND SCHEDULE OF IMPLEMENTATION OF RECOMMENDATIONS

3.0 TECHNICAL REQUIREMENTS

ADDRESSES THE 42 KEY REQUIREMENTS OF THE MASTER PLAN AND SERVES AS KEY FOR FINDING DETAILED INFORMATION IN THE MASTER PLAN REPORT

4.0 APPENDIX

4.1 Operational improvements In order to improve upon current facility configurations, a recommendation for operational improvements based on HOK best practices are included for inpatient units, operating rooms and the emergency department.

4.2 Facility Assessment A comprehensive facility assessment has been conducted consisting of walkthroughs, user interviews, space evaluation of conditions, functional assessment, and MEP review. Information was provided by each campus regarding building plans and active improvement projects.

4.3 Market analysis The basis of projections, assessments, and analyses were based on the data collected including population demographics from Intellimed and included ten year population projections which takes into account the ages, social economics, and gender. Health user rates were collected from health statistic reports provided by JHS, regarding market use rates, origins, length of stay, and discharge coding.

4.4 Service Line Strategy Facilitation of key service line and tactical level interviews to ensure all relevant business plans and key challenges and opportunities were incorporated into the final master plan. Specific space and operational recommendations are provided for each service line.

4.5 Site Analysis Includes recommended improvements for access and flow within and around the Miami Health District. Evaluation of current county planning and collaboration with key stakeholders, such as the University of Miami, was paramount to this process.

4.6 Cost Analysis A master plan level cost analysis was developed on the selected option. A comparison of renovation to new construction was also studied

2.1 SYSTEM STRATEGY

POSITIONING FOR THE FUTURE OF HEALTHCARE

SECTION 2.1

CURRENT STATE

LOOSE SYSTEM CONFIGURATION WITH FOCUS ON TERTIARY SERVICES

Unbalanced care delivery throughout three campuses, with focus on Jackson Memorial Hospital campus to deliver majority of care

Homogeneous payor mix and patient profile

Limited primary care network, with focus on community health centers

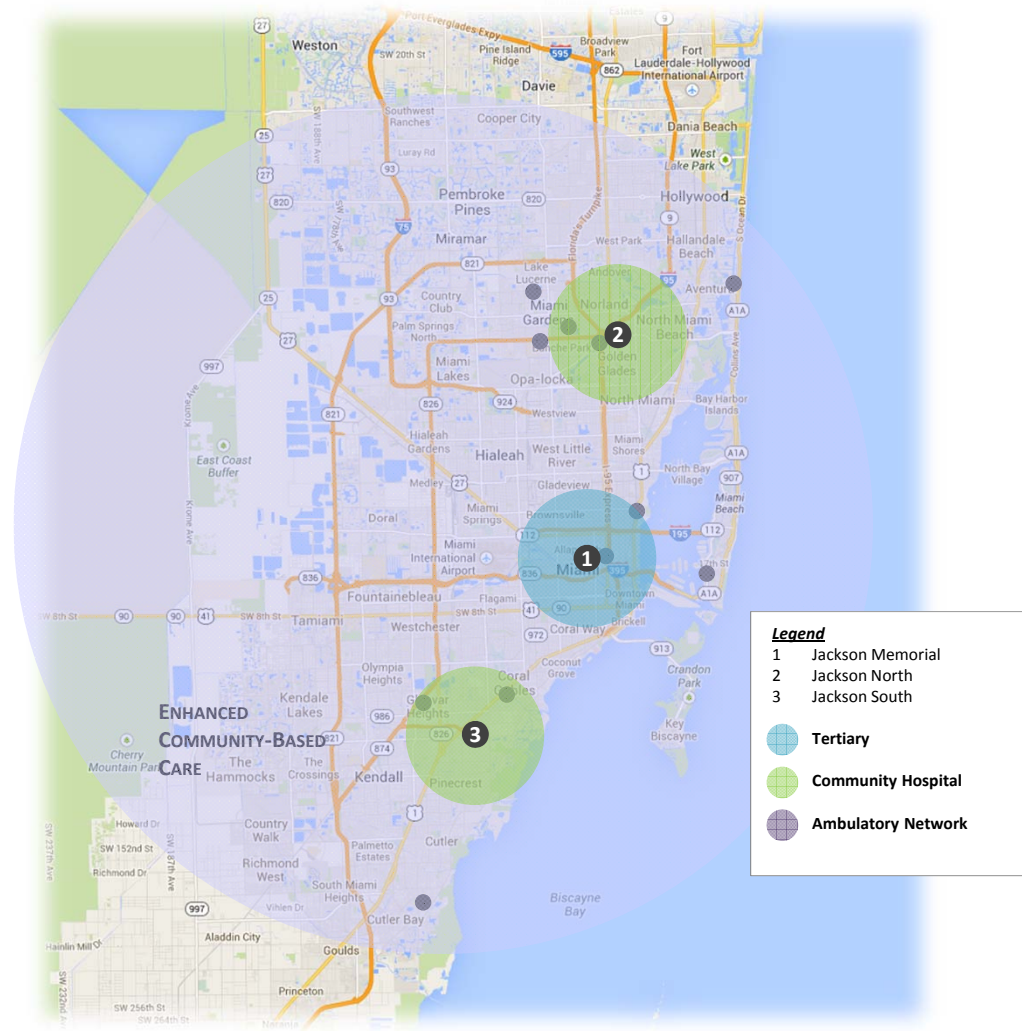
FUTURE STATE

A RECONFIGURED REGIONAL TERTIARY HUB WITH INCREASED COMMUNITY ACCESS FOR GENERAL CARE

Broad payor mix through expansion of high visibility primary care services

Coordinated hospital system by improving community based services at Jackson North and South creation of regional centers of excellence at Jackson Memorial Campus

JACKSON HEALTH SYSTEM LOCATIONS

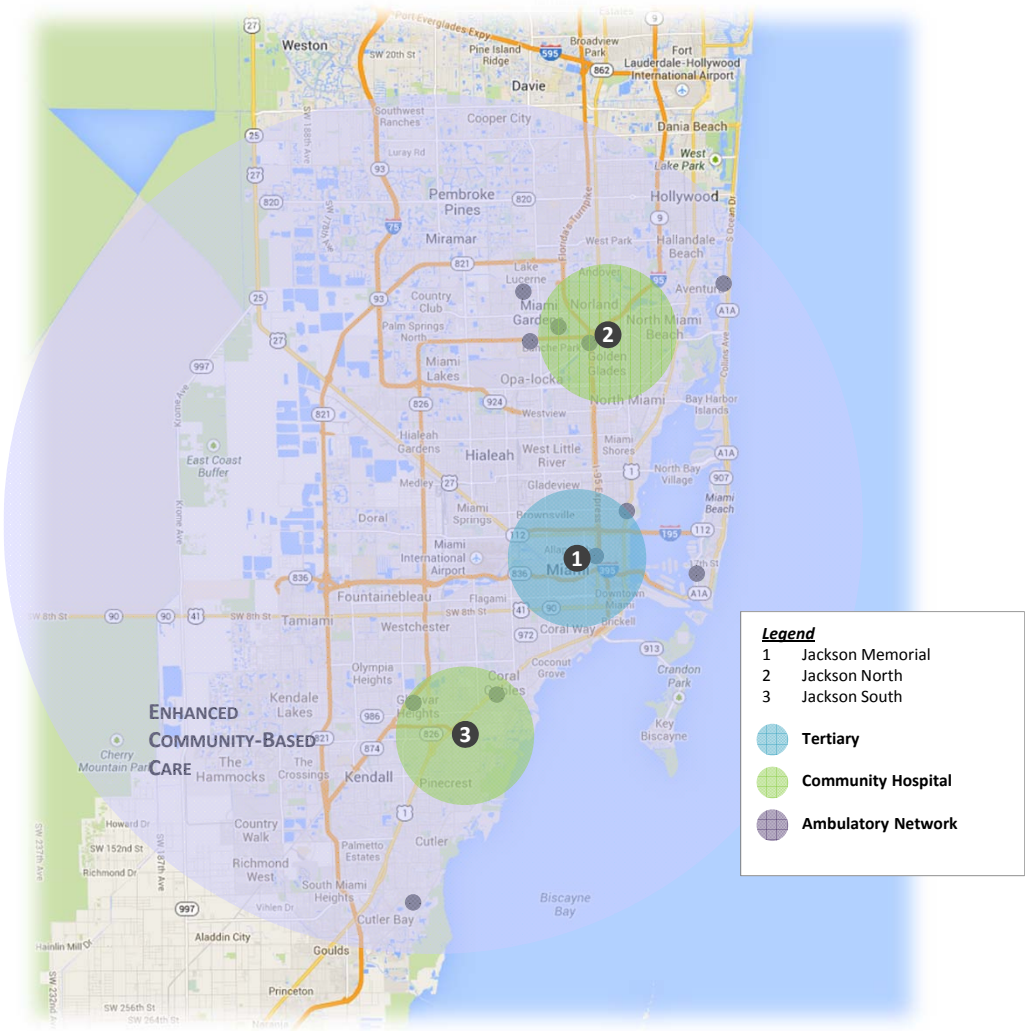


STRATEGIC POSITIONING

A RECONFIGURED REGIONAL TERTIARY HUB WITH INCREASED COMMUNITY ACCESS FOR GENERAL CARE

- Leverage current location as major care provider along I-95 corridor in Miami-Dade County
- Locate services along major transportation arteries to increase access and visibility
- Enhance primary care access through the development of urgent care centers, located to maximize access in high need areas
- Develop Children’s Ambulatory Pavilion to support growing market in south Miami-Dade County
- Expand Transplant services through ambulatory care sites in surrounding counties
- Improve operations and flow at Jackson North Medical Center and Jackson South Community Hospital to maintain current services for the surrounding communities
- Re-position Jackson Memorial Hospital campus as regional hub through strengthened tertiary centers of excellence, improved patient access and flow, streamlined operations in surgical, emergency and inpatient services, and increased focus on patient centered care.

JACKSON HEALTH SYSTEM LOCATIONS



2.2 CAMPUS MASTER PLAN

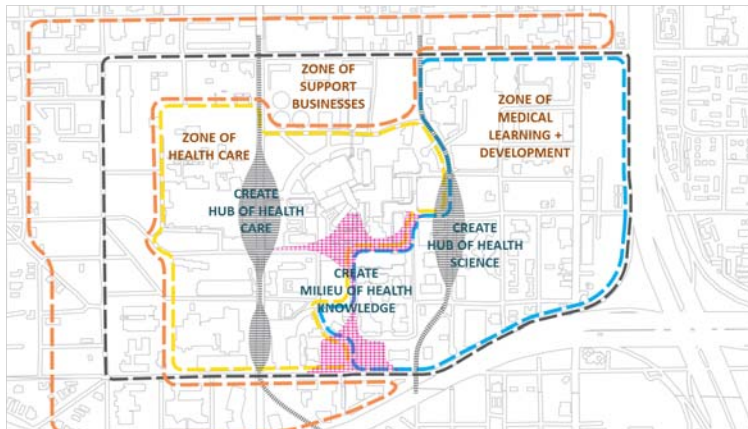
2.2 CAMPUS MASTER PLAN

2.2.1 JACKSON MEMORIAL HOSPITAL CAMPUS

SITE ANALYSIS

A site analysis was conducted in the context of the Miami Health District as a whole. Site access from major transportation arteries was reviewed. In collaboration with key stakeholders, including the University of Miami, recommendations for site improvements were developed with regards to access and wayfinding.

The long range plan will create higher visibility of entries and buildings primarily along the 12th Ave. corridor, adding entries to pavilions, linking the DTC main entry and relocated ED entry.



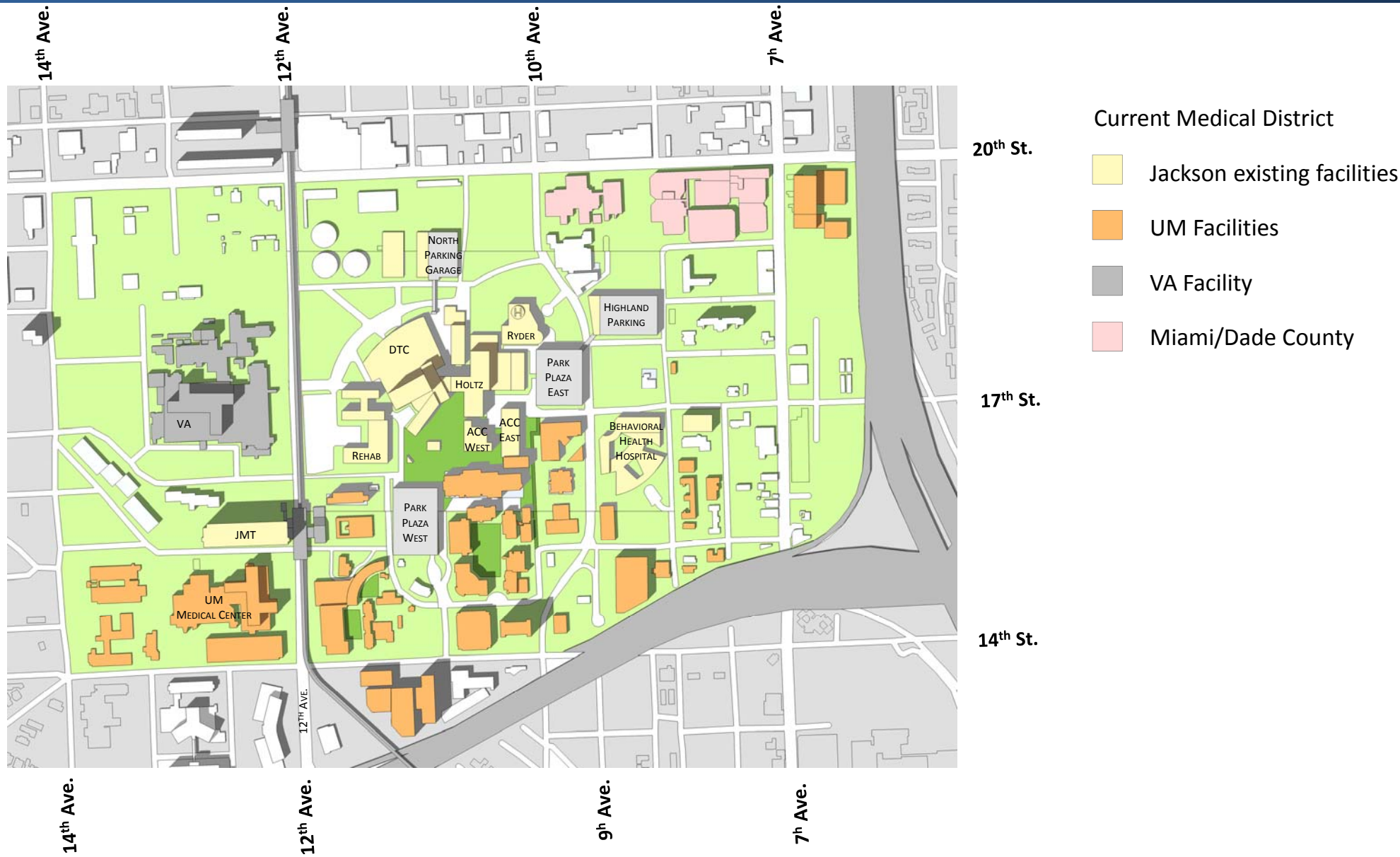
Example: Medical District Development Potential

KEY FINDINGS

- The campus buildings have a good relationship to the public transit system from 12th Avenue stations
- Parking in the main structures do not provide direct access to entries, particularly the Holtz Building
- The ACC West and East buildings house high volume outpatient services, parking and public transport are farthest from there making it difficult to navigate from drop off
- The difficulties of accessing the site stem from the closure of the south main entrance, to create an entry for the DTC building and the creation of the pedestrian court space.
- Access to the hospital is not intuitive and will require improved signage from the main streets

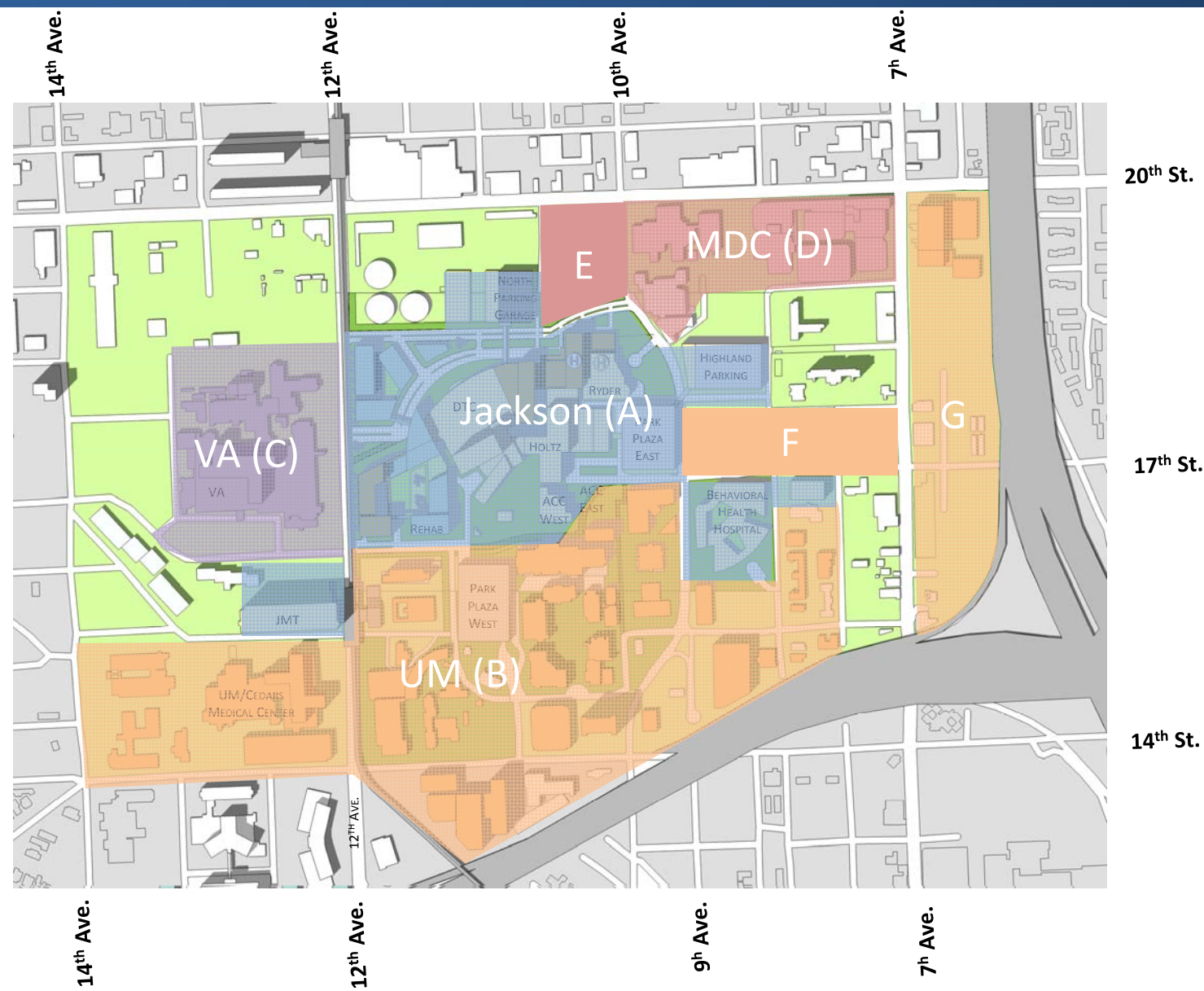
HEALTH DISTRICT DEVELOPMENT

SECTION 2.2.1



HEALTH DISTRICT DEVELOPMENT

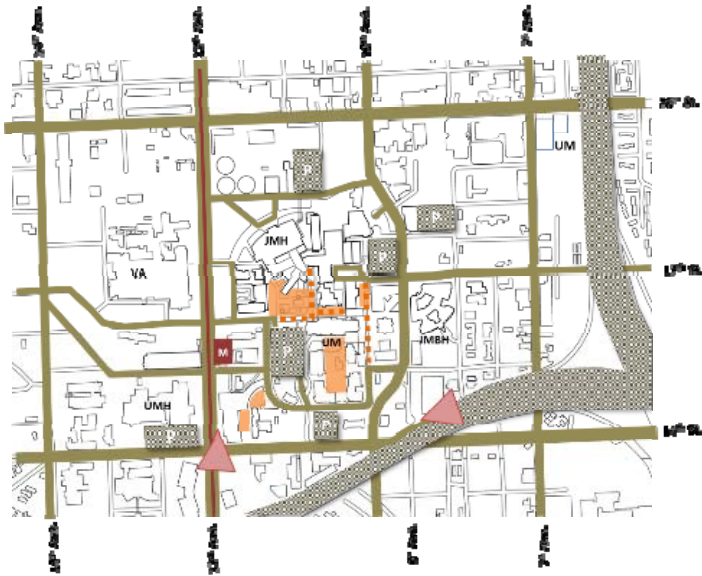
SECTION 2.2.1



Future Medical District showing future development incorporating planning concepts

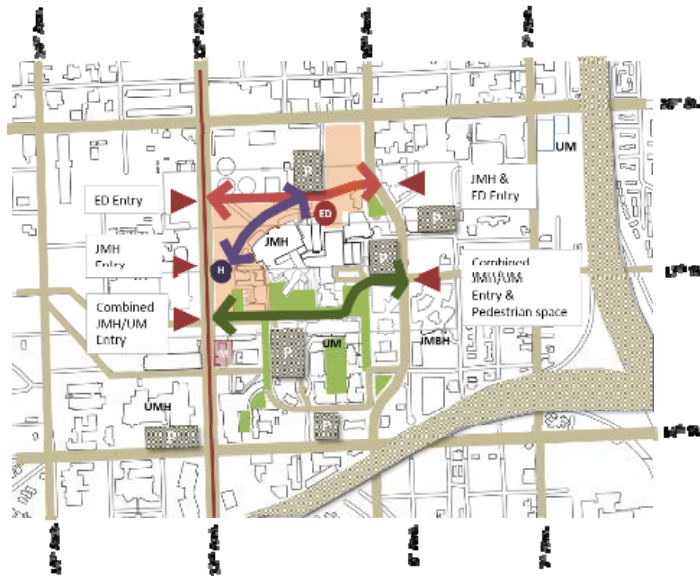
- Jackson existing facilities
- Jackson future facilities
- UM Facilities
- VA Facility
- Miami/Dade County
- Concept buildings

- A. Jackson Health System
- B. University of Miami
- C. Veterans Affairs
- D. Miami-Dade Community College
- E. Potential development
- F. Potential development
- G. Life Sciences



SITE ACCESS & CIRCULATION

- 12th Ave and 14th St. play major access to Jackson campus and the District from the Interstates
- Metro rail along 12th Ave. serves the District and all medical buildings
- Formal or well-defined open spaces
- Pedestrian ways to link campuses



PROPOSED CIRCULATION & ENTRY

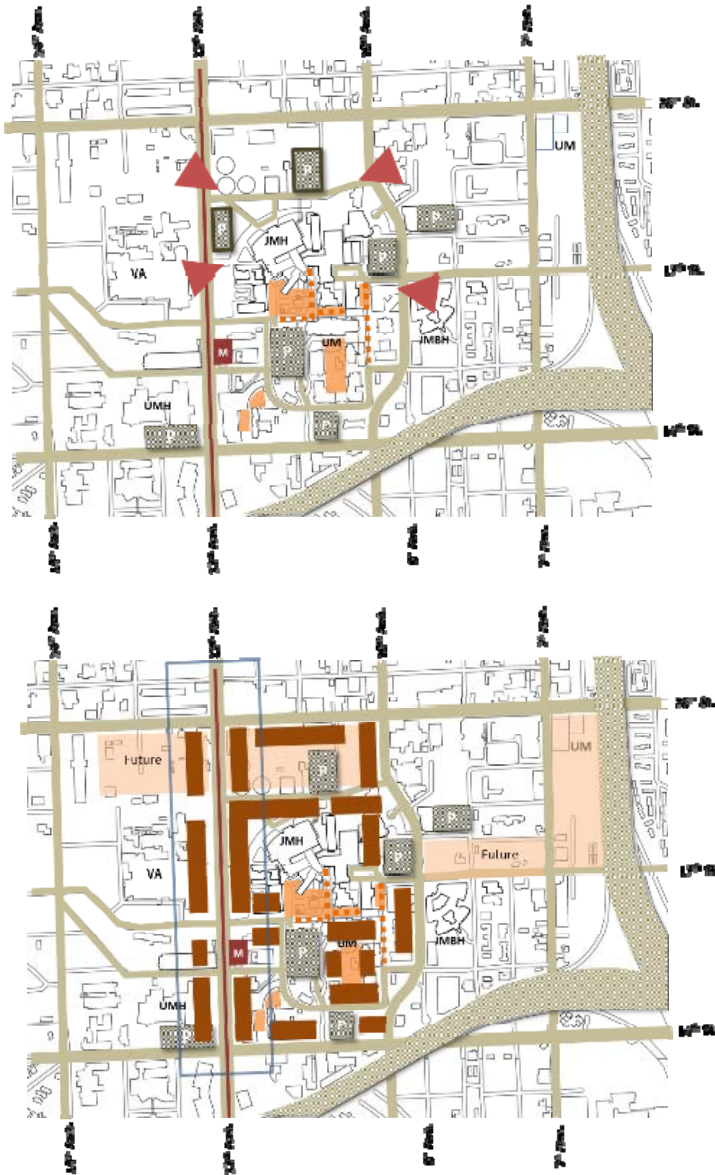
- Shift the Emergency traffic to the north (reorient ED) to reduce traffic flow from 17th
- Redefine the JMH entry off of 12th Ave. creating an “arc” drive to entrances and parking
- Redefine the 16th Entry as a combined “Jackson & UM” entry for a unique experience, linking 12th Ave with 10th St.
- Increase the open spaces that link the campus of UM and Jackson
- Establish a way finding and entry signage that better integrates the campus and increases perception of a “medical campus”

PARKING & ENTRY

- New parking structures to allow shift of patient & visitor volume to north
- Add two vertical floors to North Structure
- Define entrances to parking structure to ease way finding and alleviate congestion

CAMPUS DENSITY

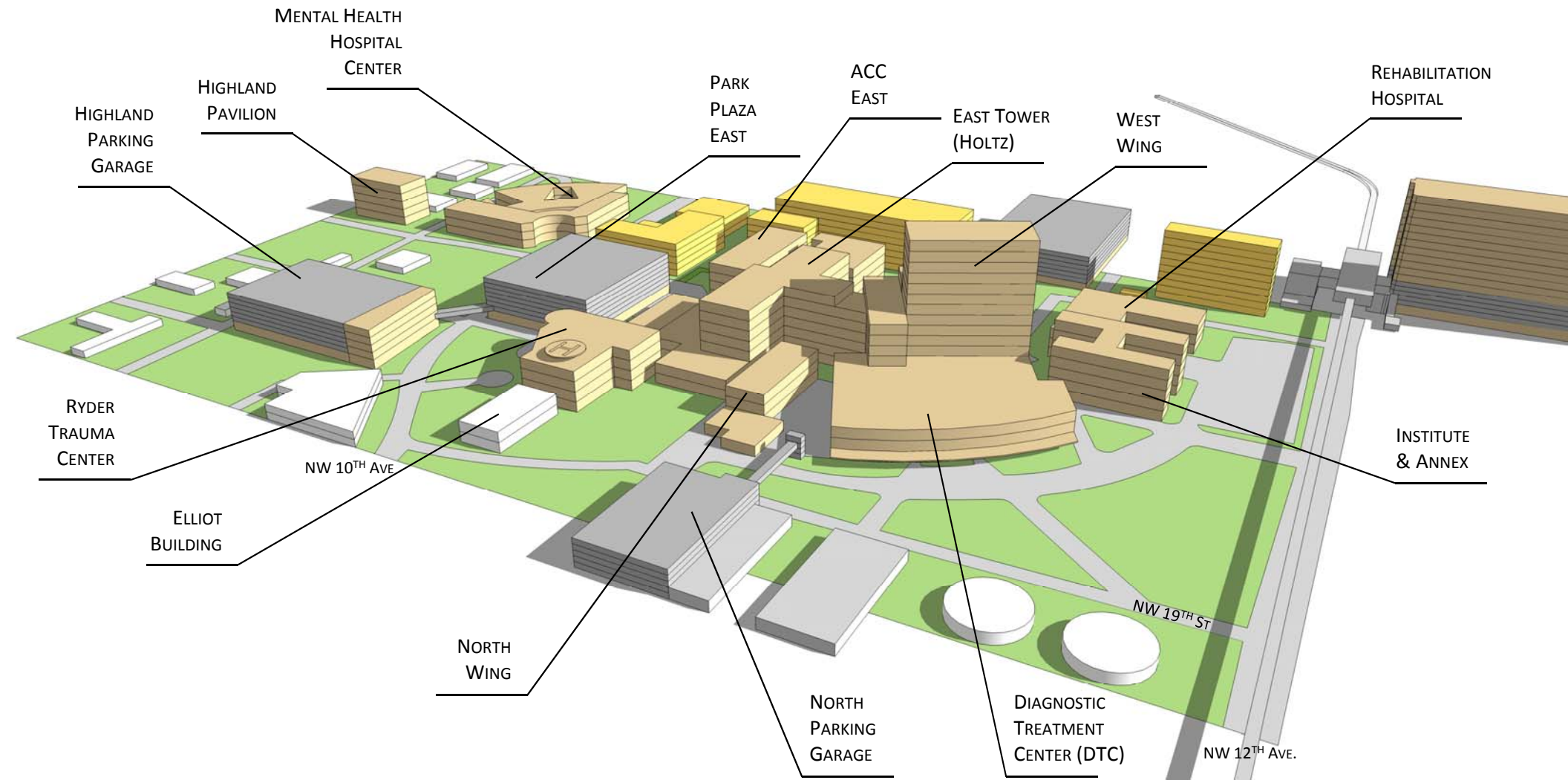
- Future and current buildings can create an “urban environment better defining street edges
- Use of court spaces, colonnades and covered pedestrian ways can further link campus spaces
- Create more “defensible” spaces for heightened use and safety
- 12th Ave. can define a “medical” corridor connection and defining the District
- Medical expansion to the west through future UM development



JACKSON MEMORIAL HOSPITAL CAMPUS

EXISTING JACKSON MEMORIAL CAMPUS

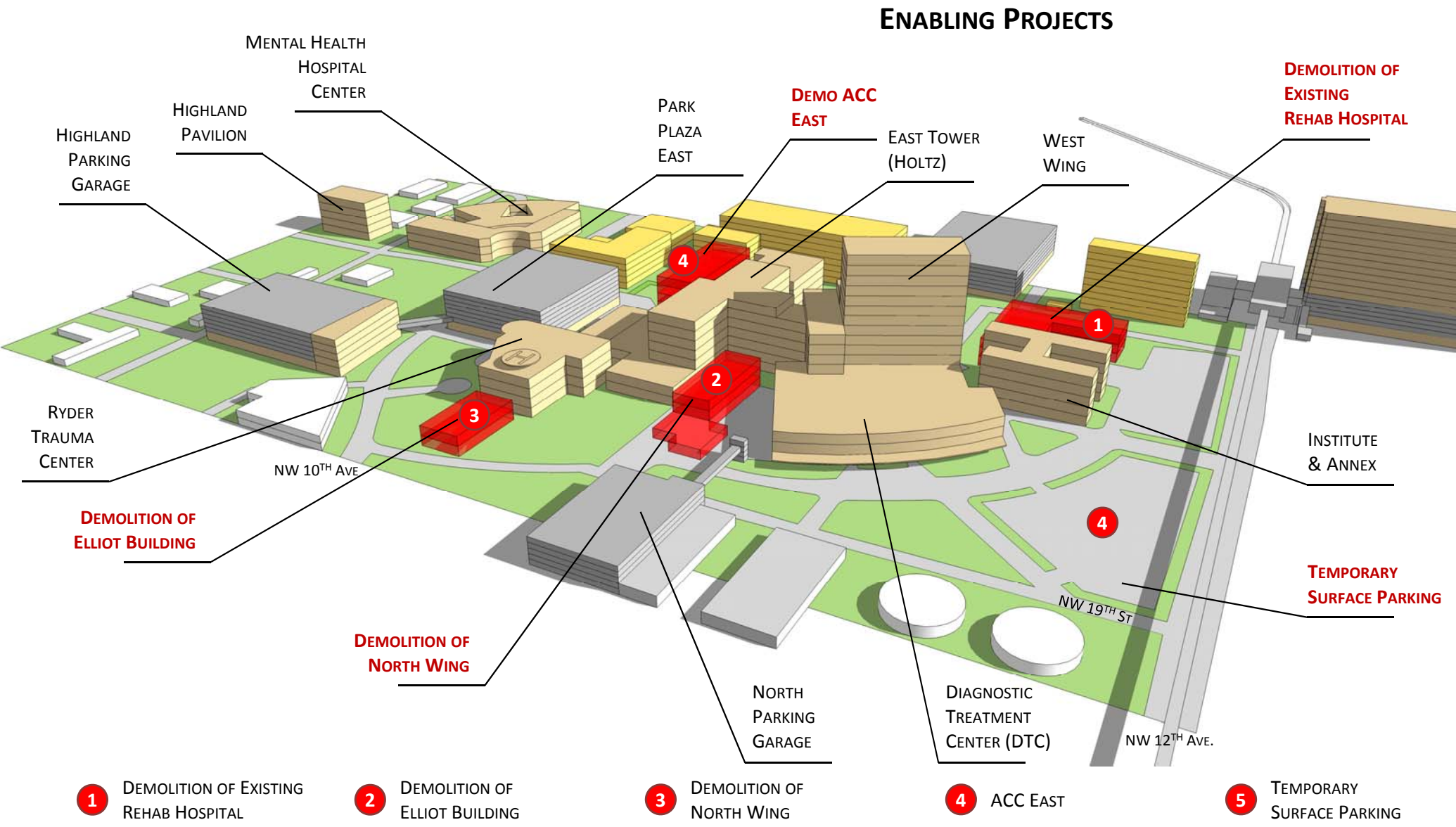
SECTION 2.2.1



JACKSON MEMORIAL HOSPITAL CAMPUS

DEVELOPMENT PLAN

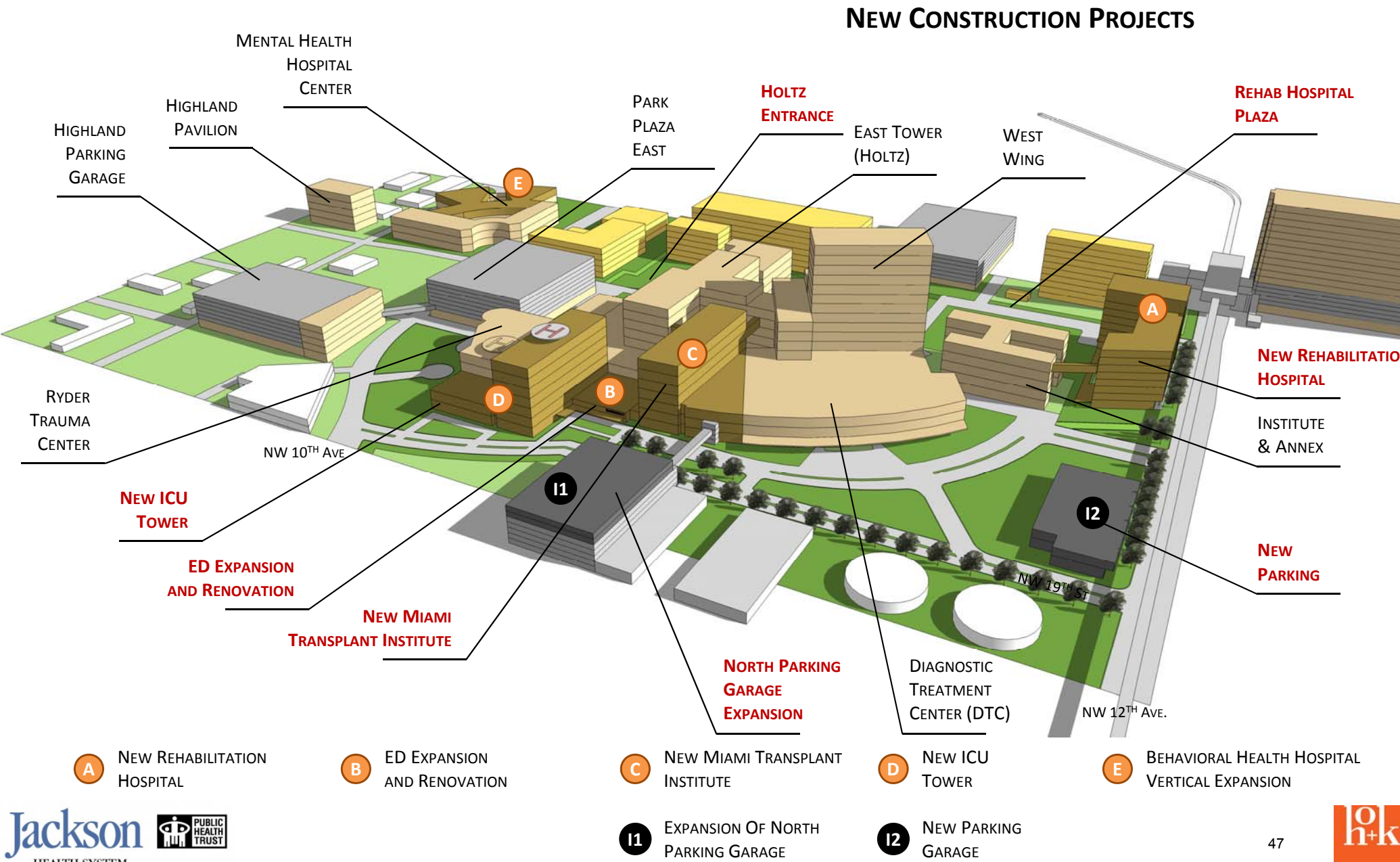
SECTION 2.2.1



JACKSON MEMORIAL HOSPITAL CAMPUS

DEVELOPMENT PLAN

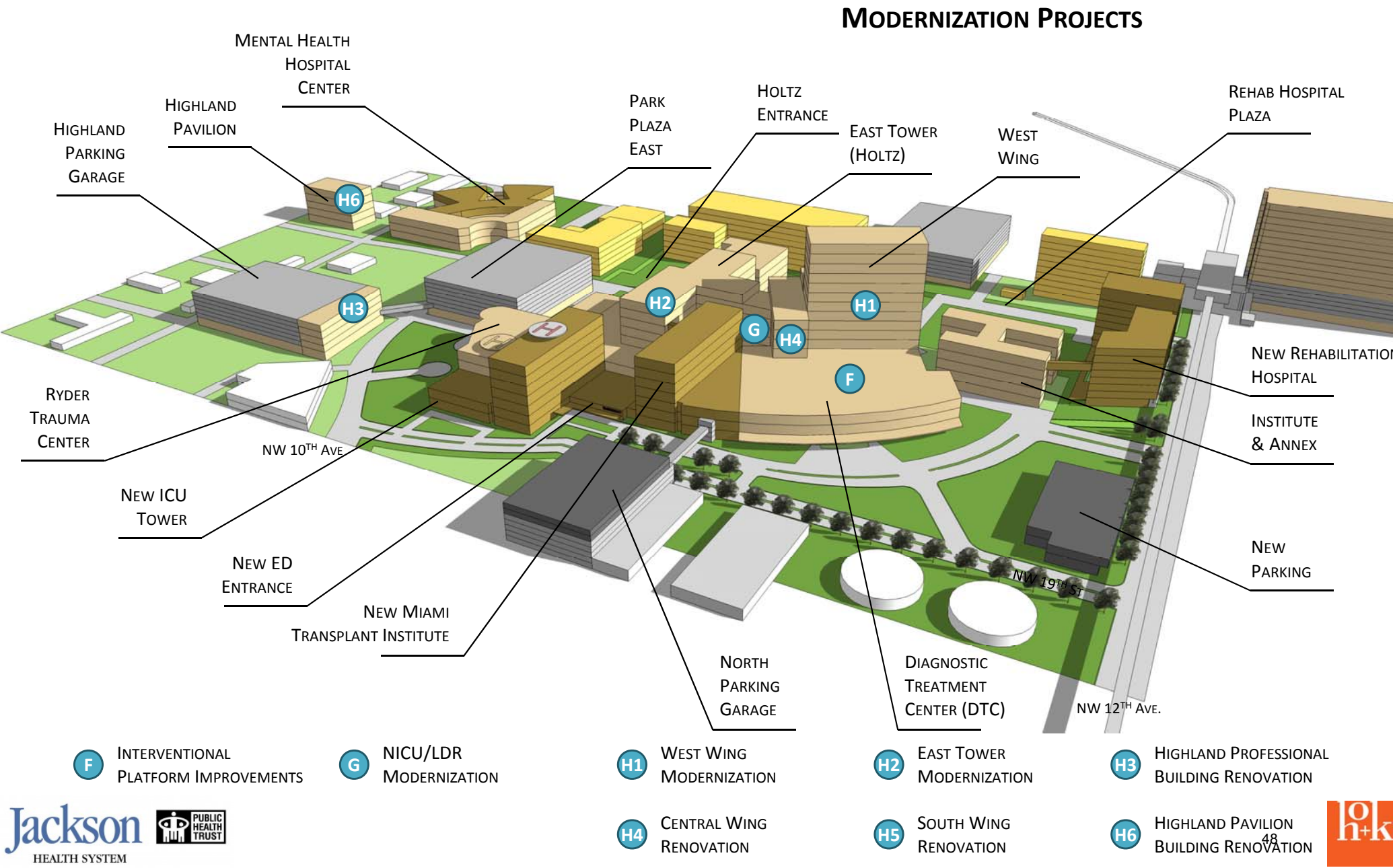
SECTION 2.2.1



JACKSON MEMORIAL HOSPITAL CAMPUS

DEVELOPMENT PLAN

SECTION 2.2.1

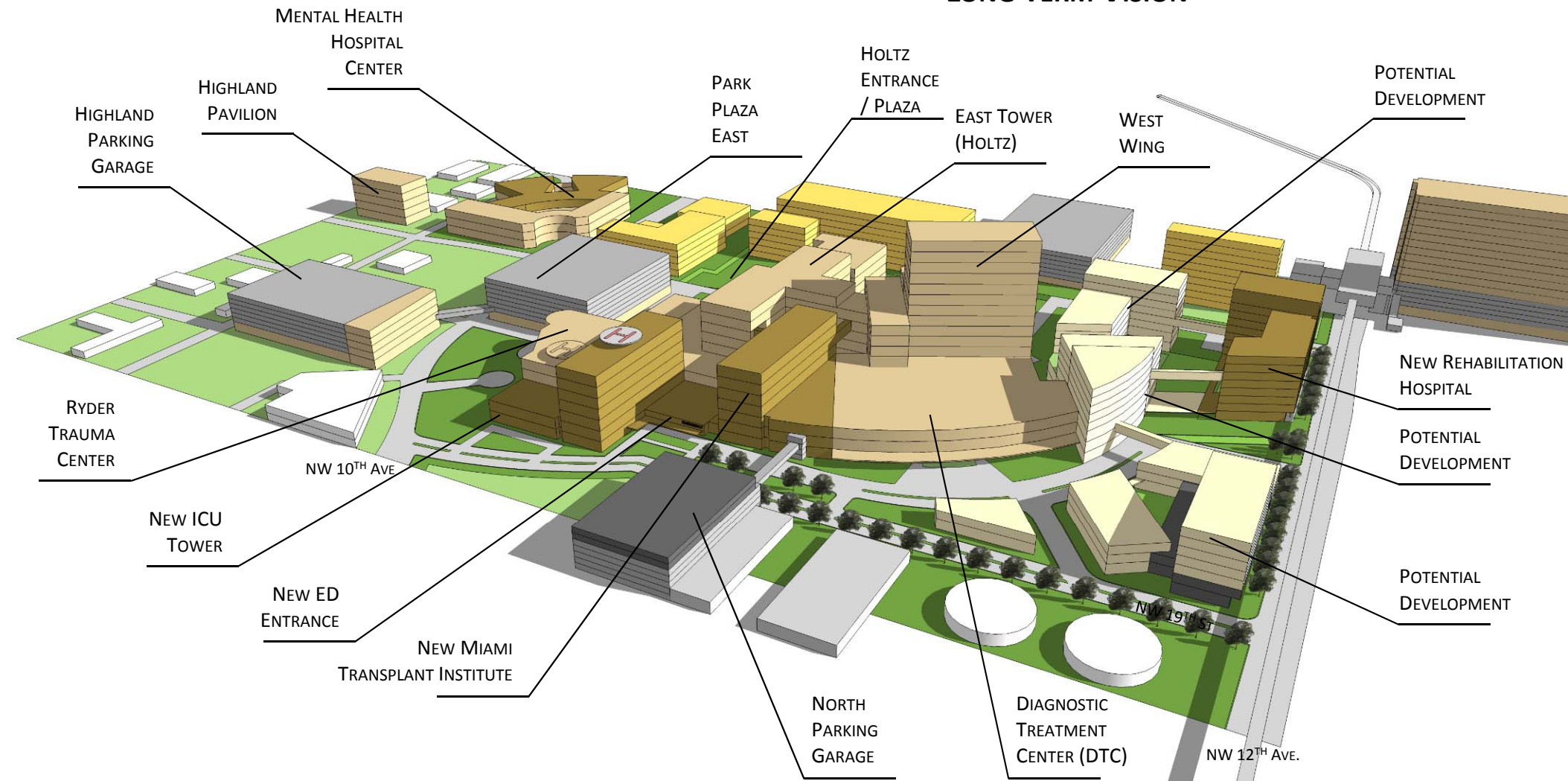


JACKSON MEMORIAL HOSPITAL CAMPUS

FUTURE

SECTION 2.2.1

LONG TERM VISION



EXISTING JACKSON MEMORIAL CAMPUS



LEGEND		
1. REHABILITATION HOSPITAL	10. ACC WEST	19. TRANSFER BUILDING
2. INSTITUTE BUILDING	11. ACC EAST	20. ELLIOT BUILDING
3. INSTITUTE ANNEX	12. EMERGENCY CTR.	
4. DIAGNOSTIC TREATMENT CENTER	13. CENTRAL PLANT	
5. WEST WING	14. RYDER TRAUMA CENTER	A. PARK PLAZA WEST
6. SOUTH WING	15. HIGHLAND PROFESSIONAL BLDG	B. NORTH PARKING GARAGE
7. CENTRAL WING	16. MENTAL HEALTH HOSPITAL CENTER	C. PARK PLAZA EAST
8. NORTH WING	17. HIGHLAND PAVILION	D. HIGHLAND PARKING GARAGE
9. EAST WING (HOLTZ)	18. CENTRAL UTILITY PLANT	

The following slides are the implementation plans based on the types of projects required to meet the strategic initiatives and building conditions identified in the master plan and capital budget.

- **Enabling Projects and Demolition** – includes facilities deemed no longer suitable to meet the needs of JHS or located in an area desirable for other development. It also includes temporary parking relocation.
- **New Construction Projects** – includes buildings identified in master plan to meet programmatic, market and strategic initiatives
- **Modernization Projects** – includes renovation projects within main hospital to improve operations, expand capacity and enhance patient environment
- **Parking, Site Utilities & Infrastructure Projects** – includes increased parking capacity, improved entries roadways and landscape and relocate site utilities

ENABLING PROJECTS



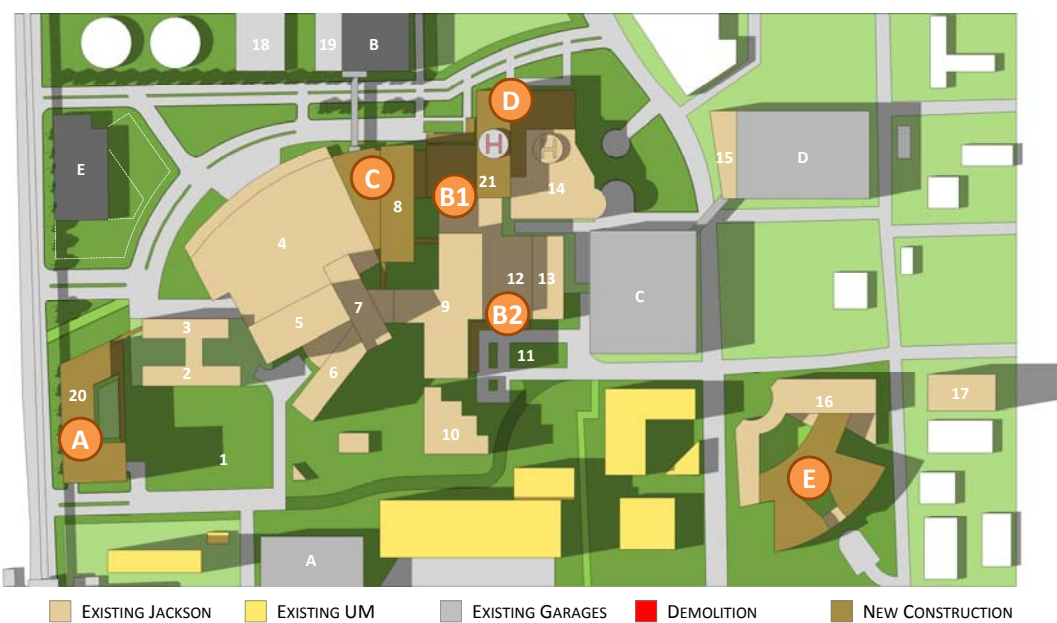
- LEGEND**
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| 1. REHABILITATION HOSPITAL | 10. ACC WEST | 19. TRANSFER BUILDING |
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| 9. EAST WING (HOLTZ) | 18. CENTRAL UTILITY PLANT | |

DEMOLITION AND TEMPORARY PARKING

- DEMOLITION OF EXISTING REHAB HOSPITAL**
Relocation program to New Rehabilitation Hospital
DURATION: 6 MONTHS CAPITAL COST: \$560K
- DEMOLITION OF ELLIOT BUILDING**
Relocate 20,000 SF programs to Highland Pavilion
DURATION: 3 MONTHS CAPITAL COST: \$120K
- DEMOLITION OF NORTH WING**
Relocate Clinics and Diagnostics to West/South Wing Level 1 and Transplant Inpatient Unit to West Wing Level 15 and Offices to Institute Annex
DURATION: 4 MONTHS CAPITAL COST: \$280K
- DEMOLITION OF ACC EAST**
Relocate 50,000 SF programs to Highland Professional Building, South Wing, ACC West, Annex Building
DURATION: 4 MONTHS CAPITAL COST: \$4.1M*
- TEMPORARY SURFACE PARKING**
Create 160-space temporary parking to replace Rehab parking during construction
DURATION: 3 MONTHS CAPITAL COST: \$870K

* INCLUDES ACC EAST CLINICAL PROGRAMS RELOCATION ALLOWANCE

NEW CONSTRUCTION PROJECTS

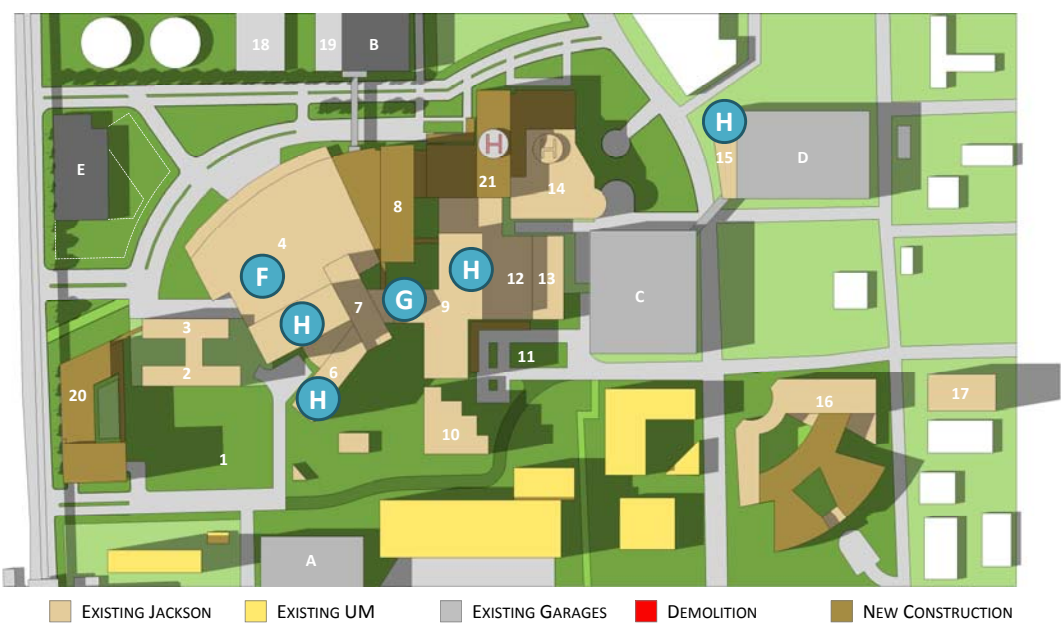


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|-----------------------------------|-----------------------------------|----------------------------------|
| 1. REHABILITATION PLAZA | 10. ACC WEST | 19. TRANSFER BUILDING |
| 2. INSTITUTE BUILDING | 11. NEW HOLTZ ENTRANCE | 20. NEW REHABILITATION HOSPITAL |
| 3. INSTITUTE ANNEX | 12. EXPANDED EMERGENCY CTR. | 21. NEW ICU TOWER |
| 4. DIAGNOSTIC TREATMENT CENTER | 13. CENTRAL PLANT | A. PARK PLAZA WEST |
| 5. WEST WING | 14. RYDER TRAUMA CENTER | B. EXPANDED NORTH PARKING GARAGE |
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| 8. NEW MIAMI TRANSPLANT INSTITUTE | 17. HIGHLAND PAVILION | E. NEW PARKING GARAGE |
| 9. EAST WING (HOLTZ) | 18. CENTRAL UTILITY PLANT | |

NEW CONSTRUCTION

- A. NEW REHABILITATION HOSPITAL**
206,400 SF, 92 Beds, Clinics, Therapies, Faculty Offices, link connection to Institute Building.
DURATION: 53 MONTHS CAPITAL COST: \$116.8M*
- B1. JMH ADULT ED EXPANSION AND RENOVATION**
14,800 SF addition for adult entrance, rapid assessment. 27,200 SF renovation for adult and pediatric. Total of 64 ED exam rooms and 20 Observation/CDU (room count includes Adult & Peds)
DURATION: 46 MONTHS CAPITAL COST: \$18.5M
- B2. HOLTZ ED EXPANSION / HOLTZ ENTRANCE**
12,300 SF of new construction for Holtz new drop off, canopy, lobby and waiting - 11,600 SF renovation for pediatric ED
DURATION: 46 MONTHS CAPITAL COST: \$9.0M
- C. NEW MIAMI TRANSPLANT INSTITUTE**
245,000 SF, 108 Transplant Beds, 100 Neonatology ICU Bassinets, Clinics, Procedure and Diagnostics, Research, Conference and Education, Bridge connectors to East Tower and New ICU Tower
DURATION: 52 MONTHS CAPITAL COST: \$142.4M
- D. NEW ICU TOWER**
179,400 SF, 120 ICU beds, Stroke & Vascular programs
DURATION: 51 MONTHS CAPITAL COST: \$153.7M
- E. BEHAVIORAL HEALTH HOSPITAL EXPANSION**
45,700 SF, 80 beds vertical expansion
DURATION: 46 MONTHS CAPITAL COST: \$28.4M

MODERNIZATION PROJECTS



LEGEND		
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8. NEW MIAMI TRANSPLANT INSTITUTE	17. HIGHLAND PAVILION	D. HIGHLAND PARKING GARAGE
9. EAST WING (HOLTZ)	18. CENTRAL UTILITY PLANT	E. NEW PARKING GARAGE

OPERATIONAL IMPROVEMENTS

- F. INTERVENTIONAL PLATFORM IMPROVEMENTS**
27,400 SF of renovation for reconfiguration of surgery to provide an interventional platform while improving the patient flow, and providing appropriate separation of patient types, including pediatric and adult patients
DURATION: 39 MONTHS CAPITAL COST: \$17.4M
- G. NICU/LDR MODERNIZATION**
Phased modernization of existing Labor and Delivery, C-section prep-recovery, OB faculty offices
DURATION: 39 MONTHS CAPITAL COST: \$11.9M
- H. OTHER MODERNIZATIONS**
Create Cancer Center with Clinic in West Wing Level 1 and Oncology Beds in West Wing/South Wing. Modernization of West Wing, East Tower, Central Wing, South Wing, ACC West, Highland Professional Building. Backfill renovation after construction of Miami Transplant Institute and ICU Tower. Storm windows replacement.
DURATION: 62 MONTHS CAPITAL COST: \$104.9M

PARKING, SITE UTILITIES & INFRASTRUCTURE PROJECTS



- LEGEND**
- | | | |
|-----------------------------------|-----------------------------------|----------------------------------|
| 1. REHABILITATION PLAZA | 10. ACC WEST | 19. TRANSFER BUILDING |
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| 9. EAST WING (HOLTZ) | 18. CENTRAL UTILITY PLANT | |

PARKING

- I1. EXPANSION OF NORTH PARKING GARAGE**
Vertical expansion of existing structure with additional 220 new parking spaces
DURATION: 25 MONTHS CAPITAL COST: \$6.2M
- I2. NEW 380-SPACE PARKING GARAGE**
New parking structure to support clinical growth over next 5-10 years
DURATION: 38 MONTHS CAPITAL COST: \$11.2M
- I3. ACCESSIBLE PARKING**
Increase number of accessible parking spaces throughout the campus
DURATION: ON-GOING CAPITAL COST: \$580K

SITE UTILITIES AND INFRASTRUCTURE

- J. ROADWAYS AND OPEN SPACES IMPROVEMENTS**
DURATION: ON-GOING CAPITAL COST: \$10.1M

UTILITIES RELOCATION

Associated to the demolition of Elliot Building, Existing Rehabilitation Hospital and North Wing
DURATION: WITH DEMO CAPITAL COST: \$1.1M

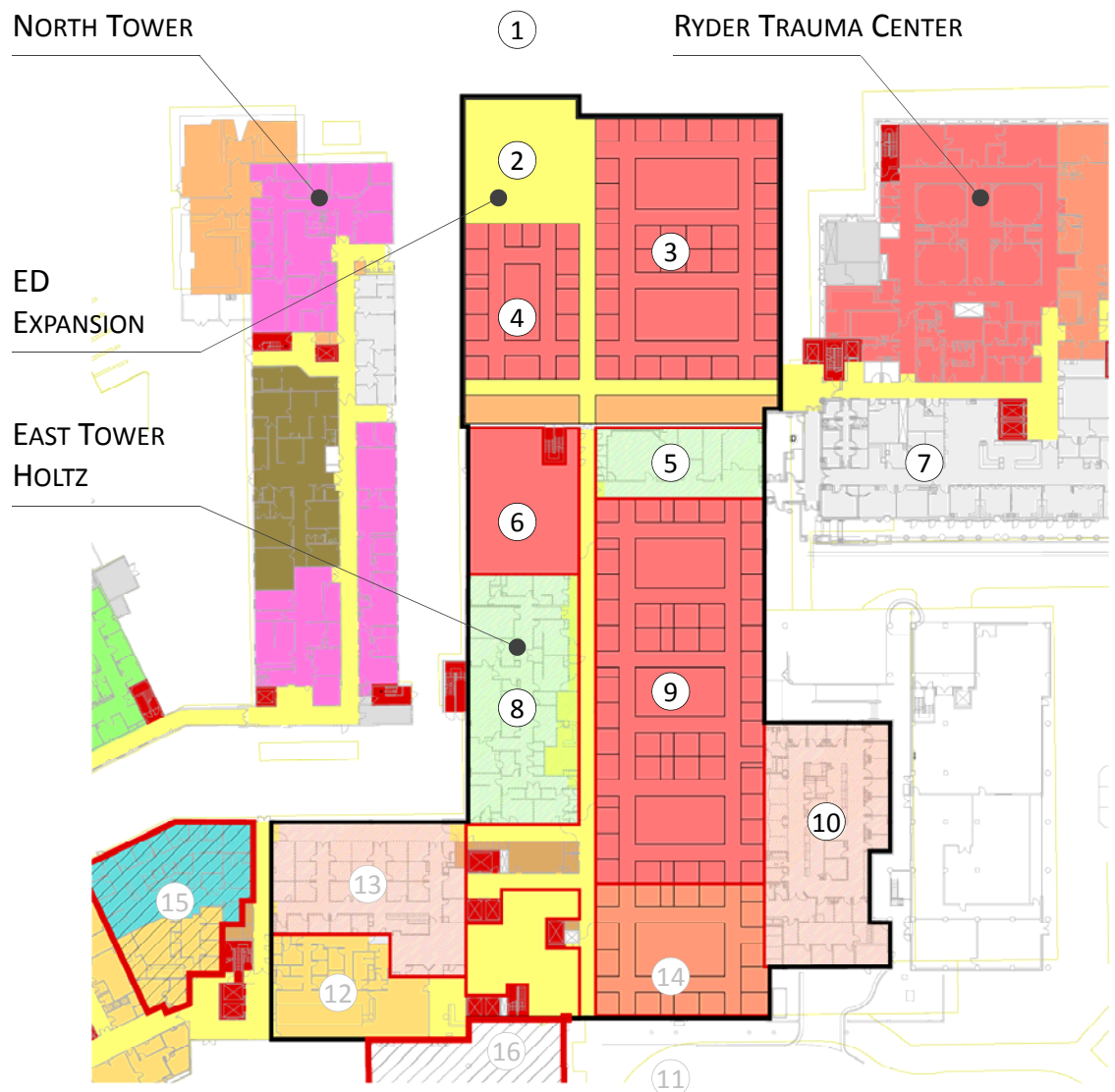
VARIOUS UTILITIES UPGRADES

Potable Water, Sanitary Water, Forcemain, Storm Sewer Drainage, Site Chilled Water, Site Electrical, Site Telecommunications, Natural Gas, Steam and Vacuum Pipes
DURATION: ON-GOING CAPITAL COST: \$14.2M

IMPLEMENTATION PLAN

CAPITAL PROJECTS – EMERGENCY DEPARTMENT

SECTION 2.2.1



FIRST FLOOR EAST TOWER

B1 – ADULT ED EXPANSION AND RENOVATION

- Relocation of the Adult ED Entrance to the north as part of a 14,800 SF addition with new drop-off of 19th Street.
- Renovation of existing acute rooms to private rooms and operated as universal rooms
- Operational Changes:
 - Quick Registration
 - Rapid Assessment
 - Results
 - Acute Flex Units
 - Clinical Decision Unit

- **14,800 SF New Construction**
- **27,200 SF Renovation (Adult Only)**

AREA: 42,000 SF CAPITAL COST : \$18.5M

LEGEND

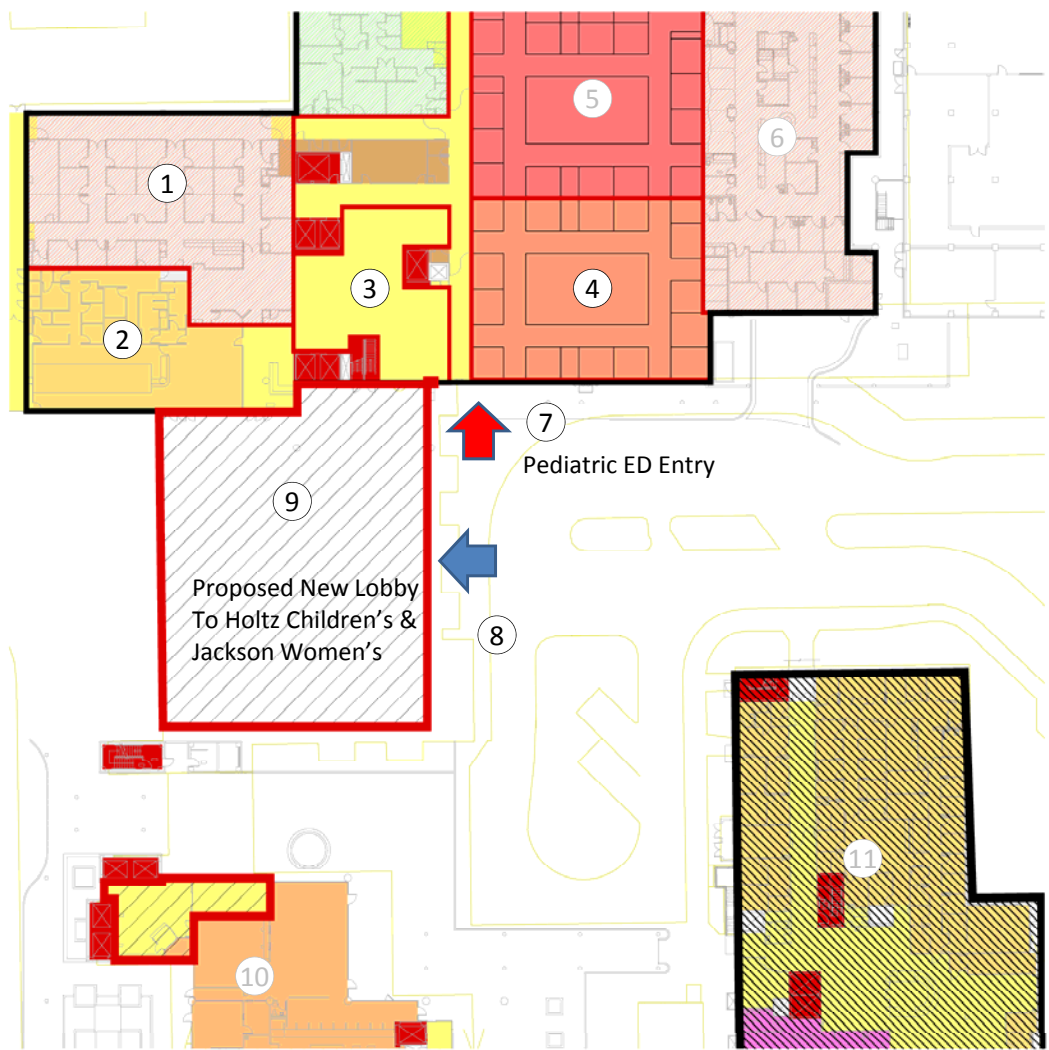
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|-----------------------|---|
| 1. ADULT DROP OFF | 10. CLINICAL DECISION UNIT |
| 2. WAITING/TRIAGE | 11. PEDIATRIC DROP OFF |
| 3. RAPID ASSESSMENT | 12. PEDIATRIC FAST TRACK |
| 4. QUICK REGISTRATION | 13. PEDIATRIC ACUTE |
| 5. CT SCAN | 14. PEDIATRIC HIGH ACUTE |
| 6. RESULT WAITING | 15. PEDIATRIC DIALYSIS EXPANSION |
| 7. TRAUMA RYDER | 16. HOLTZ HOSPITAL LOBBY/WAITING / L&D TRIAGE |
| 8. IMAGING | |
| 9. ADULT FLEX ACUTE | |

B2 – HOLTZ ED EXPANSION / HOLTZ ENTRANCE

- Create separate entrance for pediatric ED
- Expand and renovate pediatric ED
- Create new drop-off, canopy and lobby/waiting for Holtz Hospital
- Operational Changes:
 - Fast Track
 - Separate Acute and High Acute units
- **12,300 SF New Construction (Lobby)**
- **11,600 SF Renovation (Peds Only)**

LEGEND

1. PEDIATRIC ACUTE	8. HOLTZ HOSPITAL DROP OFF
2. PEDIATRIC FAST TRACK	9. HOLTZ HOSPITAL LOBBY/WAITING / L&D TRIAGE
3. PEDIATRIC ED LOBBY WAITING	10. ACC WEST LOBBY RENOVATION
4. PEDIATRIC HIGH ACUTE	11. ACC EAST TO BE DEMOLISHED
5. ADULT FLEX ACUTE	
6. CLINICAL DECISION UNIT	
7. PEDIATRIC ED DROP OFF	



FIRST FLOOR EAST TOWER AND ACCS

F – INTERVENTIONAL PLATFORM

- Create a single Interventional platform for invasive and non-invasive procedures, including Cath Labs and IR
- Relocate the Pre and Phase II recovery for improved patient privacy, with 12 to 16 beds with closer proximity to surgery and interventions
- Create separate adult and children's waiting rooms
- Create a dedicated 3-room pediatric ambulatory procedure center and prep for convenient and dedicated peds outpatient procedures

35,900 SF of Renovation

AREA: 35,900 SF CAPITAL COST : \$17.4M

LEGEND	
1. ADULT WAITING	9. SICU
2. PEDIATRIC WAITING	10. SICU
3. PEDIATRIC PROCEDURE SUITE	11. STAFF SUPPORT
4. PRE-OPERATIVE SERVICES	12. FUTURE MIAMI TRANSPLANT INSTITUTE
5. SURGERY/IR/CATH	
6. SURGERY	
7. PACU	
8. GI SUITE	



THIRD FLOOR JMH



F – NICU/LDR MODERNIZATION

- Relocate existing faculty offices in the East Tower to South Tower
- In vacated East Tower, construct 5 new ORs and recovery with high risk delivery rooms in Wing 4A.
- Create new 28 private Level III NICU beds in vacated C-section area
- Renovate existing NICU area to modernize and create additional private rooms
- Relocate existing triage to Holtz lobby to allow for an expansion of the existing Labor and Delivery

AREA: 35,900 SF CAPITAL COST : \$35.2M

- LEGEND**
- 1. FACULTY OFFICES
 - 2. C-SECTION AND HIGH RISK DELIVERY
 - 3. RECOVERY
 - 4. NICU (28 PRIVATE)
 - 5. NICU
 - 6. NICU
 - 7. LABOR & DELIVERY
 - 8. OB/GYN CLINIC

IMPLEMENTATION PLAN

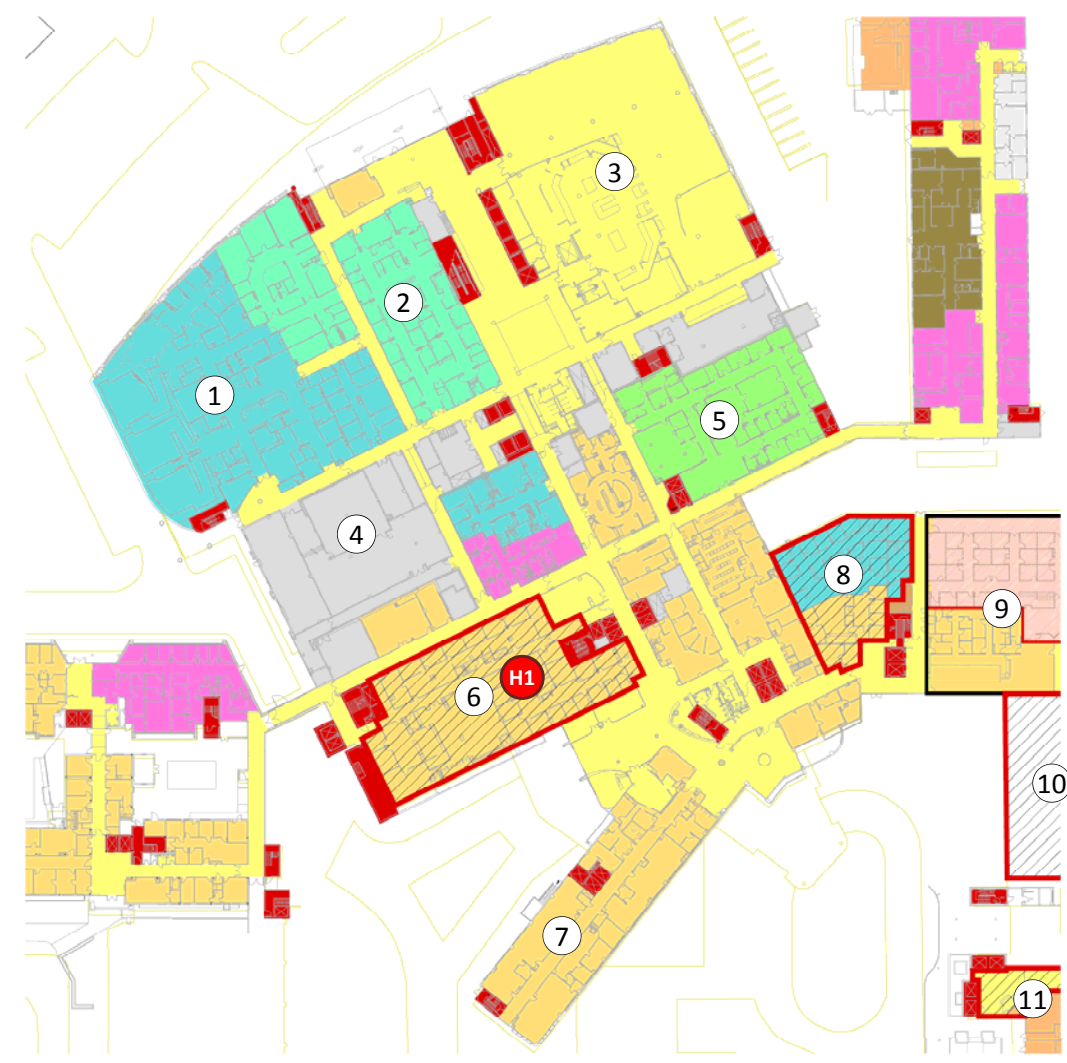
CAPITAL PROJECTS – JACKSON MEMORIAL MODERNIZATION

SECTION 2.2.1

H – FIRST FLOOR MODERNIZATION PROJECTS

- H.1 NEW ONCOLOGY CLINIC**
Renovate Nursing Offices area for Hem/Onc Clinic from ACC East
AREA: 8,330 SF CAPITAL COST: \$4.6M

- LEGEND**
- 1. RADIATION ONCOLOGY
 - 2. MRI / BREAST CENTER
 - 3. CAFETERIA
 - 4. MECHANICAL
 - 5. PRE OP TESTING/ FINANCIAL ASSESSMENT
 - 6. **NEW ONCOLOGY CLINIC**
 - 7. ADMINISTRATION
 - 8. EXPANDED PEDIATRIC DIALYSIS*
 - 9. RENOVATED PEDIATRIC ED*
 - 10. NEW HOLTZ LOBBY*
 - 11. ACC WEST LOBBY RENOVATION*



FIRST FLOOR JMh

* See Holtz Modernization

IMPLEMENTATION PLAN

CAPITAL PROJECTS – JACKSON MEMORIAL MODERNIZATION

SECTION 2.2.1

H – FOURTH FLOOR MODERNIZATION PROJECTS

H.2 PATIENT FLOOR MODERNIZATION

Relocate MICU B & CC ICU to new ICU Tower and renovate vacated area into 20-Bed General Acute Care Unit

AREA: 9,907 SF

CAPITAL COST: \$4.2M



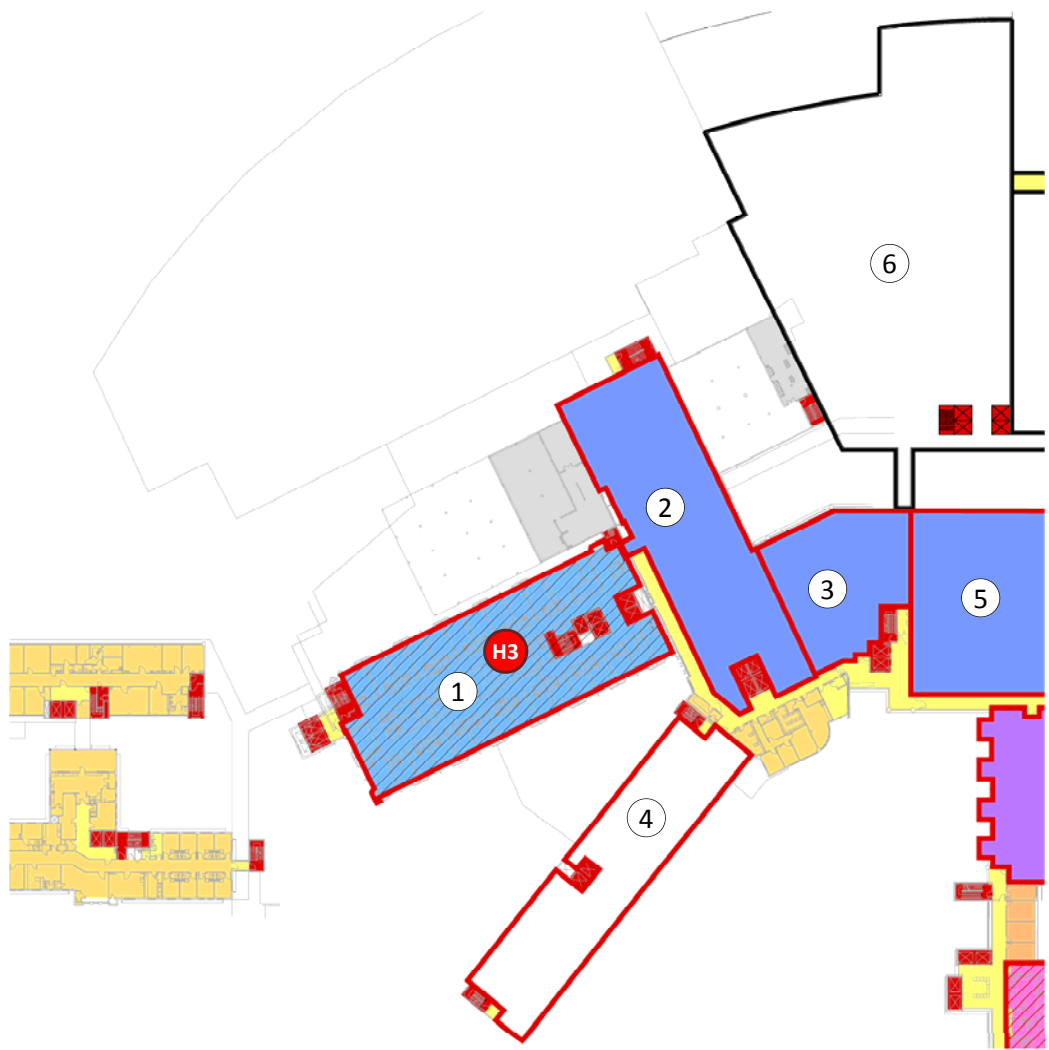
FOURTH FLOOR JMH

LEGEND

1. GENERAL ACUTE CARE (20 BEDS)
2. VACATED CATH LAB – RELOCATED TO INTERVENTIONAL FLOOR
3. VACATED MICU A – RELOCATED TO ICU TOWER
4. VACATED DIALYSIS – RELOCATED TO ICU TOWER

H – FIFTH FLOOR MODERNIZATION PROJECTS

H.3 PATIENT FLOOR MODERNIZATION
AREA: 14,100 SF CAPITAL COST: \$5.0M

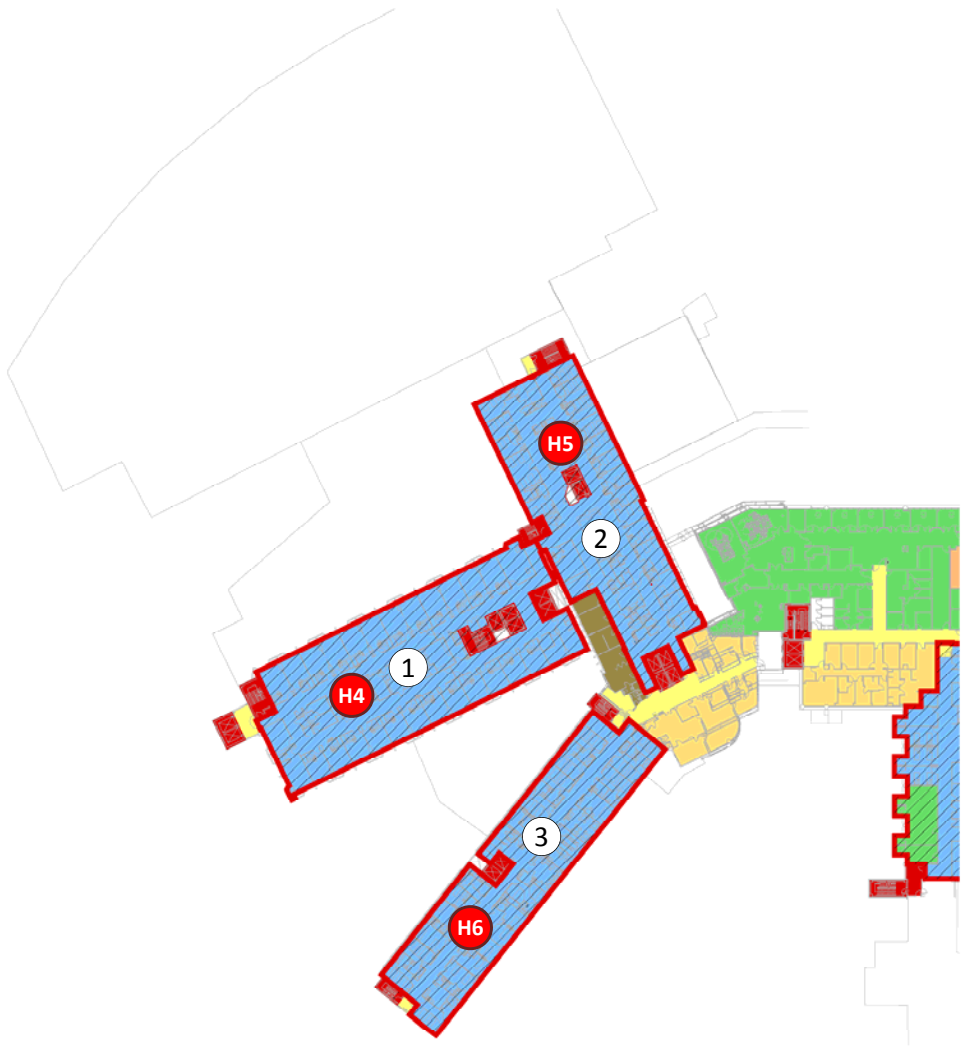


FIFTH FLOOR JM

- LEGEND**
- 1. GENERAL ACUTE CARE
 - 2. NICU
 - 3. NICU LEVEL III
 - 4. FACULTY OFFICES
 - 5. NICU LEVEL III (PRIVATE)
 - 6. FUTURE MIAMI TRANSPLANT INSTITUTE

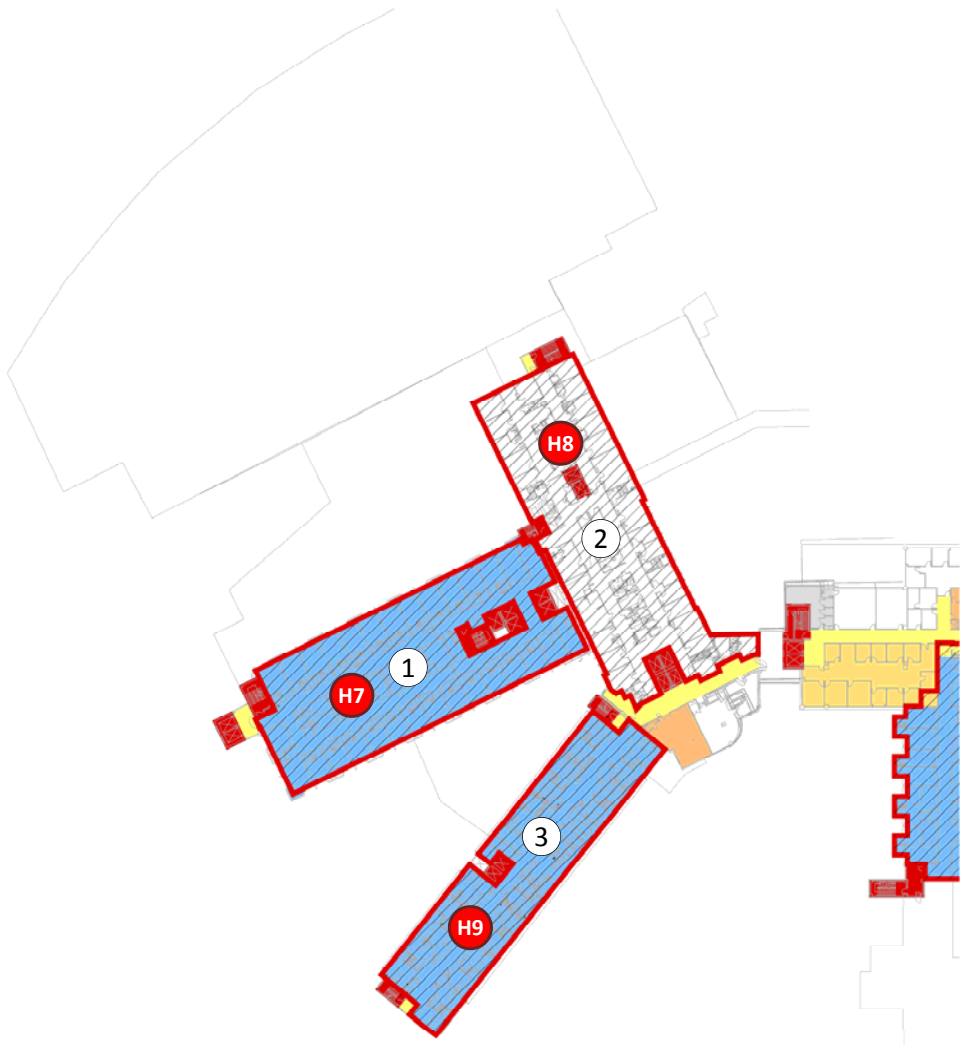
H – SIXTH FLOOR MODERNIZATION PROJECTS

- H.4 PATIENT FLOOR MODERNIZATION**
AREA: 14,100 SF CAPITAL COST: \$5.0M
- H.5 PATIENT FLOOR MODERNIZATION**
AREA: 11,625 SF CAPITAL COST: \$4.1M
- H.6 PATIENT FLOOR MODERNIZATION**
AREA: 10,100 SF CAPITAL COST: \$1.2M



SIXTH FLOOR JMH

- LEGEND**
- 1. ORTHO NEURO SURGICAL UNIT
 - 2. CENTRAL WING 6
 - 3. MED SURG BED



H – SEVENTH FLOOR MODERNIZATION PROJECTS

- H.7 PATIENT FLOOR MODERNIZATION**
AREA: 14,100 SF CAPITAL COST: \$5.0M
- H.8 PATIENT FLOOR MODERNIZATION**
Relocate Offices and renovate to 20-Bed General Acute Care Unit
AREA: 13,500 SF CAPITAL COST: \$7.4M
- H.9 ADMINISTRATIVE OFFICE SPACE**
Relocate Med/Surg Unit and renovate to accommodate Administrative Offices
AREA: 10,100 SF CAPITAL COST: \$1.2M

- LEGEND**
- 1. MEDICAL TELEMETRY UNIT
 - 2. GENERAL ACUTE CARE UNIT (20 BEDS)
 - 3. ADMINISTRATIVE OFFICES

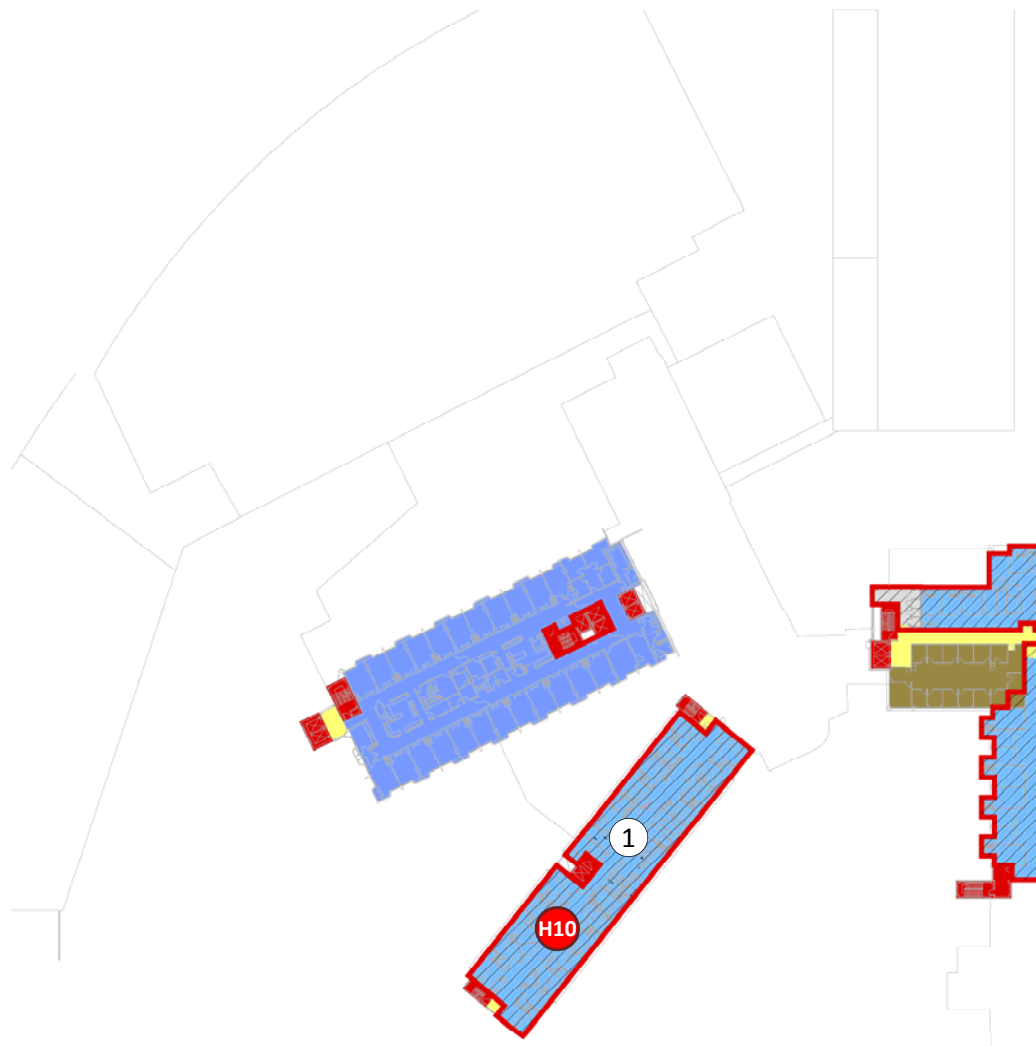
H – EIGHTH FLOOR MODERNIZATION PROJECTS

H.10 ADMINISTRATIVE OFFICE SPACE

Relocate Palliative Care Unit and renovate to accommodate Administrative Offices

AREA: 10,100 SF

CAPITAL COST: \$1.2M



EIGHTH FLOOR JM

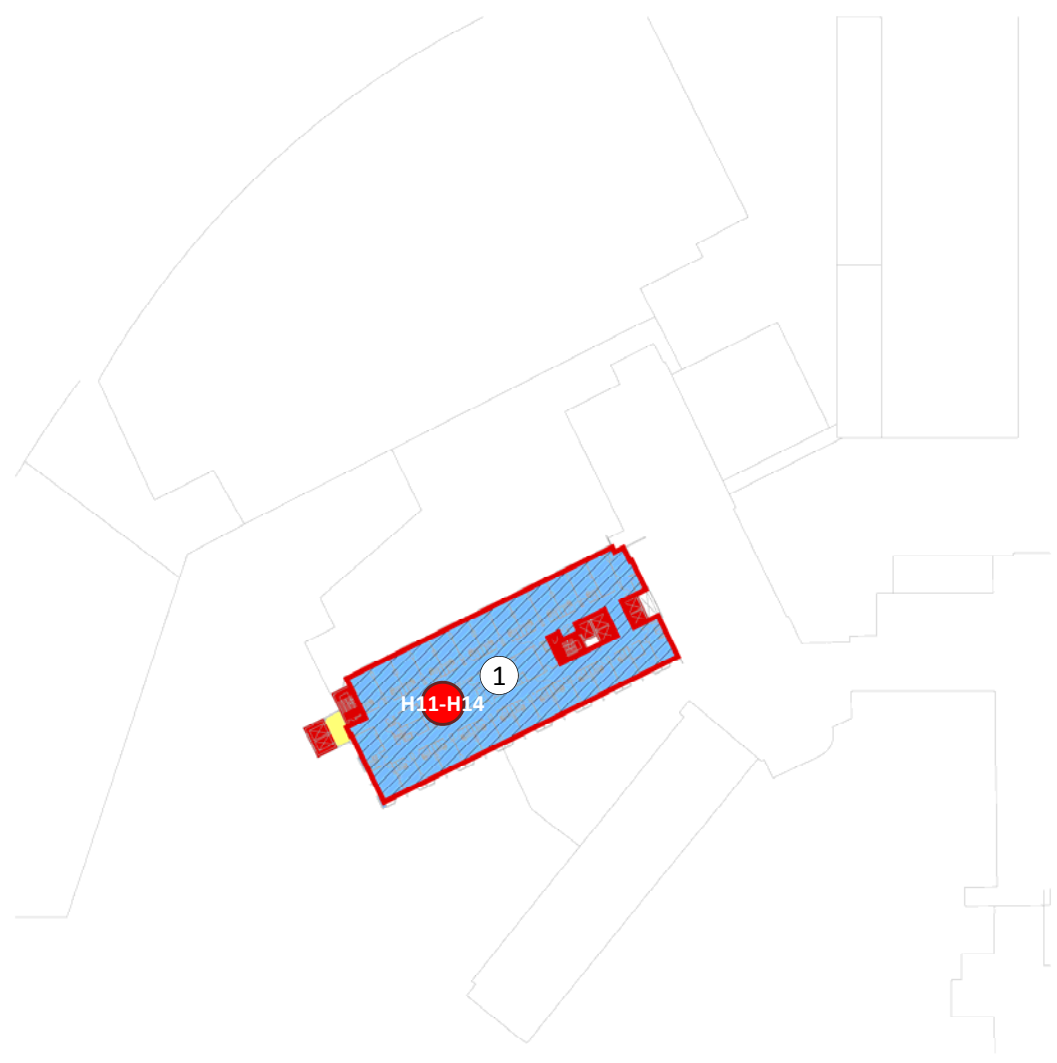
LEGEND

- 1. GENERAL ACUTE CARE UNIT
- 2. ADMINISTRATIVE OFFICES

H – NINTH TO TWELFTH FLOOR MODERNIZATION

- H.11 PATIENT FLOOR MODERNIZATION (9TH)**
AREA: 14,100 SF CAPITAL COST: \$5.0M
- H.12 PATIENT FLOOR MODERNIZATION (10TH)**
AREA: 14,100 SF CAPITAL COST: \$5.0M
- H.13 PATIENT FLOOR MODERNIZATION (11TH)**
AREA: 14,100 SF CAPITAL COST: \$5.0M
- H.14 PATIENT FLOOR MODERNIZATION (12TH)**
AREA: 14,100 SF CAPITAL COST: \$5.0M

LEGEND
1. GENERAL ACUTE CARE UNIT



NINTH TO TWELFTH FLOOR JMH

IMPLEMENTATION PLAN

CAPITAL PROJECTS – JACKSON MEMORIAL MODERNIZATION

SECTION 2.2.1

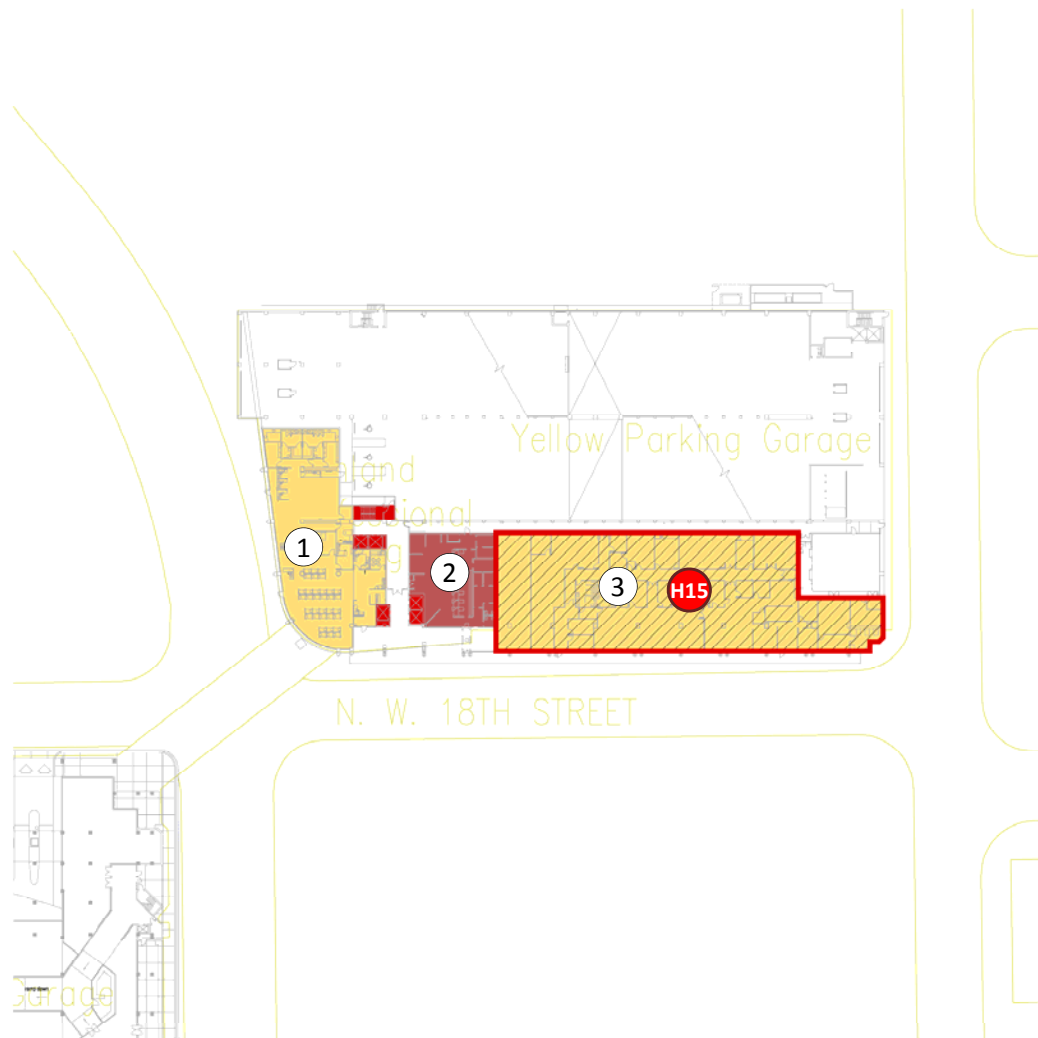
H – FIRST FLOOR MODERNIZATION PROJECTS

H.15 CLINIC RELOCATION

Relocate Transplant Organ Recovery to new Miami Transplant Institute and renovate vacated area for South Florida Aids Network & Special Immunology from ACC East

AREA: 14,800 SF

CAPITAL COST: \$5.0M



LEGEND

- 1. MANAGED CARE OFFICES
- 2. CREDIT UNION
- 3. SOUTH FLORIDA AIDS NETWORK & SPECIAL IMMUNOLOGY

FIRST FLOOR HIGHLAND PROFESSIONAL BUILDING

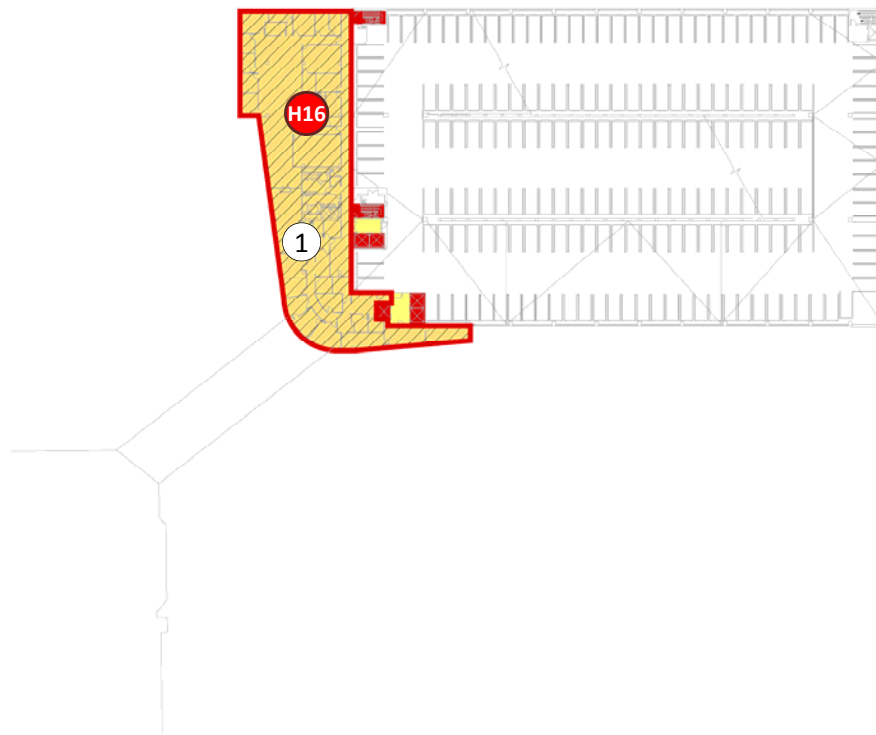
H – THIRD FLOOR MODERNIZATION PROJECTS

H.16 CLINIC RELOCATION

Relocate Transplant Offices to new Miami Transplant Institute and renovate vacated area for offices from ACC East

AREA: 11,900 SF

CAPITAL COST: \$1.3M



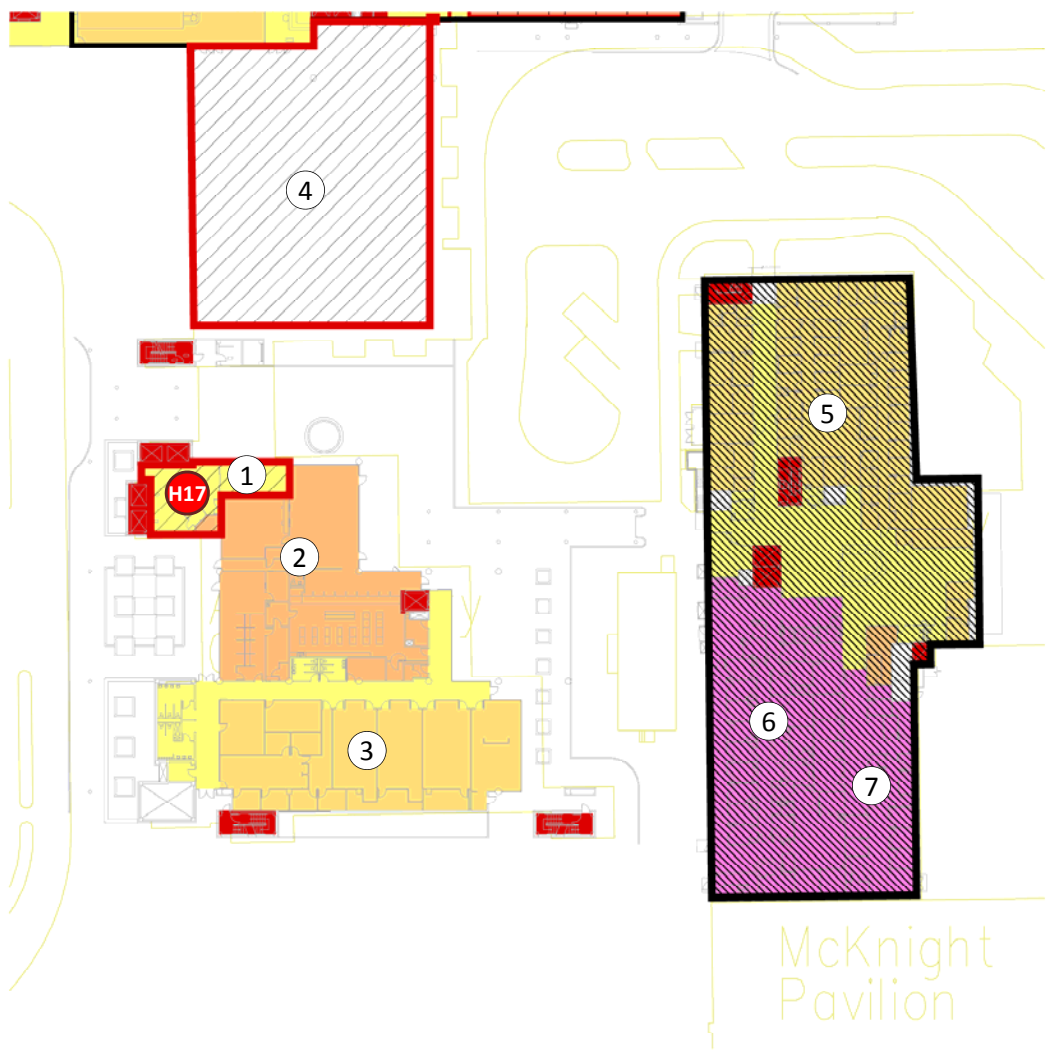
LEGEND

1. ADMINISTRATIVE OFFICES

THIRD FLOOR HIGHLAND PROFESSIONAL BUILDING

H – FIRST FLOOR MODERNIZATION PROJECTS

H.17 ACC WEST LOBBY RENOVATION
AREA: 1,200 SF CAPITAL COST: \$350K



LEGEND

- 1. RENOVATED ACC WEST LOBBY
- 2. OUTPATIENT PHARMACY
- 3. FINANCIAL ASSESSMENT
- 4. HOLTZ HOSPITAL LOBBY/WAITING*

ACC EAST TO BE DEMOLISHED

- 5. SOUTH FLORIDA AIDS NETWORK
- 6. SPECIAL IMMUNOLOGY
- 7. HEMATOLOGY/ONCOLOGY CLINIC

IMPLEMENTATION PLAN

CAPITAL PROJECTS – JACKSON MEMORIAL MODERNIZATION

SECTION 2.2.1

H – SECOND FLOOR MODERNIZATION PROJECTS



SECOND FLOOR ACCS

H – THIRD FLOOR MODERNIZATION PROJECTS

H.18 CLINIC MODERNIZATION
AREA: 17,096 SF CAPITAL COST: \$3.8M



- LEGEND**
- 1. RENOVATED PRIMARY CARE CLINIC
 - 2. RENOVATED PRIMARY CARE CLINIC
 - 3. RENOVATED MEDICAL SPECIALTY CLINIC

ACC EAST TO BE DEMOLISHED
4. ENT CLINIC

THIRD FLOOR ACCS

IMPLEMENTATION PLAN

CAPITAL PROJECTS – JACKSON MEMORIAL MODERNIZATION

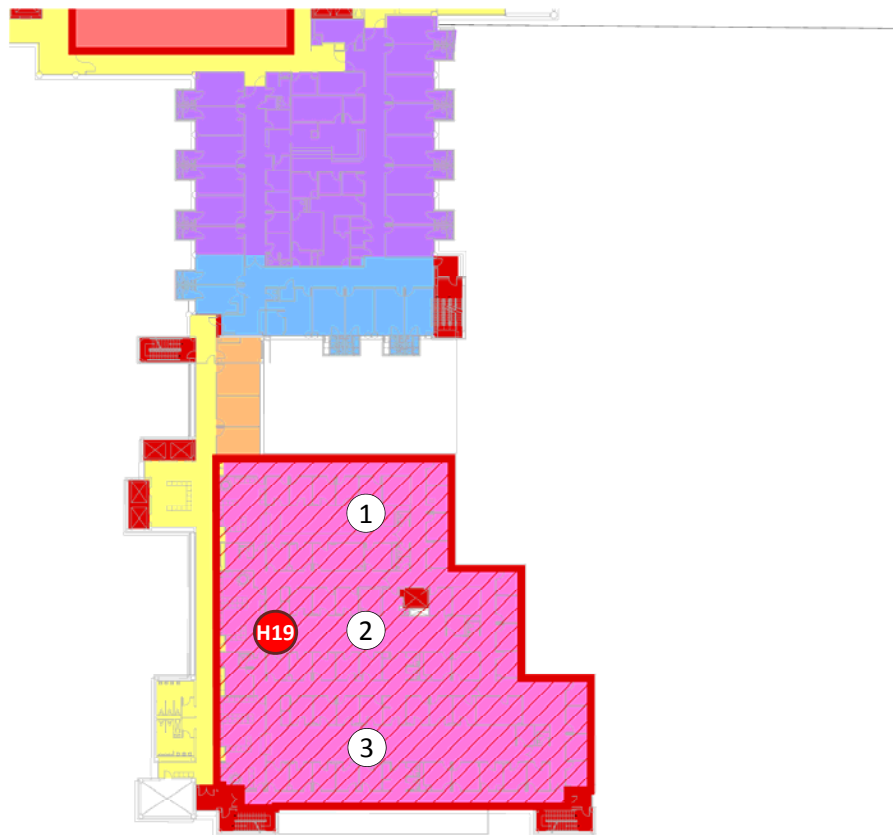
SECTION 2.2.1

H – FIFTH FLOOR MODERNIZATION PROJECTS

H.19 CLINIC MODERNIZATION

AREA: 17,096 SF

CAPITAL COST: \$3.8M



LEGEND

1. RENOVATED FAMILY PRACTICE CLINIC
2. RENOVATED SPECIALTY PEDIATRICS CLINIC
3. RENOVATED PRIMARY CARE PEDIATRICS CLINIC

FIFTH FLOOR ACCS

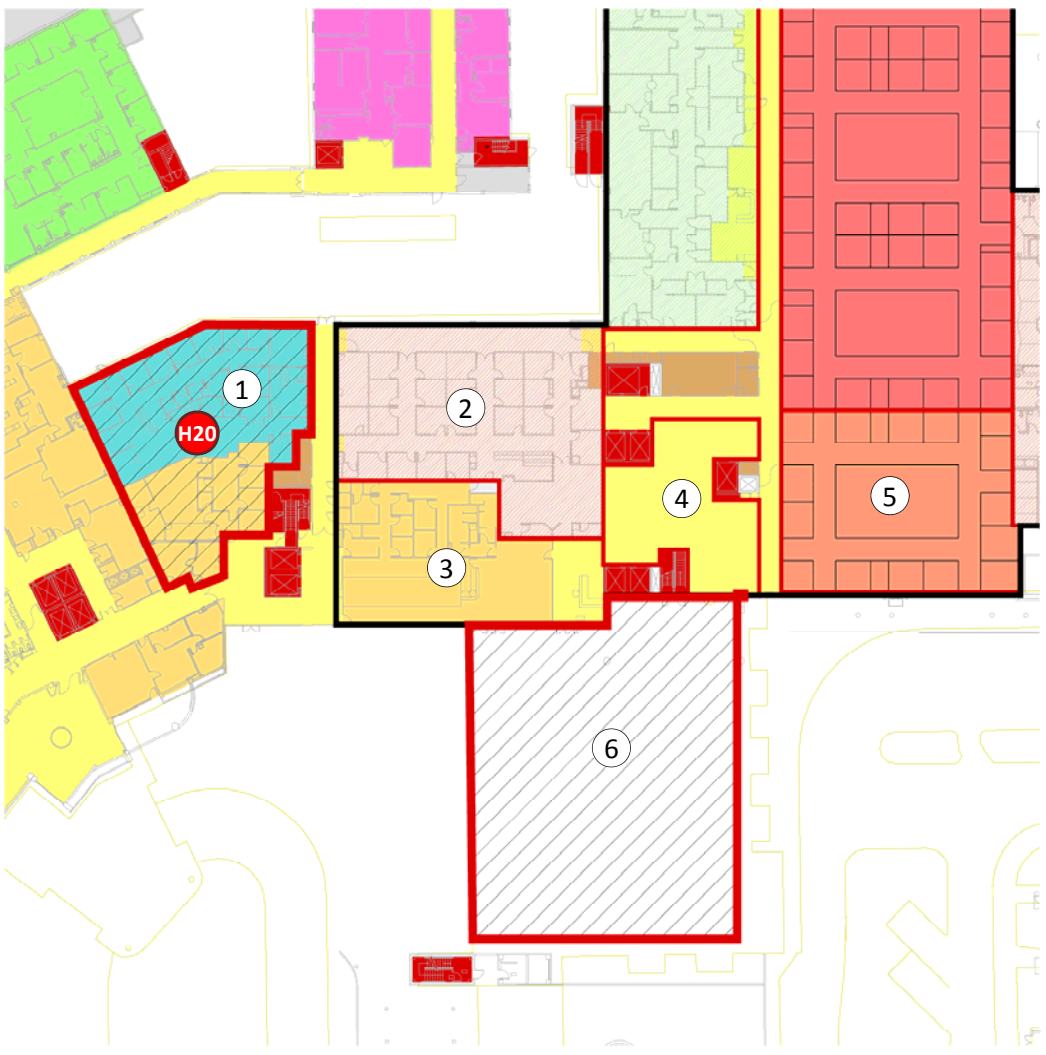
IMPLEMENTATION PLAN

CAPITAL PROJECTS – HOLTZ CHILDREN’S HOSPITAL MODERNIZATION

SECTION 2.2.1

H – FIRST FLOOR MODERNIZATION PROJECTS

H.20 PEDIATRIC DIALYSIS
Expansion of current space into adjacent office space
AREA: 5,221 SF CAPITAL COST : \$2.7M



- LEGEND**
- 1. PEDIATRIC DIALYSIS EXPANSION
 - 2. PEDIATRIC ACUTE*
 - 3. PEDIATRIC FAST TRACK*
 - 4. PEDIATRIC ED LOBBY WAITING*
 - 5. PEDIATRIC HIGH ACUTE*
 - 6. HOLTZ HOSPITAL LOBBY/WAITING/L&D TRIAGE*

FIRST FLOOR EAST TOWER

* See Holtz ED Modernization (B2)

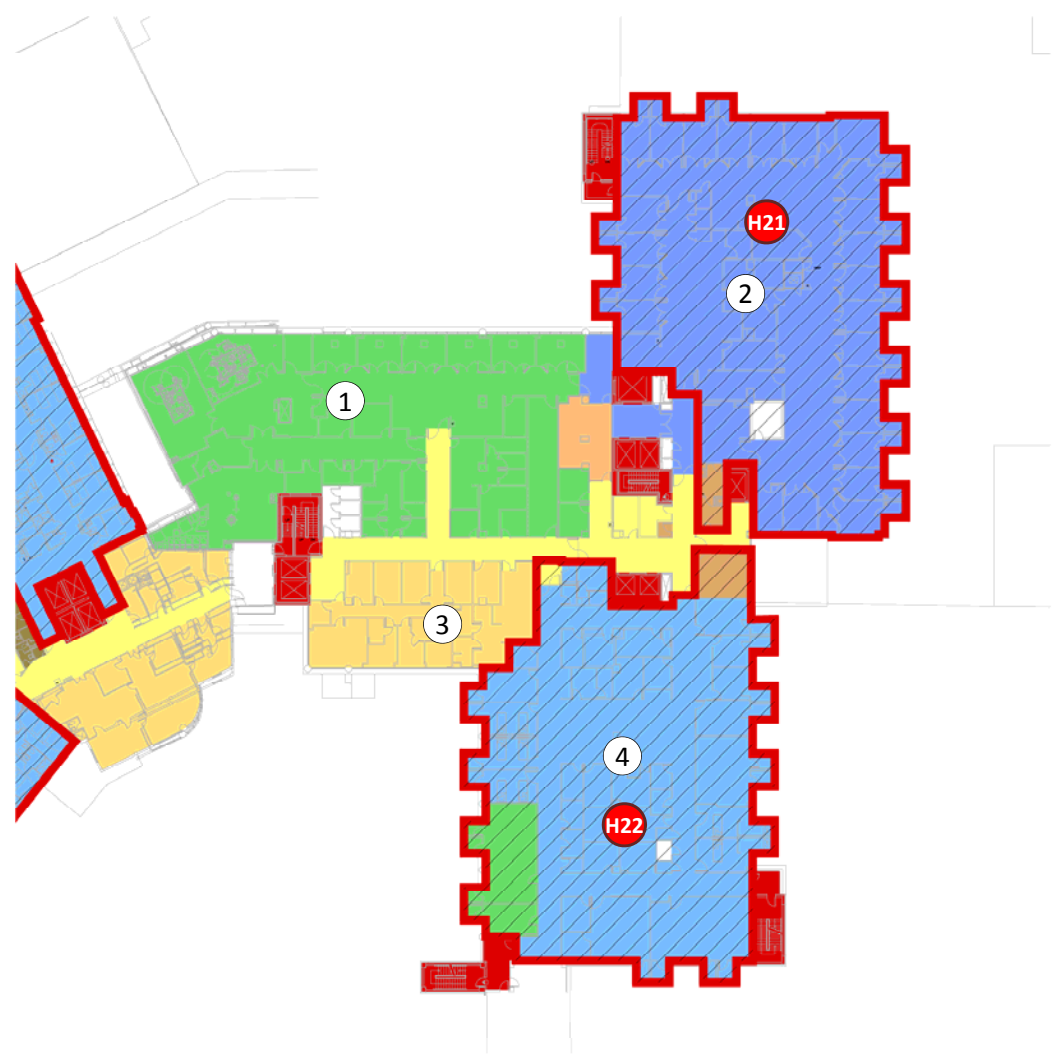
IMPLEMENTATION PLAN

CAPITAL PROJECTS – HOLTZ CHILDREN’S HOSPITAL MODERNIZATION

SECTION 2.2.1

H – FIFTH FLOOR MODERNIZATION PROJECTS

- H.21 PATIENT FLOOR MODERNIZATION**
AREA: 13,200 SF CAPITAL COST: \$4.7M
- H.22 PATIENT FLOOR MODERNIZATION**
AREA: 13,400 SF CAPITAL COST: \$4.7M



- LEGEND**
- 1. PEDS SPECIAL PROCEDURES
 - 2. PICU/5A
 - 3. PICU OFFICES
 - 4. ADOLESCENT UNIT/5B

FIFTH FLOOR EAST TOWER

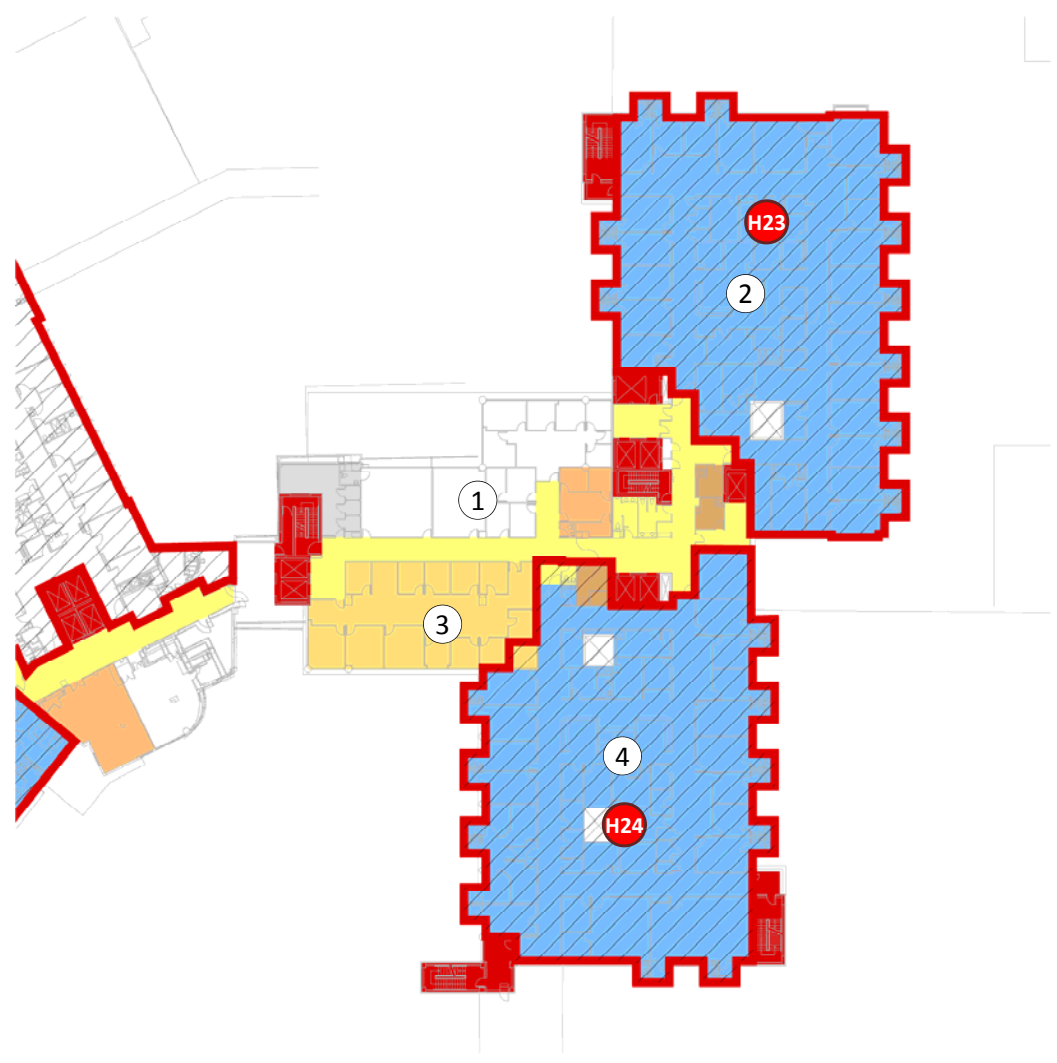
IMPLEMENTATION PLAN

CAPITAL PROJECTS – HOLTZ CHILDREN’S HOSPITAL MODERNIZATION

SECTION 2.2.1

H – SIXTH FLOOR MODERNIZATION PROJECTS

- H.23 PATIENT FLOOR MODERNIZATION**
AREA: 13,200 SF CAPITAL COST: \$4.7M
- H.24 PATIENT FLOOR MODERNIZATION**
AREA: 13,400 SF CAPITAL COST: \$4.7M



- LEGEND**
- 1. FACULTY OFFICES
 - 2. **MED/SURG TELEMETRY UNIT/6A**
 - 3. PEDIATRICS ADMINISTRATION
 - 4. **PEDS HEM/ONC./6B**

SIXTH FLOOR EAST TOWER

IMPLEMENTATION PLAN

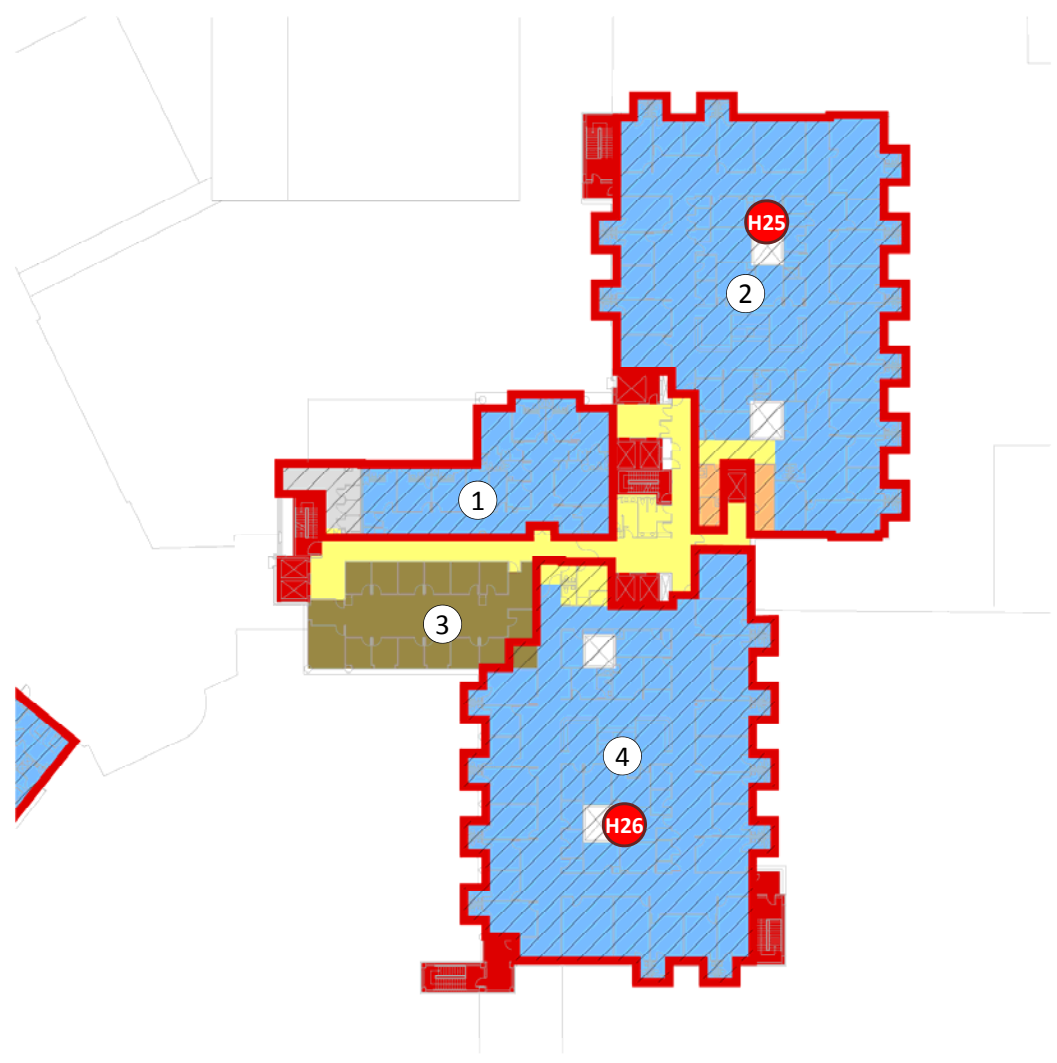
CAPITAL PROJECTS – HOLTZ CHILDREN’S HOSPITAL MODERNIZATION

SECTION 2.2.1

H – SEVENTH FLOOR MODERNIZATION PROJECTS

- H.25 PATIENT FLOOR MODERNIZATION**
AREA: 13,200 SF CAPITAL COST: \$4.7M
- H.26 PATIENT FLOOR MODERNIZATION**
AREA: 13,400 SF CAPITAL COST: \$4.7M

- LEGEND**
- 1. VACATED BONE MARROW TRANSPLANT UNIT (RELOCATED TO MTI)
 - 2. OB/GYN/GYN ONC/7A
 - 3. UM OFFICES
 - 4. ADULT SURGICAL UNIT/7B



SEVENTH FLOOR EAST TOWER

FACILITY MASTER PLAN

CURRENT SPACE INVENTORY – JACKSON MEMORIAL HOSPITAL CAMPUS

CURRENT SPACE INVENTORY BY BUILDING

FLOORS	ACC EAST	ACC WEST	EAST TOWER	HIGHLAND PAVILION	HIGHLAND PROFESSIONAL BUILDING	INSTITUTE ANNEX	JMT	MAIN FACILITY	MENTAL HEALTH	NORTH WING	REHAB HOSPITAL	TRAUMA RYDER
BASEMENT	-	28,187	43,643	-	-	-	-	91,079	-		13,124	13,958
1 ST FLOOR	21,158	15,502	66,709	19,274	24,790	23,655	38,431	149,063	80,372	22,335	27,367	31,239
2 ND FLOOR	20,365	17,686	70,681	11,031	10,678	19,124	-	133,264	71,206	13,512	28,176	33,219
3 RD FLOOR	20,364	21,800	49,111	11,023	13,084	19,091	-	128,466	24,526	13,373	25,686	33,986
4 TH FLOOR		22,181	56,698	11,032	13,030	19,153	-	60,043		902		33,939
5 TH FLOOR		22,152	46,799	11,448	13,101	19,174	-	42,561				
6 TH FLOOR			39,308		13,101		-	44,154				
7 TH FLOOR			39,269		13,101		33,422	44,590				
8 TH FLOOR							33,004	26,894				
9 TH FLOOR							32,995	15,589				
10 TH FLOOR							33,024	15,756				
11 TH FLOOR							32,934	15,697				
12 TH FLOOR							29,230	15,770				
13 TH FLOOR							29,442	-				
14 TH FLOOR							29,278	15,753				
15 TH FLOOR							22,474	15,260				
16 TH FLOOR							22,647					
17 TH FLOOR							22,690					
18 TH FLOOR							22,690					
19 TH FLOOR							2,526					
TOTAL	61,887	127,508	412,218	63,808	100,885	100,197	384,787	813,939	176,104	50,122	94,353	146,341
										GRAND TOTAL	2,532,149	

FACILITY MASTER PLAN

FUTURE SPACE INVENTORY – JACKSON MEMORIAL HOSPITAL CAMPUS

FUTURE SPACE INVENTORY BY BUILDING

FLOORS	REHAB HOSPITAL ⁽¹⁾	ACC WEST	EAST TOWER	HIGHLAND PAVILION	HIGHLAND PROFESSIONAL BUILDING	INSTITUTE ANNEX	JMT	MAIN FACILITY	MENTAL HEALTH	ICU TOWER	MIAMI TRANSPLANT INSTITUTE	TRAUMA RYDER
BASEMENT	-	28,187	45,843 ⁽²⁾	-	-	-	-	91,079	-	7,700	2,200	13,958
1 ST FLOOR	38,150	15,502	66,709 ⁽³⁾	19,274	24,790	23,655	38,431	149,063	80,372		41,400	31,239
2 ND FLOOR	37,500	17,686	70,681	11,031	10,678	19,124	-	133,264	71,206	32,375	39,290	33,219
3 RD FLOOR	17,920	21,800	49,111	11,023	13,084	19,091	-	128,466	45,720	29,325	4,000	33,986
4 TH FLOOR	23,460	22,181	56,698	11,032	13,030	19,153	-	60,043		29,325	27,500	33,939
5 TH FLOOR	23,460	22,152	46,799	11,448	13,101	19,174	-	42,561		29,325	36,800	
6 TH FLOOR	23,460		39,308		13,101		-	44,154		29,325	23,460	
7 TH FLOOR	23,460		39,269		13,101		33,422	44,590		22,000	23,460	
8 TH FLOOR	18,975						33,004	26,894			23,460	
9 TH FLOOR							32,995	15,589			23,460	
10 TH FLOOR							33,024	15,756				
11 TH FLOOR							32,934	15,697				
12 TH FLOOR							29,230	15,770				
13 TH FLOOR							29,442	-				
14 TH FLOOR							29,278	15,753				
15 TH FLOOR							22,474	15,260				
16 TH FLOOR							22,647					
17 TH FLOOR							22,690					
18 TH FLOOR							22,690					
19 TH FLOOR							2,526					
TOTAL	206,385	127,508	414,418	63,808	100,885	100,197	384,787	813,939	197,298	179,375	245,030	146,341
										GRAND TOTAL	2,979,971	
												+447,822

(1) Does NOT include UM space
 (2) Includes 2,200 SF of ED Addition Building
 (3) Includes 12,600 SF of ED Addition Building

FACILITY MASTER PLAN

FUTURE ROOM INVENTORY

FUTURE ROOM INVENTORY BY BUILDING – ALL PRIVATE ROOMS

FLOORS	DTC	WEST	CENTRAL	EXISTING BUILDINGS				FUTURE BUILDINGS		
				SOUTH	EAST	RYDER	MENTAL HEALTH	REHAB	MTI	ICU
1 ST FLOOR	-	-	-	-	-	25 ACU	54 ACU	-	-	-
2 ND FLOOR	-	-	-	-	-	40 ACU	92 ACU	-	-	12 ICU
3 RD FLOOR	16 ICU	-	-	-	40 OB	33 ACU	80 ACU	-	18 ACU	30 ICU
4 TH FLOOR	-	20 ACU	-	-	-	-	-	24 ACU	-	30 ICU
5 TH FLOOR	-	25 ACU	-	20 ACU	40 ACU	-	-	24 ACU	100 NICU	30 ICU
6 TH FLOOR	-	25 ACU	20 ACU	20 ACU	40 ACU	-	-	24 ACU	30 ACU	30 ICU
7 TH FLOOR	-	25 ACU	20 ACU	20 ACU	40 ACU	-	-	24 ACU	30 ACU	-
8 TH FLOOR	-	25 ACU	-	-	-	-	-	-	30 ACU	-
9 TH FLOOR	-	25 ACU	-	-	-	-	-	-	30 ACU	-
10 TH FLOOR	-	25 ACU	-	-	-	-	-	-	-	-
11 TH FLOOR	-	25 ACU	-	-	-	-	-	-	-	-
12 TH FLOOR	-	25 ACU	-	-	-	-	-	-	-	-
14 TH FLOOR	-	25 ACU	-	-	-	-	-	-	-	-
15 TH FLOOR	-	25 ACU	-	-	-	-	-	-	-	-
TOTAL	16	270	40	60	160	98	226	96*	208	132
								GRAND TOTAL		1,306

* 92 Licensed Rehab Beds

2.2 CAMPUS MASTER PLAN

2.2.2 BEHAVIORAL HEALTH CAMPUS

EXISTING JACKSON BEHAVIORAL HEALTH CAMPUS



The following slides are the implementation plans based on the types of projects required to meet the strategic initiatives and building conditions identified in the master plan and capital budget.

- **New Construction Projects** – includes buildings identified in master plan to meet programmatic, market and strategic initiatives
- **Modernization Projects** – includes renovation projects within main hospital to improve operations, expand capacity and enhance patient environment

LEGEND

- | | |
|--|----------------------|
| 1. MENTAL HEALTH HOSPITAL CENTER | 8. RETTER AUDITORIUM |
| 2. HIGHLAND PAVILION | 9. CALDER LIBRARY |
| 3. ACC EAST | |
| 4. PARK PLAZA EAST | |
| 5. GLASER RESEARCH BUILDING | |
| 6. MCKNIGHT CENTER | |
| 7. BASCOM PALMER EYE INSTITUTE/ANNE BATES LEACH EYE HOSPITAL | |

MASTER PLAN



- LEGEND**
- | | |
|--|----------------------|
| 1. MENTAL HEALTH HOSPITAL CENTER | 8. RETTER AUDITORIUM |
| 2. HIGHLAND PAVILION | 9. CALDER LIBRARY |
| 3. NEW HOLTZ PLAZA | |
| 4. PARK PLAZA EAST | |
| 5. GLASER RESEARCH BUILDING | |
| 6. MCKNIGHT CENTER | |
| 7. BASCOM PALMER EYE INSTITUTE/ANNE BATES LEACH EYE HOSPITAL | |

NEW CONSTRUCTION

- E. BEHAVIORAL HEALTH HOSPITAL EXPANSION**
45,700 SF, 80 beds vertical expansion
DURATION: 46 MONTHS CAPITAL COST: \$28.4M

MODERNIZATIONS

- H1. ED/TRIAGE EXPANSION**
3,000 SF of renovation for expansion of ED/Triage room count from 6 to 10-12 rooms
DURATION: 25 MONTHS CAPITAL COST: \$1.4M
- H2. BEHAVIORAL HEALTH BEDS RELOCATION**
Relocation of 40 beds from Highland Pavilion to first floor unit
DURATION: 25 MONTHS CAPITAL COST: \$1.0M
- H3. FLOOR MODERNIZATIONS**
Renovate 2nd and 4th floor to accommodate administrative office space from Elliot Building, DuPont Building, etc...
DURATION: 25 MONTHS CAPITAL COST: \$1.9M

IMPLEMENTATION PLAN

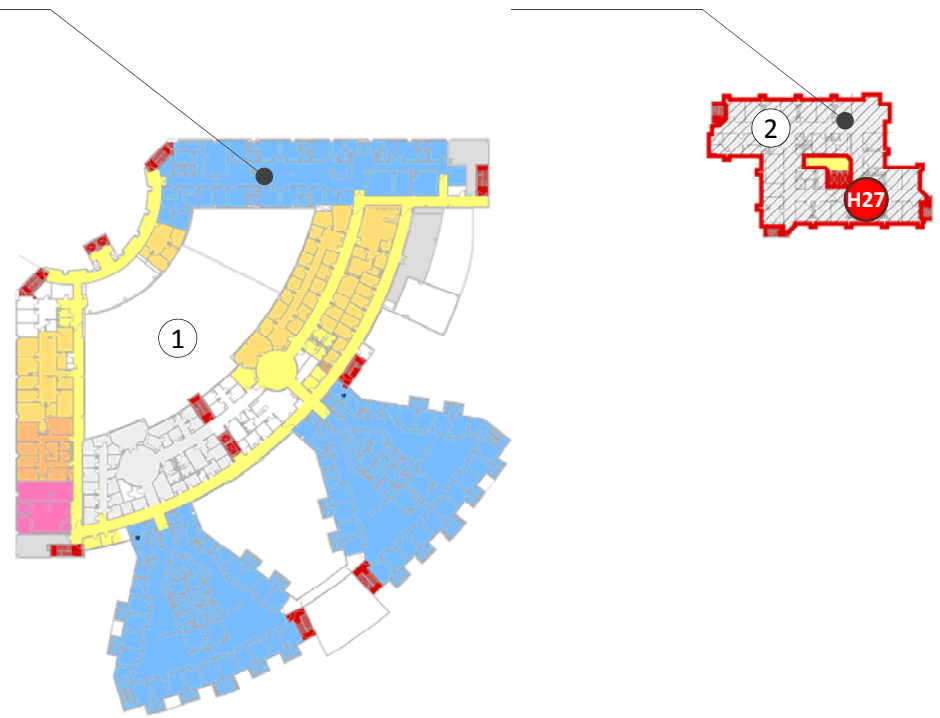
CAPITAL PROJECTS – BEHAVIORAL HEALTH HOSPITAL MODERNIZATION

SECTION 2.2.2

H – SECOND FLOOR MODERNIZATION PROJECTS

BEHAVIORAL HEALTH HOSPITAL

HIGHLAND PARK PAVILION



H.27 FLOOR MODERNIZATION
AREA: 10,116 SF

CAPITAL COST: \$900K

- LEGEND**
- 1. BEHAVIORAL HEALTH HOSPITAL
 - 2. FLOOR MODERNIZATION

SECTION 2.2.2

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IMPLEMENTATION PLAN

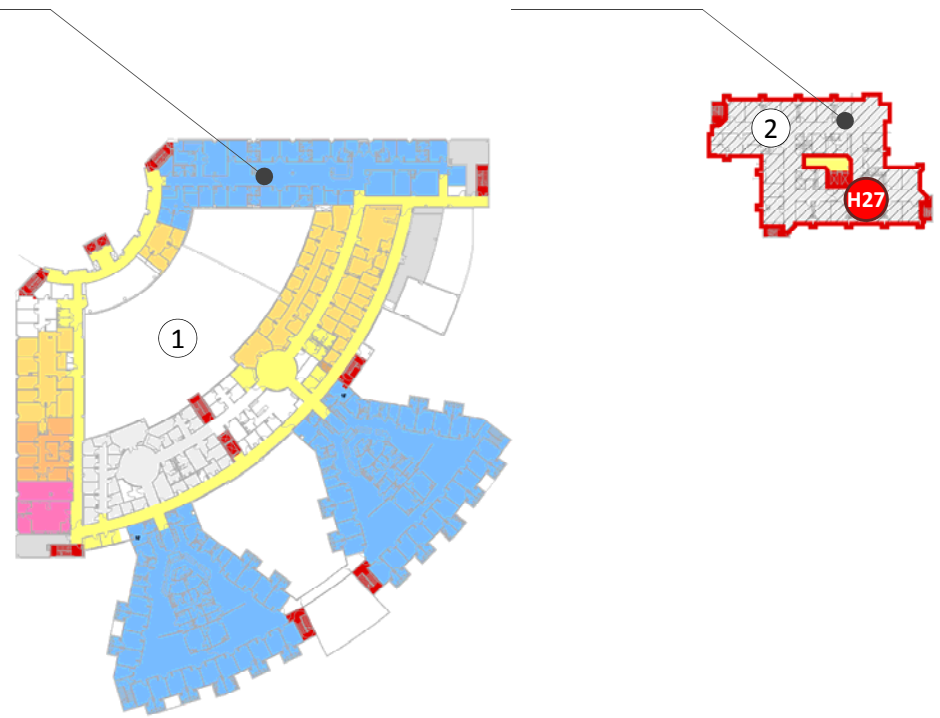
CAPITAL PROJECTS – BEHAVIORAL HEALTH HOSPITAL MODERNIZATION

SECTION 2.2.2

H – FOURTH FLOOR MODERNIZATION PROJECTS

BEHAVIORAL HEALTH HOSPITAL

HIGHLAND PARK PAVILION



H.28 FLOOR MODERNIZATION
AREA: 10,116 SF

CAPITAL COST: \$900K

- LEGEND**
- 1. BEHAVIORAL HEALTH HOSPITAL
 - 2. FLOOR MODERNIZATION

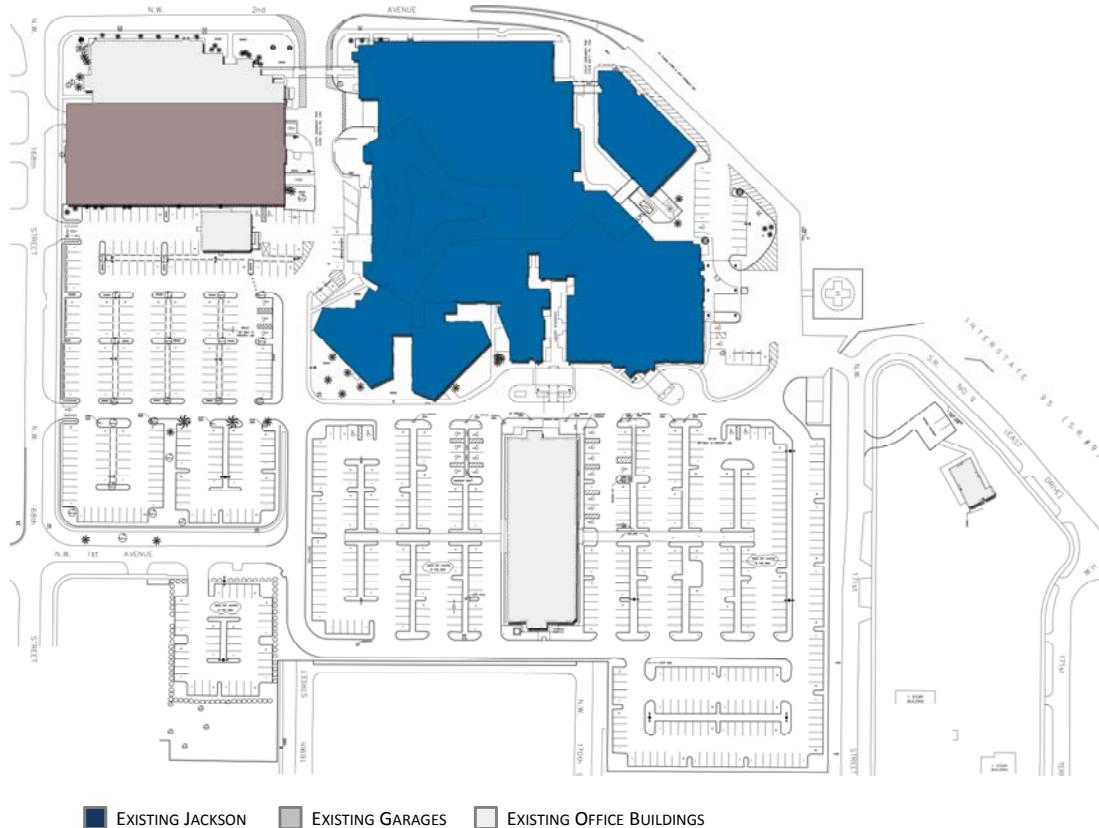
2.2 CAMPUS MASTER PLAN

2.2.3 JACKSON NORTH MEDICAL CENTER

CAMPUS MASTER PLAN

ISSUES & PRIORITIES

SECTION 2.2.3



Strategy – To maintain current operations with improvements to critical patient flows

PRIORITIES

- Upgrade ICU and increase capacity
- Upgrade & Modernize operating rooms
- Improve outpatient flows to attract patients and providers
- Expand ED for peds and trauma

ISSUES

Difficulty recruiting providers to area

Outdated facilities and perception as indigent hospital

Code and system issues related to operating rooms

High level of competition in area

High disease burden and lack of primary care access

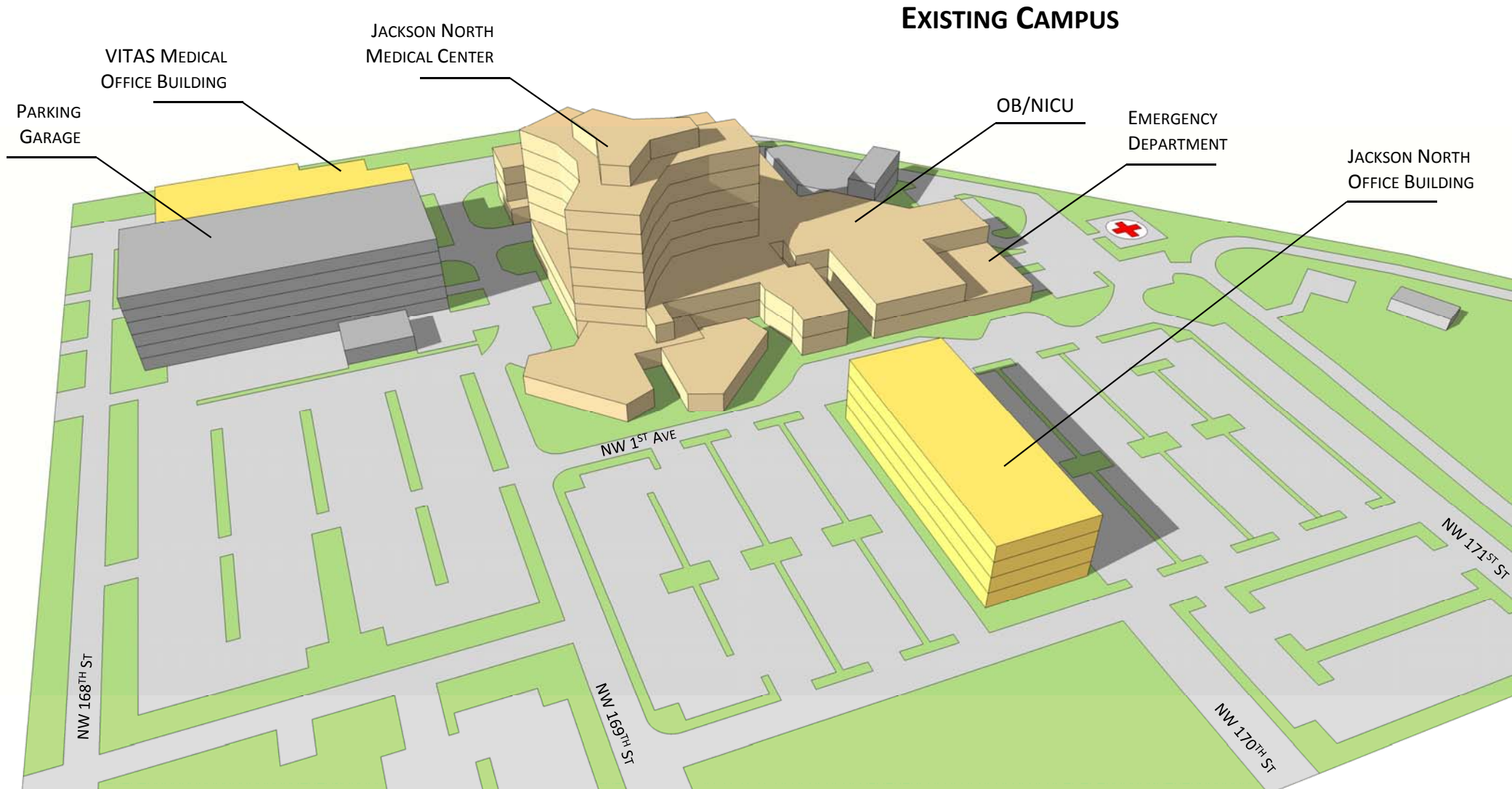
LEGEND

1. JACKSON NORTH MEDICAL CENTER
2. CENTRAL PLANT
3. EMERGENCY DEPARTMENT DROP-OFF
4. PARKING GARAGE
5. JACKSON NORTH MEDICAL CENTER
6. VITAS MEDICAL OFFICE BUILDING

JACKSON NORTH MEDICAL CENTER CAMPUS

EXISTING CAMPUS

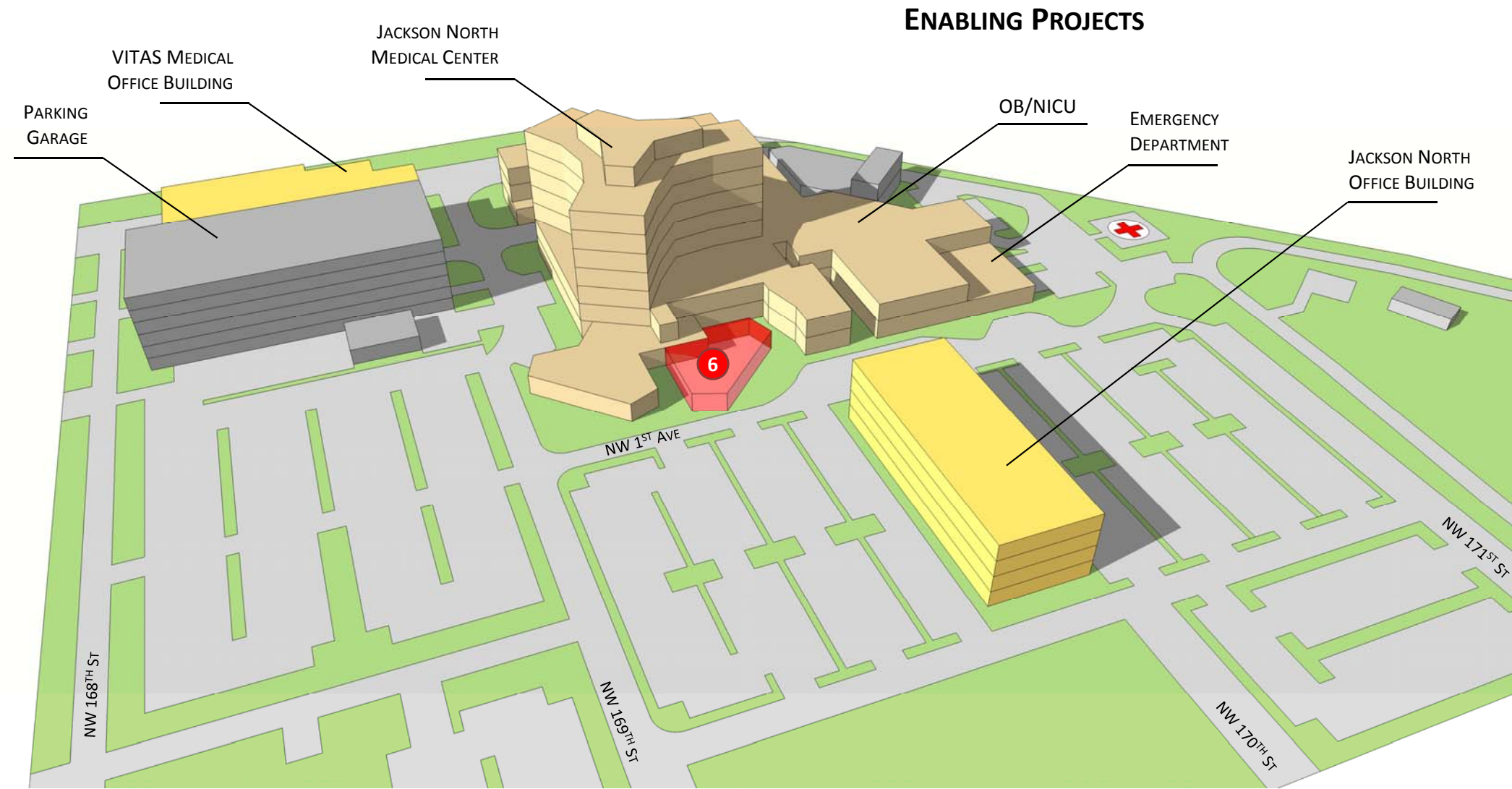
SECTION 2.2.3



JACKSON NORTH MEDICAL CENTER CAMPUS

DEVELOPMENT PLAN

SECTION 2.2.3



6 DEMOLITION OF EXISTING
NORTH ICU WING

JACKSON NORTH MEDICAL CENTER CAMPUS

DEVELOPMENT PLAN

SECTION 2.2.3



EXISTING JACKSON NORTH MEDICAL CENTER CAMPUS



EXISTING JACKSON EXISTING UM EXISTING GARAGES DEMOLITION NEW CONSTRUCTION

LEGEND

1. JACKSON NORTH MEDICAL CENTER
2. ICU WING (NORTH)
3. EMERGENCY DEPARTMENT
4. MECHANICAL BUILDING
5. JACKSON NORTH OFFICE BUILDING
6. VITAS OFFICE BUILDING
7. PARKING GARAGE

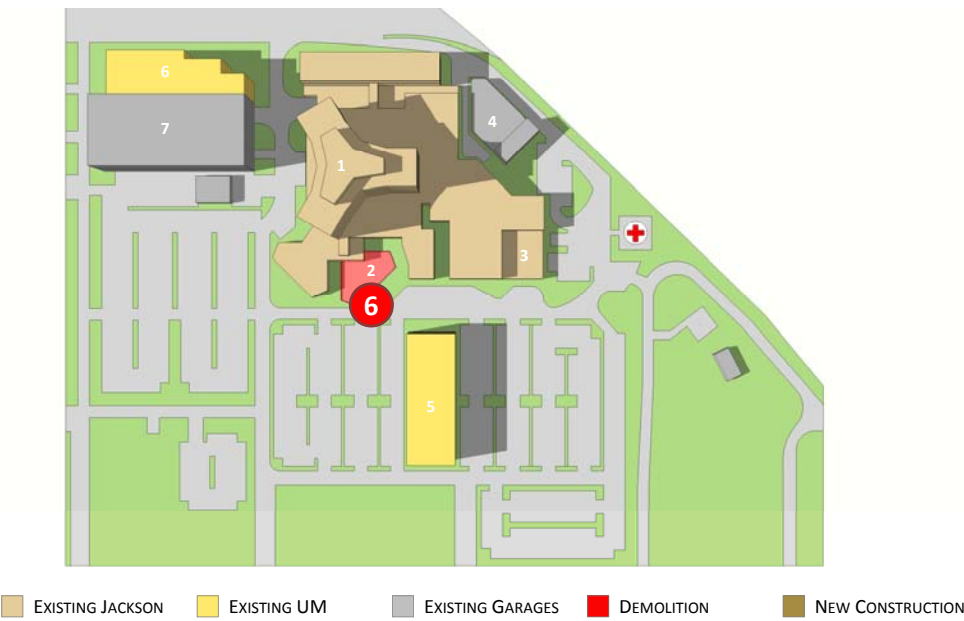
The following slides are the implementation plans based on the types of projects required to meet the strategic initiatives and building conditions identified in the master plan and capital budget.

- **Enabling Projects and Demolition** – includes facilities deemed no longer suitable to meet the needs of JHS or located in an area desirable for other development. It also includes temporary parking relocation.
- **New Construction Projects** – includes buildings identified in master plan to meet programmatic, market and strategic initiatives
- **Modernization Projects** – includes renovation projects within main hospital to improve operations, expand capacity and enhance patient environment

ENABLING PROJECTS

DEMOLITION AND TEMPORARY PARKING

6. **DEMOLITION OF ICU WING (NORTH)**
Relocate ICU and Endoscopy Holding area
DURATION: 6 MONTHS CAPITAL COST: \$33K



- LEGEND**
- 1. JACKSON NORTH MEDICAL CENTER
 - 2. **DEMOLITION OF ICU WING (NORTH)**
 - 3. EMERGENCY DEPARTMENT
 - 4. MECHANICAL BUILDING
 - 5. JACKSON NORTH OFFICE BUILDING
 - 6. VITAS OFFICE BUILDING
 - 7. PARKING GARAGE

MASTER PLAN



- LEGEND**
- 1. JACKSON NORTH MEDICAL CENTER
 - 2. **SURGERY EXPANSION**
 - 3. EMERGENCY DEPARTMENT
 - 4. MECHANICAL BUILDING
 - 5. JACKSON NORTH OFFICE BUILDING
 - 6. VITAS OFFICE BUILDING
 - 7. PARKING GARAGE

NEW CONSTRUCTION

K1 SURGERY EXPANSION
11,550 SF, 4-6 ORs and PACU
DURATION: 46 MONTHS CAPITAL COST: \$11.0M

MODERNIZATIONS

- K2. SURGERY RENOVATION**
12,000 SF of renovation including HVAC upgrade for code compliance
DURATION: 46 MONTHS CAPITAL COST: \$9.6M
- K3. PREP/RECOVERY UNIT**
Renovate Existing ICU into Prep/Recovery Phase II / Endoscopy Holding Unit
DURATION: 25 MONTHS CAPITAL COST: \$3.4M
- K4. ED MODERNIZATIONS**
DURATION: 25 MONTHS CAPITAL COST: \$8.3M
- K5. L&D/NICU/PEDS UNIT MODERNIZATIONS**
DURATION: 25 MONTHS CAPITAL COST: \$8.9M
- K6. 2ND FLOOR PATIENT UNIT MODERNIZATIONS**
Renovate Existing Pre/Recovery Unit to General Acute Care Unit to increase complement of Private Rooms
DURATION: 25 MONTHS CAPITAL COST: \$1.9M
- K7. PATIENT FLOORS MODERNIZATIONS**
Renovate 3rd floor unit to ICU and modernize 4th/6th/7th
DURATION: 25 MONTHS CAPITAL COST: \$26.8M

FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED FIRST FLOOR PLAN

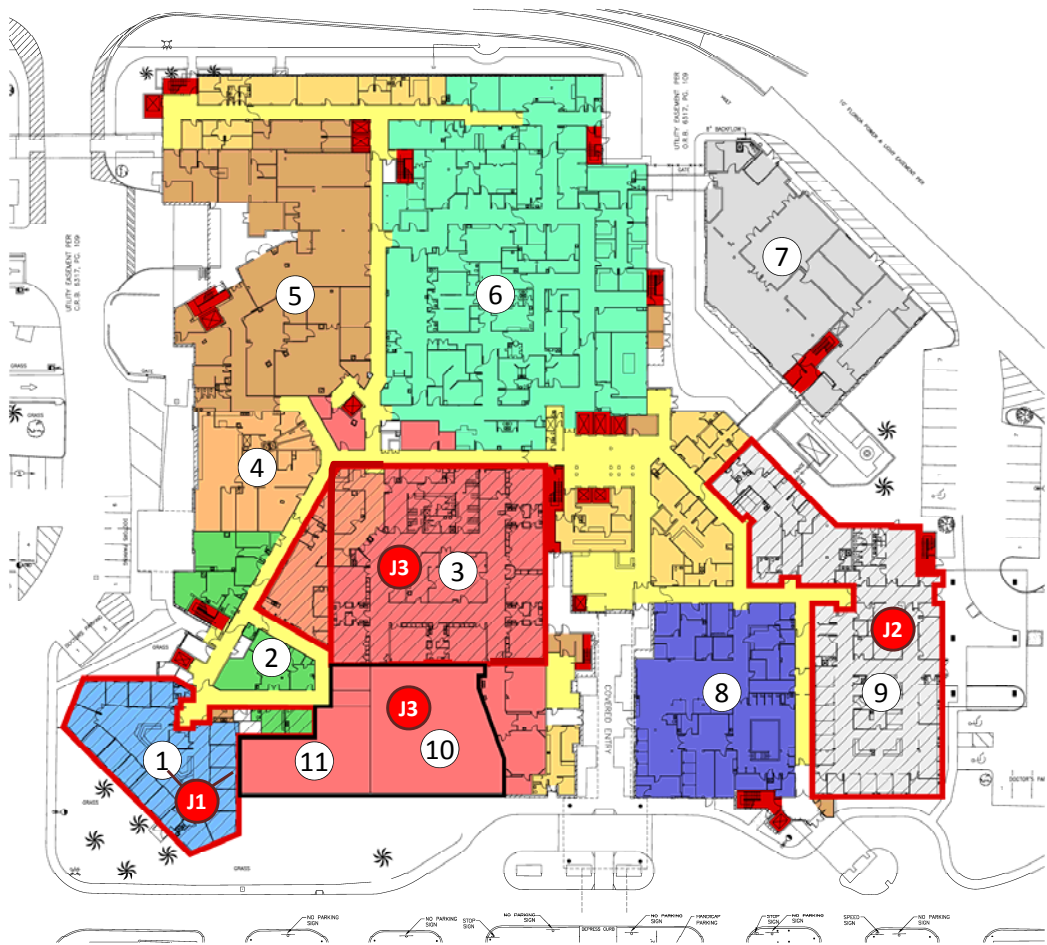
SECTION 2.2.3

FIRST FLOOR MODERNIZATION PROJECTS

- J.1 PREP/RECOVERY UNIT**
Renovate existing ICU Unit into a Prep/Recovery Phase II Unit for Surgery/Cath
AREA: 6,300 SF CAPITAL COST: \$1.8M
- J.2 EMERGENCY DEPARTMENT MODERNIZATION**
Renovate ED for growth in trauma and pediatrics (separate entry)
AREA: 18,000 SF CAPITAL COST : \$8.3M
- J.3 OPERATING ROOMS EXPANSION & RENOVATION**
7,700 SF – 4 to 6 new ORs expansion with PACU plus 12,000 SF renovation of existing operating suite having 6 larger rooms for a total of 10 to 12 ORs all up to code and industry standards. 3,300 SF of mechanical penthouse for new and renovated ORs
AREA: 23,600 SF CAPITAL COST : \$21.0M

LEGEND

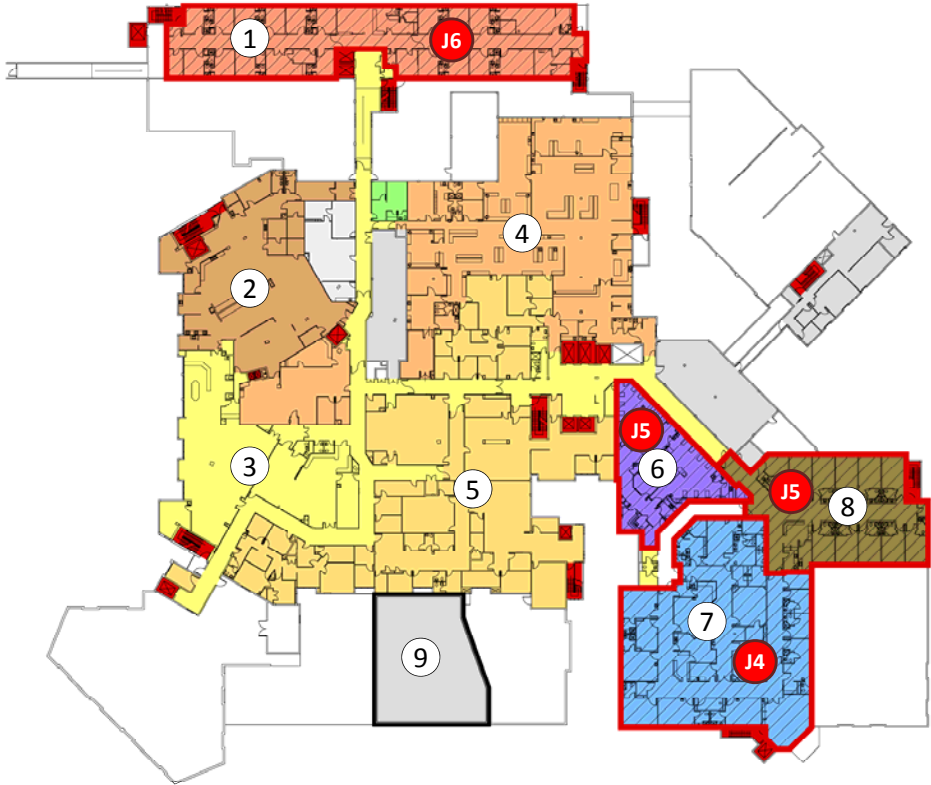
- | | |
|----------------------------|-----------------------|
| 1. PRE-OPERATIVE SERVICES | 10. SURGERY EXPANSION |
| 2. CATH LAB | 11. PACU |
| 3. RENOVATED SURGERY SUITE | |
| 4. CENTRAL STERILE | |
| 5. MATERIALS MANAGEMENT | |
| 6. RADIOLOGY | |
| 7. MECHANICAL | |
| 8. PT/OT/SPEECH THERAPY | |
| 9. EMERGENCY DEPARTMENT | |



FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED SECOND FLOOR PLAN

SECTION 2.2.3



SECOND FLOOR MODERNIZATION PROJECTS

- J.4 LABOR & DELIVERY UNIT MODERNIZATION**
AREA: 9,700 SF CAPITAL COST: \$4.6M
- J.5 PEDIATRIC AND NICU UNITS MODERNIZATION**
AREA: 8,416 SF CAPITAL COST : \$4.3M
- J.6 GENERAL ACUTE CARE UNIT**
Renovate existing Pre-Op unit into a 20-bed private room general acute care unit to increase overall complement of private rooms
AREA: 7,930 SF CAPITAL COST : \$1.8M

- LEGEND**
- 1. GENERAL ACUTE CARE UNIT (20 BEDS)
 - 2. KITCHEN
 - 3. DINING
 - 4. LABORATORY
 - 5. FINANCE/MEDICAL STAFF
 - 6. NEONATOLOGY ICU
 - 7. LDR/C-SECTION
 - 8. PEDIATRIC ACUTE CARE UNIT (10 BEDS)
 - 9. SURGERY EXPANSION MECHANICAL PENTHOUSE

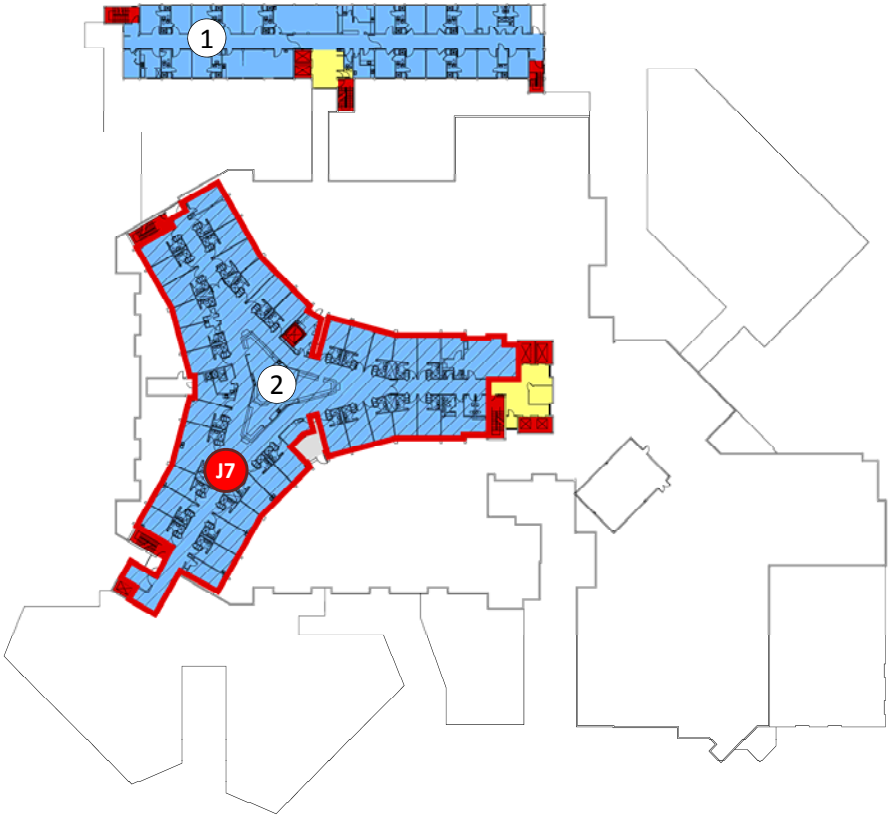
FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED THIRD FLOOR PLAN

SECTION 2.2.3

THIRD FLOOR MODERNIZATION PROJECTS

- J.7 ICU UNIT RENOVATION**
RENOVATE VACANT UNIT INTO 36-BED ICU UNIT
AREA: 18,000 SF CAPITAL COST: \$7.6M



- LEGEND**
1. MEDICAL/SURGICAL UNIT
2. TELEMETRY UNIT

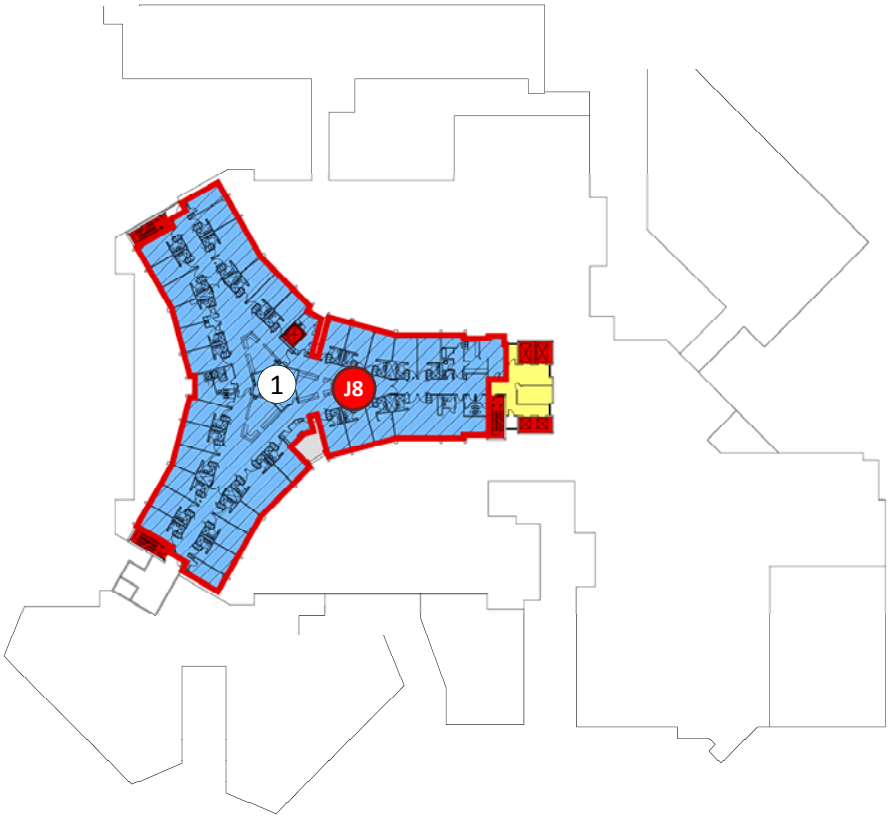
FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED FOURTH FLOOR PLAN

SECTION 2.2.3

FOURTH FLOOR MODERNIZATION PROJECTS

J.8 PATIENT FLOOR MODERNIZATION
AREA: 18,000 SF CAPITAL COST: \$6.4M



LEGEND
1. ORTHO NEURO REHAB UNIT

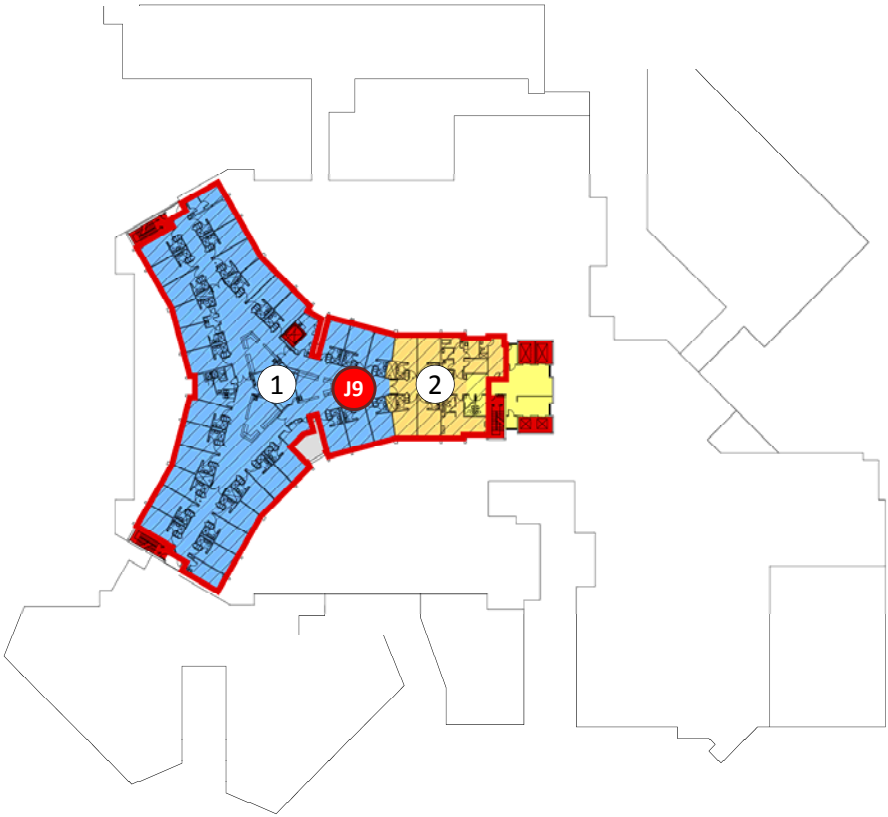
FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED FIFTH FLOOR PLAN

SECTION 2.2.3

FIFTH FLOOR MODERNIZATION PROJECTS

J.9 PATIENT FLOOR MODERNIZATION
AREA: 18,000 SF CAPITAL COST: \$6.4M



- LEGEND**
- 1. POST PARTUM UNIT
 - 2. OFFICE SUPPORT

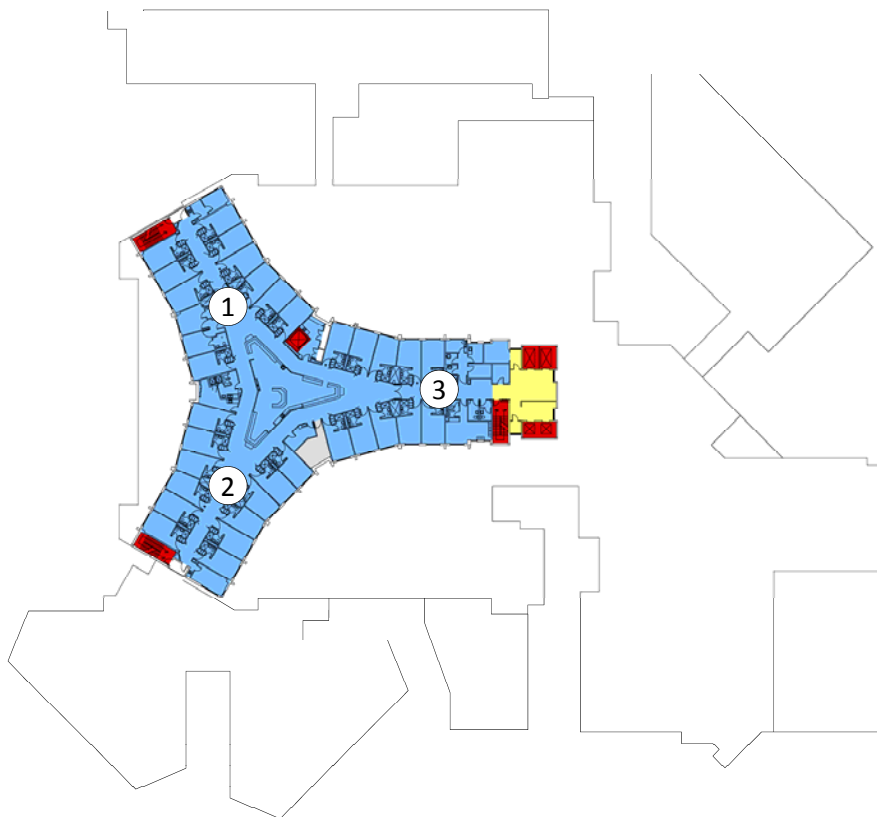
FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED SIXTH FLOOR PLAN

SECTION 2.2.3

SIXTH FLOOR MODERNIZATION PROJECTS

No Patient Floor Modernization – VITAS program



LEGEND

1. FUTURE HOSPICE CARE
2. VITAS HOSPICE CARE
3. SPECIAL CARE UNIT

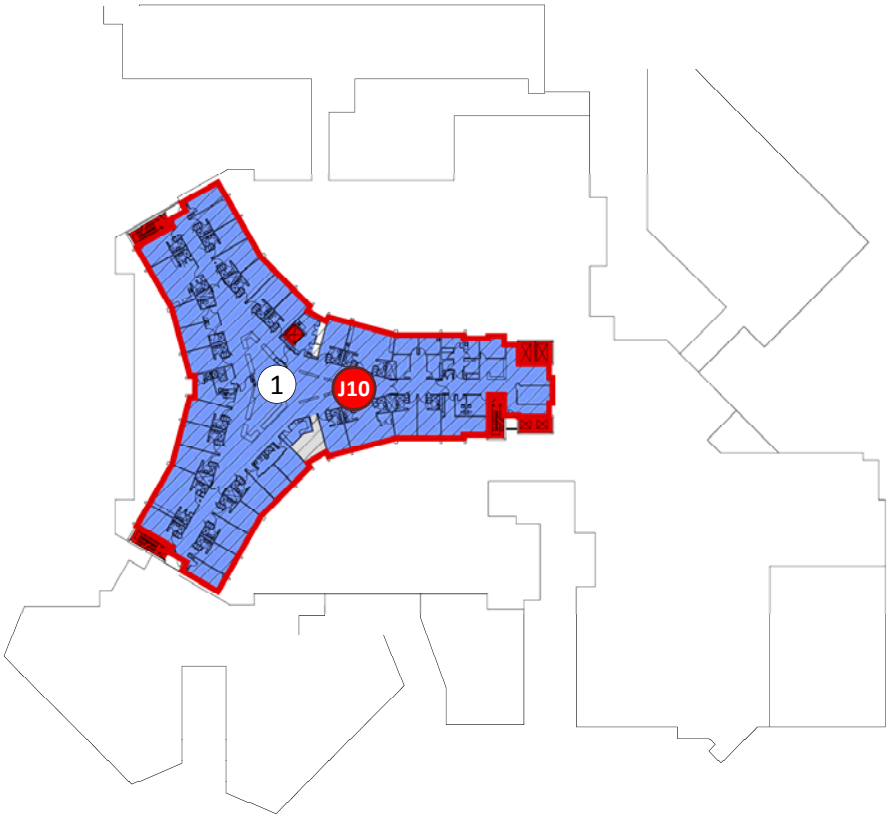
FACILITY MASTER PLAN – JACKSON NORTH MEDICAL CENTER

PROPOSED SEVENTH FLOOR PLAN

SECTION 2.2.3

SEVENTH FLOOR MODERNIZATION PROJECTS

J.10 PATIENT FLOOR MODERNIZATION
AREA: 18,000 SF CAPITAL COST: \$6.4M



LEGEND
1. INTENSIVE CARE UNIT

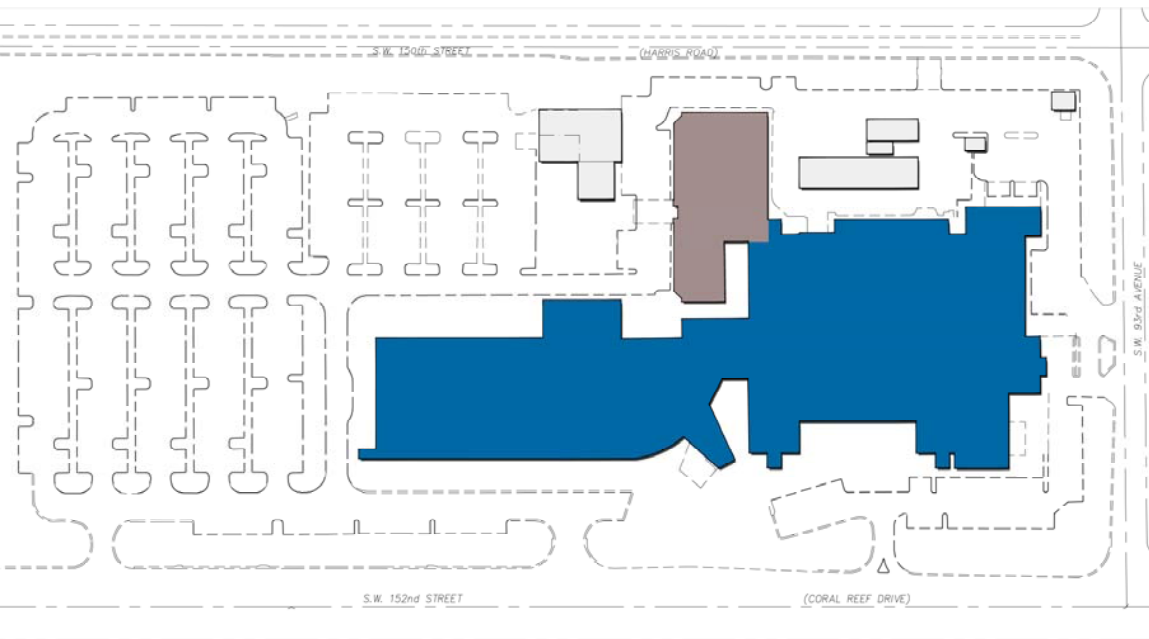
2.2 CAMPUS MASTER PLAN

2.2.4 JACKSON SOUTH COMMUNITY HOSPITAL

CAMPUS MASTER PLAN

ISSUES & PRIORITIES

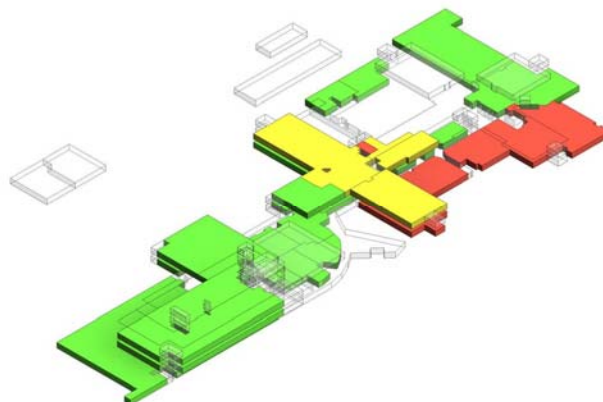
SECTION 2.2.4



■ EXISTING JACKSON ■ CENTRAL PLANT ■ EXISTING OFFICE BUILDINGS

LEGEND

1. JACKSON SOUTH COMMUNITY HOSPITAL
2. NEW ADDITION
3. EMERGENCY DEPARTMENT DROP-OFF
4. CENTRAL PLANT
5. CENTRAL PLANT
6. MEDICAL OFFICE BUILDING



Strategy – To attract patients from the surrounding community through facility upgrades, operational improvements and more established community presence

PRIORITIES

- Increase in market presence
- Serve as feeder for tertiary services for JHS
- Increase pediatric presence in community
- Remain surgical center of excellence

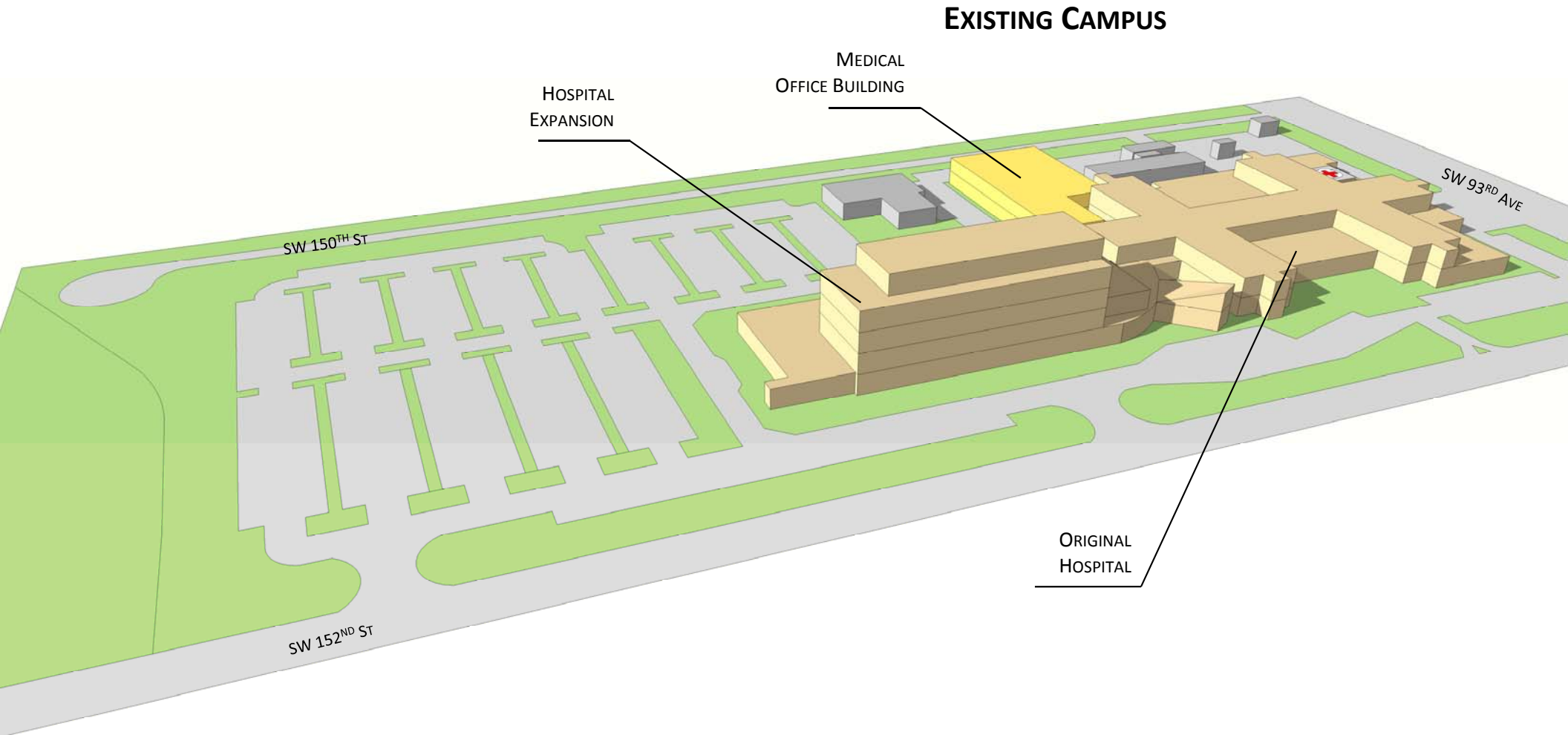
ISSUES

Patient units need upgrade
 Low volume/excess capacity
 High level of competition
 Community perception

JACKSON SOUTH COMMUNITY HOSPITAL CAMPUS

EXISTING CAMPUS

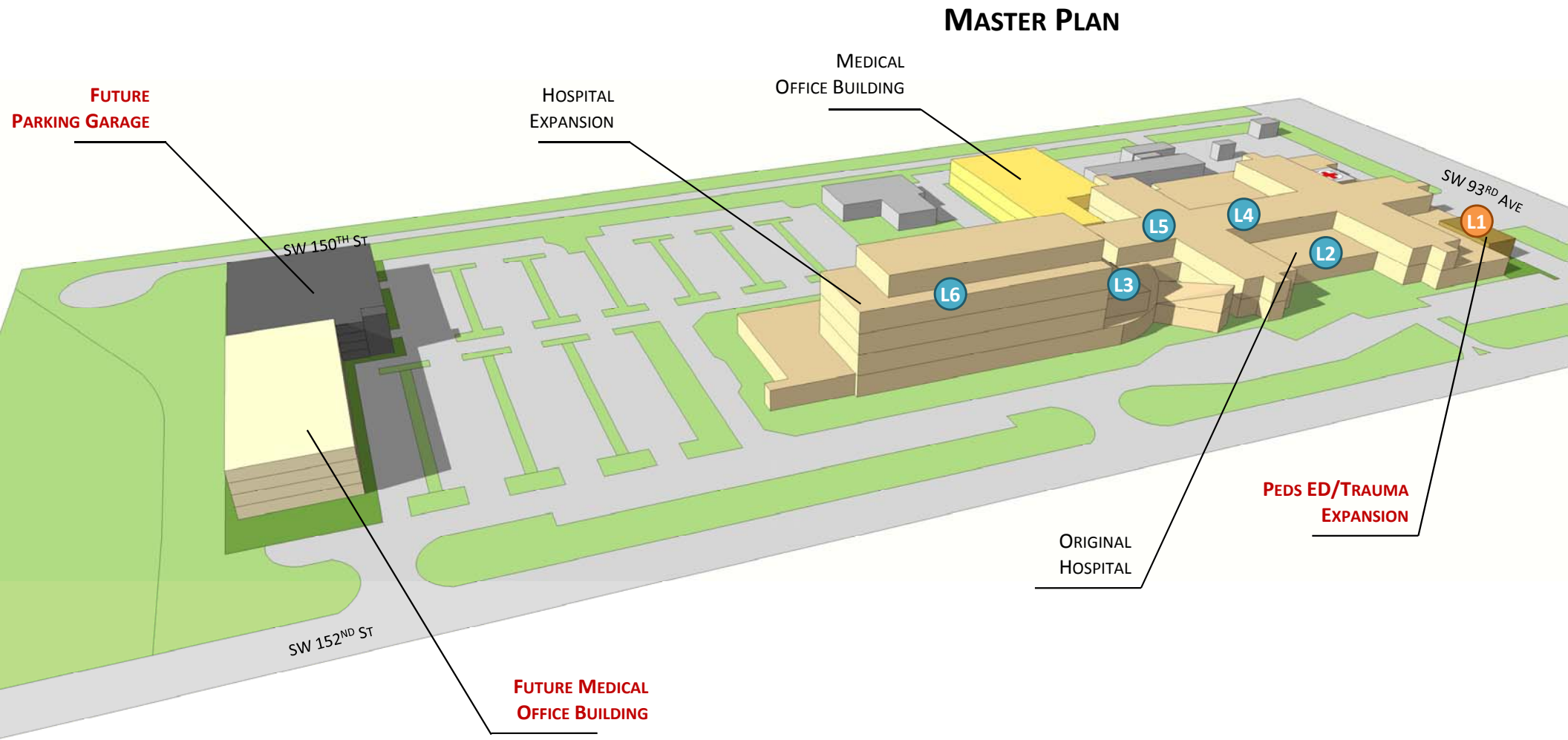
SECTION 2.2.4



JACKSON SOUTH COMMUNITY HOSPITAL CAMPUS

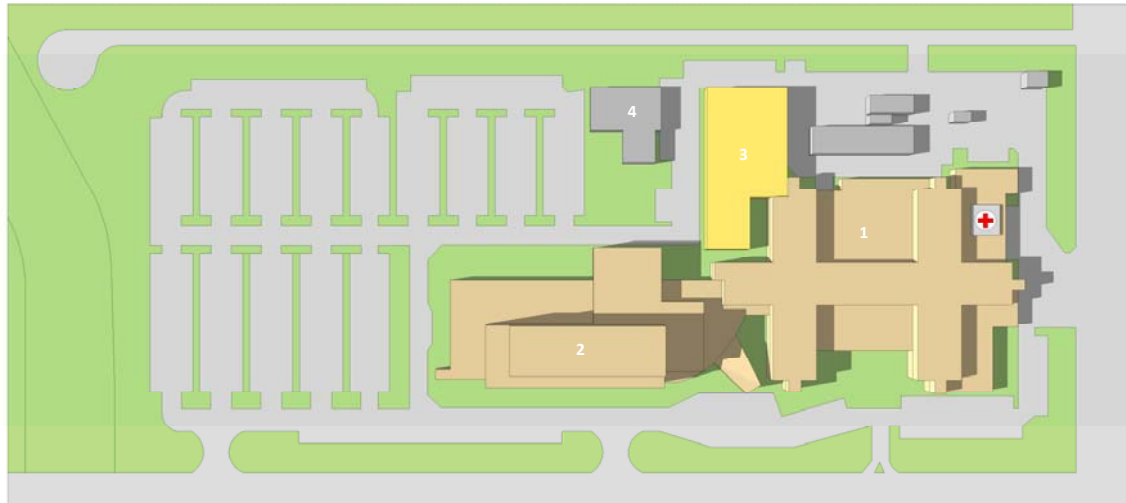
DEVELOPMENT PLAN

SECTION 2.2.4



- L1** NEW PEDS ED/TRAUMA ADDITION
- L2** BEHAVIORAL HEALTH RAD LAB ENTRANCE RENOVATION
- L3** 2ND ICU UNIT BUILD OUT
- L4** SOUTH WING A UNIT MODERNIZATION
- L5** LABOR AND DELIVERY MODERNIZATION
- L6** 4TH FLOOR PATIENT UNIT BUILD OUT

EXISTING JACKSON SOUTH MEDICAL CENTER CAMPUS



EXISTING JACKSON EXISTING UM EXISTING GARAGES DEMOLITION NEW CONSTRUCTION

LEGEND

1. JACKSON SOUTH COMMUNITY HOSPITAL – ORIGINAL BUILDING
2. HOSPITAL EXPANSION
3. MEDICAL OFFICE BUILDING
4. MECHANICAL BUILDING

The following slides are the implementation plans based on the types of projects required to meet the strategic initiatives and building conditions identified in the master plan and capital budget.

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MASTER PLAN



EXISTING JACKSON EXISTING UM EXISTING GARAGES DEMOLITION NEW CONSTRUCTION

- LEGEND**
- 1. JACKSON SOUTH COMMUNITY HOSPITAL – ORIGINAL BUILDING
 - 2. HOSPITAL EXPANSION
 - 3. MEDICAL OFFICE BUILDING
 - 4. MECHANICAL BUILDING

NEW CONSTRUCTION

- L1. PEDS ED/TRAUMA EXPANSION**
2,600 SF addition
DURATION: 21 MONTHS CAPITAL COST: \$1.7M

MODERNIZATIONS

- L2. BEHAVIORAL HEALTH RAD LAB ENTRANCE RENOVATION**
DURATION: 46 MONTHS CAPITAL COST: \$5.2M
- L3. 2ND FLOOR ICU BUILD OUT**
DURATION: 25 MONTHS CAPITAL COST: \$4.0M
- L4. SOUTH WING A UNIT MODERNIZATION**
DURATION: 25 MONTHS CAPITAL COST: \$9.3M
- L5. LABOR AND DELIVERY MODERNIZATIONS**
DURATION: 25 MONTHS CAPITAL COST: \$12.7M
- L6. 4TH FLOOR PATIENT UNIT BUILD OUT**
DURATION: 25 MONTHS CAPITAL COST: \$11.2M

FIRST FLOOR MODERNIZATION PROJECTS

- K.1

PEDS ED/TRAUMA EXPANSION

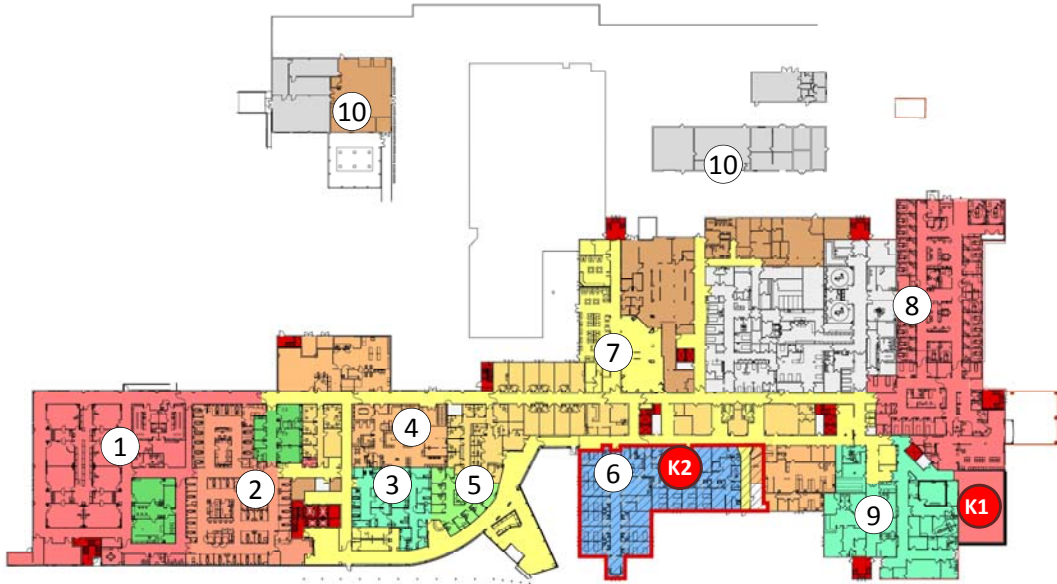
AREA: 2,600 SF

CAPITAL COST: \$1.7M
- K.2

BEHAVIORAL HEALTH / RADIOLOGY LAB ENTRANCE

AREA: 11,000 SF

CAPITAL COST: \$5.2M



- LEGEND

1. SURGERY

2. PRE-OPERATIVE SERVICES

3. NUCLEAR MEDICINE

4. CENTRAL STERILE

5. BREAST CENTER

6. ADULT PSYCH UNIT

7. DINING

8. EMERGENCY DEPARTMENT

9. DIAGNOSTIC IMAGING

10. MECHANICAL

SECOND FLOOR MODERNIZATION PROJECTS

- K.2

2ND FLOOR ICU UNIT BUILD OUT

AREA: 6,500 SF

CAPITAL COST: \$3.9M
- K.3

SOUTH WING A UNIT

Includes 8 bed pediatric unit

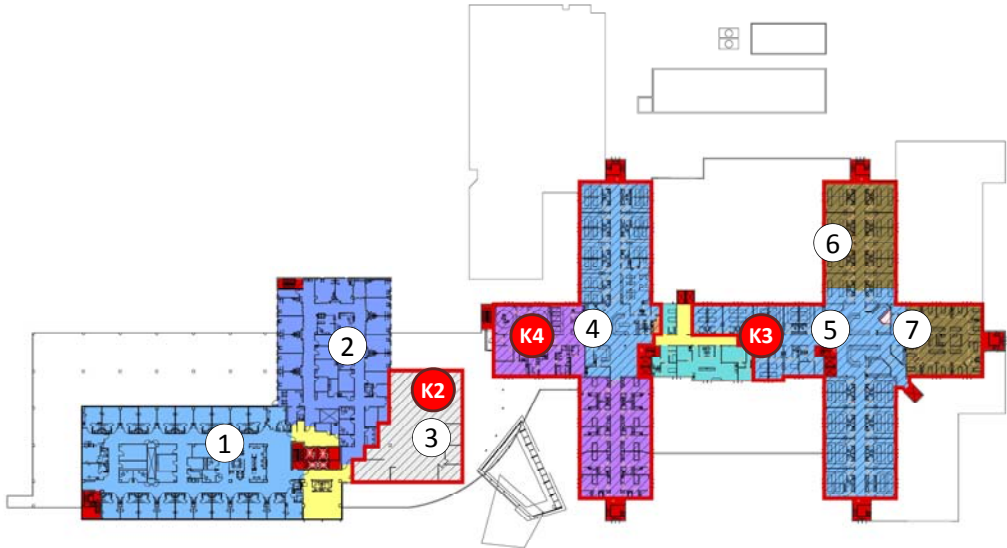
AREA: 19,300 SF

CAPITAL COST : \$9.1M
- K.4

L&D MODERNIZATION

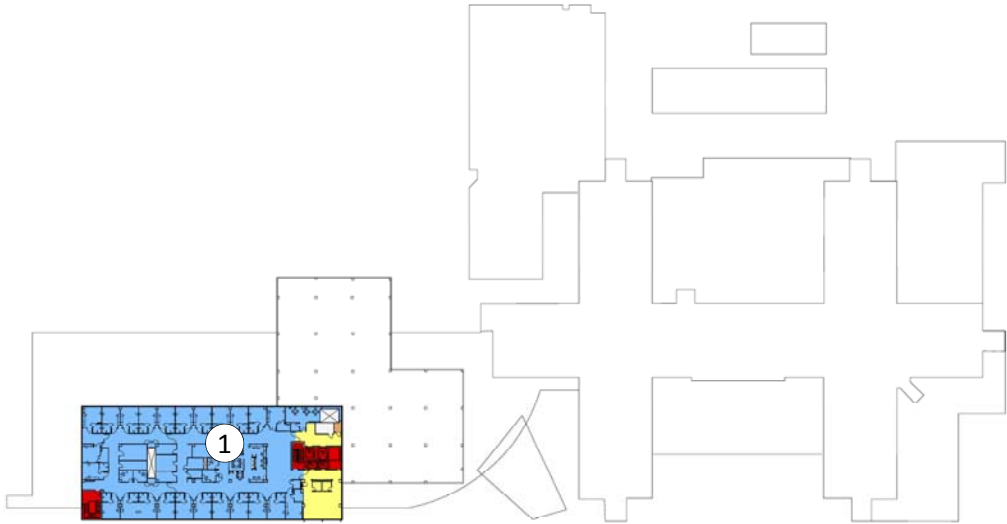
AREA: 24,300 SF

CAPITAL COST : \$11.5M



- LEGEND**
- 1. MEDICAL TELEMETRY UNIT
 - 2. ICU
 - 3. EXPANDED ICU
 - 4. LABOR & DELIVERY
 - 5. MEDICAL/SURGICAL UNIT (INCLUDES PEDS UNIT)
 - 6. MEDICAL/SURGICAL UNIT
 - 7. INTENSIVE CARE UNIT

THIRD FLOOR MODERNIZATION PROJECTS



- LEGEND**
1. MEDICAL/SURGICAL UNIT

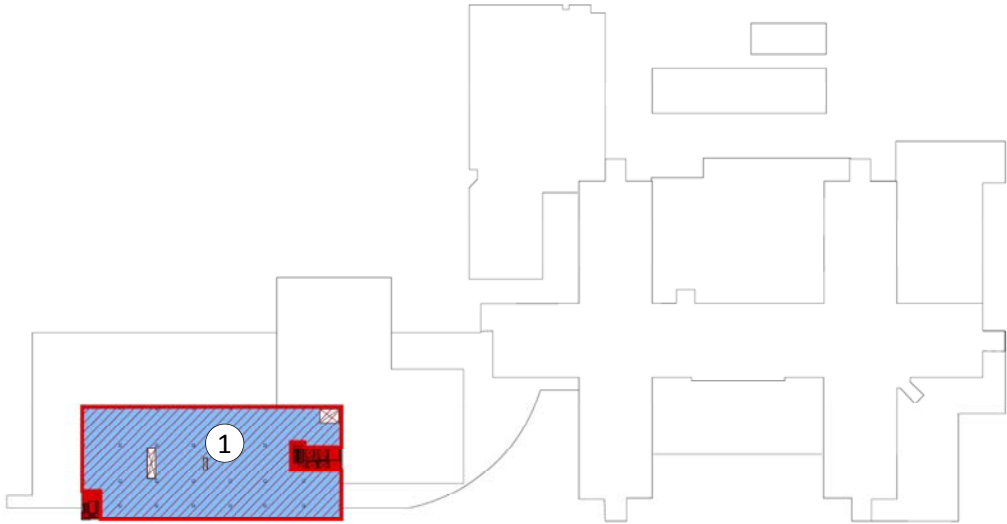
FOURTH FLOOR MODERNIZATION PROJECTS

K.5

4TH MED/SURG UNIT BUILD OUT

AREA: 17,960 SF

CAPITAL COST: \$10.9M



LEGEND
1. MEDICAL/SURGICAL UNIT

FACILITY MASTER PLAN – JACKSON SOUTH COMMUNITY HOSPITAL

PROPOSED FIFTH FLOOR PLAN

SECTION 2.2.4

FIFTH FLOOR MODERNIZATION PROJECTS



LEGEND

- 1. MECHANICAL

2.3 CAPITAL PLAN

2.3 CAPITAL PLAN

CAPITAL BUDGET AND SCHEDULE

CAPITAL PLAN FOR JACKSON MEMORIAL, HOLTZ AND REHAB

SECTION 2.3

PROJECTS	PROJECT COSTS*	COMMENTS
REHABILITATION HOSPITAL		
NEW REHABILITATION HOSPITAL	\$117.4M	COSTS DOES NOT INCLUDE COST FOR UM SPACE** INCLUDES POST-DEMOLITION OF EXISTING REHAB
MEMORIAL		
ED EXPANSION AND RENOVATION	\$18.5M	SEPARATE ADULTS FROM PEDIATRICS
NEW MIAMI TRANSPLANT INSTITUTE	\$115.7M	INCLUDES RELOCATION/DEMO OF NORTH WING
NEW ICU TOWER	\$153.8M	INCLUDES RELOCATION/DEMO OF ELLIOT
INTERVENTIONAL PLATFORM IMPROVEMENTS	\$17.4M	SURGERY, CATH AND IR WITH PREP AND RECOVERY
OTHER MODERNIZATION (MEMORIAL)	\$65.7M	UPGRADE OF PATIENT ROOMS AND SUPPORT SPACES
PARKING	\$18.8M	TOTAL OF 600 NEW PARKING SPACES
INFRASTRUCTURE & SITE UTILITIES	\$29.5M	IMPROVEMENTS TIMED WITH DEVELOPMENT / CAPACITY
OTHER CAPITAL PROJECTS	\$66.8M	RADIOLOGY AND OTHER BUILDING UPGRADES
HOLTZ CHILDREN'S HOSPITAL		
PEDIATRICS ED AND HOLTZ ENTRY/LOBBY	\$9.0M	DEDICATED ENTRY FOR ALL CHILDREN'S & WOMEN SERVICES
NICU/LDR MODERNIZATION	\$38.9M	
OTHER MODERNIZATION (HOLTZ)	\$39.2M	
SUBTOTAL	\$690.7M	

CAPITAL BUDGET AND SCHEDULE

CAPITAL PLAN FOR BEHAVIORAL HEALTH, NORTH, SOUTH AND OTHER LOCATIONS

SECTION 2.3

PROJECTS	PROJECT COSTS*	COMMENTS
BEHAVIORAL HEALTH HOSPITAL		
HOSPITAL EXPANSION	\$28.4M	3 RD FLOOR ADDITION, ED IMPROVEMENTS, AND HIGHLAND PAVILION
MODERNIZATION	\$4.0M	
JACKSON NORTH MEDICAL CENTER		
HOSPITAL EXPANSION	\$11.0M	SURGERY EXPANSION AND RENOVATION
MODERNIZATION	\$62.8M	BED UNIT UPGRADES
JACKSON SOUTH COMMUNITY HOSPITAL		
HOSPITAL EXPANSION	\$1.7M	PEDS ED/TRAUMA EXPANSION
MODERNIZATION	\$44.7M	BED BUILD-OUT AND RENOVATIONS
JACKSON HEALTH SYSTEM		
URGENT CARE CENTERS	\$40.0M	8-12 UCC WITHIN 48 MONTHS
CHILDREN'S AMBULATORY PAVILION	\$40.0M	LOCATED OFF-SITE, FREESTANDING
JACKSON HEALTH SYSTEM GRAND TOTAL		\$923.3M

SUMMARY OF MASTER PLAN CAPITAL COMPARISON TO BOND SOURCE

	BREAKDOWN BY CATEGORIES					TOTALS
	CAPITAL PROJECTS	MAJOR MEDICAL EQUIPMENT	IT RELATED	OTHER EQUIPMENT	OTHER INFRA-STRUCTURE	
BOND SOURCE -	\$460 M	\$125 M	\$4 M	\$11 M	\$230 M	\$830 M
MASTER PLAN						
JMH, HOLTZ & REHAB	\$690 M	\$100 M	\$4 M	\$11 M		\$805 M
BEHAVIORAL HEALTH	\$32 M					\$32 M
JACKSON NORTH	\$75 M	\$8 M	-	-		\$83 M
JACKSON SOUTH	\$46 M	\$17 M	-	-		\$63 M
JACKSON HEALTH SYSTEM	\$80 M	-	-	-	\$230 M	\$310 M
TOTAL MASTER PLAN	\$923 M	\$125 M	\$4 M	\$11 M	\$230 M	\$1,293 M
ADDITIONAL SOURCE	\$462 M	-	-	-	-	\$462 M

COSTS NOT INCLUDED:

LAND ACQUISITION, LEASING, FINANCING COSTS, BOND COSTS; BUILDING, INFRASTRUCTURE AND UTILITY COSTS OUTSIDE OF JACKSON OWNED PROPERTY

JACKSON HEALTH MULTI-CAMPUS MASTER PLAN

TIMELINE

SECTION 2.3

NEW REHABILITATION HOSPITAL

- STEP 1 TEMPORARY PARKING
- STEP 2 NEW REHABILITATION HOSPITAL
- STEP 3 DEMOLITION EXISTING REHABILITATION HOSPITAL
- STEP 4 NEW REHAB PLAZA

EMERGENCY DEPARTMENT & MIAMI TRANSPLANT HOSPITAL

- STEP 1 RYDER HELIPAD RELOCATION
- STEP 2 RELOCATION NORTH WING PROGRAM
- STEP 3 DEMOLITION NORTH WING
- STEP 4 ED EXPANSION & MTI
- STEP 5 ED RENOVATION
- STEP 6 BACKFILL RENOVATION (MTI)

NEW ICU TOWER

- STEP 1 DEMOLITION ELLIOT BUILDING
- STEP 2 NEW ICU TOWER
- STEP 3 BACKFILL RENOVATION (ICU)

ASSUMPTIONS FOR TWO MODELS OF URGENT CARE DEVELOPMENT:

- Small Urgent Care Center: 8-10 Exam Rooms, Treatment Area, X-ray / 8,000 to 10,000 SF
- Larger Urgent Care Center: 20-25 Exam Rooms, Treatment Area, X-ray, Ultrasound, Pharmacy, Phlebotomy / 20,000 to 30,000 SF

	LEASE/RENOVATE	BUILD/OWN
CONSTRUCTION COST PER SF	\$100 TO \$200/SF	\$300 TO \$350/SF
PROJECT FACTOR	1.60	1.55
ADDITIONAL COSTS	N/A	LAND ACQUISITION LAND DEVELOPMENT PARKING FINANCING
PROJECT DURATION	6 TO 8 MONTHS FOR RENOVATION	12 TO 18 MONTHS FOR CONSTRUCTION



Multi-Campus Facility Master Plan Revision

A - Rehabilitation Hospital							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
First Floor			30,200		38,150		
Lobby			4,000	1.35	5,400	\$315	\$1,701,000
Retail			4,000	1.25	5,000	\$315	\$1,575,000
Clinics	34	600	20,400	1.25	25,500	\$322	\$8,211,000
Diagnostic Radiology	4	450	1,800	1.25	2,250	\$429	\$965,250
Second Floor			30,000		37,500		
Therapies			30,000	1.25	37,500	\$320	\$12,000,000
Third Floor			16,000		17,920		
Office Administration / Building Support			10,000	1.12	11,200	\$223	\$2,497,600
Conference/Education			6,000	1.12	6,720	\$223	\$1,498,560
Fourth Floor			20,400		23,460		
Rehab Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Fifth Floor			20,400		23,460		
Rehab Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Sixth Floor			20,400		23,460		
Rehab Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Seventh Floor			20,400		23,460		
Rehab Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Eight Floor			16,500		18,975		
Mechanical			16,500	1.15	18,975	\$214	\$4,060,650
Grand Total	96		174,300		206,385	\$328	\$67,605,220

Site Cost 10% **\$6,760,522**

Multi-Campus Facility Master Plan Revision

B1 - JMH ED Expansion							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
Basement			2,000		2,200		
<i>Mechanical</i>			2,000	1.10	2,200	\$214	\$470,800
First Floor			10,000		12,600		
<i>ED Entrance/Waiting</i>			1,000	1.35	1,350	\$223	\$301,050
<i>Triage</i>			2,000	1.25	2,500	\$400	\$1,000,000
<i>Rapid Assessment</i>			3,000	1.25	3,750	\$400	\$1,500,000
<i>Quick Registration</i>			4,000	1.25	5,000	\$400	\$2,000,000
Grand Total			12,000		14,800	\$356	\$5,271,850

Site Cost 10% **\$527,185**

B2 - Holtz Entrance							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
First Floor			11,171		12,288		
<i>Holtz Lobby/OB Triage Assessment</i>			11,171	1.10	12,288	\$315	\$3,870,752
Grand Total			11,171		12,288	\$315	\$3,870,752

Site Cost 10% **\$387,075**

Multi-Campus Facility Master Plan Revision

C - Miami Transplant Institute (MTI)							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
Basement			7,000		7,700		
Mechanical			7,000	1.10	7,700	\$214	\$1,647,800
First Floor			24,000		30,200		
Lobby			2,000	1.35	2,700	\$315	\$850,500
Retail			2,000	1.25	2,500	\$315	\$787,500
Diagnostics			4,000	1.25	5,000	\$429	\$2,145,000
Transplant Clinic	12	500	6,000	1.25	7,500	\$322	\$2,415,000
Non-Clinical Support			10,000	1.25	12,500	\$300	\$3,750,000
Second Floor			24,000		26,880		
Conference Center			14,000	1.12	15,680	\$223	\$3,496,640
Faculty Offices			10,000	1.12	11,200	\$122	\$1,366,400
Third Floor			19,800		23,610		
Transplant ICU	12	950	11,400	1.15	13,110	\$576	\$7,551,360
Satellite Pharmacy			1,000	1.25	1,250	\$122	\$152,500
Dialysis	8	300	2,400	1.25	3,000	\$359	\$1,077,000
Clinical Research			5,000	1.25	6,250	\$223	\$1,393,750
Fourth Floor			20,400		23,460		
Transplant Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Fifth Floor			20,400		23,460		
Transplant Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Sixth Floor			20,400		23,460		
Transplant Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Seventh Floor			20,400		23,460		
Transplant Beds	24	850	20,400	1.15	23,460	\$374	\$8,774,040
Eighth Floor			20,000		22,000		
Mechanical			20,000	1.10	22,000	\$214	\$4,708,000
Grand Total	108		176,400		204,230	\$325	\$66,437,610

Sit e Cos t	
	8% \$5,315,009

Multi-Campus Facility Master Plan Revision

D - ICU Tower							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
Basement			7,000		7,700		
Mechanical			7,000	1.10	7,700	\$214	\$1,647,800
First Floor			28,500		35,875		
Lobby			2,500	1.35	3,375	\$315	\$1,063,125
Retail			3,000	1.25	3,750	\$315	\$1,181,250
Non-Invasive Cardiology			6,000	1.25	7,500	\$346	\$2,595,000
Cardiac Clinic	12	500	6,000	1.25	7,500	\$322	\$2,415,000
Non-Clinical Support			6,000	1.25	7,500	\$300	\$2,250,000
Stroke/Heart Trauma Vascular Center	2	2,500	5,000	1.25	6,250	\$429	\$2,681,250
Second Floor			25,500		29,325		
ICUs	30	850	25,500	1.15	29,325	\$576	\$16,891,200
Third Floor			25,500		29,325		
ICUs	30	850	25,500	1.15	29,325	\$576	\$16,891,200
Fourth Floor			25,500		29,325		
ICUs	30	850	25,500	1.15	29,325	\$576	\$16,891,200
Fifth Floor			25,500		29,325		
ICUs	30	850	25,500	1.15	29,325	\$576	\$16,891,200
Sixth Floor			20,000		22,000		
Mechanical			20,000	1.10	22,000	\$214	\$4,708,000
Grand Total	120		157,500		182,875	\$471	\$86,106,225

Site Cost 8% **\$6,888,498**

M - Urgent Care Centers							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
First Floor			6,250		7,500		
Urgent Care Center	10	625	6,250	1.20	7,500	\$322	\$2,415,000
Total					7,500	\$322	\$2,415,000

Multi-Campus Facility Master Plan Revision

E - Behavioral Health Expansion							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
Third Floor			45,719		45,719		
<i>Inpatient Unit (40 beds)</i>			45,719	1.00	45,719	\$374	\$17,098,906
Grand Total			45,719		45,719	\$374	\$17,098,906

J1 - Jackson North Surgery Expansion							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
First Floor			7,700		11,550		
<i>Surgery/PACU</i>			7,700	1.50	11,550	\$600	\$6,930,000
Grand Total			7,700		11,550	\$600	\$6,930,000

K2 - JSCH Peds ED/Trauma Expansion							
	Key Rooms	DGSF/ Key Room	DGSF	DGSF/ BGSF Factor	BGSF	Cost/SF	Construction Cost
First Floor			2,000		2,600		
<i>Peds ED/Trauma Expansion</i>	4	500	2,000	1.30	2,600	\$400	\$1,040,000
Total					2,600	\$400	\$1,040,000

Multi-Campus Facility Master Plan Revision

B - ED Renovation					
	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
First Floor	38,801		34,608		
ED Renovation Adult / Heavy	16,395	100%	16,395	\$284	\$4,656,180
ED Renovation Adult / Cosmetic	10,775	75%	8,081	\$95	\$767,719
ED Renovation Peds / Heavy	5,633	100%	5,633	\$284	\$1,599,772
ED Renovation Peds / Cosmetic	5,998	75%	4,499	\$95	\$427,358
Grand Total			34,608	\$215	\$7,451,028

F - Interventional Platform Renovation					
	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
Third Floor	35,908		31,641		
Interventional Platform Renovation / Cosmetic	6,940	75%	5,205 #	\$272	\$1,415,760
Interventional Platform Renovation / Light	10,129	75%	7,597 #	\$454	\$3,448,925
Interventional Platform Renovation / Heavy I	13,026	100%	13,026 #	\$341	\$4,441,866
Interventional Platform Renovation / Heavy II	5,813	100%	5,813 #	\$214	\$1,243,982
Grand Total			31,641	\$333	\$10,550,533

G - NICU/LDR Modernization					
	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
Third Floor	60,000		60,000		
LDR/C-Section Modernization East Tower	28,000	100%	28,000 #	\$388	\$10,864,000
NICU Level III East Tower	12,000	100%	12,000 #	\$362	\$4,344,000
NICU Central Wing	20,000	100%	20,000 #	\$362	\$7,240,000
Grand Total			60,000	\$374	\$22,448,000

Multi-Campus Facility Master Plan Revision

H - West Wing						
Current Program	Future Program	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
First Floor		8,330		8,330		
Nurse Offices	Cancer Clinic / Infusion	8,330	100%	8,330	\$341	\$2,840,530
Fourth Floor		9,907		7,430		
MICUB	General Med/Surg	2,943	75%	2,207	\$346	\$763,709
CCICU	General Med/Surg	6,964	75%	5,223	\$346	\$1,807,158
Fifth Floor		14,100		10,575		
Cardiac Unit	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Sixth Floor		14,100		10,575		
Ortho/Neuro Surgical	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Seventh Floor		14,100		10,575		
Medical Telemetry	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Ninth Floor		14,100		10,575		
Neuro Surgical Unit	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Tenth Floor		14,100		10,575		
General Surgical	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Eleventh Floor		14,100		10,575		
General Med/Surg	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Twelfth Floor		14,100		10,575		
Oncology Unit	General Med/Surg	14,100	75%	10,575	\$292	\$3,087,900
Grand Total				89,785	\$301	\$27,026,697

Multi-Campus Facility Master Plan Revision

H - Highland Professional Building						
Current Program	Future Program	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
First Floor		14,800		11,100		
Transplant Organ Recovery	Programs from ACC East	14,800	75%	11,100	\$272	\$3,019,200
Third Floor		11,900		8,925		
Transplant Offices	Programs from ACC East	11,900	75%	8,925	\$86	\$767,550
Grand Total				20,025	\$189	\$3,786,750

H - East Tower						
Current Program	Future Program	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
First Floor		5,221		5,221		
Pediatric Dialysis	Pediatric Dialysis	5,221	100%	5,221	\$321	\$1,675,941
Fifth Floor		26,600		19,950		
PICU 5A	Peds ICU	13,200	75%	9,900	\$292	\$2,890,800
Adolescent 5B	Peds General Med/Surg	13,400	75%	10,050	\$292	\$2,934,600
Sixth Floor		26,600		19,950		
Med/Surg Telemetry - PTSU 6A	Peds General Med/Surg	13,200	75%	9,900	\$292	\$2,890,800
Peds Hem Onc 6B	Peds General Med/Surg	13,400	75%	10,050	\$292	\$2,934,600
Seventh Floor		26,600		19,950		
OB/GYN/GYN Onc 7A	Peds General Med/Surg	13,200	75%	9,900	\$292	\$2,890,800
Adult Surgical 7B	Peds General Med/Surg	13,400	75%	10,050	\$292	\$2,934,600
Grand Total				65,071	\$294	\$19,152,141

H - Central Wing						
Current Program	Future Program	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
Sixth Floor		11,625		8,719		
Med/Surg	General Med/Surg	11,625	75%	8,719	\$292	\$2,545,875
Seventh Floor		13,496		13,496		
Faculty Office	General Med/Surg	13,496	100%	13,496	\$341	\$4,602,136
Grand Total				22,215	\$322	\$7,148,011

Multi-Campus Facility Master Plan Revision

H - South Wing						
Current Program	Future Program	Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
Sixth Floor		10,102		7,577		
Med/Surg	Oncology Unit	10,102	75%	7,577	\$97	\$734,921
Seventh Floor		10,144		7,608		
Med/Surg	Offices	10,144	75%	7,608	\$97	\$737,976
Eighth Floor		10,110		7,583		
Palliative Care	Offices	10,110	75%	7,583	\$97	\$735,503
Grand Total				22,767	\$97	\$2,208,399

J - Jackson North Medical Center						
		Current Space	% Renovation	DGSF	Cost/SF	Construction Cost
First Floor		36,235		36,235		
Prep/Recovery Phase II		6,235	100%	6,235	\$341	\$2,126,135
ED Modernization		18,000	100%	18,000	\$284	\$5,112,000
OR Renovation		8,000	100%	8,000	\$568	\$4,544,000
OR Support Renovation		4,000	100%	4,000	\$341	\$1,364,000
Second Floor		26,045		22,080		
L&D Unit Modernization		9,699	100%	9,699	\$292	\$2,832,108
Peds & NICU Unit Modernization		8,416	100%	8,416	\$316	\$2,659,456
General Acute Care Unit		7,930	50%	3,965	\$292	\$1,157,780
Third Floor		18,000		13,500		
3rd Floor Modernization	ICU Unit	18,000	75%	13,500	\$346	\$4,671,000
Fourth Floor		18,000		13,500		
4th Floor Modernization		18,000	75%	13,500	\$292	\$3,942,000
Sixth Floor		18,000		13,500		
6th Floor Modernization		18,000	75%	13,500	\$292	\$3,942,000
Seventh Floor		18,000		13,500		
6th Floor Modernization	Acute Care Unit	18,000	75%	13,500	\$292	\$3,942,000
Grand Total				112,315	\$323	\$36,292,479

Multi-Campus Facility Master Plan Revision

K - Jackson South Community Hospital					
		Current Space	% Renovation	DGSF	Construction Cost
First Floor		11,007		11,007	
Behavioral Health / Rad Entrance	1st Floor	11,007	100%	11,007	\$3,214,044
Second Floor		50,100		50,100	
2nd floor ICU Unit Build Out	2nd Floor	6,500	100%	6,500	\$2,431,000
South Wing A Unit	2nd Floor	19,300	100%	19,300	\$5,635,600
L&D Modernization	2nd Floor	24,300	100%	24,300	\$7,678,800
Fourth Floor		17,960		17,960	
4th Med/Surg Unit Build Out (incl. 8 bed pediatric unit)	4th Floor	17,960	100%	17,960	\$6,717,040
Grand Total				79,067	\$25,676,484

H - ACC West					
		Current Space	% Renovation	DGSF	Construction Cost
First Floor		1,200		1,200	
Lobby	1st Floor	1,200	100%	1,200	\$214,800
Third Floor		17,096		8,548	
Clinic Modernization	3rd Floor	17,096	50%	8,548	\$2,325,056
Fifth Floor		17,096		8,548	
Clinic Modernization	5th Floor	17,096	50%	8,548	\$2,325,056
Grand Total				18,296	\$4,864,912

Multi-Campus Facility Master Plan Revision

H - Highland Pavilion					
		Current Space	% Renovation	DGSF	Construction Cost
Second Floor		10,116		5,058	
<i>Floor Modernization</i>	<i>2nd Floor</i>	10,116	50%	5,058	\$576,612
Fourth Floor		10,082		5,041	
<i>Floor Modernization</i>	<i>2nd Floor</i>	10,082	50%	5,041	\$574,674
Grand Total				10,099	\$1,151,286

H - Behavioral Health Hospital					
		Current Space	% Renovation	DGSF	Construction Cost
First Floor		15,869		9,435	
<i>BH Beds Relocation</i>	<i>From Highland Pavilion</i>	12,869	50%	6,435	\$591,974
<i>ED Triage</i>	<i>1st Floor</i>	3,000	100%	3,000	\$852,000
Grand Total				9,435	\$1,443,974

Multi-Campus Facility Master Plan Revision

P - Parking				
	# of Spaces	Type	Cost/Space	Construction Cost
Temporary Parking (Rehab Construction)	160	Structured	\$17,500	\$2,800,000
North Parking Garage Vertical Expansion	220	Structured	\$17,500	\$3,850,000
New Parking Structure (12th Av. and 19th St.)	380	Structured	\$17,500	\$6,650,000
Accessible Surface Parking (Campus-wide)	100	Surface	\$3,500	\$350,000
Grand Total - Parking	860			\$13,650,000

I - Infrastructure/Utilities	
	Lump Sum
Roadways Improvements	\$5,923,000
<i>Campus-Wide</i>	\$5,923,000
Utilities Upgrades	\$8,232,000
<i>Potable Water</i>	\$670,000
<i>Sanitary Water</i>	\$860,000
<i>Forcemain</i>	\$195,000
<i>Storm Sewer Drainage</i>	\$2,182,000
<i>Site Chilled Water</i>	\$875,000
<i>Site Electrical</i>	\$750,000
<i>Site Telecommunications</i>	\$750,000
<i>Natural Gas</i>	\$750,000
<i>Steam and Vacuum Pipes</i>	\$1,200,000
Utilities Relocations	\$696,000
<i>Demo Elliot Building</i>	\$22,000
<i>Demo Rehabilitation Hospital</i>	\$288,000
<i>Demo North Wing</i>	\$356,000
<i>Demo ACC East</i>	\$30,000
Grand Total - Infrastructures/Utilities	\$14,851,000

Multi-Campus Facility Master Plan Revision

Demolitions			
	BGSF	Cost/BGSF	Construction Cost
Rehabilitation Hospital	94,353	\$5	\$471,765
Elliot Building	20,000	\$5	\$100,000
North Wing	50,122	\$5	\$250,610
ACC East	61,887	\$5	\$309,435
Programs Relocation Allowance	30,000	\$100	\$3,000,000
Jackson North ICU East Wing	6,000	\$5	\$30,000
Grand Total - Parking			\$4,161,810

Multi-Campus Facility Master Plan Revision

				Construction Area		Unit Cost	2014	Project Duration	Mid-Point Construction	Escalation Factor	Escalated Cost	Project Factor	Escalated Project Cost	
Comment	Current Space	% Renovation	DGSF	BGSF	\$/SF	Cost								
Jackson Memorial & Holtz Campus													\$403,893,392	\$656,131,800
Operational Improvements														
B.1	ED Expansion				14,800	\$356	\$5,271,850	12 months	16 months	3%	\$5,484,000	1.55	\$8,500,000	
B.1	ED Expansion Site						\$527,185		16 months	3%	\$548,000	1.20	\$658,000	
B.1	ED Renovation Adult / Heavy	16,395	100%	16,395		\$284	\$4,656,180	12 months	28 months	3%	\$4,989,000	1.60	\$7,982,000	
B.1	ED Renovation Adult / Cosmetic	10,775	75%	8,081		\$95	\$767,719	6 months	37 months	3%	\$841,000	1.60	\$1,346,000	
B.2	Holtz Entrance Lobby				12,288	\$315	\$3,870,752	12 months	28 months	3%	\$4,147,000	1.20	\$4,976,000	
B.2	Holtz Canopy						\$387,075		28 months	3%	\$415,000	1.20	\$498,000	
B.2	ED Renovation Peds / Heavy	5,633	100%	5,633		\$284	\$1,599,772	12 months	28 months	3%	\$1,714,000	1.60	\$2,742,000	
B.2	ED Renovation Peds / Cosmetic	5,998	75%	4,499		\$95	\$427,358	6 months	37 months	3%	\$468,000	1.60	\$749,000	
F	Interventional Platform Renovation / Cosmetic	6,940	75%	5,205		\$272	\$1,415,760	12 months	18 months	3%	\$1,480,000	1.60	\$2,368,000	
F	Interventional Platform Renovation / Light	10,129	75%	7,597		\$454	\$3,448,925	12 months	18 months	3%	\$3,605,000	1.60	\$5,768,000	
F	Interventional Platform Renovation / Heavy I	13,026	100%	13,026		\$341	\$4,441,866	12 months	6 months	3%	\$4,508,000	1.60	\$7,213,000	
F	Interventional Platform Renovation / Heavy II	5,813	100%	5,813		\$214	\$1,243,982	12 months	6 months	3%	\$1,263,000	1.60	\$2,021,000	
G	L&D / Prep-Recovery	East Tower	28,000	100%	28,000		\$388	\$10,864,000	12 months	28 months	3%	\$11,640,000	1.60	\$18,624,000
G	L&D / LDR	East Tower	12,000	100%	12,000		\$362	\$4,344,000	12 months	28 months	3%	\$4,654,000	1.60	\$7,446,000
G	Faculty Offices	East Tower	20,000	100%	20,000		\$362	\$7,240,000	12 months	28 months	3%	\$7,757,000	1.60	\$12,411,000
				126,249	27,088	\$329	\$50,506,422			3%	\$53,513,000	1.56	\$83,302,000	
Demolition														
1	Rehabilitation Hospital				94,353	\$5	\$471,765	6 months	31 months	3%	\$509,000	1.10	\$559,900	
2	Elliot Building				20,000	\$5	\$100,000	3 months	20 months	3%	\$105,000	1.10	\$116,000	
3	North Wing				50,122	\$5	\$250,610	4 months	8 months	3%	\$256,000	1.10	\$281,600	
4	ACC East				61,887	\$53	\$3,309,435	4 months	47 months	3%	\$3,716,000	1.10	\$4,087,600	
				226,362	\$18	\$4,131,810			3%	\$4,586,000	1.10	\$5,045,100		
New Construction														
A	A - Rehabilitation Hospital				206,385	\$328	\$67,605,220	28 months	14 months	3%	\$69,977,000	1.55	\$108,464,350	
A	Rehabilitation Hospital Site						\$6,760,522		14 months	3%	\$6,998,000	1.20	\$8,397,600	
C	C - Miami Transplant Institute (MTI)				204,230	\$325	\$66,437,610	24 months	22 months	3%	\$70,137,000	1.55	\$108,712,350	
C	Miami Transplant Institute (MTI) Site						\$5,315,009		22 months	3%	\$5,611,000	1.20	\$6,733,200	
D	D - ICU Tower				182,875	\$471	\$86,106,225	24 months	33 months	3%	\$93,398,000	1.55	\$144,766,900	
D	ICU Tower Site						\$6,888,498		33 months	3%	\$7,472,000	1.20	\$8,966,400	
E	Behavioral Health Expansion				45,719	\$374	\$17,098,906	18 months	15 months	3%	\$17,743,000	1.60	\$28,389,000	
				639,209	\$401	\$256,211,990	\$271,336,900		3%	\$271,336,000	1.53	\$414,429,800		

Multi-Campus Facility Master Plan Revision

	Comment	Current Space	% Renovation	Construction DGSF	Area BGSF	Unit Cost \$/SF	2014 Cost	Project Duration	Mid-Point Construction	Escalation Factor	Estimated Cost	Project Factor	Estimated Project Cost
Backfill Renovations													
West Wing		116,937	77%	89,785		\$301	\$27,026,697				\$27,706,000		\$44,329,600
H1	Nurse Offices to Cancer Clinic	1st floor	8,330	100%	8,330	\$341	\$2,840,530	6 months	15 months	0.8%	\$2,869,000	1.60	\$4,590,400
H2	MICUB	4th Floor	2,943	75%	2,207	\$346	\$763,709	6 months	48 months	0.8%	\$788,000	1.60	\$1,260,800
H2	CCICU	4th Floor	6,964	75%	5,223	\$346	\$1,807,158	6 months	48 months	0.8%	\$1,866,000	1.60	\$2,985,600
H3	Cardiac Unit	5th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	21 months	0.8%	\$3,131,000	1.60	\$5,009,600
H4	Ortho/Neuro Surgical	6th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	27 months	0.8%	\$3,144,000	1.60	\$5,030,400
H7	Medical Telemetry	7th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	33 months	0.8%	\$3,156,000	1.60	\$5,049,600
H11	Neuro Surgical Unit	9th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	39 months	0.8%	\$3,169,000	1.60	\$5,070,400
H12	General Surgical	10th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	45 months	0.8%	\$3,182,000	1.60	\$5,091,200
H13	General Med/Surg	11th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	51 months	0.8%	\$3,194,000	1.60	\$5,110,400
H14	Oncology Unit	12th Floor	14,100	75%	10,575	\$292	\$3,087,900	6 months	57 months	0.8%	\$3,207,000	1.60	\$5,131,200
Highland Professional Building		26,700	75%	20,025		\$189	\$3,786,750				\$3,881,000		\$6,209,600
H15	Transplant Organ Recovery	1st Floor	14,800	75%	11,100	\$272	\$3,019,200	6 months	37 months	0.8%	\$3,094,000	1.60	\$4,950,400
H16	Transplant Offices	3rd Floor	11,900	75%	8,925	\$86	\$767,550	6 months	37 months	0.8%	\$787,000	1.60	\$1,259,200
East Tower		85,021	77%	65,071		\$294	\$19,152,141				\$19,523,000		\$31,236,800
H20	Pediatric Dialysis	1st floor	5,221	100%	5,221	\$321	\$1,675,941	6 months	15 months	0.8%	\$1,693,000	1.60	\$2,708,800
H21	PICU 5A	5th Floor	13,200	75%	9,900	\$292	\$2,890,800	6 months	15 months	0.8%	\$2,920,000	1.60	\$4,672,000
H22	Adolescent SB	5th Floor	13,400	75%	10,050	\$292	\$2,934,600	6 months	21 months	0.8%	\$2,976,000	1.60	\$4,761,600
H23	Med/Surg Telemetry - PTSU 6A	6th Floor	13,200	75%	9,900	\$292	\$2,890,800	6 months	27 months	0.8%	\$2,943,000	1.60	\$4,708,800
H24	Peds Hem Onc 6B	6th Floor	13,400	75%	10,050	\$292	\$2,934,600	6 months	33 months	0.8%	\$3,000,000	1.60	\$4,800,000
H25	OB/GYN/GYN Onc 7A	7th Floor	13,200	75%	9,900	\$292	\$2,890,800	6 months	39 months	0.8%	\$2,967,000	1.60	\$4,747,200
H26	Adult Surgical 7B	7th Floor	13,400	75%	10,050	\$292	\$2,934,600	6 months	45 months	0.8%	\$3,024,000	1.60	\$4,838,400
Central Wing		25,121	88%	22,215		\$322	\$7,148,011				\$7,230,000		\$11,568,000
H5	Med/Surg	6th Floor	11,625	75%	8,719	\$292	\$2,545,875	6 months	21 months	0.8%	\$2,582,000	1.60	\$4,131,200
H8	Faculty Office to Med/Surg	7th Floor	13,496	100%	13,496	\$341	\$4,602,136	6 months	15 months	0.8%	\$4,648,000	1.60	\$7,436,800
South Wing		30,356	75%	22,767		\$97	\$2,208,399				\$2,248,000		\$3,596,800
H6	Med/Surg	6th Floor	10,102	75%	7,577	\$97	\$734,921	6 months	21 months	0.8%	\$745,000	1.60	\$1,192,000
H9	Med/Surg	7th Floor	10,144	75%	7,608	\$97	\$737,976	6 months	27 months	0.8%	\$751,000	1.60	\$1,201,600
H10	Palliative Care	8th Floor	10,110	75%	7,583	\$97	\$735,503	6 months	33 months	0.8%	\$752,000	1.60	\$1,203,200
ACC West		35,392	52%	18,296		\$266	\$4,864,912				\$4,980,000		\$7,968,000
H17	Lobby	1st Floor	1,200	100%	1,200	\$179	\$214,800	6 months	15 months	0.8%	\$217,000	1.60	\$347,200
H18	3rd Floor Clinic	3rd Floor	17,096	50%	8,548	\$272	\$2,325,056	18 months	27 months	0.8%	\$2,367,000	1.60	\$3,787,200
H19	5th Floor Clinic	5th Floor	17,096	50%	8,548	\$272	\$2,325,056	18 months	45 months	0.8%	\$2,396,000	1.60	\$3,833,600
Highland Pavilion		20,198	50%	10,099		\$114	\$1,151,286				\$1,162,000		\$1,859,200
H27	2nd Floor Modernization	2nd Floor	10,116	50%	5,058	\$114	\$576,612	6 months	15 months	0.8%	\$582,000	1.60	\$931,200
G6	4th Floor Modernization	2nd Floor	10,082	50%	5,041	\$114	\$574,674	6 months	15 months	0.8%	\$580,000	1.60	\$928,000
Behavioral Health Hospital		15,869	59%	9,435		\$153	\$1,443,974				\$1,459,000		\$2,334,400
	BH Beds Relocation	1st floor	12,869	50%	6,435	\$92	\$591,974	6 months	15 months	0.8%	\$598,000	1.60	\$956,800
G6	ED Triage	1st floor	3,000	100%	3,000	\$284	\$852,000	6 months	15 months	0.8%	\$861,000	1.60	\$1,377,600
				257,693		\$259	\$66,782,170				\$68,189,000	1.60	\$109,102,400

Multi-Campus Facility Master Plan Revision

	Comment	Current Space	% Renovation	Construction DGSF	Area BGSF	Unit Cost \$/SF	2014 Cost	Project Duration	Mid-Point Construction	Escalation Factor	Estimated Cost	Project Factor	Estimated Project Cost
Parking													
4	Temporary Parking				160	\$3,500	\$560,000	3 months	2 months	3%	\$562,000	1.55	\$871,100
P1	Expansion of North Parking Garage				220	\$17,500	\$3,850,000	9 months	15 months	3%	\$3,990,000	1.55	\$6,184,500
P2	New Parking Garage				380	\$17,500	\$6,650,000	12 months	34 months	3%	\$7,231,000	1.55	\$11,208,050
P3	Rehab Accessible Parking				100	\$3,500	\$350,000	3 months	30 months	3%	\$376,000	1.55	\$582,800
					860	\$13,267	\$11,410,000			3%	\$12,159,000	1.55	\$18,846,450
Utilities/Infrastructure													
I	Roadways						\$5,923,000	18 months	37 months	3%	\$6,488,000	1.55	\$10,056,400
I	Potable Water						\$670,000	8 months	10 months	3%	\$687,000	1.55	\$1,064,850
I	Sanitary Water						\$860,000	8 months	18 months	3%	\$899,000	1.55	\$1,393,450
I	Forcemain						\$195,000	8 months	26 months	3%	\$208,000	1.55	\$322,400
I	Storm Sewer Drainage						\$2,182,000	8 months	34 months	3%	\$2,373,000	1.55	\$3,678,150
I	Site Chilled Water						\$875,000	8 months	42 months	3%	\$970,000	1.55	\$1,503,500
I	Site Electrical						\$750,000	8 months	50 months	3%	\$848,000	1.55	\$1,314,400
I	Site Telecommunications						\$750,000	8 months	58 months	3%	\$865,000	1.55	\$1,340,750
I	Natural Gas						\$750,000	8 months	66 months	3%	\$882,000	1.55	\$1,367,100
I	Steam and Vacuum Pipes						\$1,200,000	8 months	74 months	3%	\$1,440,000	1.55	\$2,232,000
I	Demo Elliot Building						\$22,000	3 months	20 months	3%	\$23,000	1.55	\$35,650
I	Demo Rehabilitation Hospital						\$288,000	6 months	31 months	3%	\$311,000	1.55	\$482,050
I	Demo North Wing						\$356,000	4 months	8 months	3%	\$363,000	1.55	\$562,650
I	Demo ACC East						\$30,000	4 months	47 months	3%	\$34,000	1.55	\$52,700
							\$14,851,000				\$16,391,000		\$25,406,050

Multi-Campus Facility Master Plan Revision

	Comment	Current Space	% Renovation	Construction DGSF	Area BGSF	Unit Cost \$/SF	2014 Cost	Project Duration	Mid-Point Construction	Escalation Factor	Estimated Cost	Project Factor	Estimated Project Cost
Jackson North Medical Center							\$43,252,479						\$69,997,850
New Construction													
K1	Surgery Expansion	1st Floor			11,550	\$600	\$6,930,000	14 months	10 months	3%	\$7,103,000	1.55	\$11,009,650
				-	11,550	\$600	\$6,930,000			3%	\$7,103,000	1.55	\$11,009,650
Demolition													
6	ICU Wing (North)				6,000	\$5	\$30,000	3 months	2 months	3%	\$30,000	1.10	\$33,000
				-	6,000	\$5	\$30,000			3%	\$30,000	1.10	\$33,000
Renovations													
K3	Prep/Phase II Recovery	1st Floor	6,235	100%	6,235	\$341	\$2,126,135	12 months	18 months	0.8%	\$2,152,000	1.60	\$3,443,200
K4	ED Modernization	1st Floor	18,000	100%	18,000	\$284	\$5,112,000	12 months	18 months	0.8%	\$5,173,000	1.60	\$8,276,800
K2	OR Renovation	1st Floor	8,000	100%	8,000	\$568	\$4,544,000	12 months	23 months	0.8%	\$4,614,000	1.60	\$7,382,400
K2	OR Support Renovation	1st Floor	4,000	100%	4,000	\$341	\$1,364,000	12 months	23 months	0.8%	\$1,385,000	1.60	\$2,216,000
K5	L&D Unit Modernization	2nd Floor	9,699	100%	9,699	\$292	\$2,832,108	12 months	18 months	0.8%	\$2,866,000	1.60	\$4,585,600
K5	Peds & NICU Unit Modernization	2nd Floor	8,416	100%	8,416	\$316	\$2,659,456	12 months	30 months	0.8%	\$2,713,000	1.60	\$4,340,800
K6	General Acute Care Unit 2nd floor	3rd Floor	7,930	50%	3,965	\$292	\$1,157,780	12 months	42 months	0.8%	\$1,191,000	1.60	\$1,905,600
K7	3rd Floor Modernization	3rd Floor	18,000	75%	13,500	\$292	\$3,942,000	12 months	18 months	0.8%	\$3,989,000	1.60	\$6,382,400
K7	4th Floor Modernization	4th Floor	18,000	75%	13,500	\$292	\$3,942,000	12 months	30 months	0.8%	\$4,021,000	1.60	\$6,433,600
K7	6th Floor Modernization	6th Floor	18,000	75%	13,500	\$292	\$3,942,000	12 months	42 months	0.8%	\$4,053,000	1.60	\$6,484,800
K7	7th Floor Modernization	7th Floor	18,000	75%	13,500	\$346	\$4,671,000	12 months	6 months	0.8%	\$4,690,000	1.60	\$7,504,000
					112,315	\$323	\$36,292,479			3%	\$36,847,000	1.60	\$58,955,200
Jackson South Community Hospital							\$26,716,484						\$44,092,850
New Construction													
L1	Peds ED/Trauma Expansion				2,600	\$400	\$1,040,000	12 months	18 months	3.0%	\$1,087,000	1.55	\$1,684,850
				-	2,600	\$400	\$1,040,000			3%	\$1,087,000	1.55	\$1,684,850
Renovations													
L2	Behavioral Health / Rad Lab Entrance	1st Floor	11,007	100%	11,007	\$292	\$3,214,044	12 months	18 months	0.8%	\$3,253,000	1.60	\$5,204,800
L3	2nd floor ICU Unit Build Out	2nd Floor	6,500	100%	6,500	\$374	\$2,431,000	12 months	30 months	0.8%	\$2,480,000	1.60	\$3,968,000
L4	South Wing A Unit	2nd Floor	19,300	100%	19,300	\$292	\$5,635,600	12 months	42 months	0.8%	\$5,795,000	1.60	\$9,272,000
L5	L&D Modernization	2nd Floor	24,300	100%	24,300	\$316	\$7,678,800	12 months	54 months	0.8%	\$7,959,000	1.60	\$12,734,400
L6	4th Med/Surg Unit Build Out (incl. 8 bed pediatric unit)	4th Floor	17,960	100%	17,960	\$374	\$6,717,040	12 months	66 months	0.8%	\$7,018,000	1.60	\$11,228,800
					79,067	\$325	\$25,676,484			3%	\$26,505,000	1.60	\$42,408,000
Other Off-sites							\$50,232,000						\$80,000,000
Urgent Care Centers													
L	Urgent Care Centers				78,000	\$322	\$25,116,000	24 months	12 months	3%	\$25,869,000	1.55	\$40,000,000
					78,000	\$322	\$25,116,000			3%	\$25,869,000	1.55	\$40,000,000
Children's Ambulatory Pavilion													
M	Children's Ambulatory Pavilion				78,000	\$322	\$25,116,000	24 months	12 months	3%	\$25,869,000	1.55	\$40,000,000
					78,000	\$322	\$25,116,000			3%	\$25,869,000	1.55	\$40,000,000
GRAND TOTAL							\$524,094,355						\$850,222,500

ATTACHMENT 3

Jackson Health System Capital Project List for Facilities Design & Construction

as of 8/29/14

Project Description	TOTAL FY15-FY24
Behavioral Health Hospital Expansion 4th floor addition	28,389,000
Behavioral Health Hospital	28,389,000
HOLTZ - Children Ambulatory Pavilion (CAP) Building	40,000,000
HOLTZ - NICU/LDR Modernization	38,481,000
HOLTZ - Patient Floor Modernizations of 3A/4B/6A/6B/7A	18,750,000
HOLTZ - Other Floor Modernization	13,404,800
HOLTZ - Pediatric ED and new entry/lobby	8,965,000
ACC-West Lobby and Patient Floor Modernizations of 1/3/5	5,450,000
Holtz Children's Hospital	125,050,800
JMH Campus - New ICU Tower	153,849,300
JMH Campus - Expansion of Emergency Room ED Expansion and Renovation	18,846,000
JMH Campus - New Miami Transplant Institute	115,727,150
JMH Campus - Rehabilitation Building	117,421,850
JMH Campus - Patient Floor Modernizations WW/SW	65,704,000
JMH Campus Infrastructure & Site Utilities	23,643,650
JMH Campus - Hybrid Room Interventional Platform Improvements	13,970,000
JMH Campus - New Parking Garage and 2 floor addition to North Garage	10,846,450
JMH Campus - Two additional parking floors to Park Plaza East Structure	8,000,000
JMH Campus- New Central Energy Plant at Utility Center	5,289,372
JMH Campus - Radiology and Flourosocopy suites	5,280,000
JMH Campus - Trauma / OR Upgrade	5,100,000
JMH Campus - Roofing projects	4,000,000
JMH Campus - Hybrid Cath Lab	3,400,000
JMH Campus - Flourosocopic Room Renovation	3,200,000

Project Description	TOTAL FY15-FY24
Jackson Memorial Campus	554,277,772
JNMC - OR Expansion & Renovation	20,641,050
JNMC - Patient Floor Modernizations 3/4/6	19,300,801
JNMC - 7th Floor Modernization	7,504,000
JNMC - Labor and Delivery Patient Floor Modernization	5,350,000
JNMC - Expansion/modernization of Emergency Room	8,276,800
JNMC - Peds & NICU Unit Modernization	4,340,800
JNMC - Prep/Phase II Recovery	3,443,200
Jackson North Medical Center	68,856,651
JSCH - 4th Floor Tower Completion	20,244,338
JSCH - 2nd Floor OB GYN Patient Floor Modernization	12,734,401
JSCH - 2nd Floor South Wing Floor Modernization	9,272,000
JSCH - Pediatric ED/Trauma Expansion	1,684,850
JSCH - Psychiatric Unit Renovations and Lab Entrance Remodel (3 Phased Project) Behavioral Health / Rad Entrance	5,204,801
JSCH - 2nd Floor ICU Build-out	3,968,000
Jackson South Community Hospital	53,108,390
Perdue Nursing Home Room and Facility Renovation	3,000,000
Jackson Long Term Care Room and Facility Renovation	3,000,000
Nursing Homes	6,000,000
Jackson Medical Towers Building Envelope and Parking Garage Structural Repairs with Window Replacements	8,000,000
Jackson Medical Towers	8,000,000
Urgent Care Centers	40,000,000
Repair and paint exterior structures for all campuses and locations	10,000,000
Various Total	50,000,000
Grand Total	893,682,613

ATTACHMENT 4

Form A-14 SMALL BUSINESS ENTERPRISE (SBE) STATUS

Check ☒ the appropriate line below and provide the information within the parenthesis.

☐ This form is not applicable, I am not claiming SBE status (signature and date required, notary not required)

☐ This form is applicable, I am claiming SBE status (fill out entire form and attach required documents)

The SBE/Micro Business Enterprise must be certified by proposal submission deadline, at contract award and for the duration of the contract to remain eligible for the preference. The Proposer shall complete, sign and submit a copy of the certificate issued by the Miami-Dade County's Department of Small Business Development (SBD).

Name of Firm: _____

Date Established Certification with SBD: _____

DBD Certificate Number: _____

Certificate Expiration Date: _____

Attach a copy certificate issued by SBD to this form.

By signing below, Proposer affirms that it meets the above criteria to qualify for the SBE Measures that have been established within the solicitation document.

I hereby certify that to the best of my knowledge and belief all the foregoing facts are true and correct.

Signature of Authorized Representative: _____

Title: _____

Date: _____

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on _____,

(Date)

by _____ He/She is personally known to me or has

(Affiant)

presented _____ as identification.

(Type of Identification)

(Signature of Notary)

(Serial Number)

(Print or Stamp Name of Notary)

(Expiration Date)

Notary Seal

Notary Public _____ (State)

Form A-14