

**Thomas E. Creek VA Health Care System
6010 Amarillo Blvd. W.
Amarillo TX 79106**

**New Primary Care Building 48 Furniture
Products and Related Services**

PROVIDE:

- I. **Full Coordination of Project Purchase and Installation**, including but not limited to:
 - A. Conduct thorough pre-bid review
 1. All questions/clarification requests for VA must go through assigned CO.
 2. Utilize GSA manufacturers /suppliers, other experts as necessary and expand Amarillo VA Purchase List to ensure bid submitted includes any-and-all items required to ensure complete and functional design, confirming furniture/furnishing (F/F) installation is complete and ready for immediate use, which may include, but is not limited to:
 - a. Inclusion of any-and-all manufacturer-recommended additional supports, rails or other items to augment installation for safe, secure and warrantable installation.
 - b. Any missing items/information required to price, purchase or install listed items. Bidders may not arbitrarily select color/finish/material information for their bid, but instead must inform CO of any missing information or need for clarification to complete their bid so AMA VA Project Manager/Interior Designer can provide the CO with this information, who in turn will notify all bidders in a uniform and fair manner.
 - c. Provide all connectors, hardware, any other items for assembly / installation not already included with item purchase.
 - d. Any extra hardware, connections or other extras that remain from this installation are to be left with the Amarillo Interior Designer for use elsewhere in that facility
 - B. Coordination of purchase must include Bidder-supplied dry, clean and secure off-site storage for any-and-all items that arrive ahead of full installation. VA site storage will not be available except temporary storage as necessary in the area for staging during actual installation within the one-time, arranged installation phase.
 - C. Coordination of Project to include contracted vendor supervision and installation of all products/purchases in Amarillo Purchase List (Attachment A).
 1. All installation furniture/furnishing placement questions and clarifications will be submitted to the Amarillo VA Furniture/Furnishings Project Manager / Interior Designer who will be coordinating the installation for the VA.

2. Any moves or removal/re-installation of existing furniture/furnishings from current active facility locations (either existing Primary Care facilities or other facilities within this VA) to the New Primary Care Building areas will be accomplished either by VA or by others retained independently by the VA for that specific purpose.
3. Although required in only a few instances, any existing VA workstation or F/F pieces NIC requiring modification to serve a different purchase in the New Primary Care Building will be an independent purchase from this F/F project.
 - a. To clarify, those few items purchased to make existing items usable in the new building are not to be considered part of this purchase and service bid.
 - b. No bid advantage or disadvantage is implied in providing these additional pieces under a separate purchase.
4. All questions and requests by other VA staff directed to installation team must be respectfully referred to F/F Project Manager / Interior Designer.

II. Project Record Package: All product Information, including such things as printed specification and picture of each item with respective warranties, maintenance, and instructions must be provided as a deliverable to AMA VAHCS F/F Project Manager in a completed Project Record Package, organized first by manufacturer and next per item ordered, for VA Interior Designer records.

III. Site investigation – architectural, structural, HVAC, and electrical as applicable.

- A. Provide products on GSA schedule where possible including, but not limited to:
 1. Systems Furniture
 2. Freestanding Furniture
- B. Provide services including, but not limited to:
 1. Pre-bid review and design confirmation; bidders are responsible to ensure placement of items fits within designed spaces and around fixed Huddle floor and wall outlets (see Scope of Work, below).
 2. Purchase of items, receipt of ordered items, maintaining inventory and warehousing until one-time installation occurs.
 3. Regular and reliable cooperation and coordination with the Interior Designer re: install dates, processes and procedures.
 4. Proper placement and installation of all items purchased within this Contract.
 5. Provision of a modular component system able to neatly and efficiently support the function of staff within the three huddle areas, as shown in the huddle space use diagram, to serve patients under the new Primary Care initiative: As much as possible and beneficial for the patient, Primary Care staff goes to the patients, not the other way around as previously done. While the system provided may vary slightly manufacturer to manufacturer, to be considered, in each huddle area, a system must:
 - a. Provide as much visibility as possible throughout each individual huddle area;
 - b. Contribute to sound control within each Huddle area through bidder proposed choice(s) of materials to balance highest visibility against enhanced function;

- c. Plan around and provide effective use of (12) existing fixed floor power sources and (1) wall source already located within the three huddle areas, each to support (4) powered work stations per module. This requires some kind of enclosed power route (base power is used as one typical example, but the power may instead be offered above each work surface if a manufacturer's system is more effective using powered modules at this height. Outlets must be provided as part of the modular system.
 - d. Plan around and provide a neat and safe cable management system integral to the modular system, to permit install by others of Cat 6 (3) data and (1) phone cabling per workstation or other supported function within the huddle areas. Access to the fixed data/phone locations in the floor and the wall must be neatly supported by the modular system. Again, cabling management within the base is one example, but if a system can otherwise safely carry data and phone to each work station, that may be considered. Enclosed cable management systems may appear neater, but flexibility, safety and control of excess cabling is key to a system being considered as an integral part of modules, depending on manufacturer.
 - e. Overall module layout is intended to protect patient privacy from casual staff flow, to minimize traffic noise around the overall set of modules, to make best use of fixed power and data/phone drops, to enable staff to easily monitor Patient Room status indicators from their work stations, and to promote collaboration between team members located within each module and huddle.
- 6. Timely and safe coordination of F/F contract services to support continuous Primary Care patient services.
 - 7. Reliable and regular biweekly (or more often) status updates to VA CO, COR and VA Interior Designer on all items, keeping VA fully advised as to furniture/furnishing schedules, including confirmation, updates of planned arrival /start of the single installation phase, and/or any unexpected but anticipated delays ahead of start date.
 - 8. Reconfiguration, punch list items and warranty support.
- C. Provide services from a corporate or satellite office that is no more than 150 miles from the Amarillo VAHCS.

– Scope of Work –

GENERAL:

What: Coordinate and provide product to complete a one-time efficient installation of office and other patient support furniture in newly constructed Primary Care Building 48 immediately upon construction completion, planned for mid-September 2017. While this building is independent of other facility buildings, clear, unimpeded and safe access to other areas must be maintained. At no time may the area around the new Primary Care building be completely blocked, nor may elevators or corridors be completely blocked. Activation also requires a mix of staff and vendors to be present as this new building is prepared for occupancy. Adjacent facility areas, including Specialty Care Building 46 and the Therapy and Recovery Building 44 [Mental Health Service] must remain active, functioning, patient, visitor &

staff occupied areas within the hospital, an existing condition to be respected in terms of controlled and reasonable noise levels and congestion from installation materials during all installation activities. The Woman's Clinic in Building 33 will remain in place and operative throughout the entire move-in process. Existing Primary Care services will continue to be provided in Bldg 33 to our patients as the new Primary Care Building is prepared for occupancy. CLC patients and ED activities are also ongoing nearby, requiring vigilance on the part of the Contractor to safely maintain ongoing services despite Bldg 48 delivery and installation activities. Delivery and staging for furniture/furnishing installation may occur only in the unoccupied new Primary Care Building completed construction area and will require cooperative scheduling by the Contractor with the Interior Designer and/or COR to ensure no disruption will occur to ongoing patient care. Priority throughout delivery and install phase is to extend courtesy and consideration for individuals using active parts of the hospital including patients, visitors, and VA staff. Scope of this phase includes delivery, staging, installation, site control, and removal of any / all packing materials for proper disposition by installer off site.

Where: Please refer to location drawings **available through the CO**. Installation will be within the newly completed Primary Care Building. As noted above, these areas are flanked by patient and staff occupied active buildings, areas including the current Emergency Department area, outpatient patient care areas, and the pharmacy and "main Lobby" entrance areas, including public VA hospital facility elevators. F/F Install staff using the facility for public purposes (such as the Canteen and Café) are expected to act in a respectful, quiet manner as would be followed in any active hospital. The install area and construction area surrounding the immediate Primary Care Building will be closed to the public and staff. Coordination of the install and access to this area to minimize impact of ongoing install will be determined by Interior Designer, COR and or VA Police Department three weeks or more before delivery / installation phase begins and will occur as part of VA updates. Participation in VA Activation meetings will also be required for Contractor rep on site so that full coordination and information can be open and shared.

When: Furniture/ furnishing delivery and installation phase for this full project will begin immediately upon construction project completion ("substantial occupancy"), while Bldg. 48 is still vacant. Substantial occupancy is anticipated on or **before August 9, 2017**. Completion of this contract, including punch list items and Owner package delivery must begin no later than TBD and completed no later than TBD. Items to be repurposed from the existing VA will be relocated by others following this new furniture/ furnishings install. Primary Care Staff will coordinate with Interior Designer/FF COR, Staff Engineer/building COR within regular activation meetings or as often as needed to fully prepare for scheduled, phased Primary Care staff moves to occur over a short transition "move" period to ensure no interruption to Primary Care service during the relocation of staff and remaining existing furniture. This phased Primary Care service "move" schedule will be established 3 weeks or more before install actually begins, to make sure the target dates are well-communicated to staff, patients, the Contractor and any other activation worker in the new Building. Interior Designer will serve as required one-point liaison in ALL communication ahead of moves between the Primary Care point of contact staff, VA activation staff and the Contractor to avoid confusion or last minute changes by any of these parties. Once Delivery/ Install Phase begins, regular daily coordination will be required to occur to ensure a smooth transition and to provide a regularly daily confirmation or clarification of events. Primary Care staff will directly work with OI&T and other VA departments to ensure direct communication occurs with those folks also working to complete activation activities or installs. No move-ins will occur until all new furniture/furnishing installs are ready for the first phase of the multiphase staff move. Both COR and

Interior Designer shall be copied and included in these direct communications to ensure no conflicts in schedule or work areas occur, either during or up to completion of furniture installation.

- Careful use of the Building 48 elevator to bring items to their destination areas is permitted but not necessarily required. There are 1st and 2nd floor access/entrances to the new Primary Care Building, both available and supportive of staging within, without crossing excess staff or vehicular traffic. Time and effort may benefit from this direct floor access. Areas immediately adjacent to Bldg 48 may also be used for short-term staging.
- All new furniture will first be installed and infrastructure completed within all huddle modules before relocation by others of existing items.
- Building 48 will generally be available during regular daytime hours: M-F from 8 AM through 4:30 PM CST, but some flexibility may be permitted to accomplish an efficient, one-time, week-long seamless delivery and install phase.
 - This flexibility is only available if arranged in advance with COR and/or Interior Designer for approval in writing; for example, requesting additional / extended time from 4:30 PM through 8 AM and during weekends or holidays is permitted, anticipated to make the single delivery/install phase more efficient.
 - Independent rescheduling is prohibited between the Contractor and any Primary Care or other VA staff member. Any changes or arrangements as to when and how the site is to be used by Contractor MUST first go through the F/F COR and/or the Interior Designer.
- Public drives serving this install area may be used by Contractor staff and for delivery, but the following is provided for general planning information.
 - Daytime delivery/ installation staff may use drives adjacent to Bldg 48 1st floor entrance.
 - Former public and/or ambulance entrances behind the new Emergency Department and the existing Primary Care Building may be possible, but only if arranged in advance with Interior Designer and Police Department for “tight” access to the 2nd floor Bldg 48 entrance. Note: This area often provides active and mandatory Accessible Parking for those folks who require this special parking and its proximity to other active VA buildings. Shared use of this area may be permitted (or not) on a case-by-case basis; to avoid parking conflicts, to continue to provide adequate HC/ADA parking spaces for our vets, use of this Bldg 48 area may involve early hour or after hour end-of-day deliveries, when demand for these sites is less.
 - Deliveries coming into the VA facility off of 9th may better avoid public (patient) and staff traffic and parking areas during regular daytime hours.
 - All installers need to respect that patients, family and visitors, as well as staff, have first priority to use both vehicular traffic routes and shared corridor space outside the construction area and the drive serving the new Emergency Department, located just E of the Primary Care construction area. While the heavily used Main Entrance and a corridor system that is shared with patients, visitors and staff are on the opposite side of the Emergency Room, the activities that occur within that portion of the VA campus (including patient parking) often involve folks who may set a slower pace of pedestrian and vehicular traffic that must be respected in these public spaces.
- Unless otherwise arranged in writing in advance with the Interior Designer and/or the F/F COR, only one delivery truck may be unloaded at a time to ensure the shared road is not interfering with other regular deliveries to the hospital nor interferes with any other ongoing activation work.
 - If one delivery truck per floor is deemed acceptable to the VA Police, F/F COR and/or the Interior Designer, that may be approved on a case-by-case basis. Contractor must generally schedule subsequently timed product arrivals where more than one delivery is required.

- Use of the back “loading” dock of Bldg 28 is not anticipated, since this new building is independent of the main building. Because the back dock is elevated, it may be possible that use of the dock might help with any large deliveries where a gated truck is not possible. If that occurs, daytime installation will require greater advance coordination with VA facilities /VA Police Department and F/F Project Manager, since regular and steady use of the back dock is ALWAYS anticipated M-F between 8 AM – 4:30 PM to load or unload hospital orders and items from delivery trucks. This is the VA’s primary loading/unloading area.
- Limited but available parking space may be designated for Contractor’s installation team arriving independently during normal work-week days. Parking may not occur in the southern or west lots (all patient parking) but limited install “Construction Team” parking may occur along the sites farthest from the Treatment and Recovery Center, Building 44, which is fairly close to Building 44, and possibly a limited unpaved area for Contractor parking may be designated W of existing paved patient parking across from Bldg 48. Contractor will be directed re: specific staff parking prior to Delivery /Install start. Naturally, parking closest to the buildings is reserved for patients and their care-givers/family visiting either Building 44 or Building 46 (Speciality Clinic) during the day, or the Hospital via its Main Entrance and paved parking farther E for Visitors and Guests using that part of the Facility. VA Police may issue temporary parking permits for specific areas during install period(s) to avoid parking tickets. Please be advised, legal personal identification is required by the VA Police Department for any Contracted individual during their stay on the site.
- On-site long term or overnight parking is not permitted anywhere on the VA site.

Why: Careful selection and coordinated timing of items to be ordered is required to ensure an efficient one-time delivery and install phase without disrupting hospital activities.

- During ongoing construction, temporary construction partitions prevent traffic passing between construction and public areas. Where vehicular traffic is not typically permitted once construction is done (former construction space), some of these areas may be available during installation within the separate, unoccupied building.
- Despite “approved personnel only” signage, unapproved occasional visits into areas within activation/install areas, even when separate from other buildings, may occur as staff / patients / visitors realize the building construction area appears accessible, leading to unapproved walk-throughs from curiosity and from attempted “cut-throughs.” Installers should kindly and respectfully advise these folks that work is still ongoing and to visit another time once the area is open to the public. Please contact the ID/FF COR if folks refuse to leave the unoccupied building (see below). This is a safety concern for anyone who is not authorized to enter the building, since install is not complete.
- Recommended speed of installation and/or timing installation for “off” hours is meant to eliminate interference of unapproved use, with installers at least planning to place items within respective rooms or other designated pre-approved spaces.
 - If “unapproved visits” or “walk-throughs” occur, installers may kindly and respectfully remind staff, visitors and patients that this installation area is not safe, ready or available for their use, and request they return when the area is formally open.
 - Any approved walk-throughs of the space by authorized VA staff, as arranged by Engineering and or the Interior Designer/FF COR, will be coordinated with installers to try to avoid installation work times.

- The VA will advise staff that for safety, the work area is still closed to through traffic, so installers should be able to do their installation unimpeded by others (except tradesmen, with whom installers can be expected to cooperatively share the space without impeding either installation).
- VA will provide measures to discourage use or visits during F/F installation.
- Installer supervisor or contractor Project Manager must contact the F/F Project Manager immediately upon any delivery/installation interference if reminders (above) fail to control unapproved access. VA safety and time concerns require full support of unimpeded work and limited, controlled access to this area.

How: While the completed construction project will itself be vacant and ready for installation, the specific installation area may be shared with limited VA and/or other tradesmen finalizing minor post-construction installations that is not anticipated to interfere with installation.

- The selected bidder shall describe in their bid documents examples to illustrate their team has proven experience in providing coordination, design & installation services for furniture /furnishings within an active and occupied hospital setting.
- Before installation may occur, installers must come already equipped or the contractor can have available for their use and reference drawings and/or other preparatory tools, moving and/or installation tools and/or materials as necessary for them to do the installation as shown. They may not proceed with installation without proper required supervision by the contract holder who will submit any questions to VA F/F Project Manager.
- Contractor is required to submit in writing for VA review and approval a move-in plan to quickly and efficiently move all items into the patient and Primary Care areas, using partial move-ins as previously discussed to permit continued patient care between old and new Primary Care areas. Contractor should discuss staged areas for installation / placement, including final time/date of installation. This permits required VA internal coordination. Week-end or evening installation is suggested to minimize public traffic and permit less restricted delivery times, but is not mandatory.
- Arrival of items for installation are to be coordinated to occur at the unoccupied building. If the back dock is required, items may not block the dock or back entrance of the hospital at any time. Use of direct access doors into the Primary Care Building should help eliminate need to use regular dock.
- Installers will need to develop and submit a strategy to unpack, pack material and inspection of items. All packing materials must be controlled during delivery/unpacking to avoid blowing debris and for eventual proper removal from the site. Please note: VA dumpsters are NOT available for F/F refuse; the Contractor is required to remove their own trash.
- Approval to proceed will occur only upon VA EMS, Police, and Engineering Department approval.
- All areas used by installers to bring items into the newly constructed Primary Care Building for staging, especially temporary use of corridors, must be clear of any/all items whenever installers are leaving the area for the day or for any breaks when all installers will be gone longer than 1 hour. This provides clear and safe access for others who must conduct activation/installation work. Initial phasing, when the building is not occupied at all, may use uninstalled room areas as long as coordination schedules do not show these areas being required for use by other workers (for example, huddle areas may be temporarily used for Modular furniture staging as needed, since Contractor is responsible for coordinating install activities for furniture and for infrastructure). Phased move-ins of items per room are suggested to be able to keep staging areas free of clutter and items awaiting placement. Staging needs to bear in mind the phased schedule to keep Primary Care services available as soon as possible to patients as phased move-ins begin (if the services of others are

required to accomplish a phased move-in by Primary Care, getting those areas completed first may assist the VA in preparing for the phased department move.) Items awaiting install should, where possible, be placed inside their respective rooms to await proper placement.

SPECIFICS:

- I. Work under this contract involves coordination, purchase, delivery, inspection, location, de-installation, and installation of furniture, modular infrastructure and furnishings for a newly constructed Primary Care Building to replace all the current Primary Care services and areas except the Women's Clinic, which will remain within the former Primary Care Building.
 - A. This scope of work is a one-time project.
 - B. Design professional spatial use and furniture/furnishing placement limits have been established for coordinated completion of this patient care space, including coordination of architectural lighting, heating, equipment layout and spatial design.
 - C. Veteran centered care has inspired design concept and their furniture recommendations for each space to function properly following TIL standards as well as other regulatory standards (such as ADA/fire safety.)
 1. This specific "total environment" design professional planning and coordination concept was done at the direction of the VA.
 2. Furniture shown in the list was recommended by both design professionals and VA professional Interior Design staff because it specifically fit the project and/or materials have proven successful, and the project was designed around that specific fit. Reuse of existing and in-stock items is essential to assure appropriate fit and reutilize existing resources.
 3. AMA VA is open to any submittals for alternates of equal or better quality for competitive pricing advantage as long as items proposed are within critical parameters below, match existing furniture **where noted**, and must also be comparable to what is listed in the criteria listed below, including but not limited to styling and comfort.
 4. Only submitted alternates that meet quality, size and design criteria parameters will be considered by the AMA review team for their recommendation to the CO as approved alternates. Missing information will not be sought, but instead will be considered a zero value in determining acceptable comparables; it will be up to those submitting proposed alternates to provide complete and adequate information for comparison.
 - a) Quality will be determined by comparing all product warranty terms, fabric and material testing information demonstrating durability, strength, flammability and other comparable material/ finish criteria, ease of maintenance, replacement

parts and repair, infrastructure management as needed and in-person review of actual proposed alternate item samples for comfort and design review.

- b) Any alternate proposals must include specifications, drawings to show all elevations, photos showing all views, and any other information, including warranties or other product information and/or material that can **demonstrate to the VA Review Committee** what has been submitted are comparable products.
- c) **DESIGN CRITERIA** will include comfort, perceived ability to function as proposed, and appearance, including styling and its proximity to professional designer concepts when compared to our specifications.
 - 1) Test sample(s) of any substitute furniture items where comfort is clearly an issue (such as all alternative seating proposed) will be required for consideration of alternates to specified items. Adequate capacity of proposed substitute furniture (including accent tables) is critical to approval **and must be provided in the bid.**
 - 2) Design criteria will include perceived ability of proposed alternates to serve desired function and appearance, both in materials, construction methods, and styling.
 - 3) Requested variety of seat height, chair arm height, ability and ease of adjustability of seating, including the ability to meet ergonomic areas of concern will also fall under design criteria.
 - 4) Actual material color/finish samples will also need to be provided for any proposed alternates, if material choices proposed are different than as listed. Actual samples must be provided to the Contracting Officer's Representative (COR) through Contracting Officer (CO) for consideration, review, selection from available options as part of design consideration for proposed alternate items by AMA VA review committee.
- d) **SIZE AND FIT** within space as shown are also critical criteria. Any items proposed as alternates will be eliminated if they do not meet size and fit requirements: All responsibility for fit of alternate items in locations where shown on location drawings falls to the bidder.
 - 1) Note that full responsibility that proposed alternates do meet ALL VA specifications falls on the contractor proposing alternates. Differences between specifications and what is being proposed must be specifically identified when proposal is submitted. For example, if a 19" seat height is specified, proposed alternate must also be quoted for 19" seat height, with any changes called out in writing to the attention of the VA review team by submitting contractor. Alternate proposals may be accepted when alternate is submitted, confirming proposed new item size is in no direction larger than what is listed and falls within 1" or less smaller than the size of items proposed in the VA list when proposed alternates are submitted for review and consideration. Another example may be if capacity of seating must be 300 pounds or more per item, any chair that fails to provide this capacity will not be considered appropriate or safe.

- 2) Fit is critical to item selection: Items must fit exactly where and as indicated on Primary Care Building plans, since space and location are specific selection criteria for all furniture items. Special care needs to be taken for furniture fit in rooms with pre-planned equipment (**SEE REFERENCE CAD DOCUMENTS**). For example, the Huddle Space is powered and has data/phone service via fixed locations for modular furniture. Different modular systems may fit within the space differently but minimums (**INCLUDING BUT NOT LIMITED TO access and egress, such as 3'6" minimum clearance at all "aisles" around AND through** the sets of teams located within each of the three huddles) must still fit within the large huddle space itself and be able to utilize the fixed resources of power and data/ phone connections to neatly manage the infrastructure, avoid tripping hazards, and make the space logically usable by the team staff members.) Proposed alternates that are subsequently found to not fit either within the spaces where drawings indicate they must be placed or to reasonably and neatly use the fixed locations of power and data/phone supply to serve the infrastructure their modular install must provide will require replacement by the contract holder at no cost to the VA, including temporary furniture and/or parts for VA use until the corrected order is received.
- e) **OTHER DESIGN CRITERIA:** Proposed alternates must meet the additional following design criteria beyond that specified above. Coordination of color and materials with architectural color/ finish / materials is required, as is approval by VA; suggested items on list provide a good guide to what colors/ finishes and materials will coordinate, but if alternate finishes are proposed, actual samples must be provided.
- 1) **STYLE:** Lounge-type items, such as sofas, loveseats and club chairs found in Counseling and Family areas, if any, are to be similar in shape or styled with a form to soften visual impact and feel comforting to users.
 - 2) **SEATING CONSTRUCTION:** Exposed structure of chairs may be metal or hardwood that will at least coordinate with architectural finish/color selections, that decision to be made by the VA alternate review committee. Selections that closely approximate color/finish materials on the VA item list including textures, patterns, and type of materials, provided for comparison, will be considered comparable.
 - 3) **SEATING FABRIC & FINISHES:** All seating is to be vinyl of the same grade or higher than that specified in list, **hospital grade, 100,000 or higher double rubs, easily cleaned.** Woven vinyl fabrics (comparable to Crypton or others shown in list) can be provided at arms and backs only in the public/Waiting Rooms to create more visual interest. Preferred fabrics include those that can be cleaned with bleach (specify ratio), and demonstrate durability and cleanability.

- 4) For patient care, staff support and dining areas, backs and arms of items are to be vinyl of the same grade or higher than that specified in the list.
- 5) All upholstered patient seating and chair arms (wood or metal) are to have PVC caps for extended durability where exposed structure exists (top of arms).
- 6) Lounge seating (lounge chairs, loveseats, couches) must have vinyl seats, but woven vinyl fabrics (comparable to Crypton or others shown in list) can be provided at arms and backs to create more interest in the 1st floor Consult Rooms or 2nd Floor Shared Consult counseling areas. Some of these chairs will be repurposed from the existing Primary Care exam rooms, where upgraded chairs were relocated from other areas (like waiting rooms) to make patients more comfortable. Those that are easily cleanable (all vinyl upholstery) will be used for patient exam and/or shared consult rooms near huddle space. Where needed, this purchase will include new lounge seating, possible seat height variances, wider, bariatric chairs and upholstery demonstrated as a high performance upholstery fabric (especially those that can be cleaned with bleach (specify ratio), and demonstrate durability and cleanability. All **patient / guest seating** must have vinyl seat upholstery, not woven fabric.

II. Vendor coordination of specification and drawing review, infrastructure management and connectivity needs, order submittal, warehousing, site delivery and installation services is an integral, expected part of this contract's responsibilities.

A. Prepare and present samples in an organized manner, including:

1. Elevation views of each design option as installed in defined project area.
2. **PROPOSED ALTERNATE PROCESS:** Complete specifications must be provided for the product being proposed as an alternate for the project, including plans, environmental properties, and code/industry standards and guideline compliance. This should be provided if order varies in any way from specified list (for example, even if bid proposes same manufacturer and series and chair specification, bidder must confirm that all specification criteria from VA has been met, such as seat height and chair capacity.)
3. Other proposed alternate requirements, **include but are not limited to, such details as defining the trim of the alternate. For example, proposed treatment of the exposed portions of modular furniture must be clarified, both from the user and the exterior sides of the system. These must** be presented clearly and provide a neat, tidy and "clean" appearance. Connections between the fixed power and data/phone outlets must be enclosed within cable management and trim systems to control and eliminate exposed, loose cables and especially trip hazards where pigtailed attach to these outlets.

B. Provide furniture/furnishings that meet review criteria above.

- C. Install all furniture as per the specifications **(below)** and drawings **(within CAD reference package, provided through the CO)**. Arbitrary location because something doesn't fit as shown is not an option. Equipment drawings **(QH series from the CAD construction documents)**, for example, are provided specifically to ensure purchases work **in the new Primary Care Building** as equipped.
1. Installation times may vary based on location and accessibility (see above).
 2. Provide dry, clean warehousing and inventory all received items. Maintain an inventory system for received items in storage, adding to it as items are received, making it available electronically to CO and VA F/F Project Manager whenever updated.
 3. Infection Control Risk Assessment (ICRA,) precautions must be taken when creating dust and debris for installation processes, and these precautions must be increased from an unoccupied building to an occupied building as directed by VA Infection Control for VA staff and once the phased occupancy of the Primary Care Building begins. Specific ICRA instructions will be provided to **Contractor prior to installation.**
 4. At completion of installation, the contract holder will make a final inspection/ walk through with the VAHCS F/F Project Manager and together will prepare a "punch list" report noting deficiencies and corrections for necessary completion of the project.
- D. Provide AMA VAHCS with any marked-up plans and final product information review packets (including pictures, dimensions, and care instructions) after installation. Provide software specific for the layout design of the furniture if provided by manufacturer.

– Site Investigations –

EXPECTATION:

- I. The contract holder shall:
- A. Make site visits as necessary to determine existing as-built conditions affecting this project (including, but not limited to field verification of huddle power and data/phone outlet locations to ensure modular systems fit and these outlets do not interfere with traffic around the system or within the user areas. These locations are fixed – the modular systems utilizing power and data/phone fixed locations must address cable management, appearance, trip or other safety hazards, and space utilization and VA approval of proposed drawings, photos showing examples of proposed solutions are required as a submittal requiring approval prior to the F/F order being submitted.

- B. Field-verify all dimensions and aspects that relate to the project, coordinating with construction documents **available through the CO** and construction site condition reference points if existing construction is not ready for as built measurements.
- C. Coordinate site visits with the AMA VAHCS F/F Project Manager.
- D. Document existing conditions, including and especially FIXED locations in Huddle floor and wall for power and data/phone supply for the modular huddle system.

Note: Information, including drawings and other documentation, provided for bidding by AMA VAHCS should be used as reference only. Construction documents will be made available to contract holder as needed.

– Schedule –

EXPECTATION:

Submit a schedule for anticipated keystone events to demonstrate how completion of installation will be accomplished with a general starting date of **August 2017**. Reflect in that schedule when you anticipate alternates to be submitted, manufacturer dates showing when order will be placed, processed, and items produced, delivered, received, and installed. Also, include a detailed plan for accomplishing that installation, including a projected time frame based on how you intend to do the install, and present at that time any suggestions for the phased move-in to make continued veteran Primary Care possible.

Provide installation plan, schedule, and instructions in two (2) hard copies and one (1) electronic file (PDF format) for speed, ease of transmission and review.

– Installation Period Services –

Phase 4 - INSTALLATION

- I. The contract holder shall install all products using field visits, coordination with the construction plans, bid reference drawings (related to location of furniture to be placed) and item specifications (using both the VA list of recommended items and selection criteria for proposed alternates for bid purposes).
 - A. Installation will be accomplished with little or no disruption to the Amarillo VAHCS daily operations.

- B. Post installation, the contract holder will:
1. Make a final inspection walk of affected areas prior to each phased move in with the VA F/F Project Manager. The contract holder will prepare a report noting deficiencies and corrections as required for the successful completion of the project. Each area is to be corrected prior to the move in of that space wherever possible. Patients will be scheduled by phases for their care in the new facility, and completion of a phased area is to be considered a “final inspection” of that area for occupancy.
 2. Participate in final acceptance inspection as scheduled to demonstrate completion of final punch list items once the total phased move-in walk-throughs have been completed.
 3. Install of final re-located, re-purposed, existing items must occur in coordination with the Primary Care schedule immediately after area to be occupied has its new furniture in place. For example, once new install is done for the first huddle of 3 teams, the corresponding team exam rooms must also be done, requiring exam tables to be relocated for patient care to be transferred to the new Primary Care Building.

– Warehousing Services –

- I. The contract holder will provide warehousing services to house all items received prior to the one-time scheduled installation, plus maintain an up to date inventory of received furniture/furnishings awaiting installation.
- A. Provide a clean climate controlled environment suitable for the storage of furniture.
- B. Timing of deliveries and size of storage will be determined around ordering of products by the contract holder, who will be responsible to store any items awaiting installation, for timing around construction completion or waiting for contract items to arrive for one-time installation.
- C. Responsibility for arranging and providing storage of items awaiting installation is up to the Contract Holder. Furniture should be stored in a manner to maintain quick and easy access and to protect all received purchased items from damage pending installation.

– Product Specifications –

- I. Bidders for this contract may propose reasonable “equal or superior to” alternates to items they have confirmed meet criteria already described above, especially to permit purchases where possible under a GSA contract for packaged furniture or to propose other manufacturer lines and items for competitive pricing.

A. **GENERAL BID COMMENTS**: Some very specific items, recommended by the design professionals as meeting all design criteria, especially fit, size and supporting their architectural spatial needs and design concepts, may not be included in GSA Advantage, and initially may not seem easily substituted with proposed alternates, but any proposed alternates that similarly meet specified and required criteria are encouraged and will be considered by the AMA VA review team, Interior Designer and F/F Contracting Officer as well.

1. For example, tempered or laminated glass panels are required and not optional, so that the huddle staff can monitor patient Exam Room status and maintain visual contact with the rest of the Huddle area team. “No glass or other glazing” is also not an option, since intent for this specified material is in part to improve sound control. If visibility is not equal or better than what tempered or laminated glass can provide (such as textured polycarbonate products) even though those products may be equal or better regarding safety qualities, then the substitution cannot be accepted. If clarity sufficient to see Patient Room Status flag system easily, then that product and its alternate materials may be considered.
2. General overview of specifications for this project and intent of purchases is provided below to clarify the specific use and purpose for huddle space modular furniture and other similar expectations.
3. Questions regarding these specifics, including proposed alternate materials or products, need to be directed to the Contracting Officer as early as possible prior to bid submittal for answer by VA Interior Design and other VA professionals and any other staff that can clarify this project for the F/F bid. This will ensure that all bids, when submitted, do meet requirements for this project and can be considered despite proposed alternates.

B. **BUILDING INFRASTRUCTURE OVERVIEW**: Please submit clarifications and requests for additional info as early as possible pre-bid to Contracting Officer if you have any questions on any areas. Do not “assume” requirements; bidders will be held to meeting SOW requirements in all cases. This SOW attempts to be as detailed as possible for accurate bids, but be sure to ask if something is still unclear.

1. Whether 1st or 2nd Floor, each floor or wall data/phone port provides Cat 6, (3) data and (1) phone. Support and infrastructure are already provided by Building Contractor from the Telecom panel but only to floor or wall outlet located and completed by the Building Contractor staff.
 - a. Under-desk CPU support racks are required at all work stations where lockable tablets are not anticipated (in other words, at all 1st floor work stations/offices,

including (4) “quick-work” Pharmacy stations located in the 1st Floor Conference Room and for AO in Huddle 1, 2nd floor).

- b. Stand-alone furniture will be used in all 1st floor offices, for Pharmacy Counseling Staff, for the Head Nurse for Primary Care, and for the Chief of Primary Care. That basic furniture will include an “L” shaped desk, with an open section of that work surface “shared” between the staff member and patients/guests and/or other staff. Adjustable dual monitor arms are to be provided to support monitors that will be transferred from existing Pharmacy and other offices to new spaces within the New Primary Care Building. Two patient/guest chairs and a single side table will be provided for Pharmacy Counseling Rooms. A round table and (4) non-rolling side chairs will be provided for the Chief of Primary Care office. Relocation of either existing single BBF or FF cabinet will be permitted for all these offices. No additional filing cabinets will be purchased for any 1st Floor office.
- c. Two (2) 1st floor Pharmacy Counseling staff offices **will receive existing furniture that will function similar to new “L” shaped desks with locking overheads similar to those purchased under this contract.**
- d. All locking 1st floor overhead cabinets will be keyed alike for all Pharmacy offices. Extra key for group of rooms to be provided for VA.
- e. Locking items for Head Primary Care Nurse and the Chief of Primary Care will be keyed independently per office. Extra key for each room to be provided for VA.
- f. A stand-alone locking overhead cabinet will be provided in each 1st Floor Office, placed along the wall. Tackboards are to be provided from top of work surface to under the overhead cabinet, and under-cabinet lighting is to be provided. The peninsula type shared work surface will remain open except for an adjustable dual arm monitor between parties and a privacy/modesty panel under the open work surface.
- g. No “typical” under counter pencil drawers nor under counter keyboard/mouse trays are to be provided in this purchase. Future install of these may occur, but only on a case-by-case basis, and these will not be part of this F/F purchase.
- h. All 2nd floor Shared Consult Offices require free-standing “L” shaped desks similar in size and shape to those in the 1st floor. Overheads and other details to match 1st floor office stand alone furniture.
- i. Details:
 - 1) **Modesty/Privacy Panels:** For all “L” shaped stand-alone “consult” desking throughout the Primary Care Building, either translucent or “same-material as desking” privacy / modesty panels must be provided between patient/guest and staff side under the shared work-surface portion of all “L” shaped desks. If privacy/modesty panels come in different materials, Standard (\$0 cost) and upgrades (defined increased costs for some available finishes) must be defined and options provided either with the bid or pre-bid with the Contracting Officer.
 - 2) **Consult Shared Work Surfaces:** shared surface of the open peninsula must be 30” deep, with approximately an 8” (or slightly more) overhang at the “patient/guest” side so that folks may pull chairs up and slightly under this open shared workspace, across from staff member.

- 3) **Desking color/finishes:** Finish / colors for the “L” -shaped desking (work surface and component portions) and the corresponding locking overheads and tack-board panels under overheads may be finalized post bid but all available color/finish options must be presented at the time the bid is submitted or before, through the Contracting officer. Standard (\$0 cost) and upgrades (defined increased costs) must be defined and provided as options either with the bid or preferably pre-bid with the Contracting Officer for VA review. Generally, wood grained laminate will be selected for these desks, for privacy/ modesty panels, and for locking overhead cabinets. Metal framing and/or privacy/modesty panels are discouraged due to acoustic control needs in Consult offices. Acoustic fabric upholstered tack-boards and LED lighting is preferred. Options may be considered if presented ahead of bid submittals.
2. **Connectivity:** OI&T anticipates direct plug in of most tech equipment except in the Huddle space, and each 2nd floor Huddle fixed floor location is expected to support 4 staff members maximum, as already described.
 3. **Bid Details for Tech Support Equipment to be provided under this bid:**
 - a. Huddle Space: Purchase & Installation of surface or C-clamp mounted adjustable dual monitor arm is to be provided as part of this bid for every huddle space. All staff in huddle areas will receive a VA-provided locking station mounted at their work station to secure their new VA-provided tablet.
 - b. Patient Exam Rooms: Purchase & Installation of Rail-Mounted (or similar wall mounted) adjustable computer support work system is required to be provided under this bid. All Patient Exam Rooms are to receive a VA-provided tablet locking station so our Huddle Staff can bring their single tablet with them into the Patient Room for continuity of care; technology support requires in most patient care areas wall-mounted adjustable single adjustable monitor stands & mouse pads as well as a small writing space and room to place the VA-provided tablet locking station.
 - 1) Color/finish and assembly details must be presented with bid packages or submitted in earlier requests to the Contract Officer prior to bid date to confirm acceptable bid solutions. Details will vary depending on the manufacturer of the system proposed for these patient rooms.
 - 2) Each Patient Exam Room to be provided with a) a single adjustable monitor arm (for single Patient Room VA-provided monitors), b) an adjustable keyboard shelf and mouse tray (for VA-provided keyboard and mouse) , and c) a shelf adequate in size to support VA-provided tablet and locking station - this shelf should provide a small amount of writing surface in case some hand writing is required during patient care.
 - 3) The vertical adjustments making this unit usable by a variety of staff may be manual only if easily accomplished by all; pneumatic adjustments or powered adjustments may also be proposed, depending on manufacturer and how well

the overall tablet support system enables the staff to use their tablets in the Patient Exam Rooms.

- 4) Permanent adjustable “typical” stand-alone work stations may be considered optional to include as an alternative only if they can be shown to provide equal or better function within limited space by providing adequate tablet use support, a single adjustable monitor arm, keyboard and mouse tray and support for the locking tablet station, all in as small a work surface as possible. Providing the smallest footprint with the highest function is required in these limited size Patient Exam rooms.
 - 5) Whether the adjustable wall mounted tablet support system or a more traditional, solution is proposed for Patient Exam Room tablet use, either of these systems must support a direct plug into the closest data/phone and power outlets provided in the Patient Exam Rooms (see reference Construction Drawings for specific locations, and confirm fit and function for final proposal during mandatory pre-bid walk through.
 - 6) Sufficient back up information on proposed system must be provided with bids (or preferably before) for all Patient Exam Room adjustable tablet support systems, but especially if a more “typical” work station style is proposed as an alternative to an adjustable wall mounted tablet support system (preferred). Drawings must be provided to show fit of a more traditional system and clearances.
 - 7) Whether tablet support is more traditional or the requested wall-mounted adjustable tablet support system, all components (except VA provided equipment), including installation of the support system(s), are to be provided as part of this F/F package at the location where a traditional work-surface has been shown in each Patient Exam Room). Note that with the tablet support system or a more traditional work surface system, additional space must be provided/installed to support the VA-provided locking-station as part of this adjustable tablet support system with this F/F purchase.
4. Most areas within Primary Care Building except 2nd floor Huddle Areas are “plug in” ready. However, in Huddle Areas, Furniture/Furnishings Contractor must plan and provide ready to use power system as part of the modular system as well as an empty but ready to use contained cabling management system able to support (4) full sets of (3) data/(1) phone, with power and pigtails included to tie into the fixed power locations. The modular system proposed for the Huddle area should be able to also contain CAT 6 cabling and infrastructure as required for others (NIC) to complete connectivity from the provided finished floor or wall outlet to the modular system outlets provided for each occupant (up to 4 maximum) to have availability to use (3) data and (1) phone.
5. Huddle Areas 1 and 2 utilize the fixed floor locations for their identical staff load of (12) Primary Staff Team members and (2) additional staff. Huddle Area 3 utilizes the fixed floor location for (4) teams of 4-people each: (3) regular 4-person teams and (1) additional Mental Health 4-person team. This permits the wall outlets to provide for a

Reception Copier/FAX/Printer, a hoteling-type space for one extra staffer to work, and the Huddle 3 Pharmacist.

C. **2nd Floor Modular Components for Typical Huddle Modules:**

1. Huddle Space Overview: In the (3) Huddle Areas, there are (9) team modules: each one has (3) shared 4-person team modules, identical except how each 4-person team module must support connectivity and power, tying into fixed location floor and/or wall mounted power and data/phone outlets provided during new building construction.
2. Each typical huddle team module will accommodate 4 people, with 2 facing “N” and 2 facing “S”, at work stations (**each approximately sized 24” x 60” and vertically adjustable**);
3. Each typical huddle will have an open space between front and back work stations of approximately **5’-2” MINIMUM CLEAR** from leading edge of one work station to the leading edge of the opposite work station.
4. An approximate 24” deep “divider” of some sort shall separate the 2 N-facing and the 2 S-facing workstations. This divider must extend to at least the “top line” of tack board material; if higher material, it must match level of glass and be of same visibility). Depending on manufacturer, material may be non-tackable acoustical panel to help further contain voice transmission within the huddle or tack board to extend tackable space on each side of each single work station or some combination of both.
5. Please note that because modules may vary between manufacturers, the power “base” may instead be proposed above a work surface height, as a possible acceptable alternative to the floor located “base.” This placement may not eliminate or replace the tack-board portion of module panels, nor may it radically alter where glazing would occur with powered bases at the floor. Critical to how this may be viewed as an acceptable alternative for bid are basic presentation requirements: whether what it proposes makes best use of the fixed floor and wall power and data/phone locations, and that the final module composition, including the power & data/phone management system, wherever located, present a neat, safe and logical position within the module wall. For the purposes of consideration, if this alternate is proposed, clear drawings, especially elevations, must be submitted with bid demonstrating the power & data/phone set of modules in that different location to illustrate how well it will work with other module panels and to show it complies with basic presentation requirements noted above.
6. Check both Dimension CAD drawings from Construction Drawing Reference Set, and confirm clearances and fit of proposed module layouts within Field measured actual building, to ensure correct fit of furniture generally and overall modules within each Huddle space before bid is submitted. CO will arrange for mandatory Pre-Bid walk-through of Primary Care Building, in part for this purpose.

7. Interior of Typical Huddle Module: Vertical modules will be provided as follow (approximate heights below and indicated in drawings; actual product may vary slightly in both height and width from manufacturer to manufacturer):
- a. Note that all locking overheads must accommodate adjustable monitor arms and raised monitors. Looking N or S, each typical section should be identical front and back.
 - b. Huddle space N- & S-facing vertical panels will provide PER WORKSTATION; overall height for these N- & S facing portions of modules: **approx. 64"-68"** – may be higher depending on manufacturer and monitor arm clearance):
 - 1) Structural set-up (about 8") to support power and infrastructure base, *then*
 - 2) Under work-surface module (about 16") with either "base" easily cleanable laminate or preferred sound attenuation material below the work surface, *then*
 - 3) support system capable of supporting adjustable work station (typical work station height set @ 29"), *then*
 - 4) tackboard space extending from the material below the work station up approximately 16" or so to glass, *then*
 - 5) 16" of glazing, *then*
 - 6) 8-16" of backing for locking OH to be placed against (backing could be tackboard or acoustic panel) over which a locking overhead can be placed on or in front of.
 - c. Interior Module Walls flanking 3'-6" side aisles that run along each 4-person module on each side of the Huddle space: These modular "side walls" should be slightly taller than the N- & S- facing walls separating each team from another. Approximate height of the Exam Room status flag locations above each Patient Exam Room door into the Huddle area is 108".
 - 1) **Approx height of modular side walls is estimated at 84" or higher. Please note that concerns re: this height as a bidding value should be presented to the CO ASAP pre-bid (for example, if your system must have the aisle portions equal to the front- and back-facing portions to remain competitive). Reduction in modular "side wall" height may be considered to stay within "standard" product lines for VA best value, meaning that single change may be considered prior to the bid.**
 - 2) Huddle space vertically along aisles (along E or W sides; one side will be open to easily accommodate egress/access to the module, as close to Team Patient Rooms as possible (a 24" panel placed 90 degrees to the N- & S-facing module panels will wrap around the end work stations, to "frame" the opening, to both N & S.
 - 3) Opposite this team opening, the module panels will have a vertical set up similar to that looking directly N or S: Structural set up to continue support of power and infrastructure base (continuous side opposite opening provides connectivity for every four work stations from the fixed power and data/phone supply). Panels above the base power panel may vary in size from the N- & S- facing panels to provide appropriate backing to exterior materials such as white boards for teach team. General description:

- a) Structural set-up (about 8") to support power and infrastructure base, *then*
 - b) Under work-surface module (about 16") with either "base" easily cleanable laminate or preferred sound attenuation material below the work surface, *then*
 - c) Support system capable of supporting adjustable work station, but instead this exposed material to be typical acoustical panel. Vertical panels on this wall do not need to be broken down as extensively as those in the N- & S-facing module panel set up, but instead the same material may be present as a single panel portion (such as including the next panel up (described below), *then*
 - d) Either another panel or continued single acoustic panel up to the top height of N- & S-tackboard space extending up to N- & S- glass, depending on manufacturer's particular system, *then*
 - e) 16" of glazing, *then*
 - f) Continued acoustic panel to extend higher than the top of the N- & S-overhead.
- d. Exterior Composition and Materials of Typical Module Walls flanking 3'-6" side aisles that run along each 4-person module on each side of the Huddle space: Vertical modules will be provided as follow:
- 1) White board panels approximately 4' wide x 3' or 4' high, to be located just outside of each team entrance to each typical team module. This white board panel (or panels, if two adjacent panels are used) is provided on exterior for each team's "huddle" board use; the interior side backing should be acoustical fabric on the interior panel. Basically, most of these white boards will be located where the panels wrap around 24" work surfaces of adjacent teams. Top of white board module should be approximately top of N- & S- facing interior OH.
 - 2) Up to where glass can be placed in this partition wall to continue that line of "visibility" established for N & S views, an acoustic fabric panel may extend up from the powered base to the bottom of the glass, especially if that will save on cost.
 - 3) Panels forming the module sides (those along the Huddle aisles running N & S) should top out higher than those looking N & S between modules (higher than the panels that run across the front or back of the (2) side-by-side N- & S-facing workstations).
- e. Basically, the "horizontal banding" of materials used in N- & S-facing module walls should be matched as much as possible.
- f. Minimum Clearances:
- 1) Exterior Module Walls flank **3'-6" side minimum aisles** that run along each 4-person module on each side of the Huddle space. The modular team set-up within each huddle space may not exceed dimensions that permit a 3'-6" minimum "aisle" width, either from the back part of the huddle space to the

front lobby, or from one patient-access corridor serving from Huddle 1 through that patient-access corridor serving Huddle 3.

- 2) Within the typical team module itself, **5'-2" minimum clear** from leading edge to leading edge must be maintained (excluding few exceptions, noted below).
- 3) Specifically within Huddle Area 3, in several modular team spaces and the Mental Health team space, fixed floor outlet placement has required accommodation: **36" minimum clear or more** must be maintained. This would be measured from leading edge of "powered base and half wall" enclosure" of power and data/phone management system (modular system base plus half a wall partition, separating side-by-side work stations).
- 4) In those few instances where the 5'-2" minimum clearance is not possible (such as where fixed power and data/phone sources are located in the floor, but not coordinated with the typical module spacing), the enclosed power and data/phone services may be captured by a partial partition, extending out from the leading edge to no greater than (and hopefully much less) than a maximum of 2'-2" beyond the leading edge of the work surface to the fixed service outlet. This partition should extend out as little as possible and still neatly capture the services contained within the fixed outlet.

II. Additions to the Typical Module System to be included in bids:

- A. Adjustable dual monitor arms must be provided in the bid to support monitors that are being "inherited" from their previous owners, to be brought over and installed by VA OI&T from existing Primary Care offices.
- B. Each typical module work station will be provided one locking overhead cabinet. Keying for this cabinet must be identical within each team module. Two keys per overhead shall be provided at installation.
- C. One tackboard "strip" per team member will be provided and installed the panel itself is not tackable.

III. Additions to Atypical Module Huddle Areas and Huddle Support areas: Please submit clarifications or requests for information pre-bid to Contracting Officer if you have any questions on any atypical Huddle areas— again, do not "assume requirements. This SOW attempts to be as detailed as possible for accurate bids, but be sure to ask if something is still unclear.

A. Administrative Officer Module – Huddle 1:

1. Refer to Huddle Space Use Diagram dated 5/31/2017 for general AO space layout; your actual layout must reflect any manufacturing variances between systems (provide a bid drawing that reflects space using your system). All locking cabinets to be keyed the same, independent of all others within Primary Care, and each piece to receive (1) key plus (2) additional keys provided for this space.

2. Provide and install a module set-up usable by the AO, including a sliding “barn door” or other type sliding, locking door so that this space can be contained and locked. The AO functions differently from all other Patient Care Givers within all other huddle spaces. Patient contact is minimal; this work requires some privacy, as much sound control as possible, and filing to accommodate current and new documentation and Primary Care records.
3. Depending on varied manufacturer components and sizing, set up N- and S-facing vertical modular component layout similar to that of typical modular vertical components, except that the portion below glass in the N-facing side may run from the powered base up to glass height of the typical modules all in an acoustical material rather than changing materials.
 - a. Glass strip in the N-and S-facing module partitions should be placed at approximately same height in the N vertical modular wall to still provide huddle visibility through this 1-person space. At the N-facing side, glazing will extend above the lateral files and below the overheads. Exact heights of cabinets may not match that of the glazing band, but should be as close as possible.
 - b. S-facing glazing should tie horizontally into the adjacent glass banding of the neighboring Pharmacy space (where at all possible, maintain the vertical banding set up established in the Typical Team modules).
 - c. Include locking overheads and under-cabinet lighting over (2) 4-drawer high lateral file cabinets in N-facing space, directly across from OA work station Overheads at the 4-drawer high file cabinets must permit at least limited use of top of cabinets as a working surface while using files.
 - d. Provide N-facing work station above FIXED power and data/phone floor outlet, with a 90 degree return for a side work surface. This may require custom fit of a peninsula work station, to cover and enclose the cabling and pigtail from the mid-space floor location. A “corner” work surface may work in lieu of a peninsula. The goal here is to provide a N-facing work surface for the AO, so that folks entering the space are easily seen. the door entrance
 - (1) In lieu of a modesty panel, this work surface is to be a partial modular section with a powered base so that the source of power and data/phone is captured and contained under the AO work station to tie into other powered base modular components for shared use elsewhere in that OA space and adjacent Pharmacy module.
 - (2) Since there are only (2) staff members using these (2) spaces (as opposed to the 4-person team work stations provided in a typical team module), there is sufficient power and data/phone service for the Pharmacist to have typical outlets for one power outlet and (3) data (1) phone service. The AO space should receive the remainder of the typically shared 4-station service, using instead (2) module outlets for power and data/phone in module bases defining the NW corner of the AO module, and an additional powered base served by the same floor outlet for the AO work station: desk-top computer (NIC), a dual monitor mount, and any other office power and data/phone

needs one person may need at their work station (just like in the typical workstations within team modules).

- (3) Because of the limited space, high need for several free-standing cabinets within this space, and the challenges of tying the fixed floor location of power and data/phone to service all areas of this module and the adjacent Pharmacy module, a narrower adjustable module mounted “side” work surface (in lieu of a typical 24” module work surface) may be used to give AO additional room (no less than 20”) to work within.
 - (4) For your reference, and specifically for this limited space area, **2’8” minimum clearance is permitted for lengths running up to 2’-0”, such as getting past a 24” peninsula-type work station.** If OA work station surface must be custom fit for this requirement and to ensure regular required **minimum clearances of 3’-0” elsewhere** within the space, one possible solution is to custom-adapt a 30” peninsula-type top extending over a power and data/phone base management system, sufficient to neatly capture and utilize the irregular placement of the fixed power and data/phone outlet in the floor). Other options may be considered and must be presented pre-bid to determine whether solutions are acceptable to the VA.
3. Include a 2nd set of locking overheads and lights over the work surface portion of the work surface space, placed against a modular wall sized to match N- & S-facing walls. This module wall does not need to have glass but instead may have additional tack board between the adjustable work surface and the overheads /lighting.
 4. Provide new ergonomic 5-wheel base rolling task chair: adjustable seat height and seat pan depth, adjustable arms and lumbar support. Steelcase Leap or similar function and appearance. Vinyl seat, back. Provide color/finish options with bid.
 5. Provide (2) 4-drawer cabinets at N module area (below N wall overheads described above). Leave sufficient space at north-west area of OA space for placement and use of printer/copier/fax equipment (NIC) – just W of lateral files. The lateral files should be freestanding and should fit under locking overhead space to provide some work surface on their tops, but cabinets may be slightly larger than modular sized overheads to accommodate most efficient filing capacity. Please note that fit of items in this space may vary depending on manufacturer’s modular system and free-standing cabinetry sizing.
 6. Provide (1) 2-or 3-drawer filing cabinet at the S-facing huddle module wall, but only doing so leaves OA sufficient space to work. At least 3’-6” clear must remain after cabinet placement (from leading edge of the OA side peninsula work space to the front of the filing cabinet) for that cabinet to be included. If, with the custom peninsula or corner work surface and the actual depth of a new filing cabinet, less than 42” remains for OA to work within, this “S” module wall AO cabinet is to be eliminated from this package, and a statement to that effect re: exact space left must be included in the bid.

Remaining Atypical Huddle module spaces receive:

- B. Huddle Pharmacists - these have reduced module width and depth, but install locking overheads and undercabinet lighting at all Huddle Pharmacists spaces. These will reflect the same vertical composition of typical 4-person team modules. Also provide per Huddle Pharmacist (one per huddle area): (1) Pharmacy rolling task ergonomic chair with arms. Similar to Team modules, a locking tablet station (NIC-to be provided and installed by VA or others) will be mounted on the work surface for a VA-provided tablet. Provide and install adjustable dual monitor arm, to support NIC install of monitors that are being “inherited” from their previous owners, to be brought over and installed by VA OI&T from existing Primary Care Pharmacy offices.
- C. Dietician – located “centrally” in Huddle 2, serves all 3 Huddle Areas - - except that this space only serves a single staff member, and so is smaller than other typical 4-person team modules, provide locking keys for all locking items, using same-key in each overhead, and provide one extra key for the Dietician space. Under-cabinet lighting over a typical adjustable work station surface are to match both N- and S-facing vertical composition of typical team modules. Additional 5-drawer locking cabinet, keyed to Dietician space, with one extra key, to be provided to fit in a niche across the 3’-6” aisle close to the Dietician’s module for additional pamphlets, other stored patient information. Provide one One Dietician rolling task ergonomic chair with arms. Similar to Team modules, a locking tablet station (NIC-to be provided and installed by VA or others) will be mounted on the work surface. Provide and install adjustable dual monitor arm, to support NIC install of monitors that are being “inherited” from their previous owners, to be brought over and installed by VA OI&T from existing Dietician office(s).
- D. Mental Health Team: (1) Psychiatrist, (1) Psychologist, (2) Social Worker: See “Typical 4-person Team Module for vertical composition of module, for E- and W-facing module walls, and for all included extra items. These will include, but are not limited to:
 - 1. Adjustable dual monitor arms must be provided as part of this bid to support (NIC) monitors that are being “inherited” from their previous owners, to be brought over and installed by VA OI&T from existing Primary Care offices or from Departments that support Primary Care.
 - 2. Each typical module work station will be provided one locking overhead cabinet. Keying for this cabinet shall be identical within each team module. Two keys per overhead shall be provided at installation, one for the end-user, one for VA.
 - 3. One tackboard “strip” per team member will be provided and installed the panel itself is not tackable.
- E. Hoteling Staff and/or Lab Tech Space - Provide and install module non-locking overhead cabinet and under-cabinet lighting to match those of other typical 4-person modules. This module does not need S-facing glass, but instead should provide tack board surfacing under the overhead cabinet.

F. Reception/Shared FAX, Printer and Copier Niche: Provide and install locking module overhead cabinet and under-cabinet lighting to match those of other typical 4-person modules. Provide a tall but narrow partition (intended specifically to stabilize the NW corner of this module) and to prevent anyone from accidentally walking into the overhead module cabinets over the shared copier/printer/FAX. This location is dependent on wall-mounted power (as opposed to the remainder of Huddle spaces, dependent on Floor Mounted locations. Module connectivity is still required to support function in this space of NIC equipment. Provide powered base to serve all areas of this shared “service” space, Hoteling space and the 3rd Pharmacy Space so that the modular system can continue to provide connectivity for all equipment with shared “wall-mounted” infrastructure. Just as fixed Huddle floor-mounted power and data/phone resources serve a maximum of (4) work stations within each team module, this equipment requires at least the infrastructure for one work station, but may also require the additional power and other drops that have been transferred from Reception to a Huddle function under construction of the New Primary Care Building. Keying for this “Reception supply” cabinet will be independent of all other keys; two keys will be provided to Reception supervision staff, and one additional key for the VA.

IV. Patient Exam Rooms (team-dedicated or not) See IGCE

V. Shared and Other Consult Rooms See IGCE

VI. Staff Break Room - NIC – this will be furnished through repurposed existing furniture.

VII. Patient Education Room – NIC – This will be furnished if possible as a last bid item or through repurposed furniture.

VIII. Blood Draw Room: See IGCE

VII. General Purchase Specification Information for Bid Clarity:

A. Huddle Modules and Desking materials

1. **Base bid to include** standard Module Color/Finishes. Please note that while VA selection options that are standard should be provided with each Bid, the value of Upgrade Options for Color/Finish Upgrades should be defined as well. Available upgrade values must be stated in advance; if specific standard finishes are not called out at or before the bid, VA will assume any finish is standard at no upcharge.

2. Pre-bid approval of colors/finishes is recommended to generally match the structural metal of the huddle modules or desking metal.

3. Rough sketches are provided to show the anticipated set-up within each interior huddle module staff space, to be replicated wherever possible. The tackable surface provides the opportunity for individual reference info to be posted, the glass strip permits patient exam room flags to be fully visible to all staff (and provides some sound control). The overheads, when provided, give additional storage space to end-users. Provide and install overheads and

lights for all huddle space occupants. Fabric wrapped tack boards provide each huddle occupant a resource space, plus help control sound. The Huddle is considered a non-patient area; cleanability may still be a concern.

4. White Board Sections of Huddle Modules:

- a. White board panels are not part of the interior, at individual spaces. Exterior white board panels are anticipated. If it becomes possible to place a “team” white board for shared individual use behind the “huddle” white board on the exterior, that may be a good white board placement as well, so that each team module has both a huddle white board outside and a collaborative “team” white board to share ideas or info (since the exterior white board already reduces patient exam room flag visibility, using its back for another white board makes this placement logical).
- b. Large (3’ x 4’ +/-) white board erasable panel is supposed to be a ready reference for each of the 9 teams throughout the week of their team activity status, their issues. Access to the white board for its team use should be from the exterior side (it’s used from the 3’-6” min clear traffic flow space throughout the huddle area) of each 4-person huddle space team module. White board panels need to be either immediately to the left or the right of the entrance into each respective “team” space (whichever side best lends itself to a large white board panel AND in a spot that does not interfere with the team members looking through the remainder of glass panels required to see as many “patient status” flags along patient exam rooms (generally, each team will be assigned specific exam rooms, but that may always change, depending on staffing or patient loads, so the more of the exam room flags flanking the huddle space that can be seen, regardless of team assignment, the better).
- c. Depending on manufacturer, white board panels may or may not be readily available within standard modular lines. For bid purposes, regular acoustic panels may be used, with added hung white boards, but this may impact your ability to be competitive. Be sure to include additional purchase of separate white boards if your line does not have integral white board panels. Separate white boards are not preferred, primarily because arbitrary placement of independent white boards may obscure Patient Care status “flags”. Location or need for white board panels for team huddles will vary only at the support team spaces (Pharmacists, Dietician, AO space, and “extra” hotel space). The Mental Health group (psychiatrist, psychologist, and 2 social workers) will require a white board placed similarly to their space as the typical 4-person team modules.
- d. There is an open area in Huddle 2 for shared discipline use by all, such as a full Primary Care group (all staff from all three huddle spaces) for occasional full huddles. The exterior white board at this area needs to be as large as possible while still permitting that staff who occupy Huddle 2 to maintain view of Huddle area 2 Patient exam room flags at that end of the huddle area. White board can be on the exterior of these spaces for mixed discipline Team huddle use.
 1. Staff stand to do our regular huddles, so the 46 staff members could feasibly occasionally meet in that middle “collaborative” space within Huddle to discuss

generic Primary Care issues or note items of interest to all three huddle space occupants.

2. A table and 4-6 chairs are provided where mixed staff collaboration may occur (perhaps nurse from 4 -member team, a MH provider, dietician and pharmacist) to discuss specific patient situations requiring this type of shared collaboration. That's why a larger white board surface may be needed.
3. This space is NOT meant to be another location for locking stations for single tablet use – it's meant only for occasional face-to-face discussions including more than one part of the care team about patient care when and if necessary, and the larger white board accessible to this table area for large Primary Care huddles may also be used during these discussions.
4. While they each can bring their tablets to this area to discuss issues, then return to the patient or to their team area for further detailed discussion within their respective team module, this space has no dedicated locking station for tablet placement. Each team module within each huddle area provides one locking station with dual monitors, a keyboard and mouse tray, for individual use within dedicated team space (provider, RN, LVN and MSA) providing in-team collaboration opportunities.

- e. Conference Room White Boards: Provide and Install 2nd Fl Patient Education Conference Room and 1st Fl Conference Room each with a large wall mount white board, (4'x6' or larger).

B. **Filing Cabinets as a Bid Option** may be submitted at the time the F/F package is bid. These are to be provided separate from module layouts or layouts for "basic desk configurations" in offices to ensure adequate filing space. Many folks being relocated to the new Primary Care Building 48 will bring their own small, locking & rolling BBF's or FF's. Existing locking BBF and FF cabinets will be relocated by others (NIC) to the huddle areas and offices to where staff is being relocated. Provide as a bid option a value for up to additional 20 locking, rolling file cabinets are to be keyed individually, each to come with (1) additional key each. We do have several large locking lateral files, and those also may be relocated within the larger offices rather than in huddle spaces.

C. **General Location of Stand-Alone Desks** will be placed in offices near phone/network connections. Refer to the Reference Drawings, specifically the QH series drawings, to indicate furniture placement; that will also determine R or L handed desk layouts.

D. Seating Selection:

1. Priority in bid review re: meeting requirements for all seating, highest to least, is as follows: a. does seating provide adequate capacity? b. do safety & design of the product avoid falls, tipping even if there is some poor use by patients, guests or staff? c. is the product comfortable and supportive of our patient, guest and staff needs? d. do the standard product and finish materials available and style/design contribute to easy care and cleanability, durability, the ability for staff to move seating and accommodate

patients needs (or, how much more would upgrades providing better color/ finish/ materials cost?) And finally, e. what are available color/finish and material selections, design options for best seating value?

2. While matching example chairs is helpful, “cutting edge” design is not necessary a high priority. If the design is simple and clean, if we have wall saver legs (to help counter the tendency of patients to use the backs of the chairs to hold themselves up, risking a tipping chair and patient injury, and if it meets priorities as noted above, that is what we request is bid.
3. Where seating is new, adjustable rolling task chairs with arms are required for offices.
4. Adjustable ergonomic rolling task chairs without arms are required for every Huddle work space and a few limited space areas – please refer to product list for arms vs. no arms.
5. Guest/Patient chairs: (2) chairs are required for each Patient Exam office: New Bariatric chairs with arms are being claimed from another VA. One of these chairs will be teamed with one other, either typical side chairs. Whether hip chair, regular chair or 19” high chair, the intent is to end up with a “matching” set. Teaming chairs requires that color/finish, materials and style are as close as possible so they appear as a “set.”
6. Chair arms for stationary seating: Arms are required for most chairs, but especially for all bariatric and hip chairs (folks using these chairs usually need additional help getting in or out of the chair). Some 19” seat height chairs with arms are requested for those patients who may fit in a regular chair but need the assist of arms to stand up. Some armless patient/guest chairs are requested where space is limited, but most guest/patient chairs have arms.
7. Chair Capacities: Submittals for any chair must include capacities. Plan at least minimum capacity for regular chairs of at least 250-300 pounds.
8. Patient/guest and Waiting Room chairs must be easy to clean, which means solid surfaces, not slotted or “holed” side chairs, which are too difficult for quick daily cleaning. Upholstered seating is requested.
9. Bidding Chair Options – Examples to save time and your effort:
 - a. Sorrel chairs are an example of Patient/Guest chairs, for comparison purposes; they have a standard option of wall savers, except their hip chair, but a wall saver on their hip chair is available at a special increased price. To bid the upgrades to meet this spec, the bid would have to include the value to provide the wall saver style pre-bid, and any other items that such “upgrades” would cause, such as a longer lead time. Those items must be spelled out at bid time, if not before.
 - b. Bidders that expect to make value increase adjustments after bids are submitted need to reconsider. Some bids may include options such as Lounge type Waiting chairs, such as a Jarrah, which may be used in rooms where fit is more flexible, such as in the larger Consult spaces, areas where a patient would need to spend more time. Bidders have the option to use their product line to their best advantage IF proposed ahead of time (no later than when the bid is submitted, but preferably with VA pre-bid approval of proposed changes IF those proposed changes are done in a competitive and logical fashion, giving the VA best value. Or another example would be upcharges for mixing upholsteries on the same chair, the bidder needs to define

value differences between one upholstery fabric vs. varied seat and back (and since all seating for this project should be a hospital grade vinyl, bidders have a chance to provide the VA Waiting areas with a decorative seat back if fabric meets the priorities above.)

E. Additional Specifications and Clarifications by Area:

Shared Consult rooms and 1st floor offices need to have a peninsula and modesty/ privacy panel between the patient and the staffer. Please be sure to plan around an open peninsula with “L” shaped configurations. Please turn the “L” shaped configuration and make adjustments accordingly so that “consult” can occur. Unless shown on QH drawings otherwise, “L” shaped desk with the overhead placed at wall is the anticipated furniture purchase. Please do not expand the work station into a “U” shape unless you obtain written VA authorization pre-bid to do so. Budgetary concerns caution against too much desk into little a room.

In all 1st and 2nd fl offices offices (in all spaces, but this may not be possible because of available space), placement of Patient/Guest seating should be considered for fit as well as placement of stand-alone desking, next to phone/network connections. Layouts may be changed only if there is room for Patient/Guest seating to be placed farthest from the doors, so that staff can exit and enter without passing by Patient/Guest seating. Placement of the work station on the walls will determine R or L handed desk layouts.

For 1st floor Pharmacy work stations in the Conference Room, white board panels or tack board panels may serve as privacy panels. In this Conference room, provide and install 4 individual work stations. The intent of additional work space in the Conference Room is to provide (4) additional work stations to be available for Pharmacy and possibly other staff, making the Conference Room a shared purpose space.

2nd Floor - Back of House - We are using for exam rooms, for Break Room, shared Consult Rooms and for Patient Education Spaces as much of our existing Primary Care furniture as possible, but refer to the Purchase list and seating priorities, above.

2nd Floor – Back of House Space constraints and Infection Control Needs:

All “back of house,” including patient care area seating, must be easily disinfected, and hospital grade vinyl-type backs and seats are to be easily cleaned. Mixed vinyls, with faux woven fabric for backs and solid colors for seats, are preferred; please provide one fabric pricing vs. combined vinyl upholstery, especially if that causes an upgrade in cost or increase in lead time. Adjustable rolling provider stools are included in the IGCE where they serve exam room staff seating. These patients in the new building will remain in their room and staff will come to them, so guest/patient comfort for stays within a Patient Exam Room still is an issue with these primary care patient rooms.

2nd Floor - Shared Consult Rooms may often require even longer patient stays, so fabric upgrades may be permitted there; color/finishes may reflect that in the bid, but submit a request pre-bid if use of fabric upgrades becomes an issue. Small lounge-type or comfortable Patient/Guest seating is sought for Consult Rooms; similar to or exceeding that seating in waiting area. Provide and install new staff seating, but only if ergonomic, adjustable 5 leg rolling task seating is not already available and in use by staff moving to the new building.

2nd Floor – Team Collaborative Huddle Spaces These spaces require all new furniture, as spaces are extremely tight and staff comfort will rely on easily adjustable but smaller profile ergonomic task seating. Please note clearances above and in the Huddle Space Use Diagram as work spaces may restrict chair size. Huddle Space Use Diagram from 5/31/2017 shows typical layout for 4-person team cubicle walls. Height expectations and the ability of the folks in the huddle space to see “patient room status” lights through the requested glass panels is described above. Requested in bids are solutions to demonstrate how best your product(s) can serve our staff. As noted above, the only person whose space does not need this visibility of “patient exam room status flags” is the AO to the Primary Care Chief.

1st and 2nd Floor – Front of House Waiting Areas - Preferred Options:

- Provide product with crypton or similar back fabrics, vinyl or other wipe down seats, arm covers in PVC or wood, metal or wood frames, and space saving frames. Contemporary look is acceptable. Not ganged.
- Wide range of colors/patterns for back – plain seats. High durability.
- Variety of seating:
 - Some bariatric chairs (also will act as love seats for non-bariatric patients and/or guests),
 - some hip/bariatric chairs,
 - some plain hip chairs,
 - some with 18” seat heights and
 - some with 19” seat heights (“transitional”). If 19” is not available through typical chairs, please include cost(s) to custom raise some of the seats to 19”.
- Seating for Small round +/- 29” work height “café” tables: vinyl or wood backed chairs, upholstered vinyl seats and backs, high capacity metal or wood frames; each table matched to easily placed lightweight but heavy duty chairs (2-4) so folks can sit at a table if they prefer while waiting.
- Space already at a premium: Utilize two small work areas for My-Health-E-Vet, one on 1st floor and the other on 2nd floor. Provide short partitions at sides for privacy. Non-rolling chairs for safe use of my-health-e-vet computers by vets, yet light weight enough chairs to be easily relocated for folks in wheelchairs

1st and 2nd Floor – Front of House Waiting Areas – Coordinated End-Table Preferred Options:

to permit break down of seating into smaller “social groups” and groups associated with each huddle area and its teams:

- Small, higher (work surface height +/- 29” AFF) round “café” tables; tables should coordinate with color/finish materials and style of other Waiting Room seating.
- Capacity of all tables must be able to accommodate occasional “sit” by patients/guests (stable and supportive).
- Coordinating round or oval tables for end and/or coffee table use, again with capacity to accommodate sitting (not intended, but capacity sufficient to protect anyone who sits on them in error).

1st and 2nd Fl Waiting area seating options:

- Extra space for wheelchairs or powered carts.
- Existing bariatric chairs may also be used in these spaces to provide non rolling seating.

First Floor Spaces:

1st Fl Pharmacy Consult Offices: Stand alone desks w/locking hutches and rolling, locking BBFs will provide sufficient work, computer and storage area at the wall. Some type of work surface (at least 30-36” clear on staff side in width, 30” in depth) will be needed between patient/guest and Consulting Staff Member for scheduled appointment sessions. Two existing wall units will provide similar function once relocated into two of the 5 Pharmacy rooms; the “consult” peninsula or other work surface should be similar on all of the 5, so that Pharmacists face patient/guests being counselled.

1st Fl Offices: Head Nurse and Chief of Primary Care will each have an office to counsel employees and/or Patients and their families as needed. L shape or U shape stand-alone configurations should support this function. Provide Chief of Primary Care Small (+/- 30” diameter, 29” high) table with a couple of comfortable chairs for small staff and patient meetings.

1st Fl Conference Room:

This 1st floor space will be a combined “training/independent work space (4 small but separate work karrels around the periphery of the room) where network jacks are present around a set of 18” deep, 6’ wide rolling tables that can be combined into a teaching configuration or into several or one conference table. Chairs should be comfortably adjustable re: height, no arms are needed (reduces damage from Conference Room chairs hitting tables) and vinyl backs and seats are suggested for Infection Control cleanability so shared use of the Conference Room can include Patient Education Groups.

Break Room gets a closed (lockable) tack board cabinet for Primary Care – wide postings.

Module materials and/or components:

Spaces at or below tack-board and work space level provide some sound control but are laminate - surfaced where staff sits to avoid foot damage and to permit easy wipe down of the area below the work

surface if needed. Areas below work space level may be acoustical fabric to better control noise within the team module and throughout the overall huddle area. The determination of material to be used below the work surface is whether someone will be seated at that space to put their feet up against the panel, or if it's a panel that is to the side or adjacent to a work area but not as susceptible to "foot" damage. The base needs to be durable, to provide and manage cables for both power and separated CAT 6 infrastructure to support 3 data and 1 phone per staff member. The base needs to be durable to withstand "foot" damage, and all trim pieces are required below to manage infrastructure and power (including pigtails) to utilize fixed power and data/phone outlets in the floor or wall. (Only Huddle 3 utilizes wall power for its reception area copier/printer/FAX connection, one non-dedicated, shared "hotel" space (for lab or occasional extra staff) , and the Huddle 3 Pharmacist.

Prioritizing placement and provision of Huddle area modular unit materials and components:

1st (most important) Transparent tempered or laminated glass to provide full view of as many patient exam room flags as possible and as much of the huddle area as possible. This is a critical, required element of the huddle area modular system so that patient care may occur unimpeded and as quickly as possible to support a "staff goes to patient, not patient to staff" approach. The glass (rather than open areas) also contributes to sound control within the overall huddle space.

2nd Infrastructure management /base color to match framework is also a required element under this contract; modular infrastructure under this contract is required to carry power, (3) data and 1 phone per work station, not to exceed 4 workstations per fixed floor or wall outlet. Other purposes for infrastructure management and cabling /other install within modular system include uninterrupted connectivity between power and data/phone fixed sources and safety (avoiding trip hazards or other safety issues due to unmanaged cabling). Neat appearance is requested for support of this infrastructure.

3rd Vertically adjustable (above or below typical surface height of 29" AFF) 24" deep work surfaces mounted to the module walls of each Individual staff work space (wood grain laminated surfaces – light maple, light/natural cherry, or similar wood grain).

4th This contract to provide adjustable dual monitor arm at each workstation to support (2) monitors while both standing or sitting.

5th Purchase and install by VA or others on each work surface (once workspace installation has occurred) is a mounted locking station, (1) per work surface, to support staff tablet use within Huddle Space (this is for all 46 Huddle workstations). This contract includes required holes on worksurface as needed to mount the locking station. Others to provide template or placement to ensure proper location and size prior to fabrication.

6th Huddle modules must provide CAT6, 3 data and 1 phone outlet per each workstation to support anticipated tech equipment, to be installed by VA OI&T staff once F/F contract install of infrastructure and modular units are completed.

7th Modular framework to be light gray, light taupe, brushed metal (bronze, aluminum or stainless steel) in color. May discuss for VA approval other similar framework/infrastructure colors to provide a uniform module appearance.

8th Locking overheads to provide storage where noted on drawing and under-cabinet task lighting wherever overheads occur. Overhead doors where possible to be wrapped vinyl to provide EOC conditions that are easily disinfected/cleanable where needed. This will also provide an additional layer of sound control within huddle spaces. No exposed metal overhead doors are permitted. Laminated doors to exactly match the work surface may be considered if upholstered doors are not available.

9th Exterior white board panels to be provided at each team entrance of erasable white board. Interior module panels of erasable white board may back these exterior panels but only if no additional disruption to visual view of patient exam room flags. If modular system offers no integral white board panels, panels independent of the modular system should be purchased, to be hung on/over modular walls. In this instance, those modular panels at which white boards will hang must match remainder of upholstered panel material, upholstered in a durable, sound absorptive material easily cleaned. (If panels can't be white board, at least acoustical properties would benefit the huddle sound control.)

10th Choice of materials inside the team modules for non-transparent panels (panels not glass) will generally back to similar materials (tack board backed to tack board, etc.). Exterior modular panels (along the aisles on both sides of the modular set-up) should be upholstered panel material. Upholstery to be durable, sound absorptive material easily cleaned to withstand passing traffic. Choices of material must be submitted for each manufacturers' options to be viewed by VA review team. Anticipated color finish for these materials should all be either be neutral in color range or colorful to include all way finding colors. Patterns (if any) will be considered but must include way-finding colors (to match LVT wayfinding colors and coordinated architectural paints). For example, Pallas Taboo: Bright Lime, 27.253.055 or Orange Burst 27.253.089 or Carbon 27.253.012 all appear to have a mix of colors that include all or most of the accent colors specified in the Building's color/finish schedule. This provides modular flexibility for any unanticipated future changes that won't disrupt way-finding. One option is to go with brightly colored fabric along the 3'-6" min. aisles that run through and around the modular set ups as a way of showing "huddle access" across the (3) patient/huddle areas. Because the manufacturer eventually selected will present color and material choices for their particular set up, a general approach to the modular color scheme will be specified, asking for available choices along with specific glass, metal, tackboard, and other materials where specified.

Please Note: Closed modular / cubicle walls are not an option for this project due to the support nature of the huddle to patient exam rooms and the need for visibility throughout the huddle. These are team collaborative spaces, not offices and not cubicles. If the specified glass /tackboard/ overhead combination as specified is not available within a manufacturer's line, it cannot be considered an adequate alternative option and must be rejected from the bid process. Some options are available, such as white board inclusion in other ways, but making these team spaces closed cubicles is not an option.

Module Glass locations may differ on bids because each modular system, depending on manufacturer, is a little different in their ability to use glass and still have modular stability, strength. White boards are

also requested - where glass ends and white boards start may depend on manufacturer's modular system, which requires bids to be specific as to what can be done to get us where we have a modular set-up that will work as intended. Bids should clarify with their system where can we have glass, and where is it impossible. Included in this package is a hand sketch, showing VA expectations, that we can have as much glass as needed yet still have tack boards for each team-member's notes inside the 4-person modular layout, and an overhead cabinet with an undermount light where storage is needed in the 4-person modules. We need as much visibility as possible, based on what your company can provide. I don't need glass way at the top, since it won't help us monitor patient status flags throughout the huddle area. I do need glass at a level easily used, and the expectation is that visibility will carry through adjacent modules - we don't need visual "privacy" in a collaborative area like this. Again, the hand sketch with estimated heights shows one possibility of how glass can be used in each module to provide occupants with views of patient status flags throughout the huddle. The module walls along the "patient side" portions of the huddle can be a little taller to provide stability, but without glass in those side walls, the patient exam room status flags outside each patient exam room will not be easily viewed, the primary reason for glass. If it wasn't for sound control, we'd leave huddle team modules open if possible, so that the visibility could be maintained, but that will not contribute to sound control.