



Date: October 27, 2025
To: Potential Offerors
From: H. Frank Schneider, Senior Contract Manager
Re: 26-0161 HBMC DESIGN RFP Int Renovations Outpt. Surgery Unit, SSU, PACU & Dialysis Treatment Solicitation Addendum No. 01

This correspondence serves as Solicitation Addendum No. 01 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

The RFP is amended.

Section 2.0.10 of RFP 26-0161, issued October 24, 2025, is updated with the information provided within this Solicitation Addendum No. 01.

Solicitation Addendum 1:

- ❖ 2.0.10 Exhibits A-D are available for download independent of this RFP through the following Sharefile link: <https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s22cce8be6b534992b4ba029fd5e7a3a8>

Except as noted above, the RFP 26-0161 is unchanged.



Date: November 28, 2025

To: Potential Offerors

From: H. Frank Schneider, Senior Contract Manager

Re: 26-0161 HBMC DESIGN RFP Int Renovations Outpt. Surgery Unit, SSU, PACU & Dialysis Treatment Solicitation Addendum No. 02-Question/Answer

This correspondence serves as Solicitation Addendum No. 02 to the subject Request for Proposals ("RFP").

Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

The RFP is amended.

RFP 26-0161, issued October 24, 2025, is updated with the information provided within this Solicitation Addendum 2.

Solicitation Addendum 2:

- Q1. Can mechanical/plumbing/medical gas as-builts be provided?
A1. *HBMC can provide Acute hospital construction drawings; See attached sharelink.*
<https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42bae57aa209439398d682a6f1910eeb>
- Q2. Is there a HBMC standard document and if so can it be provided?
A2. *HBMC can provide Acute hospital construction drawings; See attached sharelink.*
<https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42bae57aa209439398d682a6f1910eeb>
- Q3. Is all existing mechanical/plumbing/medical gas in the project area to be demolished and replaced with new, or is there a preference to reuse whatever is possible?
A3. *The existing infrastructure impact largely based upon the proposed designs based upon the program requirements.*
- Q4. Confirm if there are any phasing requirements to relocate the existing services to a temporary location.
A4. *HBMC would accommodate temporary relocation if/as required.*
- Q5. Will the project area be available for the contractor for the entire duration of the construction?

- A5. *The project areas of work may be available for construction duration per separate floors based upon phasing.*
- Q6. Low Voltage Cabling:
 a. Is this required?
 b. If so, what are the locations, quantity, and type?
 c. Where will cables be terminated? What is the expectation for connectivity between floors?
 d. Are their specific raceway requirements?
- A6. *Yes, refer to HBMC Low Voltage Cable Policy, quantity shall be determined during design. Refer to HBMC Low Voltage Cable Policy, quantity shall be determined during design. Low voltage cabling is required for new design layout as required. ICU and PACU data cabinets located Room 2D-1 on the 2nd floor. Current L&D data cabinet is located in Room 3B-35. Depending on the number of new cables being ran, which HBMC I.T. will need a count of, they could be terminated in one of our existing data cabinets. If not we'll need a new cabinet/rack installed to land the drops. Current fiber in place between all floors will be used for connectivity. J-hook pathway above the ceiling is acceptable.*
<https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42bae57aa209439398d682a6f1910eeb>
- Q7. Audio / Video:
 a. Is this required?
 b. If so, what are the specifications? Include floorplan.
 c. What rooms/spaces require AV systems (conference rooms, waiting rooms, ORs, patient rooms)?
- A7. *Power and data cabling for TV monitors for the above mentioned defined during design not limited to the proposed design layout locations. Short Stay patient rooms are interior refresh scope of work.*
- Q8. Physical Access Control:
 a. Is this required?
 b. If so, what are the specifications? What doors and entry points require access control?
 c. Which access technologies are required (keycard, biometric, keypad, wireless credentials)?
- A8. *Location defined during design/refer to HBMC Standards. Existing security intercom door access to the SSU clerk station remote release would not be required for New Short Stay unit but wired card reader door access required at existing door access into SSU, interconnecting doors to PACU, New Equipment Storage, PACU, and Dialysis. New OSU design program shall require card reader access into the OSU and staff access rooms within the unit.*
<https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42bae57aa209439398d682a6f1910eeb>
- Q9. Security Cameras:
 a. Is this required?
 b. If so, what are the specifications? What areas need coverage?
 c. Is real-time monitoring expected, and who is responsible for it?
 d. Are there privacy restrictions or limitations in clinical or patient spaces?
- A9. *No security cameras necessary in these areas of work.*
- Q10. Wireless:
 a. Is this required?
 b. If so, what are the specifications? Approximately how many devices would connect to wireless?
 c. Is there a spectrum coordination requirement with clinical wireless devices?
- A10. *Ceiling mounted wireless access point devices require data connection. All wireless access points will be installed by I.T. with data drops above the ceiling in I.T. designated locations based upon the new design layouts as*

required. All specifications for wireless handled by HBMC I.T. Spectrum coordination to occur between any vendors with wireless devices and HBMC I.T.

Q11. Network Infrastructure:

- a. Is this required?
- b. If so, what are the specifications?
- c. Is new core or edge switching required? If so, what manufacturer or platform is preferred?
- d. Are there requirements for PoE (Power over Ethernet) for phones, wireless, or cameras?
- e. Are there monitoring and management platform requirements?

A11. *Any network hardware required shall be purchased, installed and configured will be handled by HBMC I.T. The cabling for data connections required by the project refer to HBMC Low Voltage Cable Policy If the existing data cabinet serving the future OSU requires to be relocated per design, this would require HBMC I.T coordination and reinforcement for mounting required by project.*

Q12. Cybersecurity:

- a. Based on the requirements above, what are the integration requirements to existing systems?
- b. Based on the requirements above, are there any specific cybersecurity requirements, ex. wireless security, authentication, threat detection.
- c. How will vendor remote access or service connections to systems?
- d. Is a formal incident response and reporting plan required for all IT and security systems, and must it integrate with hospital policy?
- e. Will network segmentation/VLANs be enforced between clinical systems, administrative systems, building security, cameras, and AV?
- f. Are there air-gap or network isolation requirements for any systems (e.g., door access, nurse call, medical device networks)?
- g. Is a firewall or network access control (802.1x, NAC, ACLs) required between segments, and who will manage policy configuration?

A12. *All network security specifics to be coordinated with HBMC I.T. for any vendor/new systems requiring network access.*

Q13. Medical Equipment Outpatient Surgery:

- a. Confirm that procedure rooms will be only for GI and no other Endoscopy services.
- b. Will Surgery Center be day surgery only or are 23 hour stays envisioned?
- c. Renovation of existing PACU bays – will existing headwalls be retained?
- d. Does this service already exist or is it new?

A13. A. *Other procedures provided in these (2) GI procedure rooms are Colonoscopy, EGD, Flexible Sigmoidoscopy, Polypectomy dilation and foreign body removal, Dual and Fecal implant*
B. *Day Surgery only.*
C. *Yes.*
D. *Currently the ambulatory day surgery services occur on the 2nd floor. Per Design RFP, these services are to be relocated to the new 3rd floor Outpatient Surgery Unit.*

Q14. Renovation of existing ICU to Short Stay – will existing headwalls be retained?

A14. *Currently existing headwall elements are fully operational and to be retained unless otherwise not operational during existing infrastructure conditions walkthrough.*

Q15. Dialysis:

- a. Intended for outpatients, inpatients, or a mix?
- b. Renovation of existing PACU bays – will existing headwalls be retained?
- 4. Overall – is the intent to retain as much of the existing wall structure as possible?

- A15. *The new Dialysis location is to support inpatients in the hospital. It appears unlikely the existing headwalls with bed holding area meets the requirements to support the dialysis treatment.*
- Q16. Besides ceiling mounted air control boxes, will there be work involving air handling/chiller units or exhaust fans?
- A16. *This will be assessed based upon the proposed design -design dependent existing HVAC conditions assessment by the prospective design engineer team.*
- Q17. Will there also be work on emergency generators?
- A17. *Not anticipated - based emergency power outlets requirements.*
- Q18. Will the construction be done in phases? For example 2nd floor – phase 1, 3rd floor – phase 2?
- A18. *Phasing of the project areas shall be further developed during design. The priority is to complete/occupy the Outpatient Surgery Unit, along with Short Stay Unit completion then PACU reconfiguration with new Dialysis treatment.*
- Q19. Will HBMC require page flip meetings after each submittal?
- A19. *Design phase submittal review meeting would be productive to align the design project scope of work with HBMC.*
- Q20. Has a space program been developed? If yes, can it be shared? If no, is the expectation for the design team to work with HBMC to develop the space program?
- A20. *Design RFP included initial design program outline further design parameters may be referenced to current FGI guidelines and the prospective design meetings with HBMC.*
- Q21. To which edition of FGI will this project be designed?
- A21. *Current edition of FGI.*
- Q22. Will HBMC provide a medical equipment list and spec/data sheets or is the design team to provide a medical equipment planner?
- A22. *See attached sharelink.*
<https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42bae57aa209439398d682a6f1910eeb>
- Q23. Will the Short Stay Unit be for patient length of stay under 24 hours?
- A23. *Pre and post same day procedures/surgeries.*
- Q24. Will imaging equipment be used in the ORs or GI Rms?
- A24. *Yes, the third floor ORs would use imaging equipment like C-Arms.*
- Q25. In Exhibit C, the “Existing ICU Reconfigure to SSU” area that is highlighted in light orange is assumed to be the area of work; however, some of the rooms to the northwest adjoin the area of work and appear to be part of the proposed SSU. Is the work limited to just the orange highlighted area or will those adjacent spaces that open into the new SSU be renovated/refreshed with the SSU?
- A25. *Only highlighted in orange are the areas of work for SSU refresh.*
- Q26. For the SSU patient rooms, is it the intent to reuse the walls, doors and general configuration or the ICU patient rooms? Will two of the rooms be negative pressure isolation rooms?
- A26. *The designated negative pressure isolation rooms in SSU may be utilized for patients with respiratory issues (like COVID or TB) or during bronchoscopies.*

- Q27. Please clarify if the last two items of 2.0.7 of pages 12 or 38 are relevant to the SSU.
Four to Five (4-5) Infusion Bays with recliners, privacy, power/data, nurse call.
❖ Reconfigure existing staff offices into Clean Equipment Staging Room.
- A27. *Yes, as per potential floor plan to design the existing space reconfiguration within the new Short Stay Unit accommodating new infusion bays adjacent to the new nurse stations and reconfiguring existing rooms west of PACU for new Clean Equipment Staging Room.*
- Q28. Please clarify the design team's scope of work in regard to the nurse call, Philips physiological monitor mentioned in item 2.0.7. Typically the Owner furnishes the medical equipment, and the design team provides the design for the power and data locations to support the equipment.
- A28. *Design assessment to support the existing nurse call in the patient rooms may likely be required to connect to the new nurse call master station in the new Short Stay nurses station within the design contract documents. Existing power & data infrastructure for Philips Physio monitors are to remain as is in existing ICU and PACU. For new Dialysis, design shall include to relocate power & data infrastructure for Philips Physio monitors for new Dialysis patient bays.*
- Q29. Will any of the existing medical equipment be reused? If yes, is inventory of existing equipment to be reused part of the design team's scope of work?
- A29. *See attached sharelink.*
<https://hawaiihealthsystemcorporation.sharefile.com/public/share/web-s42bae57aa209439398d682a6f1910eeb>
- Q30. Will commissioning be required for this project?
- A30. *Commissioning fee for MEP for OSU, PACU and Dialysis as an option.*

Except as noted above, the RFP 26-0161 is unchanged.