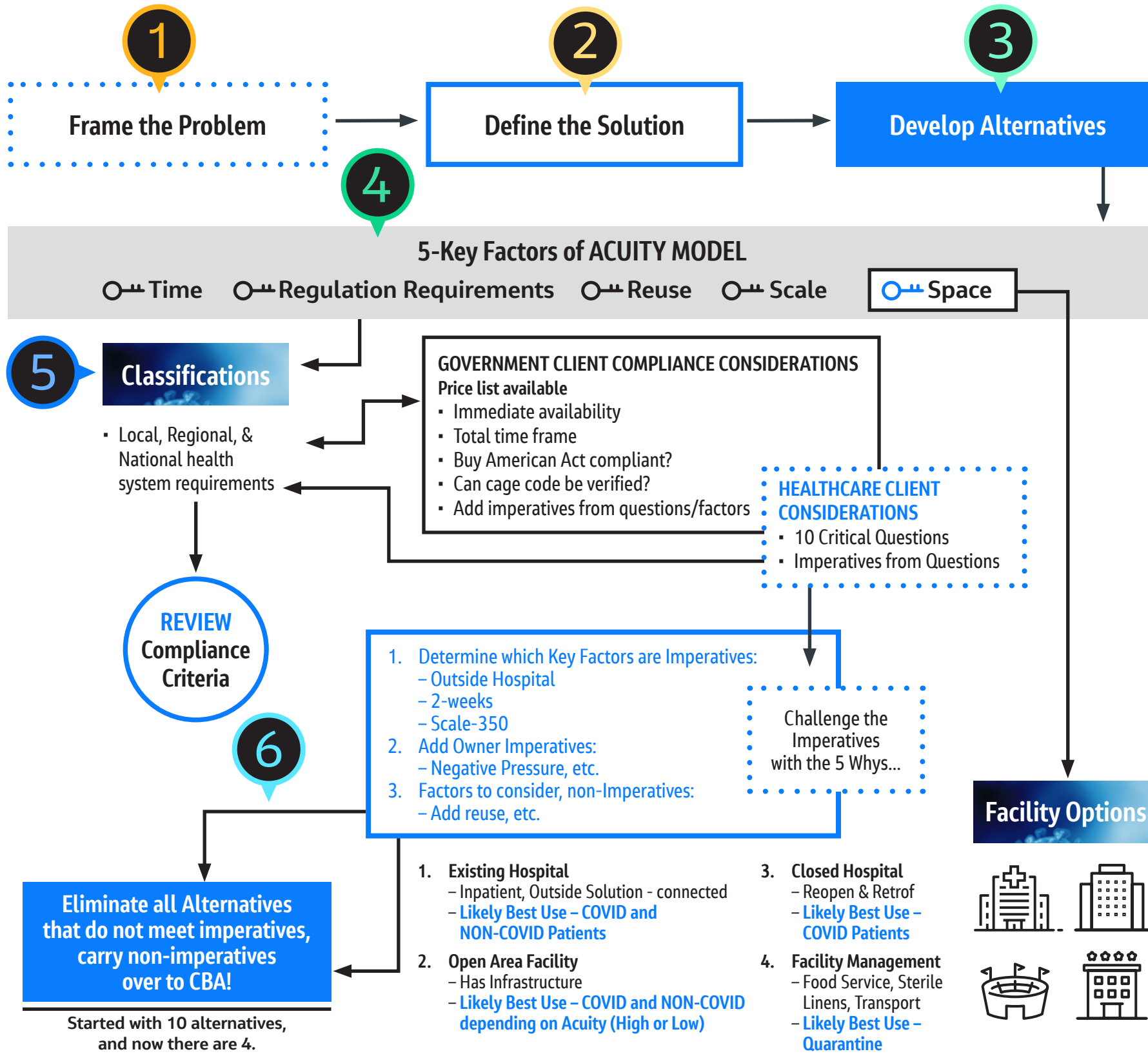


Rapid Decision Making (RDM)

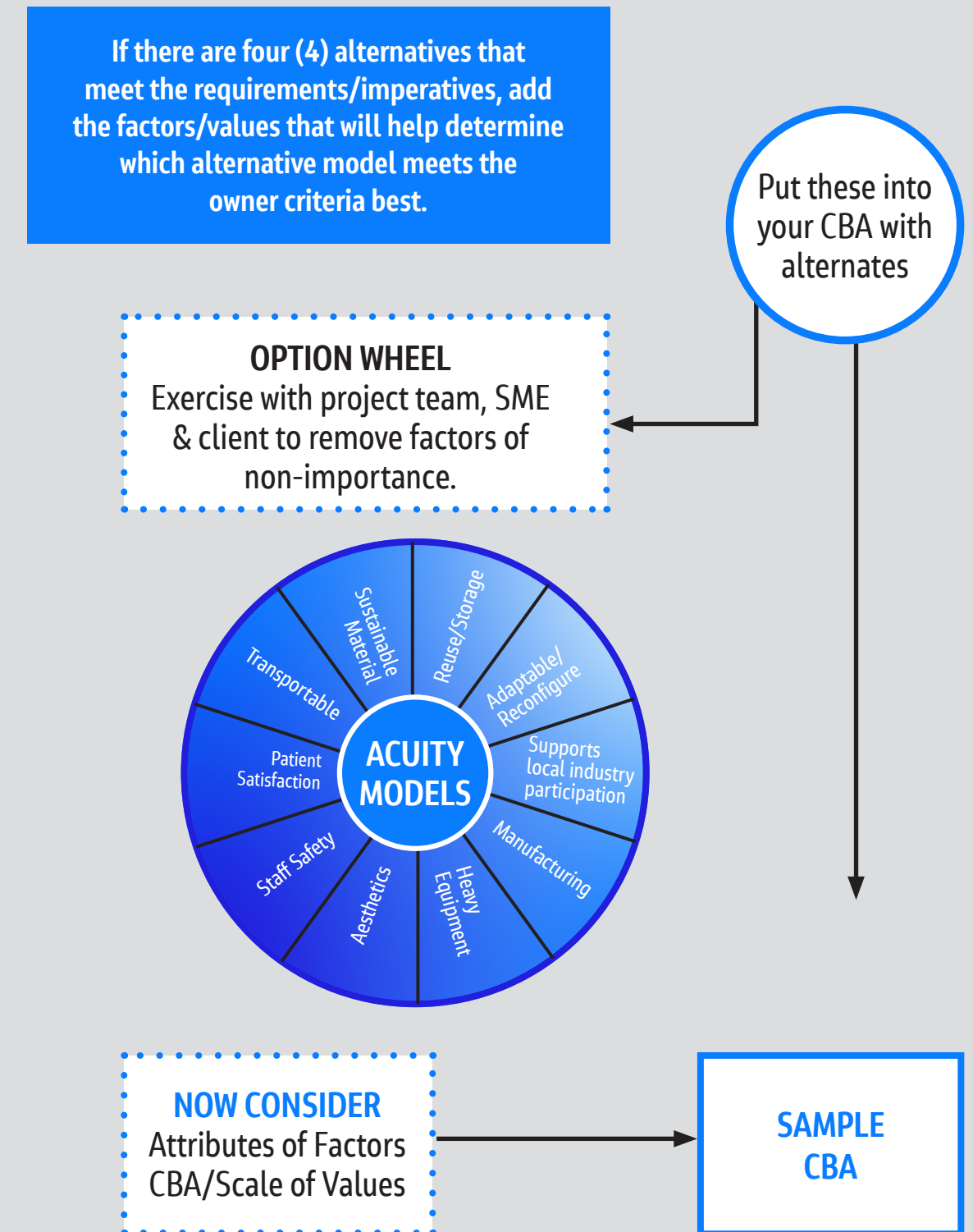
Emergency Management Response - Healthcare Acuity Models

Next Step: Choosing By Advantages (CBA)

Creating a Baseline for Variables (Version 2)

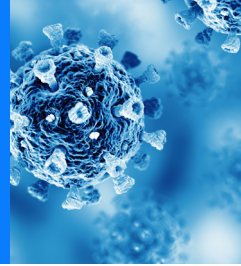


Example Scenario



Rapid Decision Making (RDM)

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Choosing by Advantages (CBA)

Instructions

1. Fill in the Alternatives.
2. Determine the Factors – fill in the Criteria accordingly. Do not include costs but you could include something like is a Capitol vs an Operating expense. Should be something that will be different between the Alternatives.
3. Now for each Factor/Criteria, fill in the information you know about each Alternative in columns B, D, F, H, J.
4. Once you've filled out the entire worksheet with your information you can now start to rate the information. This is where you could do different assessments if you have different scenarios like we discussed.
5. Start on the first Factor. Which Alternative is the worst in this row? In the Advantage row for this Factor, put a "!" symbol in the cell in column B, D, F, H, or J. Now compare each other Alternative to that one and determine if it is:
 - Slightly better
 - More better
 - Significantly better
 - Better
 - Much more better
6. Type that in the Advantage row for each and include the verbiage for the Factor. i.e. More better ease of installation.
7. Do this for each Alternative in the row.
8. Repeat steps 5-7 for each row.
9. Now for each unique Advantage, copy and paste it into the second Tab at the value you want to give it. For example, more better ease of installation – 83. Repeat until every unique Advantage has been given a value from 1-100. Not two items can be assigned the same number.
10. If you did this correctly, the corresponding numbers will now populate on the first tab and give you a total value at the bottom of each column.
11. Now is when you add in the costs. The graphing is tricky and I can't always get it to work. You can try, otherwise I sometimes just graph it by hand. Fill out the Chart Data Table on the bottom right on the first tab. You may have to fiddle with it to get it to graph correctly on tab 3.
12. Repeat steps 9-11 if you want to apply a different thought process to how you weigh the information – like if you have a different Client/scenario that would cause you to weigh things differently.

Once you have the graph, it isn't always the cheapest or the Alternate with the highest value, although it could be. Take a look at how much more/less you have to pay for more/less value.

There is no right answer – it's whatever the Customer feels is best for them.

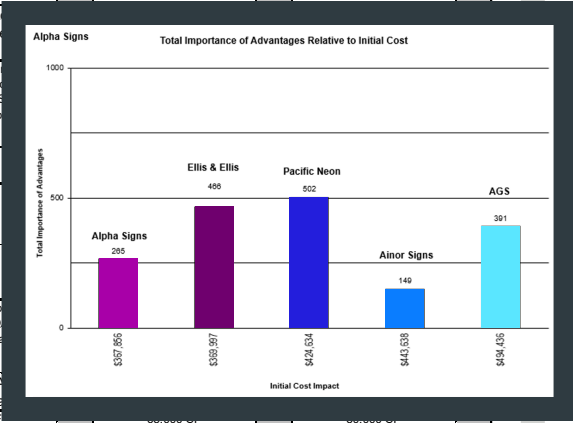
Rapid Decision Making (RDM)

Emergency Management Response - Healthcare Acuity Models

Choosing by Advantages (CBA)

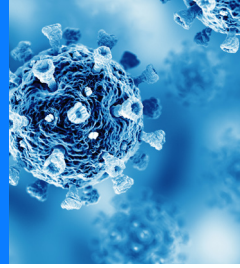
CBA Example

Choosing By Advantages Decision Study						
LEGEND						
Underline Least Preferred Attribute						
Yellow cell = most important Advantage in Factor						
Blank = no advantage Circle = paramount advantage						
	Alternative 1	Alternative 2	Alternative 3	Alternative 4	Alternative 5	
	Ellis & Ellis	Ainor Signs	Alpha Signs	Pacific Neon	AGS	
Base Cost	\$ -	\$ -	\$ -	\$ -	\$ -	
Interface Costs	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Initial Costs	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Initial Costs	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Initial Costs	\$ -	\$ -	\$ -	\$ -	\$ -	
Fed/State Add-ons	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ 369,997	\$ 443,638	\$ 367,856	\$ 424,634	\$ 494,436	
Factor: Experience in the Exterior	17 years experience average of company's employees. Same owner for 37 years%	Average 10 years experience of company's employees.	Average 15-20 years of company's employees	Average 20 years of company's employees. Established in 1946.	10-12 years average employment of company's employees.	
<i>Criteria:</i> Knowledge and experience of the team assigned to the project in the signage industry. More is better.						
<i>Attribute:</i>						
<i>Advantage:</i>	Slightly more experience in signage industry		Slightly more experience in signage industry	Slightly more experience in signage industry	Slightly more experience in signage industry	
Factor: Willingness and Ability to Provide VE and Cost Savings Ideas	First suggested LED in walk through. Take time to review new products with vendor. Has their own cranes and big equipment	Petitioning SMUD for rebates. Nesting and material use efficiencies.	Specifically informed no upcharge in cost for providing LED. Willingness to share equipment with other trades	Only sign company that sent a letter on alternates and questions for clarification. Has their own cranes and big equipment	GNU group already has done a good job on finding cost savings. Could not offer much further.	
<i>Criteria:</i> Demonstrates opportunities for ability to create VE and efficiencies that can be applied to this project. Labor and workflow planning. Alternate designs and substitutions. More is better.						
<i>Attribute:</i>						
<i>Advantage:</i>	More willingness to provide VE and cost saving ideas	Slightly more willingness to provide VE and cost saving ideas	Slightly more willingness to provide VE and cost saving ideas	Much more willingness to provide VE and cost saving ideas		
Factor: Safety Record	.65, .68, .67. Safety BBO's monthly. Has high-rise experience.	Monthly safety tailgates. 0 accidents. CPR certified. Almost no high-rise experience.	0.8 Little high-rise experience	.7, .65, much high-rise installation experience. Extensive high-rise experience.	Safety program. ISO 9000. Has high-rise experience.	
<i>Criteria:</i> Displays a good safety record as indicated by ER. Ability to perform safety in a high-rise environment (6 or more stories). Low er is better.						
<i>Attribute:</i>						
<i>Advantage:</i>	Better safety record			Better safety record	Better safety record	
Factor: Collaboration with the ILPD team	Earlier involvement the better. Talked about communicating with the owner to determine wants/needs	Never heard of lean. Dedicated team for each project. Not sophisticated.	Good look ahead. Likes to make phone calls, proactive. Brought their field superintendent.	Team effort. Communication important. Everyone is available. Invited to shop. Did not bring the point person to the interview.	DVRC lean certified program. Practicing for 10 years. Extensive and long relationship with Sutter Health and program.	
<i>Criteria:</i> Whole team's ability to come up with solutions with ILPD team. Lean philosophy and attitude.						
<i>Attribute:</i>						
<i>Advantage:</i>	More collaborative and lean understanding		Slightly more collaborative and lean understanding	More collaborative and lean understanding	Much more collaborative and lean understanding	
Factor: Understanding of the project requirements	Flexibility	none	Flexibility. Off hours included.	Have it ready early so it is not a fire drill. Good understanding and time coordination with OSHPD. Store in shop.	Understands the requirements and the preferred vendor. Working on SGH and SMF currently. Worked with Sutter for the past 5-7 years	
<i>Criteria:</i> The contractor knows and understands the schedule and phasing constraints for the project and has a good plan to address those concerns.						
<i>Attribute:</i>						
<i>Advantage:</i>	Better understanding of project requirements		Better understanding of project requirements			
Factor: Experience of internal designer and engineer	YJ Ink. 15 years OSHPD experience. Structural engineering sub'd out	Did not know if engineers had OSHPD experience. Bill has 20 years experience. Structural engineering sub'd out	Did not know if engineer had OSHPD experience. Hogan in Florida. Structural engineering sub'd out			
<i>Criteria:</i> The internal designer and engineer have good knowledge of hospital signage requirements. More experience is better.						
<i>Attribute:</i>						
<i>Advantage:</i>	Much more experience for engineer	Slightly more experience for engineer				
Factor: OSHPD Hospital Experience	Yes. Has worked on hospital projects in the region	Unknown	None			
<i>Criteria:</i> Demonstrated ability to work with OSHPD. Hospital experience. More experience is better.						
<i>Attribute:</i>						
<i>Advantage:</i>	More OSHPD hospital experience					
Factor: Quality of Work	Informal QA/QC process. Screw letters in. Good work in portfolio	Informal QA/QC process. Glue letters in	Informal QA/QC process. Three point of Q. Stickers that it has checked			
<i>Criteria:</i> Provides a well defined QA/QC program. Has good systems in place to prevent defects. Portfolio of other work displays high quality signage.						
<i>Attribute:</i>						
<i>Advantage:</i>	Slightly better QA/QC program and quality		Slightly better QA/QC program and quality			
Factor: Size of Fabrication Shop	32,000 SF	15,000 SF	15,500 SF			
<i>Criteria:</i> Physical size of shop.						
<i>Attribute:</i>						
<i>Advantage:</i>	19,500 SF larger shop	2,500 SF larger shop		52,500 SF larger shop	17,500 SF larger shop	
Factor: Location of Fabrication Shop and Responsiveness	Sacramento	Rocklin	Sacramento	Sacramento	Sonoma based. Fabrication in PA. Tightly knit and responsive PM group. East coast PM's, but available by cell for CA. Close of business	
<i>Criteria:</i> Sacramento based is preferred. Closer is better.						
<i>Attribute:</i>						
<i>Advantage:</i>	Significantly closer fabrication shop	Significantly closer fabrication shop	Significantly closer fabrication shop	Significantly closer fabrication shop		
	466	149	265	502	391	



Rapid Decision Making (RDM)

Emergency Management Response - Healthcare Acuity Models



Healthcare Client Considerations



People



Process



Platform



Products

1. What type of emergency/situation are we dealing with?
2. Is the emergency caused by an infectious pathogen and do we know the transmission routes of a pathogen (airborne, ...)?
3. What is the goal for patient placement?
4. Will you have similar patients within the same area or will it house mixture of conditions?
5. What are the safety features that are required given the clinical situation, do you have relevant PPE to support the clinical work necessary and do you have equipment to support clinical and facility operations (ventilators, pumps, generators, etc.)?
6. What capacity are we augmenting? (ICE, regular ward, etc.)
7. What is the capacity/total volume per acuity type?
8. What type of personnel can you provide to operate the solution (healthcare workers, support staff, etc.)?
9. What type of support services and associated contracts can you provide (food, waste management, medical gas, linen, etc.)?
10. Do you require additional healthcare worker training or clinical protocols to operate the space?

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