

# REQUEST FOR PROPOSALS FOR HEALTHCARE BED TOWER TRANSITION PLANNING CONSULTING SERVICES

May 1<sup>st</sup> 2026

## Tower A

Cooper University Health Care – Camden, New Jersey

Your firm is hereby given notice of an opportunity to submit a response to a Request for Proposal for Transition Planning Consulting Services for the Master Campus Plan (“Project”) for Cooper University Health Care (“Cooper”). This request for proposals is a competitive selection process to engage a firm to provide planning, decision-making structures, logistics, and implementation services for this project. The specific requirements for this Request for Proposal are set forth below.

## A. PROJECT DESCRIPTION

### 1. Brief Overview

Pure Project Management has been engaged by Cooper as program manager for the Master Campus Plan (“Project”). The Project is planned for a multi-year, multi-phased program on the site of the existing academic medical center campus located in Camden, New Jersey. The balance of the project team includes the following members:

- Owner’s Representative: Pure Project Management
- Construction Manager: Torcon/P Agnes Joint-Venture
- Architect: HKS & Array
- MEP Engineer: BR+A & Highland
- Technology Consultant: Introba
- Medical Equipment Planner: Best Healthcare Planning

Cooper is the leading academic health system in South Jersey. Cooper operates three hospitals, a 663-bed tertiary care hospital in Camden, Children’s Regional Hospital at Cooper (Camden), MD Anderson Cancer Center at Cooper, and Cooper University Hospital Cape Regional (Cape May Court House). Cooper Camden is South Jersey’s only Level I trauma center, , and the only Level II pediatric trauma center in the Delaware Valley (hereafter “Cooper University Hospital”). In addition to Cooper University Hospital, Cooper operates two physician groups in the region, three urgent care centers, and more than 130 outpatient offices in South Jersey and Pennsylvania. Cooper’s large multispecialty centers located in Camden, Cherry Hill, Voorhees, Willingboro, Cape May Court House, and Moorestown make it easy to schedule appointments for multiple services in a convenient location.

Cooper University Hospital is an academic, tertiary care medical center affiliated with Cooper Medical School at Rowan University and is located on the Health Sciences Campus in Camden. Cooper has a long history in the city of Camden and is playing a prominent role in its revitalization. Cooper Medical School at Rowan University has approximately 430 students, 1,800 faculty members, and, since its inception in 2012, graduated over 350 new physicians.

Annually, Cooper has approximately 30,000 hospital admissions, more than 1.7 million patient visits, and 400,000 outpatient hospital encounters. Cooper's primary service area is in Camden, Burlington, and Gloucester Counties and secondary service area is in Atlantic, Cape May, Cumberland, and Salem Counties.

Cooper University Health Care's mission is **To Serve. To Heal. To Educate.**

**Our Team Approach:** Talented, diverse professionals are central to accomplishing project goals. Their ability to collaborate at a high level will be key to any project's success. It is Cooper's intent to build a culture of trust among the team by framing constructive attitudes and requiring leadership finesse by all parties. All principal team members will be expected to maintain a balanced focus on forward progress and value creation for the Project, while maintaining accountability for every team member to control cost, quality, and schedule.

## 2. Scope of the Project

To further its mission, Cooper has begun a significant, multi-year, multi-phased project on the site of the existing academic medical campus located in Camden, New Jersey. The Project is summarized within the below bullets.

- Tower A (335,000 SF) horizontal expansion (basement, plus 10 floors and mechanical penthouse) to existing hospital at the corner of MLK Boulevard and Haddon Avenue.
- Central Utility Plant (7,810 SF) vertical expansion to support campus infrastructure improvements of:
  - existing CUP to replace a boiler and install a new 1500T chiller, two (2) new cooling towers and chilled water system, new medical gas manifold, and new heat exchanger;
  - CUP expansion to include two (2) new generators and load bank; and
  - new geothermal system (pumps and heat pumps) beneath Tower A foundation system.
- Tower A Bridge Connector spanning over Haddon Avenue to existing MD Anderson Cancer Center.

Floor plans and building renderings can be found in Exhibit A, and the existing hospital floor plans in Exhibit B.

## B. PROJECT SCHEDULE

An owner schedule has been included as Exhibit C to illustrate the Project construction activities & transition planning (per floor) that will need to be accomplished. Current key project milestones are described below.

### 1. Key Project Milestones

December 2024	Tower A Excavation Start
September 2025	Tower A Geothermal Start
December 2025	Tower A Foundations Start
May 2026	Tower A Steel Erection Start
June 2026	Tower A Central Utility Plant (CUP) Start
October 2026	Tower A Steel Erection Complete
January 2027	Building Enclosure Complete
April 2028	Tower A TCO
June/July 2028	Targeted First Patient Date

### 2. Transition Planning Consultants RFP Timeline

5/1/26	Issue request for proposals
5/13/26	RFI Submission Date
5/20/26	RFI Response Date
6/1/26	Deadline for receipt of proposals (12:00 PM EST)
6/8/26 – 6/12/26	Interviews [In Person]

## C. SCOPE OF SERVICES

The Transition Planning Consultant shall provide comprehensive operational planning and readiness services to support the transition planning of Cooper University Health Care’s new 10-Story Bed Tower. The scope outlined below defines the major expectations and deliverables of the Consultant and is not intended to be an exhaustive list of every possible task.

## 1. Transition Planning Governance & Program Leadership

The Consultant shall establish and lead an integrated transition planning governance structure to ensure alignment, accountability, and timely decision-making.

### **Consultant Responsibilities (In conjunction with hospital leadership):**

- Develop a comprehensive Transition Planning Governance Model
- Establish an Executive Steering Committee, Core Transition Planning Team (“R” Team), and Departmental Workgroups
- Develop RACI matrices across all transition planning workstreams
- Define decision-making structure and protocols, escalation pathways, and reporting cadence

### **Key Deliverables:**

- Transition Planning Governance Charter
- Organizational Structure and RACI Matrix
- Executive Dashboard Template
- Workstream Charters

## 2. Operational Readiness Assessment

The Consultant shall assess the operational impacts of the new facility and identify readiness gaps and risks.

### **Consultant Responsibilities:**

- Review architectural, operational, and program documentation
- Conduct a comprehensive baseline assessment of current-state operational readiness across all impacted departments
- Assess patient, material, medication, waste, and visitor flow, vertical circulation, and departmental adjacencies
- Evaluate staffing, workflows, equipment, technology, and policy impacts
- Develop a readiness assessment report with a structured risk identification and mitigation framework

### **Deliverables:**

- Operational Readiness Assessment Report
- Future-State Workflow Summary
- Transition Planning Risk Register

## 3. Department Transition Planning

The Consultant shall facilitate structured planning sessions for all impacted departments.

**Consultant Responsibilities:**

- Map future-state workflows aligned with the tower’s design, technology, and operational model
  - Review staffing models and operational implications, including:
  - Determine required staffing quantities by role, shift, and department (clinical, physician, and support staff) to support day-one operations
  - Validate staffing assumptions against projected volumes, acuity, and hours of operation
  - Collaborate with Human Resources to align hiring plans, onboarding timelines, and orientation schedules to ensure adequate staffing levels for tower opening
  - Identify staffing risks, gaps, and contingency needs associated with phased occupancy or ramp-up scenarios
- Identify required equipment, supplies, process changes, training, and orientation requirements
- Track policy and procedure updates required for transition planning

**Deliverables:**

- Departmental Transition Planning Plans
- Workflow Validation Tracker
- Training Needs Matrix

**4. Regulatory & Compliance Readiness Planning**

The Consultant shall support Cooper’s preparation for regulatory inspections and compliance validation.

**Consultant Responsibilities:**

- Identify all regulatory requirements associated with occupancy and activation (eg. CMS, TJC, NJDOH, etc)
- Plan and coordinate mock surveys and documentation readiness reviews
- Develop a compliance roadmap including life safety, environment of care, emergency management, and clinical standards

**Deliverables:**

- Regulatory Requirements and Readiness Plan
- Mock Survey Schedule
- Compliance Roadmap and Risk Tracker

## 5. Day-in-the-Life Simulation & Operational Validation

The Consultant shall design and facilitate operational simulations to validate readiness prior to occupancy.

### **Consultant Responsibilities:**

- Design and facilitate multidisciplinary tabletop exercises, functional simulations, and full-scale Day-in-the-Life events
- Validate workflows, technology integration, patient flow, and interdepartmental coordination
- Document findings, gaps, process inefficiencies, and corrective action plans to ensure operational reliability at go-live.

### **Deliverables:**

- Simulation Playbook
- Scenario Scripts
- Operational Validation Report
- Corrective Action Plans

## 6. Move Strategy Development (Planning Only)

The Consultant shall develop a comprehensive strategy to support a safe and efficient opening and move of patients, equipment, and staff to the new facility. Physical move execution is excluded.

### **Consultant Responsibilities:**

- Develop a comprehensive patient and equipment move strategy, including sequencing, timing, and resource requirements
- Create patient move criteria, risk mitigation strategies, and surge and contingency plans
- Produce a detailed move-day playbook and staffing plan with detailed framework for critical care/NICU transitions

### **Deliverables:**

- Integrated Move Strategy Plan
- Move Risk Assessment
- Move-Day Playbook

## 7. Training & Orientation Planning

The Consultant shall support development of an integrated roadmap for the transition, including planning, training, and orientation.

**Consultant Responsibilities:**

- Conduct a training needs assessment for all impacted staff
- Develop a training strategy incorporating role-based education, hands-on simulations, and technology training in coordination with equipment and technology vendors
- Develop super-user and champion program framework
- Coordinate with HR and education teams

**Deliverables:**

- Training Master Plan with Completion Tracking
- Super-User Framework
- Orientation Schedule

**8. Integrated Operational Transition Planning Schedule**

The Consultant shall develop and maintain a comprehensive plan with a transition schedule aligned with the construction timeline and the owner’s project management milestones.

**Consultant Responsibilities:**

- Build and maintain a master transition schedule integrating operational, construction, regulatory, and technology milestones
- Provide schedule updates, critical path analysis, and risk mitigation strategies
- Ensure all stakeholders have visibility to key deadlines and deliverables

**Deliverables:**

- Integrated Transition Planning Schedule
- Transition Planning Risk Log
- Executive Readiness Dashboard

**9. Communications & Stakeholder Engagement Planning**

The Consultant shall provide guidance and recommendations on internal and external communications related to important project events and the opening of the new facility.

**Consultant Responsibilities:**

- Coordinate with Cooper’s Internal Communications Team to develop a communications roadmap

- Recommend messaging and stakeholder sessions for physicians, staff, patients, leadership, and community partners to increase confidence and engagement
- Support development of FAQs, newsletters, internal communications content, and signage

**Deliverables:**

- Transition Communications Plan
- Stakeholder Engagement Framework

## **10. Command Center Planning & Go-Live Support**

The Consultant shall support leadership team and assist in developing a plan for the command center related to facility opening.

**Consultant Responsibilities:**

- Design Command Center structure, workflows, and escalation protocols
- Develop command center tools including issue logs, dashboards, and communication protocols
- Provide on-site advisory support during go-live and early stabilization period

**Deliverables:**

- Command Center Operations Plan and Tools
- Go-Live Stabilization Plan

## **11. Performance Metric & Closeout**

The Consultant shall support transition planning closeout and knowledge transfer.

**Consultant Responsibilities:**

- Define transition planning success metrics and key performance indicators (KPIs)
- Conduct post-occupancy evaluations and lessons-learned workshops
- Produce a closeout report summarizing outcomes, risks mitigated, and recommendations for future activations
- Transition knowledge and documentation to operational leadership for long-term sustainability

**Deliverables:**

- Transition Planning KPI Framework
- Final Transition Planning Closeout Report & Playbook

## **12. Robotics Operations Planning**

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The Consultant shall support operational planning for the integration of autonomous robotics to enhance environmental cleaning and on-demand logistics within the new Tower A. This scope focuses on defining how robotic systems are incorporated into daily hospital operations, workflows, staffing models, and go-live readiness to improve efficiency and reliability, while remaining aligned with regulatory requirements and hospital policies.

### **Consultant Responsibilities:**

- Collaborate with Environmental Services, Materials Management, Nursing, Pharmacy (as applicable), Facilities, IT, and Security to define future-state workflows incorporating robotic support
- Define roles, responsibilities, and staff interaction models for robotic operations
- Integrate robotic workflows into departmental operations, schedules, and escalation procedures
- Incorporate robotic operations into Day-in-the-Life simulations, tabletop exercises, and operational validation activities
- Support development of operational policies, standard operating procedures, and downtime/contingency processes related to robotic use
- Coordinate training needs and operational readiness activities associated with robotic adoption
- Support go-live planning by ensuring robotic operations are incorporated into command center workflows and issue-tracking processes

### **Deliverables:**

- Future-State Robotic Workflow Documentation
- Roles, Responsibilities, and Governance Framework for Robotic Operations
- Robotics Operational Risk and Escalation Matrix
- Robotics Readiness Summary for Go-Live

## D. PROPOSAL REQUIREMENTS

The Proposal for Transition Planning Consulting Firm shall provide the information necessary for an evaluation of each firm by Cooper and the Program Manager. This information coupled with interviews will provide the basis for selection.

**Proposals shall not exceed fifteen (10) pages (single sided)**, excluding fee proposal, similar project profiles, and summary team resumes, and are to be electronically submitted on due date noted in this RFP to:

- Faith Orsini, VP of Planning, Design & Construction at Cooper University Health Care [orsini-faith@cooperhealth.edu](mailto:orsini-faith@cooperhealth.edu)
- Robert Stag, Manager Contracting at Cooper University Health Care [stag-robert@cooperhealth.edu](mailto:stag-robert@cooperhealth.edu)
- Gregory Portner, Sr. Project Manager at Pure Project Management [gregory.portner@purepm.com](mailto:gregory.portner@purepm.com)
- Dave Lamontagne, Partner at Pure Project Management [dave.lamontagne@purepm.com](mailto:dave.lamontagne@purepm.com)

There shall be ***no direct communication*** with Cooper senior management, staff, or Selection Committee members upon receipt of the RFP through the selection announcement of the Transition Planning consulting firm for this project. Any communication could result in firm disqualification. All questions should be directed to the Project Management Team Program Manager (**Gregory Portner & Dave Lamontagne**) noted above **via written email RFI. RFI responses will be shared with all bidders.**

## E. EVALUATION FOR AWARD

Cooper will make an award based on Project Understanding, Firm Experience, Proposed Personnel, and Fee. All factors except Fee are of equal importance with Fee being the most important. All offerors must be responsible, as evaluated by the Company Information submission and any other information available to Cooper.

Cooper will utilize the following confidence ratings for the evaluation of the Project Understanding, Firm Experience, and Proposed Personnel factors:

Rating	Definition
<b>High Confidence</b>	Cooper has high confidence that the Offeror will be successful in performing the requirements of the contract.
<b>Some Confidence</b>	Cooper has some confidence that the Offeror will be successful in performing the requirements of the contract.
<b>Low Confidence</b>	Cooper has low confidence that the Offeror will be successful in performing the requirements of the contract.

Fee proposals will be evaluated to determine that the pricing proposed is fair and reasonable. Cooper reserves the right to make an award to other than the lowest priced offeror if Cooper determines that a price premium is warranted when taking into consideration the non-price factors.

Cooper intends to award a single Firm-Fixed-Price contract to the responsible offeror whose proposal represents the best overall value.

## F. PROPOSAL FORMAT

### Cover Letter

### Table of Contents

#### Section 1.0 - Executive Summary

Please provide a summary which describes and highlights the experience, qualifications, and particular expertise for this project for the firm(s) being proposed to meet the basic services scope of work. Also, explicitly identify areas of expertise and specific services.

#### Section 2.0 - Company Information

- 2.1 Discuss the Firm's background, ownership, and proposed contact office.
- 2.2 Indicate if the firm is currently licensed to conduct business in New Jersey.
- 2.3 Discuss the stability of the firm's leadership.
- 2.4 Is the firm proposing to work under any Joint Venture or other partnership agreements? If yes, please provide requested information for each firm and each firm's role in the JV or partnership.
- 2.5 A description of any litigation involving the firm in the last five years.
- 2.6 Has the firm, under its current name or any predecessor names, ever declared bankruptcy?
- 2.7 Has the firm ever been dismissed from work on a project in the last five years? Describe the circumstances.
- 2.8 Describe any fiduciary arrangements with manufacturers, distributors, or affiliations.
- 2.9 Provide Proof of Insurance.

#### Section 3.0 – Transition Planning Consulting Firm Approach & Management

Please provide a narrative which describes your approach toward providing Transition Planning Consulting services, on-site activities, reporting, and corrective action/resolution services to support the Project goals. The following information shall be provided to highlight the experience and qualifications of each of the key personnel (from each firm) to be assigned to the Project:

- 3.1 Project Team Organization Chart or matrix indicating staff and structure for each phase of the project. Identify the role of each proposed team member, and the amount of time each team member will spend on the project.
- 3.2 How your firm would address turnover of personnel assigned to the Project.
- 3.3 Describe your Transition Planning Consulting approach.
- 3.4 Lessons learned from other similar projects.

#### **Section 4.0 – Standard Form of Agreement**

The contract to be executed will be a modified AIA Document C103-2015 (Standard Form of Agreement Between Owner and Consultant), which has been provided as Exhibit E. Provide all itemized and specific comments within this section of your proposal response. If there are no comments, please state such.

#### **Section 5.0 – Fee Proposal (not included in the 10-page limit)**

Please provide a detailed breakdown of your fee.

#### **Section 6.0 – Project Experience (not included in the 10-page limit)**

Please provide one-page descriptions and profiles of five (5) projects of similar scope and complexity to the project described earlier in this RFP which involved your proposed team. Emphasis should be placed on those projects involving the personnel assigned to this project. Each project shall include reporting structure to owner, SF size, construction value, construction substantial completion milestone, project team (Owner, Program Manager, architect, and engineers), and a reference for the project to include name, title, role on the project, and contact information.

#### **Section 7.0 – Team Member Resumes (not included in the 10-page limit)**

Summary resumes of each proposed team member (no more than two (2) pages per resume). Resume shall include two (2) individual references per proposed team member.

#### **Section 8.0--Proposed transition schedule (not included in the 10-page limit)**

Please provide a clear and comprehensive transition schedule that directly aligns with the owner's construction timeline (Exhibit C1) and move-in-date.

### **G. OWNER'S DISCRETION**

Owner, at its discretion, may:

1. Choose not to accept any or all proposals submitted in response to this RFP.
2. Cooper will make an award based on Project Understanding, Firm Experience, Proposed Personnel, and Fee. All factors except Fee are of equal importance and are more important / of equal importance to Fee. All offerors must be responsible, as evaluated by the General Information submission and any other information available to Cooper.
3. Request that a respondent submit an alternate sub-consultant.
4. Retain all documents submitted in response to this proposal; however, it will not make public any confidential information provided such information is clearly identified.

5. Cooper reserves the right to reject any or all proposals. Cooper reserves the right, for any reason, to award to any qualified and responsible consultant deemed to best serve the interests of Cooper.

## **H. EXHIBITS**

- A. Project Floor Plans and Renderings
- B. Existing Campus Floor Plans
- C. AIA Document C103-2015 (Standard Form of Agreement Between Owner and Consultant)
- D. Grant Requirements