**Project Management Plan I.**

1. **General Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entity: |  |  | Campus/Location: |  |
| Project Name: |  |  | Building Name: |  | |
| EA Number: |  |  | Level/Wing: |  | |
| Phase : |  |  | PMP Prepared By: |  | |

1. **Objectives**

|  |
| --- |
| Project Goals: |
| *(Insert here)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Specific Goal | Primary | Secondary |  | Critical Factors | Primary | Secondary |
| Volume/Capacity Adjustment |  |  |  | Initial Cost |  |  |
| Patient Safety |  |  |  | Life-cycle Cost |  |  |
| Patient Satisfaction |  |  |  | Schedule |  |  |
| Staff Efficiency |  |  |  | Performance |  |  |
| Physician Recruitment |  |  |  | Aesthetics |  |  |
| Codes/Compliance |  |  |  | Functionality |  |  |
| Repair |  |  |  |  |  |  |

1. **Project Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Building Type | Total Area: | |  | SF |
| Hospital (“I” Occupancy) | | Ambulatory Surgery (ACS) | |  |
| Medical Office (“B” Occupancy) | | Office/Administrative (“B” Occupancy) | |  |
| Parking Structure | | Other: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Type |  | | |
| Interior Renovation | | Freestanding Building | Site |
| Tenant Fit-out | | MEP Infrastructure | Interior Demolition |
| Building Addition | | Medical Equipment | Exterior Demolition |
| Other: | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital Zone(s)/Department(s) *(select all that apply)* | | | | |
| Inpatient | Diagnostic and Treatment | | Clinical/Building Support | |
| Acute | | Emergency | | Pharmacy |
| ICU | | Invasive | | Dietary |
| Obstetric | | Non-Invasive | | Central Sterile |
| Psychiatric | | Laboratory | | Materials Management/Linen |
| Oncology | | Imaging | | Housekeeping |
| Other: | | Other: | | Facility Engineering |
|  | |  | | Other: |

1. **Scope**

|  |
| --- |
| Architectural Scope: |
| *This project involves the [Installation, interior renovation, tenant fit-out, repair, replacement, construction, demolition] of the [existing, new] [insert size] [insert building type] [building, equipment] for [insert Owner name] at [insert campus/location].* |
| Interior Scope: |
| *(Insert here)* |
| MEP/FP Engineering Scope: |
| *(Insert here)* |
| Clinical Asset Management (CAM): |
| *(Insert here)* |
| Information Services (IS): |
| *(Insert here)* |
| Exclusions: |
| *(Insert here)* |
| Structural Engineering Scope: |
| *(Insert here)* |
| *Civil Engineer Scope:* |
| *(Insert here)* |

1. **Financials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Source: |  |  | Capital Cycle: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Budgets |  | Amount |  | Date |  | Comments | |
| Multi-Year Model: | $ |  |  |  |  |  |
| Revised MYM: | $ |  |  |  |  |  |
| Capital Planning | $ |  |  |  |  |  |
| Scrubbers Approved | $ |  |  |  |  |  |
| Board Approved | $ |  |  |  |  |  |