Healthcare Facility Hub • Working Pack ($7)

Sheet 1: 17-City Side-by-Side Comparison Worksheet (Part 1: Northeast, Midwest & Texas)

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/designer-demand-briefs/

Evaluate your healthcare design firm's capabilities and project pipeline against the published demand drivers. Check matching competencies and record pitch status.

City & Primary Anchor	What Is Being Renovated (Article Benchmark)	What Is Driving It (Statutory / Macro)	Where the Design Work Sits	Firm Fit / Notes
Boston, MA Longwood Megaprojects	Mass General Ragon (1.8–2.0M sf, 482 singles, 23 CV ORs, $1.9B–$3.1B); Dana-Farber ($1.675B, 300 beds); Brigham Braunwald tower replacement.	Capacity disaster 95% of time; Steward hospital bankruptcy closures; MA DoN $27.67M + 5% CHI; Coastal flood +2ft freeboard.	Decant & swing space on packed urban blocks; double-to-single conversions; 4-day off-grid generation; rooftop MEP.	☐ Prime ☐ Sub
Charlotte, NC Atrium Health	Mallard Creek/University City conversion to 168-bed behavioral hospital (net +102 beds); behavioral ED; $340M 5-yr program.	Behavioral ED visits +13% in 6 yrs (peds 26% in 2025); Renovation buys 12–18 months over new construction.	Ligature resistance, anti-barricade door swings, anchor point elimination; sight lines & zoned progression; shell survey.	☐ Prime ☐ Sub
Columbus, OH Wexner & Dublin	OSU Wexner (1.9M sf, 820 private rooms, $1.9B; 425 patients moved <8 hrs); James Cancer backfill; Mount Carmel ($273M) & OhioHealth ($250M).	Data centers & semiconductor boom in New Albany; suburban aging in Dublin; 4 systems building simultaneously.	Activation planning, patient moves at scale, repurposed vacated towers; shelled-space planning; MEP fire/chiller tail renewals.	☐ Prime ☐ Sub
Dallas–FW, TX Moody & Parkland	Moody Children's ($5B, 5M+ sf, 552 beds); Parkland ($54M, 2 shelled floors to 112 beds); JPS ($1.5B); Methodist Celina (51 to 300+ beds).	+123,557 people/yr (8.48M metro); Texas has no CON since 1985; Uri freeze water failure memory; ERCOT 91GW peak stress.	Shelled-floor fit-outs inside active hospitals; expandable campus master-planning; water continuity, dual feeds, 45k-gal fuel.	☐ Prime ☐ Sub
Denver, CO Parker & Broomfield	Parker ($300M, floors 5–7 shelled to 329 beds); St. Anthony North & Swedish shelled suites; UCHealth Broomfield (367k sf) vs AdventHealth 43 ac.	No CON law (CDPHE & FGI conformity); AdventHealth–Intermountain 8-hospital JV; Douglas & Weld county boom; Marshall Fire & hail.	Standing shelled-space fit-out pipeline; speed in entitlement and site-plan hearings; wildfire smoke HVAC & hail-hardened roofs.	☐ Prime ☐ Sub
Houston, TX TMC & Harris Health	TMC flood defenses (submarine gates, elevated vaults); Harris Health $2.5B bond: $1.6B 12-story LBJ hospital (390 beds + 60 shelled).	Allison (2001) & Harvey (2017); TMC land subsidence >3.5 ft; aging county infrastructure (30+ yrs); trauma decentralization.	Operate-through-disaster standard; flood gate and elevated MEP engineering; phased build inside world's densest medical center.	☐ Prime ☐ Sub

Working Evaluation Notes (Northeast, Midwest & Texas):

Target Client / System: _____ Target City: _____ Date: _____

Key Gate Identified: ☐ CON/DoN Filing ☐ Licensure/Code (CDPHE/FGI) ☐ Climate/Resilience Standard ☐ Phased Decant/Swing Space

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Sheet 2: 17-City Side-by-Side Comparison Worksheet (Part 2: West, PNW & Mid-Atlantic)

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City & Primary Anchor	What Is Being Renovated (Article Benchmark)	What Is Driving It (Statutory / Macro)	Where the Design Work Sits	Firm Fit / Notes
King County, WA Evergreen & Valley	EvergreenHealth $170M 2-Silver OR expansion (7 ORs, 6 cath, 1 hybrid in shell); Valley Medical cancer center ($60M); Snoqualmie ($147M).	Public hospital district levy lid lifts (Evergreen 60.8%, Valley 57.5%); DOH Construction Review Services; Clean Buildings law.	Active hospital surgery builds (ICU above, ED below); ICRA/containment plans; GC/CM public works; shell-to-clinical rooftop MEP.	☐ Prime ☐ Sub
Los Angeles, CA Harbor-UCLA & Seismic	Harbor-UCLA $1.806B 9-story tower (347 beds, psych ED); LA General $118.7M seismic retrofit; Cedars-Sinai swing tower (203 beds).	Jan 1, 2030 acute care seismic mandate ($9B–$39B county cost; AB 869 excludes large systems); 2028 Olympics; wildfire smoke.	The decant as product: swing towers and footprint subtraction; HCAI filing deliverables; ICRA in occupied seismic work.	☐ Prime ☐ Sub
Nashville, TN Vanderbilt & CON	VUMC Jim Ayers ($500M, 495k sf, 180 beds + shelled); TriStar Skyline ($133.6M); Clarksville rush (VUMC $600M, TriStar $286M, Saint Thomas $148.5M).	VUH >90% occupancy; CON sunsets: July 2028 (satellite ED & cath) and July 2030 (acute); May 2010 flood memory (51.86 ft).	Floor-by-floor phased occupancy on live campuses; post-2028 satellite ED fast deployment; flood-hardened critical MEP.	☐ Prime ☐ Sub
Northern Virginia Inova Dual Builds	Inova $2.5B: Landmark Mall replacement (1.1M sf, 192 beds) & Franconia-Springfield (110 beds); ExxonMobil campus adaptive reuse (4 bldgs).	Replacement of 1962 hospital; Loudoun County hyper-growth (inpatient volume > licensed capacity in 2025); suburban office vacancy.	Adaptive conversion: threading 30 specialty clinical systems through commercial office shells; mixed-use site planning; 2028 activation.	☐ Prime ☐ Sub
Phoenix, AZ Mayo & Valleywise	Mayo Clinic $1.9B expansion (1.2M sf, +60% clinical space); Valleywise replacement ($935M) + Prop 409 ($898M behavioral & clinic bond).	Maricopa population growth; extreme heat (31 days ≥110°F; record heat deaths); funded bond pipelines (2014 & Prop 409).	MEP cooling plant redundancy under peak grid stress (never sheds load); shading/envelope as clinical infrastructure; water reuse.	☐ Prime ☐ Sub
Portland, OR OHSU & Sunnyside	OHSU Vista Pavilion ($650M, 128 beds + 56 shelled); Kaiser Sunnyside ($1.66B 308-bed all-electric); Providence 96 shelled beds.	Staffed-bed shortage (129 empty beds); HB 2697 1:4 staffing ratios ($10k/day fines); 116°F heat & AQI 509 smoke; low seismic trigger ($386k).	Space planning for phased unit openings as hiring lands; all-private acuity-flex rooms; dual OR/WA regulatory compliance.	☐ Prime ☐ Sub
San Jose, CA SCVMC & Regional	SCVMC 50 projects ($719M); Regional Medical Center $150M purchase (restoring trauma, stroke, STEMI, ED, maternity); new clinic.	2030 seismic deadlines (drawings submitted March 2026, compliance by Feb 2030); voter lease revenue bonds; tech amenity competition.	Structural surgery on live buildings; service line restoration inside active hospital; amenity space as a serviced clinical program.	☐ Prime ☐ Sub
Seattle, WA Harborview Level I	Harborview $1.74B bond slipping to 2032 / $2.25B (360 singles, Center Tower retrofit); Seattle Children's 1.1M sf research/GMP.	4-state trauma anchor (WA, AK, ID, MT) chronically overcrowded; seismic exposure; bond inflation gap vs 2026 construction costs.	Phasing inside live 24/7 Level I trauma center; GMP cleanroom manufacturing planning; scope re-planning under funding gap.	☐ Prime ☐ Sub
Skagit, Snohomish & Whatcom, WA Northern WA Tier	Skagit: $23.4M surgery decant & 1950s kitchen/MRI crane-in. Monroe: $382.6M non-touching replacement. Whatcom: $401M Paulsen Pavilion.	In-hospital OR cost >$1,200/sf; WA 60% bond threshold; single-hospital county capacity crisis (midnight occupancy 10–18% over).	Decanting high-risk surgery to ASC; non-touching replacement with same-day move; occupied trauma site phasing (33 ED stalls closed).	☐ Prime ☐ Sub

1. NATIONAL MEGAPROJECT TRACKER (ARTICLE BENCHMARK PROJECTS)

Active hospital megaprojects driving billions in complex medical planning, architectural delivery, and multi-year phasing.

Project & Location	Capital Budget	Scale & Clinical Program	Milestones / Delivery	Design Work & Procurement Note
Mass General Ragon Building Boston, MA (MGB)	**$1.9B – $3.1B**	2 towers on shared podium; 1.8–2.0M sq ft; 482 private singles; 23 CV ORs; 100 infusion; 120 exam rooms.	First tower opens fall 2027; second tower 2030.	Converting double rooms to singles; coastal flood elevation +2ft freeboard; 4-day off-grid generation.
Dana-Farber / BIDMC Cancer Hospital Boston, MA	**$1,675,700,000** (DoN record)	14 stories, 450,000 sq ft, 300 inpatient cancer beds.	Broke ground March 2026; first patient 2031.	Longwood urban block logistics; swing space enabling work; 5% CHI contribution ($83.8M).
Brigham's Braunwald Tower Replacement Boston, MA (MGB)	Undisclosed (in planning)	Complex-care inpatient building replacing 564-bed, ~50-yr-old double-room tower.	Beds targeted for the 2030s.	Decant planning and swing capacity across live academic campus running at capacity disaster.
Ohio State Univ. Hospital (Wexner) Columbus, OH	**$1.9B** (Opened Feb 2026)	26 stories, 1.9M sq ft, 820 private rooms; replaced 1951 towers.	425 patients moved in <8 hours.	Backfill planning: James Cancer Hospital backfilling vacated towers (+148 beds); MEP tail renewal.
Moody Children's Hospital Campus Dallas, TX (UTSW/Children's)	**$5.0B**	5M+ sq ft; 552 beds across 3 towers; 96-bed Level IV NICU; 90 ED rooms; 2 helipads.	Topped out Sept 29, 2026; first patients 2031.	Expandability as core design principle; campus master-planned at multiples of opening scale.

2. SHELLED-SPACE PIPELINE LOG (IMMEDIATE FIT-OUT OPPORTUNITIES)

Shelled floors and wings represent pre-engineered hospital space ready for phased clinical activation. Track fit-out opportunities below:

Facility & Location	Shelled Space Built	Planned Final Capacity	Activation Target	Architectural / Fit-Out Brief
AdventHealth Parker Denver Metro (Parker, CO)	Floors 5, 6, and 7 shelled in $300M, 7-story tower	Expands from 60 beds to designed 329 beds	First patients Feb 2027; upper floors phased	Phased vertical fit-out inside operating acute tower; Life Safety / CDPHE licensing.
Parkland Memorial Hospital Dallas, TX	Two full shelled floors in main hospital ($54M program)	Converts to 112 beds (total >980 licensed beds)	First 56 beds opened June 2026; remainder phasing	Acuity-adaptable med-surg fit-out; occupied hospital infection control (ICRA).
Methodist Celina Hospital Dallas-Fort Worth Metro, TX	Suburban campus infrastructure and core shell	51 beds on day one; master-planned for >300 beds	Day one open; multi-phase expansion active	Horizontal and vertical expansion wings; MEP central plant sizing for 6x growth.
OhioHealth Dublin Methodist Columbus Metro (Dublin, OH)	Large share of new beds built as shelled space ($250M tower)	Targeting rapid growth in residents aged >65	Broke ground Feb 2026; phased through 2028	Senior-focused acute fit-out; MEP risers sized for rapid shelled bed activation.
St. Anthony North & Swedish Denver Metro (Centura/HealthONE)	Shelled floors (St. Anthony North); Shelled cath lab & surgery (Swedish)	Acuity expansion & specialty interventional growth	Active multi-year capital plans	Surgical suite conversion, ceiling boom loading, medical gas, sterile core extensions.

Firm Opportunity Assessment: Which shelled project matches your team's immediate availability?
Target Facility: _____ Proposed Delivery Model: ☐ Progressive Design-Build ☐ Traditional A/E ☐ Integrated Project Delivery (IPD)

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Sheet 4: Behavioral-Health Conversion Checklist (Grounded in Charlotte Brief Standard)

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Grounded in the Charlotte brief ($340M Atrium Mallard Creek 168-bed conversion model). Use this field audit checklist when converting commercial shells or general hospital floors into licensed behavioral health units.

Item	Compliance Category	Design & Field Audit Requirement (Article Standard)	Status	Field Sign-Off
01	**Ligature-Resistant Hardware**	All door levers, hinges, locksets, grab bars, towel hooks, and shower controls must be tamper-proof and ligature-resistant. Continuous geared hinges with sloped hospital tips.	☐ Verified ☐ Deficient	Date: _____ Initials: ____
02	**Anti-Barricade Swings**	Patient bedroom and bathroom doors must incorporate two-way anti-barricade swing mechanisms (out-swinging release or dual-pivot hinges) to prevent patients blocking door from inside.	☐ Verified ☐ Deficient	Date: _____ Initials: ____
03	**Anchor-Point Elimination**	100% elimination of overhead and mid-height anchor points. Flush-mounted ceiling fixtures, tamper-proof perimeter caulk, break-away curtain tracks, recessed sprinkler heads.	☐ Verified ☐ Deficient	Date: _____ Initials: ____
04	**Sight-Lines as Staffing Tool**	Nurse stations positioned with direct, unobstructed sight-lines down all patient corridors and dayrooms. Convex surveillance mirrors or blind-spot elimination designed into partitions.	☐ Verified ☐ Deficient	Date: _____ Initials: ____
05	**Zoned Spatial Progression**	Three-stage security zoning: Public Entry → Clinical / Intake Zone → Inpatient Secured Milieu. Controlled sally-port access doors between zones with delayed egress compliance.	☐ Verified ☐ Deficient	Date: _____ Initials: ____
06	**Pediatric / Adult Separation**	Physical, visual, and acoustic separation between pediatric, adolescent, and adult inpatient populations in shared facilities (reflecting Charlotte 26% pediatric visit surge).	☐ Verified ☐ Deficient	Date: _____ Initials: ____
07	**Existing Shell Survey**	First-phase survey of structural shell: verifying floor-to-floor heights for secure drywall ceilings, column spacing for unit layout, and MEP shaft capacity for 100% outside air.	☐ Verified ☐ Deficient	Date: _____ Initials: ____
08	**Crisis Stabilization & ED Pods**	Specialized behavioral emergency intake: recliner bays for 23-hour observation (Whatcom model), secure ambulance/police drop-off vestibules (Compass Marc Center model).	☐ Verified ☐ Deficient	Date: _____ Initials: ____

Safety Risk Assessment (SRA) Certification:

Facility Name: _____ Architect of Record: _____

Existing Structure Baseline: ☐ Medical Office ☐ Commercial Office ☐ Acute Hospital Floor ☐ Retail Shell

Schedule Gain Verified: Renovation path targeted to achieve 12–18 month lead time over new construction.

Derived from the Boston Longwood decant model (MGB/Dana-Farber) and Columbus Wexner activation (425-patient move in <8 hours). Plan swing spaces, enabling packages, and double-to-single room rebalancing.

1. DECANT PHASING & ENABLING WORK SCHEDULE

Phase Step	Enabling Scope & Target Department	Swing Space Destination / Staging	Clinical Impact & Life Safety	Sign-Off / Date
Phase 1: Swing Fit-Out	Temporary med-surg or administrative swing space fit-out; MEP branch isolation.	Vacated clinical wing, modular unit, or lease facility (e.g. Cedars-Sinai swing tower).	ICRA Class IV containment barriers; zero negative air loss.	_____
Phase 2: Patient Decant	Coordinated transfer of acute patients from legacy double rooms to swing or new tower.	Columbus Wexner model: 425 patients moved safely in under 8 hours.	Continuity of telemetry, IV pumps, medical gas; dedicated elevators.	_____
Phase 3: Deep Gut Renovation	Full gut of vacated legacy units down to columns and slabs; asbestos/lead abatement.	Vacated legacy tower (e.g. Mass General Ragon, Brigham Braunwald, James Cancer).	Noise mitigation, vibration dampers, debris transport chutes.	_____
Phase 4: Backfill Activation	Repurposing vacated space for specialty expansion (e.g. James Cancer +148 beds).	Final renovated clinical units opened for patient service.	Joint Commission LS / FGI pre-occupancy survey sign-off.	_____

2. DOUBLE-TO-SINGLE ROOM CONVERSION CAPACITY RE-PLANNER

Converting semi-private double rooms to 100% private single-bed rooms reduces raw bed count by 35%–50% unless offset by vertical/horizontal tower expansion. Calculate facility rebalance:

Unit / Floor	Legacy Double Rooms	Legacy Bed Count	New Single Rooms	Net Bed Variance	Acuity Flex Plan
Inpatient Med-Surg Floor A	20 rooms	40 beds	24 singles	-16 beds	Universal room (ICU-ready)
Inpatient Med-Surg Floor B	_____	_____	_____	_____	_____
Cardiac / Interventional Floor	_____	_____	_____	_____	_____
Pediatric Inpatient Unit	_____	_____	_____	_____	_____

Decant Master Rule: Never commence demolition on a vacated clinical floor until all swing units are 100% certified by AHJ, life safety egress is mapped, and patient cutover is complete.

1. STATUTORY PERMISSION GATES ACROSS TARGET STATES

Review the statutory thresholds and review boards governing hospital renovation across key markets:

State / Market	Governing Gate & Statute	Capital Threshold / Requirement	Design & Approval Strategy
Massachusetts (Boston)	**Determination of Need (DoN)** Mass. Dept of Public Health	**$27,668,903.99** (FY2025–26 threshold). Mandatory ≥5% capital to Community Health Initiatives (CHI).	DoN filings require clinical need proof and independent cost review. Factor 5% CHI cash pledge into pro-forma.
Texas (DFW, Houston)	**No Certificate of Need (CON)** Free market healthcare since 1985	No state dollar threshold or permission gate. Local municipal permitting & licensing only.	Speed-to-market and land acquisitions dictate wins. Master plan campuses for multi-phase expansion.
Colorado (Denver Metro)	**No CON Gate** CDPHE Licensure / FGI conformity	Licensure approval by CDPHE Health Facilities Division; FGI Guidelines & NFPA 101 Life Safety.	Competitive races decided in municipal site-plan and zoning hearings (e.g. Broomfield I-25 race).
Washington (Seattle, King, Whatcom)	**Certificate of Need (CON) + DOH CRS** Wash. Dept of Health	CON for acute beds/services; DOH Construction Review Services submittal with ICRA and ILSM.	Hospital district bonds require 60% supermajority (Monroe 55.6% failure). Clean Buildings law mandates.
California (Los Angeles, San Jose)	**HCAI Seismic Compliance** Health Care Access and Information	**January 1, 2030** acute care mandate (NPC-5 / SPC-4D). Non-compliant buildings lose license.	Retrofit vs rebuild vs decant strategy. Produce phased HCAI review packages; AB 869 relief excludes large systems.
Tennessee (Nashville Metro)	**CON Sunset Calendar** Tennessee Health Facilities Commission	CON sunsets July 1, 2028 (satellite EDs & cath) and July 1, 2030 (acute care hospitals).	Position clients for immediate 2028 satellite facility rollouts; design fast-track modular off-campus emergency pods.

2. CLIMATE HARDENING & GRID RESILIENCE ENGINEERING SPECS

Every hospital renovation project inherits localized weather memories and infrastructure baselines:

Hazard / Hazard Event	Market Benchmark	Mandated Engineering Specification	Design Verification
Coastal Flood Surge	Boston (Mass General Ragon, Longwood)	Lowest occupied clinical floor set at Sea Level Rise DFE + **2 feet of freeboard**; rooftop mechanicals.	☐ DFE + 2ft Freeboard ☐ Rooftop Plant
Off-Grid Islanding	Boston Ragon / Cook Children's DFW	Ragon designed for **4-day off-grid operation**; Cook Children's 2 utility feeds, 3x 2.5MW gens, 45k-gal fuel.	☐ 96-Hr Islanding ☐ 45,000-Gal Fuel
Water Failure / Freeze	Texas (Winter Storm Uri, Feb 2021)	Post-Uri audits revealed water loss as binding failure. Dedicated on-site potable & boiler water reserves.	☐ Potable Reserves ☐ Dual Water Feeds
Submarine Flood Gates	Houston (Texas Medical Center / Allison / Harvey)	Submarine-style flood gates sealing entrances; elevated electrical vaults above 500-yr flood; >3.5ft subsidence allowance.	☐ Flood Gates ☐ Elevated Vaults
Wildfire Smoke & Hail	Denver (Marshall Fire / $1.9B Hailstorm)	MERV 15+ filtration under heavy smoke loads; impact-resistant Class 4 roofing; dual emergency power feeds.	☐ Smoke Load HVAC ☐ Class 4 Hail Roof
Extreme Heat Stress	Phoenix (31 days ≥110°F; July avg 102.7°F)	100% cooling redundancy under ERCOT/APS grid stress; cooling plant never sheds load; Colorado River water recovery.	☐ N+1 Chillers ☐ Shading Envelopes