WORKSHEET 1

DEVELOPMENT AGREEMENT CHARTER CHECKLIST

Hospital Campus: MultiCare Good Samaritan (Puyallup) **Municipal Action:** Puyallup City Council (Jan 27, 2026) **Term:** 20-Year Master Plan (2026–2046) **Facilities Lead Sign-off:** _____

PURPOSE & INSTITUTIONAL MEMORY MANDATE

A development agreement locks the rules of the game with the city for the life of the plan — entitlements, standards, and sequencing expectations that survive staff turnover on both sides. Over 20 years, the plant team who opens the final phase will not be the people who designed the first. Use this checklist to audit your agreement and protect facilities prerequisites across leadership handoffs.

A. ENTITLEMENTS & MUNICIPAL STANDARDS VERIFICATION

CITY OF PUYALLUP LOCK

Status	Charter Dimension	Good Samaritan Benchmark / Agreement Term	Facility Team Operational Protection
☐	**Master Plan Duration**	20-Year Development Agreement authorized Jan 27, 2026.	Prevents mid-cycle rezoning or sunsetting of campus entitlements.
☐	**Patient Tower Entitlement**	Budgeted >$430M; 160 licensed + 30 obs + 40 shell beds.	Height, setback, FAR, and helicopter flight path clearance locked.
☐	**Central Support Tower**	Full support core named in program alongside clinical tower.	Protects loading dock, back-of-house logistics, and central plant space.
☐	**Structured Parking Rights**	Structured garages approved to offset surface lot laydown loss.	Ensures parking ratio compliance before surface stalls are demolished.
☐	**Medical Office Buildings**	MOB parcels approved for clinic swing-space decanting.	Authorizes ambulatory decants to free hospital clinical footage.
☐	**Utility Corridor Easements**	Power, water, sanitary, medical gas, stormwater corridors.	Guarantees municipal rights-of-way for hundreds of utility tie-ins.

B. 20-YEAR INSTITUTIONAL MEMORY & HANDOFF PROTOCOL

SURVIVING STAFF TURNOVER

Check	Handoff Governance Element	Operational Standard to Preserve Across Decades	Archive Reference
☐	**Original Design Intent Register**	Documents why central support and parking were sequenced prior to tower beds.	Vault: _____
☐	**Shelled-Floor Pre-Buy Covenant**	Protects 40-bed shell floor from being captured for temporary administrative office space.	Section: _____
☐	**Utility Micro-Shutdown History**	Permanent database of all domestic water, power, and gas isolations, valves, and loops.	BMS DB: _____
☐	**Municipal Liaison Log**	Record of every Puyallup building official interpretation and inspection rhythm.	Permit File: _____
☐	**Phased Decant Mapping**	Tracks which departments were decanted to MOBs and where backfill space was freed.	Space Master: _____

FACILITIES DIRECTOR 20-YEAR COVENANT SIGN-OFF

Current Plant Director: _____ City Planning Contact: _____ Next Review Milestone: _____

WORKSHEET 2 # ENABLING-WORKS-FIRST SEQUENCER

Program Anchor:	Patient Care Tower ($430M+)	**Clinical Scale:**	160 Inpatient + 30 Obs Beds	**Enabling Prerequisite:**	Garages & Support Tower	**Status Gate:**	LOCKED PRIOR TO EXCAVATION

THE NON-NEGOTIABLE PHASING LAW

"*Parking structures and a central support tower are named alongside the clinical tower. That ordering is not administrative. It is the whole game.*" Sizing and completing parking and support infrastructure first ensures the live hospital continues circulating patients and goods safely while the campus is torn up.

A. STRUCTURED PARKING & CAMPUS ACCESS SEQUENCER

CIRCULATION = ACCESS-TO-CARE

Parking & Laydown Variable	Displaced by Tower Footprint	Mitigated by Structured Garage	Live-Campus Access Status
Surface Lot Demolition	Stalls Lost:	New Structured Stalls:	Net Variance: .....
Tower Laydown & Crane Pads	Stalls Lost:	Relocated to:	Pedestrian Barrier Cert: [ ] Yes [ ] No
Emergency Dept Ambulance Route	Rerouted: [ ] Yes [ ] No	Designated Bypass:	Transit Time Delta: ..... sec
Staff & Physician Circulation	Stalls Lost:	Off-site Shuttle: [ ] Yes [ ] No	Shift Handover Safe: [ ] Yes [ ] No
Patient & Visitor Clear Path	Covered Walkway: [ ] Yes [ ] No	ADA Distance to Main Entry: ..... ft	Wayfinding Signage: [ ] Complete

B. CENTRAL SUPPORT TOWER SIZING & READINESS VERIFICATION

SIZED FOR FUTURE CAMPUS • NOT TODAY'S CAMPUS

Gate	Central Support Artery	Required Post-Expansion Capacity	Readiness Milestone Prior to Tower Groundbreak
☐	**Loading Dock Bays**	Sized for 230-bed tower + MOB logistics loads.	Expanded docks commissioned & truck turning radii verified.
☐	**Materials Distribution**	Central sterile, supply carts, linen corridors.	Automated or separated clean/soiled back-of-house corridors live.
☐	**Bio-Hazard & Solid Waste**	Waste compaction and staging for expanded volume.	Dedicated containment docks isolated from patient/visitor view.
☐	**Central Plant Core (Central Support)**	Thermal, chilled water, emergency power conduits.	Chilled/heating risers stubbed to tower property boundary line.
☐	**Pharmacy & Dietary Logistics**	Compounding & bulk food prep scaled for +190 beds.	Central support dietary storage online prior to ward expansion.

SEQUENCING AUTHORIZATION RELEASE

[ ] **HOLD:** Parking structure circulation is active and verified.
[ ] **HOLD:** Central support tower capacity is commissioned to receive expanded acute loads.
[ ] **RELEASE APPROVED:** Excavation and structural groundbreaking for the 160-bed patient care tower may proceed.

WORKSHEET 3

OCCUPIED-CAMPUS UTILITY TIE-IN LOG

Program Utility Scope: Hundreds of Tie-Ins Over 20 Years **Systems:** Power • Water • Med-Gas • Data **Rule:** Sequenced as a Program, Never Surprises

MICRO-SHUTDOWN EXECUTION PROTOCOL

Every tie-in to power, domestic water, medical gas, and data on an occupied campus is a planned micro-shutdown with a clinical risk review attached. Over 20 years, these tie-ins number in the hundreds. Log every isolation, identify downstream clinical dependencies, and enforce hard abort triggers before cutting lines.

A. UTILITY TIE-IN MASTER REGISTER & RISK CLASSIFICATION

CLINICAL RISK REVIEW ATTACHED

Tie-In ID	Utility System	Affected Plant / Campus Zone	Clinical Risk Review Dependencies	Window / Duration	Rollback Gate
TIE-E-01	Normal / Essential Power	Substation feeder to South Wing & Plant Core	OR Suite 1–8, ICU telemetry, Emergency Dept	Sun 01:00–04:00 (180 min)	Gen backup verified
TIE-W-01	Domestic Cold Water	Main header tap for Patient Tower riser	Central Sterile, Dialysis, Dietary kitchen	Sat 23:00–03:00 (240 min)	Water wagon onsite
TIE-MG-01	Medical Oxygen (LOX)	Bulk tank branch manifold tie-in	NICU, ICU, Step-down, Surgical suites	Tue 02:00–03:30 (90 min)	Reserve bank online
TIE-MG-02	Medical Vacuum / WAGD	Vacuum pump header expansion	Operating Rooms, Endoscopy, PACU	Sun 00:00–03:00 (180 min)	Standby skid live
TIE-D-01	Campus Fiber / BMS Data	MPOE loop cutover to Support Tower	EMR access, Nurse call, Life safety alarms	Wed 01:00–03:00 (120 min)	Cellular failover set
TIE-STM-01	Clean Steam / Heating	Boiler header connection for new tower	Autoclaves, Humidification in clinical wards	Sat 22:00–02:00 (240 min)	Electric steri-backup
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

B. PRE-SHUTDOWN CLINICAL RISK REVIEW & ABORT CHECKLIST

MANDATORY MULTI-DISCIPLINARY SIGN-OFF

72-HOUR PRE-SHUTDOWN VERIFICATIONS

- [ ] **Clinical Notification:** Nurse Managers and Chief Medical Officer briefed on isolation boundaries and exact shutdown window.
- [ ] **Life Safety Redundancy:** Secondary power transfer switches (ATS) or auxiliary medical gas reserves physically tested.
- [ ] **Isolation Valve Proving:** Downstream isolation valves fully exercised and verified leak-tight prior to pipe cutting.
- [ ] **Emergency Response Crews:** Certified plumbers/electricians on standby with pre-staged mechanical clamp fittings.

GO / NO-GO ABORT DECISION CRITERIA

- [ ] **Clinical Census Surge:** Immediate abort if emergency room or ICU census exceeds threshold capacity prior to cut.
- [ ] **Weather / Storm Alerts:** Abort electrical tie-ins if adverse weather threatens grid utility supply reliability.
- [ ] **Restoration Deadline:** Hard abort time set at ..... hours before scheduled morning clinical operations resume.
- [ ] **Authority to Abort:** Named Clinical Lead: ..... • Facilities Lead: .....

WORKSHEET 4 SHELLED-FLOOR 40-BED PRE-BUY WORKSHEET

PAGE 4 OF 6 • 160 + 30 + 40 SHELL VS. 249-BED REGIONAL DEMAND MATH

Program Math: 160 Inpatient + 30 Obs + 40 Shell **2036 Regional Need:** 249 Additional Beds **Strategy:** Pre-Buying Correction at Shell Rates

THE FACILITIES CAPACITY MAXIM

"The cheapest bed is the one whose structure you already built." Building shell space during initial construction costs a fraction of vertical expansion later — requiring zero new foundation, zero core reinforcement, and zero structural penetration into an occupied acute care building — while deferring costly finishes, headwalls, med gas, and nurse staffing until demand arrives.

A. GOOD SAMARITAN BED CAPACITY & REGIONAL NEED MODELING

EAST PIERCE COUNTY DEMOGRAPHIC PRESSURE

Program Element	Bed Count	Capital & Operational Status	Variance vs 2036 Need (249 Beds)
New Licensed Inpatient Beds	**160**	Funded in $430M+ tower build; immediate opening	-89 beds vs regional need
Observation Beds	**30**	Short-stay observation; clinical decompression	-59 beds when combined with inpatient (190)
Initial Active Clinical Capacity	**190**	Fully fitted out: headwalls, med-gas, staffed	Shortfall: 59 beds needed by 2036
Shelled Floor Pre-Buy	**+40**	Structure/envelope built now; fit-out deferred	Narrows regional gap from 59 to 19 beds
Total Tower Ultimate Capacity	**230**	Full physical build-out inside initial footprint	Leaves only 19 beds for off-campus/MOB absorption

B. SHELL-NOW VS. VERTICAL-EXPANSION-LATER LIFECYCLE COMPARISON

FACILITIES COST & CLINICAL DISRUPTION AUDIT

Cost / Disruption Driver	Strategy 1: Pre-Built Shelled Floor (Good Samaritan)	Strategy 2: Later Vertical Expansion (Build on Top)
Structural Foundation & Core	Poured and completed during initial mobilization; zero future foundation works required.	Requires heavy oversized caissons initially or seismic underpinning later through occupied wards.
Roof Penetration & Weather Risk	Permanent weatherproof envelope sealed day one; zero exposure of occupied floors.	Demolishing live hospital roof creates catastrophic water leak, mold, and dust risks over active wards.
Crane & Laydown Disruption	Tower cranes mobilized once during main tower project; surface parking impacted once.	Re-mobilizing heavy tower cranes years later cuts into campus parking and ambulance access again.
Infection Control (ICRA) Impact	Class II internal fit-out behind permanent fire/airtight slab barriers; low clinical risk.	Class IV structural construction directly over immunocompromised intensive care or surgical floors.
Deferred Capital Allocation	Defers headwalls, vacuum drops, architectural finishes, and nurse staffing until volume arrives.	Forces immediate capital commitment or pays 3x–4x escalation penalties for retrofitted structure later.

SHELLED FLOOR FIT-OUT TRIGGER PROTOCOL

Occupancy Trigger Threshold: .....% Projected Fit-Out Window: 20..... Capital Budget Allocation: $.....

WORKSHEET 5

20-YEAR ICRA / ILSM CONTAINMENT SHEET

Operating Imperative: Immunocompromised Patient Adjacency | **Control Standard:** Systematized Production System | **Duration:** 20-Year Standing Discipline

SYSTEMATIZED VS SPRINTING VIGILANCE

A 6-month renovation can sprint on vigilance. A 20-year master plan requires infection control to operate as a permanent production system: standard containment details, standing inspection rhythms, contractor onboarding that treats ICRA as the price of admission, and rigorous water-management whenever aging domestic piping is opened, capped, or re-energized.

A. NEGATIVE-AIR & BARRIER CONTAINMENT DAILY INSPECTION LOG

CLASS IV CRITICAL CONTAINMENT

Containment Zone	Pressure Differential	HEPA Discharge Path	Barrier Integrity & Ante-Room	Daily Inspector / Time
Zone A: Tower Tie-In Wall	Req: ≥ -0.020 in. wg	Ducted direct to outdoors	Zipper ante-room; tacky mat replaced	Sign: 07:00
Zone B: Ground Fl Corridor	Req: ≥ -0.015 in. wg	Away from AHU fresh intake	Rigid drywall dust partition sealed	Sign: 07:15
Zone C: Basement Support Core	Req: ≥ -0.020 in. wg	HEPA unit recertified	Negative air monitor alarming test OK	Sign: 07:30
Zone D: Shelled Floor Level	Req: ≥ -0.010 in. wg	Temporary louver exhaust	Floor penetrations fire-stopped/taped	Sign: 07:45

B. DOMESTIC WATER MANAGEMENT: OPENING, CAPPING & RE-ENERGIZING

LEGIONELLA & BIOFILM MITIGATION ON AGING LEGS

Check	Water System Operation	Safety Protocol During Live Campus Construction	Verification Requirement
☐	**Capping Inactive Piping Legs**	Cut back dead legs to within 2 pipe diameters of active header loop.	Inspection photo & plumbing sign-off.
☐	**Re-Energizing Altered Risers**	High-velocity multi-volume flush to clear dislodged pipe scale and biofilm.	Turbidity test < 1.0 NTU verified.
☐	**Thermal / Biocide Disinfection**	Hyper-chlorination or elevated thermal cycle on altered supply loops.	Chlorine residual test / log confirmed.
☐	**Microbiological Sampling**	Post-reconnection water testing prior to clinical patient exposure.	Negative bacterial cultures documented.

C. CONTRACTOR ICRA ONBOARDING & ILSM EGRESS VERIFICATION

ICRA = THE PRICE OF ADMISSION

CONTRACTOR ONBOARDING VERIFICATION

- [ ] **100% Badged Orientation:** Every trade worker briefed on patient infection risks, dust containment, and emergency stop codes.
- [ ] **PPE & Coverall Rules:** Clean footwear and clothing requirements when transitioning through public clinical corridors.
- [ ] **Immediate Fine / Removal Policy:** Zero tolerance for breaches of negative air, unsealed ceiling tiles, or blocked egress paths.

INTERIM LIFE SAFETY MEASURES (ILSM)

- [ ] **Daily Fire Egress Check:** Fire exit paths from patient care wings unobstructed by scaffolding, laydown, or debris.
- [ ] **Fire Alarm / Sprinkler Bypass:** Daily log of all smoke detector covers; immediate removal and system test at end of shift.
- [ ] **Puyallup Fire Marshal Liaison:** Updated emergency access routes submitted with every phase change.

WORKSHEET 6

SWING-SPACE & MOB DECANT SEQUENCER

Phasing Ecology: Hospital Renovation + MOB Integration **Decant Driver:** Free Clinical Space Without New Tower First **Duration:** Rolling Operation Over Decades

THE UNGLAMOROUS DISCIPLINE THAT MAKES PHASING REAL

Every phase that renovates or replaces occupied space creates the same arithmetic: the function must live somewhere while its home is rebuilt. Swing-space strategy — which departments move, in what order, into space vacated by preceding phases — is a rolling logistics operation measured in years. MOB clinics decanting out of the hospital free prime inpatient square footage early.

A. MEDICAL OFFICE BUILDING (MOB) OUTPATIENT DECANT REGISTER

LIBERATING INPATIENT FOOTAGE BEFORE TOWER OPENS

Outpatient Clinic	Current Hospital Location	Destination MOB Facility	SF Liberated in Hospital	Repurposed Acute Hospital Function
Outpatient Cardiology	Main Tower, Level 2 East	New MOB 1, Suite 300	8,500 SF	Temporary ICU swing space • 12 acute beds
Orthopedic Specialty Clinic	West Pavilion, Ground Floor	New MOB 1, Suite 150	11,200 SF	Phase 1 Inpatient Pharmacy & Lab expansion
Outpatient Wound Care	South Wing, Level 1	On-campus MOB 2	4,200 SF	Materials distribution staging core
Pediatric Subspecialties	North Wing, Level 3	MOB 1, Suite 400	6,800 SF	Step-down observation bed surge zone
.....	.....	.....	..... SF	.....

B. DEPARTMENTAL SWING-SPACE CASCADE TRACKER

ROLLING MOVE CHAINS • PHASE-BY-PHASE REPLACEMENT

Move Sequence	Department Moving	Temporary Swing Location	Renovation Window	Final Permanent Move
Chain 1 (Step A)	Med-Surg Ward 3 East	Refurbished South Wing 2	Months 1–6 (Ward 3 demo)	New Patient Care Tower, Level 4
Chain 1 (Step B)	Surgical Step-Down	Vacated Ward 3 East (refurbished)	Months 7–12 (Core demo)	New Patient Care Tower, Level 5
Chain 2 (Step A)	Endoscopy Suites	Temporary Modular Suite (MOB deck)	Months 4–9 (HVAC reroute)	Expanded Central Support Core
Chain 3 (Step A)	Administrative Offices	Off-Campus Leased Facility	Immediate (Permanent)	100% converted to clinical beds

C. CLINICAL CONTINUITY SIGN-OFF PRIOR TO DEPARTMENT DECANT

ZERO INTERRUPTION TO PATIENT CARE

PHYSICAL SPACE COMMISSIONING

- [ ] Nurse call, emergency call, and telemetry systems validated.
- [ ] Medical gas certified by third-party testing agency.
- [ ] Infection control containment decommissioned & terminal clean complete.

DEPARTMENT LEADERSHIP RELEASE

- Department Head Sign-Off: .....
- Facilities Logistics Lead: .....
- Target Move Date: 202..... / Time: .....