Whatcom Single-Hospital Control Case: Field Print Pack

Practical Facility Working Logs, Capital Audits & Site Phasing Protocols

Current version — Oct 31, 2026
Update history:
whatcom-county-hospital-construction-design-demand

SHEET 1: 70% MIDNIGHT-OCCUPANCY PRESSURE WORKSHEET

FORM HFH-WCC-01

LICENSED VS ACUTE
255 / 207
Fixed 207 acute bed cap since ~2003 as county grew >33%.

WA STATE CON TARGET
70.0%
Standard state benchmark for acute midnight occupancy.

RECORDED ST. JOSEPH CENSUS
80% – 88%
Consistently 10–18 pts above target midnight; midday higher.

ANNUAL ED VOLUME
72,223
FY2025 visits; 12-min triage average time to physician.

STATE BENCHMARK FORMULA & OCCUPANCY RATIO CALCULATION:

- Benchmark Midnight Acute Census Cap (70% Target): 207 Beds × 0.70 = **144.9 Occupied Beds**
- Operational Midnight Acute Census Range (80%–88% Actual): 207 Beds × (0.80 to 0.88) = **165.6 to 182.2 Occupied Beds**
- Chronic Acute Deficit / Overflow Threshold: +20.7 to +37.3 Beds Over State Efficiency Benchmark Nightly

Date / Shift	Midnight Census	Midday Peak	Occupancy %	Variance to 70%	ED Boarding Count	Diversion Status
Benchmark Control	145 Patients	165 Patients	70.0%	+0.0 pts (Baseline)	0 Boarders	Normal Admissions
Historical Filing	166–182 Patients	185–198 Patients	80.2% – 87.9%	+10.2 to +17.9 pts	Variable / Elevated	Providence Everett Catch
__/__ Shift 1						☐ Open ☐ Full ☐ Divert
__/__ Shift 2						☐ Open ☐ Full ☐ Divert
__/__ Shift 3						☐ Open ☐ Full ☐ Divert
__/__ Shift 4						☐ Open ☐ Full ☐ Divert
__/__ Shift 5						☐ Open ☐ Full ☐ Divert
__/__ Shift 6						☐ Open ☐ Full ☐ Divert

Tertiary Facility	Distance / Time	Trauma / Service Level	Catchment Diversion Reality
Providence Regional Everett	64 miles / 71 minutes	Level II Adult Trauma; Comprehensive Cardiac	Next nearest tertiary door; state CON notes Everett running full with diversions pushed south to Seattle.
Harborview / UW Seattle	90 miles / 105+ minutes	Level I Regional Trauma / Burn / Neuro	Air evacuation (Airlift NW) or long-distance critical ground transfer when I-5 corridor allows.

Worksheet Sign-off: Census Auditor: _____ Date: _____ Shift: _____ Midnight Bed Total: _____

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SHEET 2: $336.3M CON VS $64.8M EXCLUDED VS ~$401M ALL-IN CAPITAL STACK

FORM HFH-WCC-02

CON APPROVED CAPITAL
$336,323,637
DOH Certificate issued March 2025; 80 new acute beds.

EXCLUDED PROGRAM WORKS
$64,800,000
600-stall garage, CUP, and emergency department renovation.

TOTAL CAPITAL COMMITMENT
~$401.1 Million
100% private system reserves & philanthropy; zero tax bonds.

Program Component	Stated Budget	Funding Mechanism	Statutory & Regulatory Status
Peter Paulsen Pavilion (Tower)	$336,323,637	Reserves + Project Gifts ($74M)	Approved under WA Certificate of Need (March 2025); 80 private acute beds.
Central Parking Structure	~$35,000,000 (Alloc.)	PeaceHealth Capital Reserves	600 stalls; opened June 2024; excluded from CON capital review accounting.
Central Utility Plant (CUP)	~$15,000,000 (Alloc.)	PeaceHealth Capital Reserves	New rooftop cooling towers & emergency boilers; excluded from CON review.
ED Phased Expansion / Reno	~$14,800,000 (Alloc.)	Reserves + Targeted Donors	Post-2028 operational consolidation; excluded from primary CON capital.
Total All-In Expansion Stack	**$401,123,637**	**Reserves + Philanthropy**	**$0.00 General Obligation Bonds; $0.00 District Tax Levies**

Philanthropic Anchor Analysis vs District Bond Comps

Campaign Tier	Committed Amount	Donor Structure & Community Deployment
Peter Paulsen Lead Gift	$50,000,000	Historic transformational gift from Hotel Bellwether developer (d. 2024); secures building naming rights.
Pavilion Project Philanthropy	$74,000,000	Total direct philanthropic allocation credited toward the $336M CON approved capital budget.
Comprehensive Campaign	$103,000,000	Total foundation fundraising effort supporting pavilion, cancer care, hospice, and staff programs.
Public Bond Equivalent	$0.00 (None)	Corridor hospital districts (Skagit, Island, Snohomish) typically float $150M–$300M GO bonds; Whatcom has none.

Capital Stack Audit & Review Checklist

- ☐ **CON Budget Reconciliation:** Verify all architectural, engineering, and equipment lines match DOH approved $336,323,637.
- ☐ **Excluded Work Segregation:** Confirm accounting separation of $64.8M garage/CUP/ED from certificate review files.
- ☐ **Pledge Cash Flow Curve:** Audit $74M philanthropic pledge draw schedule against Turner Construction monthly billings.
- ☐ **Cost-Overrun Amendment Buffer:** Review CRS amendment triggers (as seen in Mt. Baker endoscopy expansion filing).
- ☐ **Charity Care Condition Compliance:** Track Whatcom planning area requirement (benchmark 1.40% regional average).

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SHEET 3: PETER PAULSEN PAVILION TECHNICAL SPEC SHEET

FORM HFH-WCC-03

GROSS AREA / STORIES
120,000 SF / 6 Fl.
Vertical acute tower addition on Squalicum hillside campus.

BED CAPACITY NET
+80 Private Beds
Expands hospital from 255 to 320 licensed beds (10–20 yr horizon).

ARCHITECT / GC TEAM
Savely / Turner
Savely Healthcare Architects; Turner Construction General Contractor.

AVIATION FLIGHT OPS
Dual Helipads
Rooftop pad (Airlift NW direct drop) + Ground pad (Coast Guard).

Vertical Program & Clinical Floor Allocation

Floor Level	Department / Program	Bed / Bay Count	Design Features & Clinical Workflow
Rooftop	Airlift Northwest Helipad	1 Flight Pad	Direct elevator core descent into Trauma resuscitation bays; avoids ground ambulance transfer.
Level 6	Inpatient Medical-Surgical	Private Acuity Rooms	All-private patient rooms, decentralized charting stations, family daylight zones.
Level 5	Inpatient Cardiac / Stepdown	Private Acuity Rooms	Continuous telemetry monitoring, negative/positive pressure isolation suites.
Level 4	Women's & Children's: Peds	Inpatient Pediatrics	Dedicated pediatric care suites, security access controls, parent rooming-in accommodations.
Level 3	Women's & Children's: OB/Postpartum	LDRP & Postpartum	Modernized labor, delivery, recovery, and postpartum rooms; Level II neonatal care linkage.
Level 2	Clinical Support & Interventional	Procedure Support	Direct connection to existing hospital surgical core; mechanical air handling mezzanine.
Level 1 (Ground)	Consolidated Emergency Dept.	Unified ED Footprint	Replaces split ED layout; rapid triage bays (12-min physician target); ambulance sally port.

Structural Defaults & Bellingham Municipal Code Package (2021 Suite)

Engineering Parameter	Design Standard / Value	Project Compliance Specification
Structural Facility Class	Risk Category IV Essential Facility	Continuous post-disaster occupancy; surgery and trauma life safety systems.
Foundation Substructure	80-Foot Drilled Pilings	Cast-in-place friction and end-bearing piles anchored into deep Squalicum hillside strata.
Basic Wind Speed	109 mph Ultimate Wind	Bellingham structural default; wind load calculations for 6-story vertical envelope.
Seismic Soil Site Class	Site Class D (Default)	Stiff soil profile; requires dynamic seismic response spectra modeling.
Ground Snow Load	20 psf (Pounds per Square Foot)	Rooftop live load calculations including snow drift along helipad parapets.
Frost Depth / Soil Bearing	12 in. Frost / 2,000 psf Assumed	Presumptive bearing capacity superseded by site-specific geotechnical boring reports.

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SHEET 4: LIVE LEVEL II TRAUMA PHASING LOG & MITIGATION CHECKLIST

FORM HFH-WCC-04

Milestone Execution Log: June 2024 to 2028 Public Commissioning

Target Date	Phase / Milestone	Operational Activity & Site Disruption Controls	Status / Verification
June 2024	Garage Opening	600-stall free parking structure opens (Abbott); 90% local subcontractors.	☐ Complete (Operational)
January 2025	Planned Development Permit	City of Bellingham site and zoning approvals issued.	☐ Complete (Permitted)
March 2025	CON Certificate Issued	WA DOH issues approval for $336.3M acute expansion.	☐ Complete (State Cert)
July 2025	West Entrance Closure	West entry decommissioned; East Tower designated temporary front door.	☐ Complete (Re-routed)
August 2026	Demo & Cooling Tower	Demolition of old main entrance; new rooftop cooling tower set on CUP.	☐ Complete (Demolished)
Sept 2026	Excavation & 80-Ft Piles	Mass excavation on hillside; 80-ft drilled piles; Turner 5-day week shift.	☐ In Progress (Fall '26)
June 2027	73 Acute Beds Licensed	Licensing inspection: obstetrics, postpartum, peds, cardiac, med-surg.	☐ Scheduled Milest.
2028	Public Opening & ED	Peter Paulsen Pavilion opens; unified emergency department online.	☐ Scheduled Milest.

Live Trauma Center Mitigation & Environmental Health Checklist

Traffic, Parking & Campus Egress:

☐ **33 ED Stalls Stormwater Closure:** Active since May 2026 for creek runoff infra.

☐ **18 Additional Stalls Closed:** Valet parking activated July 2026 at East Tower.

☐ **Courtesy Shuttle Operation:** Weekday scheduled loops from garage to entrance.

☐ **Cafeteria Life Safety Egress:** Temporary emergency egress striped across dining floor.

☐ **Ambulance Access Clear:** Dedicated trauma bay corridor isolated from construction traffic.

Acoustic, ICRA & Agency Surveillance:

☐ **Patient Noise PPE:** Earplugs, earmuffs, and white-noise units offered to rooms.

☐ **Turner Work Hours:** 4-day regular week extended to Fridays during pile drilling.

☐ **Construction Review Services (CRS):** DOH file open since Feb 2023.

☐ **Multi-Agency Jurisdiction:** Project staff vetted for WA DOH, CMS, and DNV rules.

☐ **Shoreline / Creek Buffer:** 50-ft stormwater setback compliance verified along creek.

Mitigation Inspection Sign-off: Field Safety Officer: _____ Contractor Rep: _____ Date: _____

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SHEET 5: NO-DISTRICT VS MICRO-DISTRICT FUNDING COMPARATOR

FORM HFH-WCC-05

Governance Dimension	Control Case 1: Whatcom / St. Joseph (No District)	Control Case 2: Point Roberts PHD (Micro-District)
Statutory Model	No Public Hospital District. Unincorporated county & municipal core. St. Joseph answers to system board.	Public Hospital District created by voters in Feb 2005 under RCW 70.44 to preserve clinic access.
Taxing Authority & Rate	**$0.00 / $1,000** (Zero taxing authority, zero district millage, zero public ballot referendums).	**~28¢ per $1,000** assessed valuation. 94% of district's 2024 revenue ($300k) derived from taxes.
Facility Scale & Physical Asset	255-bed regional Level II trauma medical center expanding to 320 beds in 120,000 SF pavilion.	Primary care / urgent care clinic occupying leased bays inside the local fire district station.
Annual Operating Budget	Multi-hundred-million operating budget supported by patient revenue, insurance, and commercial contracts.	~$500,000 annual clinic operational cost vs ~$200,000 in patient revenue (structural operating gap).
Operator & Subsidy Model	PeaceHealth integrated health system (private non-profit operating across WA, OR, AK).	Contracted clinical operator (SuperTrack Urgent Care). Monthly subsidy raised from $16k to $36k (Aug 2025).
Capital Growth Financing	$336M CON from cash reserves + philanthropy ($50M lead gift, $74M project, $103M campaign).	Levy lift proposed for ballot; district has never passed a levy increase since 2005 formation.

The Skagit County Public Hospital District 304 Footnote

HISTORICAL BOUNDARY FOOTNOTE — SKAGIT PHD NO. 304 IN WHATCOM:

- Boundary Reach: Landlord district for Skagit County reaches north into East Whatcom foothills.
- Registered Electorate: Holds exactly **28 registered voters** in Whatcom County (Auditor's count).
- August 2026 Ballot Test: Single Whatcom precinct cast **7 total ballots** on the proposed levy lift (3 votes FOR, 4 votes AGAINST).
- Bi-County Election Result: District-wide measure failed across both counties, **45.42% FOR vs 54.58% AGAINST.**

Taxing District Formation & Viability Thresholds (RCW 70.44)

Procedural Step	Statutory Requirement	Whatcom County Barrier / Operational Fact
New District Petition	Petition signed by 10% of registered voters in proposed boundary.	County Council cannot unilaterally draw a district because Point Roberts and District 304 already exist.
Voter Awareness Deficit	Public awareness & electoral mobilization for ballot referendums.	Association of WA Public Hospital Districts reports <35% of district residents even know they live in one.
Levy Lift Ceiling	Statutory regular levy capped at $0.50/$1,000 for hospital districts.	Point Roberts at ~28¢ cannot close the $300k cost gap without doubling the tax or capping operator subsidies.

Policy Audit Verification: Healthcare Policy Analyst: _____ Date: _____ Reference File: WA-RCW-70.44