

Fire and EMS Master Plan Comments				
City of Puyallup				
Item	Comment	12/4/2023 MGSB Response	1/24/24 MGSB Supplemental Response	02/05/24 COP Response
1	Based on a comment from Central Pierce Fire & rescue, the Ambulance bays are inadequate to handle the current level of emergency vehicle traffic. Provide a larger ambulance bay considering the amount of more patients the hospital will be taking in and consider the population rising. This is a concern for all responding agencies and will need to be code compliant for fire apparatus turning radiuses and angle of inclination.	The Master Plan does not include any proposed expansion of the existing Ambulance Bays. MGSB and the City are coordinating a meeting with Central Pierce Fire & Rescue, the City, and the Policy Department onsite for early January 2024 to discuss the Ambulance Bay comments further. MGSB has deployed operational changes to Ambulance Bay management in the last few months that are anticipated to alleviate concerns. If Central Pierce Fire & Rescue concerns remain following the meeting and further discussion, then additional operational or physical changes could be considered as mitigation measures if supported by the City's adopted policies and the SEPA Rules.	MGSB is working on a 1-pager to further describe operational changes expected to allay concerns over ambulance bay capacity . Based on feedback from the City's stormwater reviewer at the meeting, we understand that it is not feasible to expand the ambulance bays because of conflicts with existing, significant stormwater detention features. Further, the Master Plan does not involve expansion of the ED aside from entrance lobby configuration to warrant such an expansion. MGSB intends to continue to work with EMS providers to address concerns separate from the Master Plan process. We would also note that an issue acknowledged at the meeting was use of the ED for "primary care" as a driver for the high patient load. The Medical Office Buildings in the Master Plan are intended to provide additional primary care options to the community, and are anticipated to be another operational benefit to the ED.	<p>The statements regarding infeasibility from a storm water perspective are incorrect. At the time of the field visit portion of the meeting, it was discussed that the rain garden facilities in the ER turn around lane and on the southern side of the ambulance bays could potentially be placed into storm water vault or otherwise managed to allow for additional paved surface area. It would depend on the runoff being served by the rain gardens and the depth of the downstream conveyance system. GSH civil engineering team (AHBL) and architect (Perkins) should investigate the issue further and conduct alternatives analysis.</p> <p>The ER has seen a documented growth in patient admissions since the ER facility was originally designed and opened along with Dally Tower in 2011. GSH CEO testified to City Council on January 23, 2024 that Good Sam's ER was in the top five in terms of patient volume in the County.</p> <p>Operational issues regarding the capacity of ambulance bays have been documented and submitted by medical service providers (such as Central Pierce Fire and Rescue) as an existing problem; while the ER bed capacity may not be proposed to be expanded in the initial phases, the current design and available capacity is problematic for medical units bringing patients to the ER presently. Additionally, the Master Plan indicates a future possible expansion of the ER as part of the 3rd Street Expansion.</p> <p>In order to address this comment, additional civil and architectural analysis of the ER turn around lane and ambulance bays is needed. An alternatives analysis is needed to determine available area for additional bay(s), adequate turning space/dimensions, re-location of Police vehicle parking, location of ADA stalls, adequate fire lanes and drop off space for ER patients.</p> <p><u>During a call with city staff and GSH team on 01/29/24, GSH team verbally indicated the Perkins architecture team would begin analysis on this issue (scope TBD). City staff would like to discuss further the scope of that study and level of analysis.</u></p>
2	Consider in design, the ER Lobby cannot encroach into fire lane. Fire lane should be a minimum of 26' clear with for fire access.	Acknowledged and will address during building and site design and permitting.	Response remains the same.	Applicant needs to provide exhibit showing lane width is provided at the time of permitting for the ER lobby expansion. Condition of approval.
3	Auto-turn or equivalent program, will be required to demonstrate fire apparatus turning radius in all areas.	Comment acknowledged. MGSB will address minimum fire lane width during detailed building and site design and permitting.	Response remains the same.	Needs to be conducted prior to Master Plan approval. Applicant needs to provide auto turn analysis exhibit and submit for review.

Item	01/29/24 Central Pierce Fire and Rescue response	04/12/24 MGSB Responses to Correction Letter	5/28/24 COP Responses	8/2/24 MGSB Responses
1	<p>CPFR Response: At the meeting, it was shared that one operational change had been made by MGSB in the form of redirecting private ambulances to the old ER entrance for the pickup of interfacility transfers that originate from the patients housed in that tower. It was clarified that all private ambulance drop-offs are still made at the ED utilizing the existing ambulance bay. Additional pending operational changes were mentioned that have not yet been implemented, including the use of the OB pickup area for interfacility transfers, conversion of some ADA parking to PD parking to alleviate congestion, and betterment/streamlining of patient processing and throughput to reduce the wait time of medic units passing off patient care to the ED. CPFR agrees wholeheartedly that the successful execution of these measures will relieve some of the congestion, but this is not a problem that has cropped up in just the last couple months.</p> <p>The improperly sized ambulance bay has been a point of congestion for many years, and has progressively gotten worse as the emergency call volume has increased. Since 2010, the call volume has more than doubled from ~16,500 calls per year to in excess of 37,000 calls for the same number of stations. In response to the growth of the community and the shift in approach to healthcare, CPFR has already added two (2) additional medic units into the system (M68 and M62) in the past 18 months, and will be adding three (3) more within the next 18 months (M66, M74* and M75* - number designations are subject to change). This does not account for any additional medic units in the surrounding fire districts (Graham, East Pierce, Orting) that also count on MGSB as their primary transport location.</p> <p>Given those factors, and the projected population growth of the area, CPFR would like to see an expansion of the ambulance bay capacity, along with the restoration of access to the main entrance of the ED where less acute patients can be dropped off more efficiently.</p> <p>Additionally, information was presented by PPD about the various agencies that transport detained patients to the ER and how much parking is needed for the transfer of just one patient due to manpower requirements. With the current configuration, police parking exacerbates the gridlock in the ambulance bay, and affects police access to the ER. The idea of converting the ADA parking into police parking is one approach, but must comply with proximity rules dictated by the city's municipal code for disabled parking.</p> <p>In short, CPFR asserts a redesign and expansion of the ambulance bay should be a priority of the campus master plan in order to accommodate the needs of our community and the operational needs of emergency services.</p>	<p>A study of potential refinements to the existing Ambulance Bay was presented to City and Pierce Fire & Rescue representatives on April 8, 2024. Several alternatives were discussed and feedback solicited. We are currently refining the suggested "preferred option" and will provide it shortly by follow-up transmission. The preferred option discussed at the meeting would include:</p> <ul style="list-style-type: none"> (a) removal of police parking spaces from the ambulance bay and relocation near the main entry, (b) reconfiguration of parking for angled spaces, (c) the addition of a parallel ambulance parking space on the east side of the bay, (d) adjustment of the exiting curb bulb to make turning movements easier, (e) creation of two to three additional ambulance "queuing" spaces before the bay entry, and (f) exploration of feasibility for potential non-structural awning or other weather protection measure for the reconfigured ambulance parking spaces in the bays. <p>In addition, along the West side of 3rd Street the public parking would be restriped and restricted for Fire Parking. Last, MGSB is also implementing operational changes that are expected to increase patient through-put in the ED and will assist in resolving congestion issues. A summary of those operational changes is provided with this submittal.</p> <p>UPDATE 5/2: Per subsequent feedback from Central Pierce recieved by email on 4/18, the "preferred option" described above was rejected because of concerns about turning movements. It was requested that the Ambulance Bay be reconfigured to:</p> <ul style="list-style-type: none"> (a) keep ambulance parking in current configuration (b) extend ambulance bay structure to the south (and remove stormwater feature) to provide additional ambulance parking (c) remove landscape strip and police parking in order to accomodate turning movements ; and (d) remove the entire curb bulb at ambulance exit. <p>MGSB is considering this request. As it is a considerable scope of work, MGSB will propose a phased response.</p>	<p>This item is a highly critical piece to move forward and needs to be addressed before the 3rd street expansion of 30k sqft is looked at.</p>	<p>MultiCare has implemented significant operational initiatives that it expects will help alleviate ambulance bay congestion. A summary of these operational iniatives is included with this response. We understand EMS providers remained concerned with the physical constaints of the ambulance bays and surrounding area. MultiCare's proposed phasing plan for physical improvements to the ambulance bays at MGSB and surrounding areas is included with these responses. MultiCare proposes that the improvements described in Phase I would be completed as a condition of the completion of the new Patient Care Tower, and that Phase II would be completed as a condition of the completion of the 3rd Street Expansion.</p>
2		<p>See attached fire access plan showing a 26' minimum clear width for fire access will still be maintained with the expansion of the ED Lobby.</p>	<p>The Auto Turn is in adequate and shows multiple areas of running over curbs that could potentially hit a bystander. With this expansion, it clearly shows that curb, gutter, parking strips, and possibly sidewalk will need to be altered to accommodate proper fire access and turning radius.</p>	<p>The Emergency Department (ED) Lobby will not encroach into the fire lane, and drawings have been updated to reflect the appropriate physical scope of the work associated with that project in the Master Plan. The existing curb in the roundabout outside the ED Lobby conflicts with autoturns in the diagrams. This is an existing condition. MultiCare proposes to complete revisions to the roundabout curbs outside of the ED lobby as a condition of the completion of the ED lobby project to facilitate fire turning movements.</p>
3		<p>See attached fire access plan showing autoturn in all areas of the proposed Master Plan. The exhibit demonstrates that the fire apparatus will be able to access all of the proposed Master Plan facilities. Where needed, turnarounds are provided. We have also located existing and conceptual locations for fire hydrants on the site. These locations will need to be confirmed during final design and permitting of each structure.</p> <p>UPDATE 5/2: It was clarified that MGSB does not desire a connection between the main hospital roundabout entrance at 4th to 5th. Fire access is still maintained with removal of the connection. An updated diagram was provided to the City 4/29, and will be further updated with notes per the City's request on 5/2.</p>	<p>Based on the newest site plan, considering access to building, topography, and fire operational concerns the following need to be addressed.</p> <ul style="list-style-type: none"> o Show egress into the parking garages, are they a one way in and out or one entrance? o The fire truck "T" at the Eastside of 5th St Se needs to be a cul-de-sac for proper access. o The fire truck "T" at the end of 14th Ave SE needs to be extended as close as possible to 15th Ave SE. MOB B will require two points of access to be within 15-30' from the apparatus road. With 15th Ave. SE being elevated this will not be considered a point of access per the IFC. o The new fire lanes will be required to be a 26' unobstructed width. No parking signs will be required along with fire lane paint and stenciling. If there is a desire for parking on these access roads, the roads will be required be widen. What are the plans for the access roads per the IFC. 	<p>Please see the updated fire turning movements and hydrant availability analysis included with this response.</p>

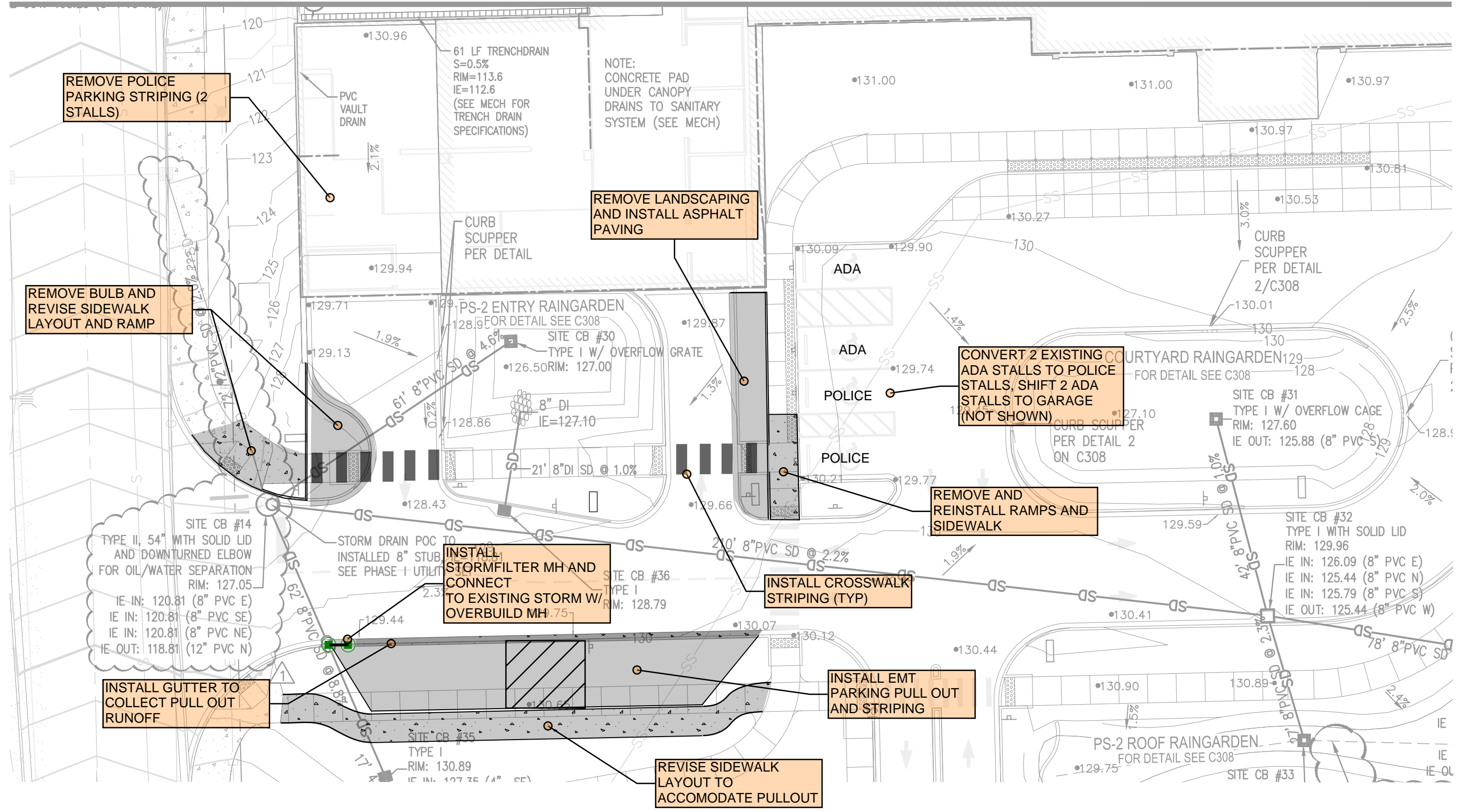
Fire and EMS Master Plan Comments				
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4	Future support tower is encroaching in a specific fire access area. This will cut off required fire access and not be allowed without adequate accommodations.	Comment acknowledged. MGSB will address alternative fire access during detailed building and site design and permitting.	Response remains the same.	Needs to be conducted prior to Master Plan approval. Applicant needs to provide a revised site plan exhibit and additional written analysis from project architect demonstrating compliance.
5	5th street headed into 14th Ave SE needs a fire truck turn around.	Comment acknowledged. MGSB will address a turnaround or alternative fire access during detailed building and site design and permitting. Site grades may call for consideration of several alternative solutions.	MGSB will study and propose further detail on potential turn-around options for 5th to be included in the Master Plan.	Needs to be conducted prior to Master Plan approval. Applicant needs to provide a revised site plan exhibit and additional written analysis from project architect demonstrating compliance.
6	7th Street extension needs to be less than 10% grade.	The 7th Street extension is not proposed by MGSB as part of the Master Plan. The 7th Street extension is being evaluated as a potential mitigation measure that may be warranted based on the results of the traffic analysis. If it is warranted (and we do not currently have any information that it is in fact warranted), then it will exceed 10% grade as it is not feasible to construct the road at a lower slope based on the City's alignment and existing slopes.	Response remains the same.	City is evaluating as part of EIS traffic study.
7	7th Street extension will need a fire apparatus lane onto 14th Ave SE. This requirement will allow existing facility building fire access along with the Proposed parking deck, and Future parking deck.	The 7th Street extension is not proposed by MGSB as part of the Master Plan. The 7th Street extension is being evaluated as a potential mitigation measure that may be warranted based on the results of the traffic analysis. If it is warranted (and we do not currently have any information that it is in fact warranted), then MGSB will consider whether the extension onto 14th Avenue SE is also feasible and desirable to address fire and emergency access concerns. Again, 7th Street will exceed 10% grade, so a connection to 14th Avenue SE may be undesirable.	Response remains the same.	City is evaluating as part of EIS traffic study.
8	A fire hydrant will be required on 7th St SE.	The 7th Street extension is not proposed by MGSB as part of the Master Plan. The 7th Street extension is being evaluated as a potential mitigation measure that may be warranted based on the results of the traffic analysis. If it is warranted (and we do not currently have any information that it is in fact warranted), then MGSB will advance the design including civil design and infrastructure. Again, 7th Street will exceed 10% grade, so a hydrant may be unnecessary as it may be undesirable for fire and emergency vehicles to use the Street.	Response remains the same.	Condition of approval
9	Fire access will be required between the medical office building, Proposed parking deck, future parking deck, and Future Medical office building. It looks that an access road could be created off 5th St SE.	Comment acknowledged. MGSB will address fire access for the Medical Office Buildings during detailed building design and permitting.	MGSB will study and propose further detail on potential access road options to be included in the Master Plan.	Needs to be conducted prior to Master Plan approval. Applicant needs to provide a revised site plan exhibit and additional written analysis from project architect demonstrating compliance.
10	Dry standpipes will be required in all parking garages and retrofitted in existing.	Comment acknowledged. Dry standpipes are anticipated in all new parking garages. The Master Plan does not contemplate retrofits of existing garages	Response remains the same.	Condition of approval for all new parking garage structures. For existing garage structure(s), if fire access is maintained per the IFC, this will not be a requirement. If access is changed based on the emergency layout this will be a requirement. Current plans provided by MultiCare are going to change. This item will be reviewed again based on a new layout.
11	With the high risk of shadowing other buildings for emergency radio, before construction begins, a radio survey will need to be done inside and around surrounding buildings to serve as a benchmark for existing radio coverage, this benchmarking report shall include recommendations for mitigation. Near completion of construction of the new tower a comparison survey will be required to see if there was any negative impact to the surrounding areas. If radio coverage within the nearby buildings has been reduced beyond an unusable level, the loss will need to be mitigated by MultiCare. A certified radio contractor shall propose to the City how large of an area will need to be tested. The qualified contractor will provide the owner and City a report with conclusions and recommendations for code compliance. Based on their recommendations the City will have our third party consultant review for compliance.	Please provide further information, rationale, and code citations for the City's specific policies and thresholds that justify this request so that MGSB can craft an appropriate response	Thank you for clarifying this is a building/fire code requirement. MGSB will assess the impact of new buildings on EM radio facilities and plan to address any deficiencies to meet code as part of building permit review and construction of the buildings in the Master Plan.	Preliminary assessment as part of Master Plan needed conducted by a qualified radio frequency engineer. Prior to Master Plan approval. Additional conditions may apply as identified in the prelim report.
12	The emergency radio system needs to be updated to allow surrounding agencies to have radio coverage throughout the campus.	Please provide further information, rationale, and code citations for the City's specific policies and thresholds that justify this request so that MGSB can craft an appropriate response.	Thank you for clarifying this is a building/fire code requirement. MGSB will update radio system in new Master Plan buildings.	Preliminary assessment as part of Master Plan needed conducted by a qualified radio frequency engineer. Prior to Master Plan approval. Additional conditions may apply as identified in the prelim report.

4	CPFR Response: The MGS master plan architect/designer was tasked with ensuring the necessary changes were made to provide the FD with required accesses (maybe even a tunnel for extended hose lays) and turn-around points in accordance with the IFC and PMC.	There is a large slope between the proposed Support Tower and the existing building to the North, limiting vehicular access to this area. It was discussed with the City and Pierce Fire & Rescue that ladder truck access to this area is not needed, however, the design of this area will be required to provide accommodations and mitigation measures that will be refined further during final building design and building permitting.	This is a very critical item. Provide a comprehensive plan showing all exiting around the CST building that currently use this sloped area as evacuation. An understanding of this area needs to be determined now to avoid future code conflicts.	MultiCare's design team analyzed the existing life safety and exiting from the main Dally Tower and adjacent pavilions. Existing exiting is code compliant, and added capacities from the new PCT have been factored into the review of discharge locations. The proposed CST Location will impact the existing exiting plan, and the following mitigations are assumed to be needed to maintain code compliance for the new PCT and future CST projects: Fire Rated Exit Tunnel / Route, Relocated / Added FDC's, and exit route distance from the adjacent buildings, as noted in the attached diagrams. (Code : NFPA 101 Chapter 7, ICC Chapter 4, Chapter 10)
5		See attached fire access plan showing autoturn in this area of the proposed Master Plan.	A new plan was uploaded and changed this comment. Please refer to item #3 in the Auto turn section for requirements. This plan differs from the previous revision.	Please see the updated fire turning movements and hydrant availability analysis included with this response.
6		It is not possible for the 7th street extension to have less than 10% grade between 15th and 13th. The documents provided in the EIS submittal show that based on the elevation difference between 15th and 13th, the slope of the road exceeds 10%. The 7th Street extension is not a Master Plan proposal but a potential traffic mitigation measure. The significant grade of this extension is a feature that warrants discussion related to it's effectiveness as a potential traffic mitigation measure.	This is still seen as an operational need but based on the traffic study this is no longer a requirement from City engineers. This comment will be addressed at a later date.	Acknowledged that completion of 7th Street is no longer a requirement from the City's engineering department as part of the Master Plan.
7		See attached fire access plan showing autoturn in all areas of the proposed Master Plan.	See item #6 comment that addressing 7th Street.	See response to Item #6. Please also see the updated fire turning movements and hydrant availability analysis included with this response.
8		Comment acknowledged. A fire hydrant is shown on the attached fire access map. All new fire hydrant locations will be confirmed as part of future civil permits.	See item #6 comment that addressing 7th Street.	See response to Item #6. Please also see the updated fire turning movements and hydrant availability analysis included with this response.
9		See attached fire access plan showing autoturn in this area of the proposed Master Plan.	A new plan was uploaded and changed this comment. Please refer to item #3 in the Auto turn section for requirements.	Please see the updated fire turning movements and hydrant availability analysis included with this response.
10		Comment acknowledged. Dry standpipes are anticipated in all new parking garages. The Master Plan does not contemplate and we are not aware of a legal requirement to retrofit existing garages.	The retrofit was an ask from CPFR. If MultiCare has chosen not to update the parking garage for the operational life safety aspect, then the above answer will be documented and moved forward.	Confirmed.
11		MultiCare's new tower at Good Sam Patient care tower will be capable of extending the emergency responder radio coverage from its main headend in the Dally Tower without any additional impact to the radio system. It was designed for expansion and will be expected to provide seamless communication to our first responders radios meeting WA State and local codes. There should be little concern for impacting radio coverage in addition as the immediate shadow cast outside by the new tower would be covered by our existing DAS.	This is a requirement for a licensed Radio company to provide a report of existing buildings that could be shadowed by the new tower. The concern is for emergency responder radio coverage in existing buildings in the area. GSH will automatically be required to be code compliant for existing and new structures on their campus with section 510 of the IFC.	MultiCare is performing a baseline radio coverage analysis, which will be provided to the City upon completion. MultiCare acknowledges its obligation to meet applicable codes related to radio frequency with respect to the new facilities added to the MGS campus pursuant to the Master Plan.
12		See Response #11. We understand Pierce County Sheriff should be able to use the existing radio system.	We will need a response from a licensed Radio company stating the current system is in compliance.	See response to Item #11.

Fire and EMS Master Plan Comments			
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13	7th St SE between 23rd Ave SE and 15th Ave SE is one of the main routes into the hospital, and will increase significantly in traffic volume with the planned extension. The existing portion is too narrow with no place for traffic to cede the right-of-way to emergency vehicles. It is also extremely uneven which necessitates a massive reduction in speed to ensure proper patient care in the back of medic units transporting to the hospital. Improvements need to be made to address these deficiencies.	This improvement is not part of the proposed Master Plan. We observe that the existing stretch of right of way is narrow, with many surrounding residential homes close to the street. MGSH is concerned with the feasibility, nexus, and proportionality of this request as it is a significant request and MGSH has no condemnation authority. More detail will need to be provided by the City to understand the scope of this request, and whether it is justified under the SEPA rules. Further, we observe that the improvement is listed as a project in the City's 20-year CIP.	Response remains the same. City is evaluating as part of EIS traffic study.
14	The existing ambulance bay is inadequate to handle the current level of emergency vehicle traffic. We often have all ambulance stalls filled, with additional units lined up in the ambulance bay approach. We would like to see an expansion of the ambulance bay with additional parking stalls that also addresses the police parking that interferes with egress. The police parking needs to be maintained in the vicinity, but reconfigured or relocated.	The Master Plan does not include any proposed expansion of the existing Ambulance Bays. MGSH and the City are coordinating a meeting with Central Pierce Fire & Rescue, the City, and the Policy Department onsite for early January 2024 to discuss the Ambulance Bay comments further. MGSH has deployed operational changes to Ambulance Bay management in the last few months that are anticipated to alleviate concerns. If Central Pierce Fire & Rescue concerns remain following the meeting and further discussion, then additional operational or physical changes could be considered as mitigation measures if supported by the City's adopted policies and the SEPA Rules.	MGSH is working on a 1-pager to further describe operational changes expected to allay concerns over ambulance bay capacity. Based on feedback from the City's stormwater reviewer at the meeting, we understand that it is not feasible to expand the ambulance bays because of conflicts with existing, significant stormwater detention features. Further, the Master Plan does not involve expansion of the ED aside from entrance lobby configuration to warrant such an expansion. MGSH intends to continue to work with EMS providers to address concerns separate from the Master Plan process. We would also note that an issue acknowledged at the meeting was use of the ED for "primary care" as a driver for the high patient load. The Medical Office Buildings in the Master Plan are intended to provide additional primary care options to the community, and are anticipated to be another operational benefit to the ED. The statements regarding infeasibility from a storm water perspective are incorrect. At the time of the field visit portion of the meeting, it was discussed that the rain garden facilities in the ER turn around lane and on the southern side of the ambulance bays could potentially be placed into storm water vault or otherwise managed to allow for additional paved surface area. It would depend on the runoff being served by the rain gardens and the depth of the downstream conveyance system. GSH civil engineering team (AHBL) and architect (Perkins) should investigate the issue further and conduct alternatives analysis. The ER has seen a documented growth in patient admissions since the ER facility was originally designed and opened in 2011. GSH CEO testified to City Council on January 23, 2024 that Good Sam's ER was in the top five in terms of patient volume in the County. Operational issues regarding the capacity of ambulance bays have been documented and submitted by medical service providers (such as Central Pierce Fire and Rescue) as an existing problem; while the ER bed capacity may not be proposed to be expanded in the initial phases, the current design and available capacity is problematic for medical units bringing patients to the ER presently. Additionally, the Master Plan indicates a future possible expansion of the ER as part of the 3rd Street Expansion. In order to address this comment, additional civil and architectural analysis of the ER turn around lane and ambulance bays is needed. An alternatives analysis is needed to determine available area for additional bay(s), adequate turning space/dimensions, re-location of Police vehicle parking, location of ADA stalls, adequate fire lanes and drop off space for ER patients. <u>During a call with city staff and GSH team on 01/29/24, GSH team verbally indicated the Perkins architecture team would begin analysis on this issue (scope TBD). City staff would like to discuss further the scope of that study and level of analysis.</u>
15	Provide a minimum of two dedicated parking stalls for fire department engine apparatus that respond to the hospital to retrieve personnel involved in emergency patient case. Currently, emergency rigs park along 3rd St SE and partially block the right-of-way creating an additional hazard.	MGSH proposes to discuss this comment with the City, Police Department, and Pierce County Fire & Rescue during the onsite meeting. Additional response will be provided following that meeting.	We understand a potential solution was identified to restripe existing street parking on 3rd street for fire lane and apparatus parking to satisfy this request. Please let us know if MGSH can do anything further to advance this solution. The City is evaluating available ROW for fire engines further.
16	The expansion of the ER waiting room will eliminate access and turnaround for fire apparatus. This must be mitigated to maintain clear width for fire access.	Comment acknowledged. MGSH will address minimum fire lane width during detailed building and site design and permitting.	Response remains the same. Applicant needs to provide exhibit showing lane width is provided at the time of permitting for the ER lobby expansion. Condition of approval.
17	The future support tower appears to encroach/eliminate an existing fire access area. Accommodations must be made to ensure fire access.	Comment acknowledged. MGSH will address alternative fire access during detailed building and site design and permitting.	Response remains the same. Needs to be conducted prior to Master Plan approval. Applicant needs to provide a revised site plan exhibit and additional written analysis from project architect demonstrating compliance.

13	We acknowledge your concerns. The existing condition of City roadways is not an appropriate mitigation measure for the Master Plan. The City has identified this project in its 20 year CIP and could advance work to meet this existing issue.		Response remains the same.
14	See Response #1 above.		See response to Item #1. MultiCare is also attaching a recent memo distributed by MGS staff related to additional operational changes to EV throughput on campus that are intended to increase efficiency and reduce congestion.
15	CPFR Response: Engines and Ladder Trucks will respond to the hospital in order to retrieve personnel that ride in with the medic unit on critical calls when additional manpower is needed for patient care. Currently, the parking options for those apparatus cause two-lane roads to be reduced to one with limited visibility, and blind spots for pedestrians crossing the street. One proposed solution to this issue is to eliminate the parking on the west side of 3rd ST SE and convert it into a Fire Lane for at least two rigs. Other longer-term options that were proposed include the elimination of the green space along the front of the ED parking garage – if rated storm vaults were used for water runoff and the area was paved and designated for fire department use, it would provide the needed parking capacity for fire department apparatus. If enough area were converted to drivable surface, it may also accommodate the police traffic previously mentioned.	The City has agreed to eliminate general vehicle parking on the west side of 3rd St SE and convert it into a fire lane for at least two rigs to park.	See response to Item #1
16	CPFR Response: Per discussion at the meeting, the area in front of the ER will be modified in order to comply with the fire code and allow for the necessary fire apparatus access and turning radii.	See attached fire access plan.	See response to Item #2.
17		See attached fire access plan and see above response pertaining to this item.	Please see the updated fire turning movements and hydrant availability analysis included with this response.

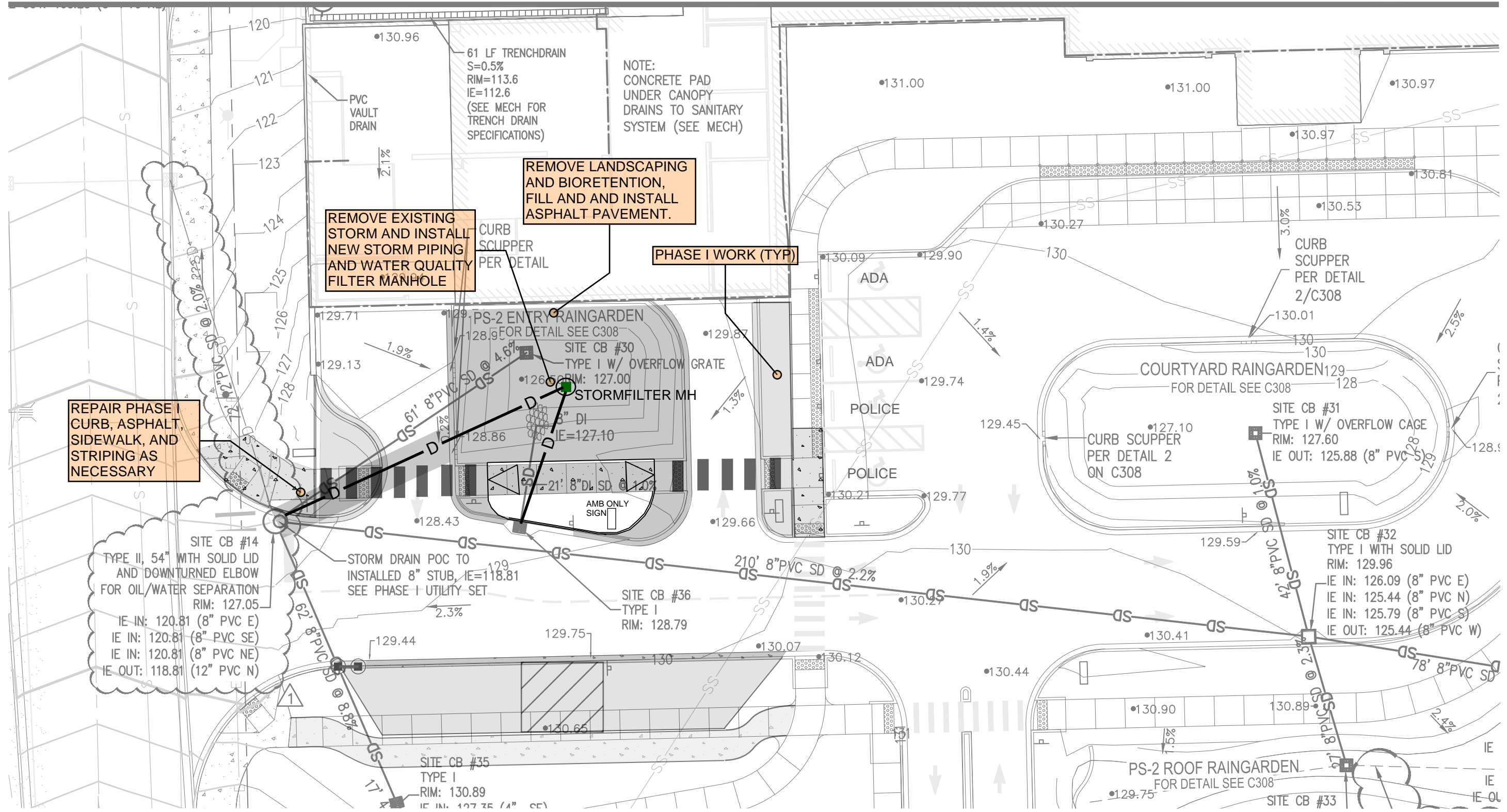
FOR CONTINUATION SEE C300, C301



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GOOD SAMARITAN HOSPITAL		06/05/2024
AMBULANCE BAY REVISIONS - PHASE I		
DRAWN BY: SBD	DATE: 06/05/2024	

FOR CONTINUATION SEE C300, C301



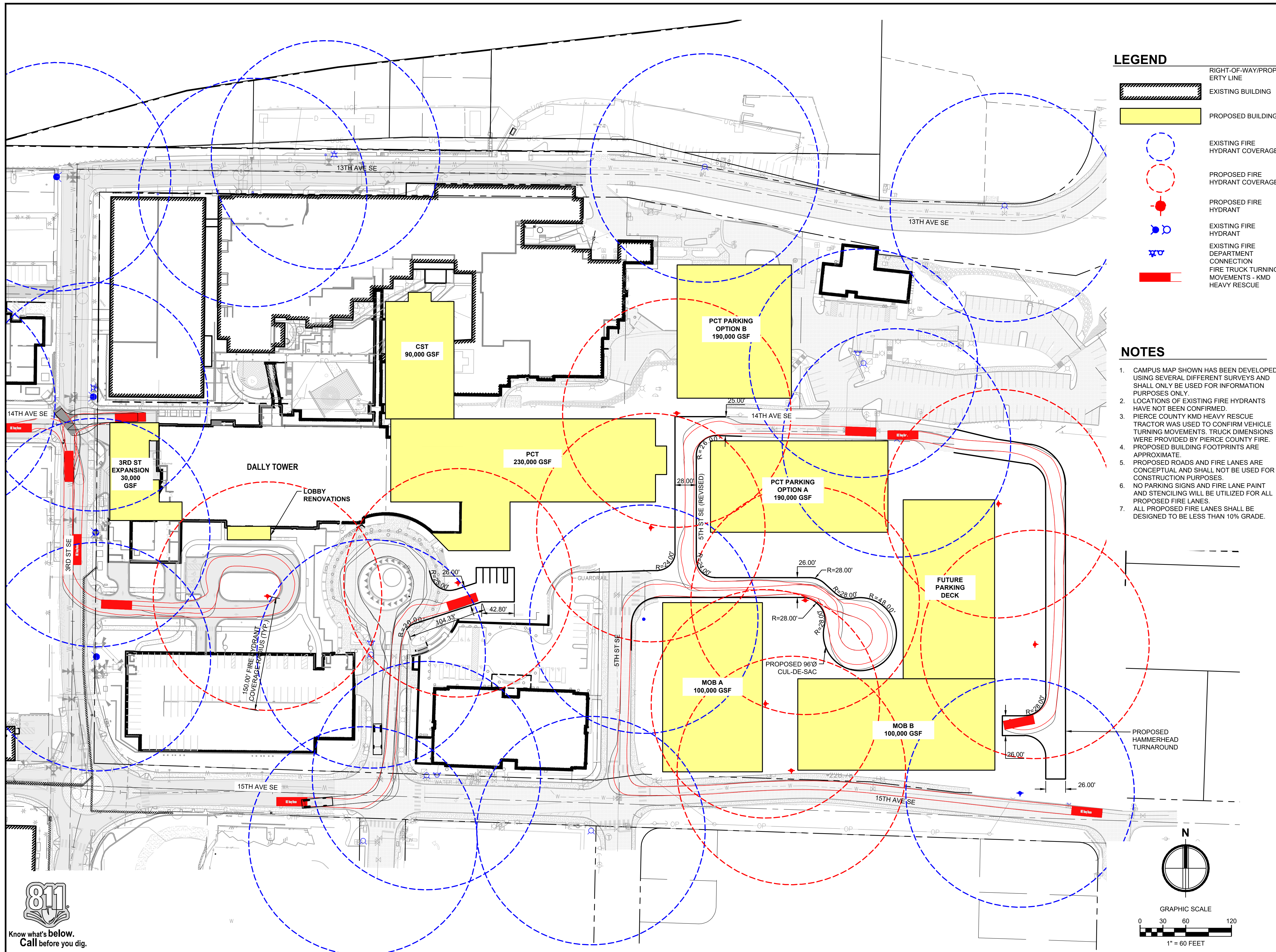
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GOOD SAMARITAN HOSPITAL
AMBULANCE BAY REVISIONS - PHASE II
DRAWN BY: SBD




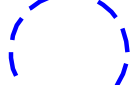





DATE: 06/05/2024

JOB NO.: 2220223.11

06/05/2024



LEGEND

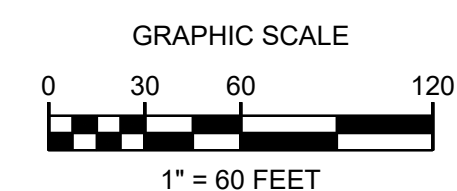
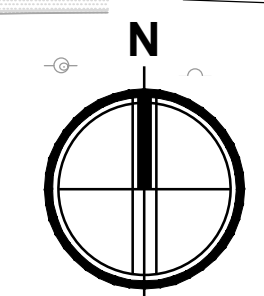
-  RIGHT-OF-WAY/PROPERTY LINE
-  EXISTING BUILDING
-  PROPOSED BUILDING
-  EXISTING FIRE HYDRANT COVERAGE
-  PROPOSED FIRE HYDRANT COVERAGE
-  PROPOSED FIRE HYDRANT
-  EXISTING FIRE HYDRANT
-  EXISTING FIRE DEPARTMENT CONNECTION
-  FIRE TRUCK TURNING MOVEMENTS - KMD HEAVY RESCUE

NOTES

1. CAMPUS MAP SHOWN HAS BEEN DEVELOPED USING SEVERAL DIFFERENT SURVEYS AND SHALL ONLY BE USED FOR INFORMATION PURPOSES ONLY.
2. LOCATIONS OF EXISTING FIRE HYDRANTS HAVE NOT BEEN CONFIRMED.
3. PIERCE COUNTY KMD HEAVY RESCUE TRACTOR WAS USED TO CONFIRM VEHICLE TURNING MOVEMENTS. TRUCK DIMENSIONS WERE PROVIDED BY PIERCE COUNTY FIRE.
4. PROPOSED BUILDING FOOTPRINTS ARE APPROXIMATE.
5. PROPOSED ROADS AND FIRE LANES ARE CONCEPTUAL AND SHALL NOT BE USED FOR CONSTRUCTION PURPOSES.
6. NO PARKING SIGNS AND FIRE LANE PAINT AND STENCILING WILL BE UTILIZED FOR ALL PROPOSED FIRE LANES.
7. ALL PROPOSED FIRE LANES SHALL BE DESIGNED TO BE LESS THAN 10% GRADE.



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MultiCare Good Samaritan Hospital Emergency Department Operational Initiatives

MultiCare is engaged in a comprehensive analysis of the throughput through its emergency department and enabling facilities, and has several planned initiatives to increase the efficiency of the emergency services offered to the members of our community:

- 1. Emergency Vehicle Traffic Plan.** MultiCare is implementing a plan to divert emergency vehicles carrying lower intensity patients to the Hospital's observation entrance, which reduces emergency vehicle traffic in the ambulance bays. This better utilizes existing hospital entry points and will reduce stress on our emergency department resources. **Status: Complete in 2023 and reinforcing with non-emergent transport vehicles as well as improved coordination through the MGSB Transfer Center.¹ Additional communication and instructions were provided to EMS providers in July 2024 (See attached).**
- 2. Emergency Department Triage Project.** The Hospital's throughput in the emergency department has been impacted by high patient volumes and the presence of a COVID-era tent in proximity to that department. The renovation will add treatment and triage space within the existing building footprint, allow increased patient throughput, and once the temporary tent is removed, will restore the previous access that emergency services experienced in that area and allows faster EMS throughput. **Status: Work is underway and is estimated to be complete by the end of 2024 (with the temporary tent to be removed summer 2024).**
- 3. Discharge Center Reconfiguration.** The discharge center servicing the Hospital's emergency department is currently located adjacent to the emergency department and will be relocated to another entrance that is already serving as a non-emergent ambulance transport area. Vehicles and pedestrians will therefore be redirected away from the main emergency department entrance, thereby alleviating congestion at that main entrance. **Status: Work is underway, with substantial completion estimated July - August 2024.**
- 4. Reconfiguration of Spaces.** The Hospital is evaluating the relocation of several accessible parking stalls located outside of the emergency department into an adjacent parking structure. This initiative, if implemented, will allow the Hospital to redesignate this area as parking for law enforcement and emergency vehicles. Beyond this reconfiguration, new parking stalls will be added in proximity to the Hospital to provide law enforcement and other agencies to have additional dedicated stalls to access the Hospital. **Status: Planning phase.**
- 5. Fire Ladder Truck Parking.** The Hospital intends to continue to work with the City of Puyallup to convert street parking adjacent to the Emergency Room on 3rd St. SE to Fire/Emergency Vehicle Parking. **Status: The City has agreed restriping is possible and is evaluating next steps to finish this initiative.**
- 6. Utilization of Off-Campus Emergency Department (OCED).** MultiCare has made significant investments in the greater East Pierce community to bring three off-campus emergency departments to Parkland, Bonney Lake, and South Hill. We are working with our emergency transportation providers to most efficiently use these facilities and alleviate pressure on the emergency department. **Status: Ongoing.**

¹ The Transfer Center is the MGSB coordinating department for directing and placing incoming patients and coordinating with MGSB staff related to those incoming patients.

- 7. Master Plan – Additional Care Options.** Beyond the initiatives identified above, the Good Samaritan Master Plan update will authorize MultiCare to construct significant infrastructure and facilities that will benefit the emergency department’s operations and provide additional care options that should help to relieve the community’s reliance on the emergency department, including the creation of an observation / short stay unit in the new patient care tower. **Status: Master Plan process.**

DRAFT



**MultiCare Off-Campus
Emergency Department Initiative**

As introduced in Item No. 6, above, MultiCare’s OCED initiative (bolstered by its emphasis on opening new urgent care locations) is in response the region’s need for more opportunities to seek care for conditions that require greater levels of acute care than Indigo and other MultiCare facilities are unable to efficiently provide. These facilities bring higher acuity care into the communities that MultiCare serves, and as the data (below) demonstrates, over **100,000 patients** were served by OCEDs within Good Samaritan’s service radius. In addition, these facilities were sized to handle more patient capacity to handle population increases in their respective geographies.

In the past five years, MultiCare has invested over \$50 Million in OCEDs that directly reduce volumes in the emergency department at Good Samaritan Hospital – this is in addition to the substantial investment that MultiCare is proposing to improve Good Samaritan Hospital to better serve the community. The OCED and urgent care initiatives are part of MultiCare’s aggregate strategy to address emergency department volumes at its core facilities.

**Off-Campus Emergency Department
East Pierce County / South King County**

2023

	Parkland	Bonney Lake	South Hill	Total
Total Patients Seen	40,898	26,295	36,330	103,523
Average Daily Volume	94	66	85	245
Patient Transfers	1,940	1,297	1,795	5,032
Likelihood to Recommend (i.e., Patient Satisfaction)	87	90	89	88
"Door to Doc" Time	15	7	12	11

Acuity Level

Level 1	35	30	41	106
Level 2	2,717	2,202	2,496	7,415
Level 3	15,705	11,308	15,334	42,347
Level 4	20,288	11,908	17,328	49,524
Level 5	2,000	824	1,020	3,844

MultiCare 
Good Samaritan Hospital

DATE: July 23, 2024

TO: All GSH staff
EMS Providers
Care Management
IP Units
Rehabilitation
MC2 Transfer Center
Registration Patient Access
Hospital Supervisors

COPY: Transfer Center leadership:
Andre Ionescu
Wayne Zebelman
Eric Brown
Evan Slater

FROM: Shelly Mullin, GSH Interim COO
Tom Lamanna, Trauma Program Manager

SUBJECT: Good Samaritan Hospital Emergency Department Ambulance Bay

The Good Samaritan Hospital ED (GSHEd) ambulance bay is an essential access point for our hospital. As many of you are aware, we have been working on several operational initiatives to provide more efficient access to the ambulance bays for our EMS Provider partners and patients. We are seeking your collaboration on this process.

Effective **July 23rd**, we are instituting the following changes at the GSHEd ambulance bays:

- We currently have both incoming and outgoing patients being loaded and unloaded in the GSHEd ambulance bay. To improve flow through the ambulance bay, **only emergency incoming EMS vehicles will route through the GSHEd ambulance bay**. The exception to this new policy is that those patients discharging directly from the emergency department requiring ambulance transport may still exit from the GSHEd ambulance bay, and instructions for such discharges will be communicated directly to EMS vehicles assisting with discharge. All EMS vehicles should assume they will not pickup discharged patients from the GSHEd unless specifically directed to do so.
- **All other ambulances/transports/direct admits will arrive and depart through the 2River entrance (i.e., the entrance to the old Hospital emergency department)**. There are three (3) designated spots for EMS vehicles at the 2River entrance, as shown in the images below. EMS vehicles will park in these designated spots until their patient is ready for loading at the exit. There is no parking permitted in front of the exit doors. Vehicles stopped in front of the exit doors must be actively loading a patient.
- The 2River entrance is located at 506A to 506B 14th Ave S Puyallup, WA 98372. The key code by the door is the same code as emergency department entrance key code. THE ONLY DIFFERENCE IS THE # AND * before and after **(#59911*)**.

- There will be a new discharge center located near this exit. It will be called the 2River North Discharge Center (operating 7am-7:30pm). These will be low acuity admitted patients ready for discharge that are just waiting for a ride.



Note: Google Maps may direct you to 13th Ave, which is incorrect. Use the map/photos below to arrive at 2River.



For questions, please reach out to Tom Lamanna
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Email: lamanth@multicare.org