MAJOR INSTITUTION MASTER PLAN
Seattle Children’s Hospital
Final Master Plan

SUBMITTED TO: CITY OF SEATTLE
Department of Planning and Development
Department of Neighborhoods

PROPOSED BY: SEATTLE CHILDREN’S HOSPITAL

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I. EXECUTIVE SUMMARY

SEATTLE CHILDREN’S MISSION: We believe all children have unique needs and should grow up without illness or injury. With the support of the community and through our spirit of inquiry, we will prevent, treat and eliminate pediatric disease.

HISTORY, VALUES AND VISION: The driving force behind Seattle Children’s Hospital (Children’s) is the vision of a better future for sick and injured children. For more than a century, Children’s has provided specialized health-care services to the children of the Northwest who needed care, regardless of race, religion or their family’s ability to pay.

Treatments and medical technologies have changed dramatically during that time, and Children’s has evolved to become a highly specialized academic medical center that serves children and youth from Washington, Alaska, Montana and Idaho who are referred to Children’s for complex health problems. More than 200,000 patient visits are made to Children’s clinical sites each year. These children receive the highest quality care from physicians, nurses and other skilled professionals who are specially trained to meet their unique needs, in facilities that are specifically designed with them in mind.

Children’s commitment to caring for all children, regardless of their family’s ability to pay, has earned the institution respect and goodwill throughout the region. A well-established network of volunteer guilds supports the hospital in the fundraising that is essential to its mission. In 2007, Children’s provided $65.4 million in uncompensated and under-compensated care for children whose families lacked the ability to pay, a 57 percent increase from the previous year. In 2008, that amount is expected to climb to nearly $80 million.

Teaching is also central to Children’s mission: Children’s pediatric residency program — in partnership with the University of Washington School of Medicine — is one of the most highly sought-after programs of its kind in the United States. Sixty-five percent of the pediatricians currently practicing in the Puget Sound region were trained at Children’s. During the past decade, Children’s has also greatly expanded its role in medical research, and is now engaged in major research projects that address many of the most important diseases of childhood, including asthma, diabetes and HIV AIDS, as well as depression, gene repair and neurodevelopment.

As Children’s entered its second century, it created a new Strategic Plan to guide the organization’s future. The Strategic Plan envisions that Children’s will:

- Provide patients and families throughout the region with easy access to specialty care
- Build programs that set national standards for quality
- Provide the best possible service to families and referring physicians
- Develop the next generation of health-care leaders through its teaching programs
- Conduct research that contributes to the prevention, treatment and elimination of diseases that affect children
- Preserve the organization’s financial health, while keeping the promise to provide care regardless of a family’s ability to pay
THE NEED FOR GROWTH: Children's Hospital created its Strategic Plan in the context of regional growth and national health trends that point to increasing need for pediatric specialty care. Four key factors point to the need for growth:

1. **The number of children in our region is projected to grow.** During the next 20 years, the population 21 years of age and younger in Washington is projected to increase by 21 percent, as the children of the “baby boom echo” enter their child-bearing years, setting off a third wave of births, and in-migration from other states and other nations continues.

2. **Children with serious health problems are living longer.** Thanks to advances in pediatric medicine during the past 20 years, more children with serious chronic illnesses — such as cystic fibrosis or sickle cell anemia — are living into adulthood. With multiple and lengthy hospital admissions, these children now account for half of the patients at Children's on any given day. Thankfully, children with severe chronic diseases are now living longer, but this good news carries with it a growing need for highly specialized medical facilities to care for them.

3. **The nature of and prevalence of pediatric diseases are changing.** The increasing prevalence of chronic conditions such as diabetes, developmental disorders and the rising rates of infant prematurity and childhood obesity are placing added stress on pediatric hospitals nationwide. A 2007 study published by the Child Health Corporation of America (CHCA) projects inpatient days for pediatric diseases will grow at 3.1 percent annually through 2010. At Children's, the growth in 2007 was double this amount — 6 percent. The need in areas such as neonatology, transplantation, infectious disease and endocrinology is growing even faster — at more than 3.5 percent per year, and diabetes admissions increased nearly 17 percent between 2000 and 2003.

4. **Children's Hospital is already overcrowded.** With just 250 beds, Children's is small when compared to other pediatric hospitals in cities of comparable size, yet it serves a larger geographic area than any other children's hospital in the country. This has become all too apparent in the high occupancy rates at Children's. National standards of care set the optimal occupancy rate for pediatric specialty hospitals at 65 percent. This standard is intended to ensure that the appropriate types of beds are available for emergency admissions and to reflect the unpredictable nature of pediatric disease outbreaks. Today, Children's is operating at unprecedented levels, ranging from 85 percent to 100 percent occupancy year-round. On several occasions recently, Children's has had to turn sick children away because there were no intensive care beds available, in spite of the fact that Children's was the only hospital in the region with the expertise and technology to provide the critical care they required. This year, for example, Children's had to send four children who needed life-sustaining heart-lung mechanical support to another state because our intensive care beds were completely full. While high volumes are typical during the winter months, when outbreaks of viral diseases generally occur, the patient volumes at Children's are now consistently high throughout the year. During the past year, our Emergency Department experienced a 22 percent increase in visits, with one in five of those visits resulting in admission to the hospital. Many of our outpatient clinics are also reaching the limits of their capacity. Additionally, 50 of the hospital's 200 rooms currently have two inpatient beds, which makes preventing the spread of infectious disease more difficult, reduces privacy and makes it more challenging to provide family-centered care. For these reasons, the national standard of care now calls for single-occupancy rooms throughout the hospital.
CHILDREN’S PLAN FOR GROWTH: Children’s current hospital must expand to meet the needs of the region it serves. Children’s has developed a three-part strategy to meet these needs:

Children’s will further decentralize its outpatient services to bring pediatric specialty services closer to families in communities throughout the region. Future outpatient clinics are being planned in Bellevue, Everett and South King County, and additional outpatient services in specialties such as cardiology, cancer, endocrinology and neurology will be offered through Children’s outreach clinics in Yakima, Wenatchee, Kennewick and Missoula, Montana.

Children’s will locate its research facilities near South Lake Union in downtown Seattle to take advantage of the concentration of biomedical research resources at that location and to relieve pressure on the hospital campus.

Children’s will focus development at the hospital campus on inpatient care and those highly specialized services that are most difficult to replicate in more than one location. This will provide the most effective care for children with complex, chronic conditions who require multidisciplinary specialists and 24-hour access to care.

THE MAJOR INSTITUTION MASTER PLAN (MIMP): Two Years of Community Involvement Culminates in a New Proposal

During the past two years, Children’s has worked with our partners in the Citizens Advisory Committee (CAC), city agencies and the surrounding neighborhoods to create a plan for development that will reduce the hospital’s physical impact on the people who live nearby and the community at large. The Master Plan process has afforded us the opportunity to solicit comments and ideas from our neighbors and other interested citizens, and to work intensively with the members of the Citizens Advisory Committee in a search for the best solutions for all concerned. This has resulted in improvements, refinements and enhancements to the plan at each stage of the process.

As a result of this collaborative effort, we have selected Master Plan Alternative 7R as Children’s Proposed Final Master Plan. This choice carefully balances the urgent need for additional capacity at the hospital with innovative programs and plans that respond to community concerns. Children’s commitment to purchase Laurelon Terrace, move the bulk of its expansion “downhill” and adjacent to the Sand Point Way NE arterial, and refine the proposed development through transitional heights and building setbacks represents an extraordinary mitigation measure to reduce the impact of the expansion on neighbors.

In comparison to Children’s initial concept plan, the proposed Master Plan will allow Children’s to:

- Place the majority of new development on the Laurelon Terrace site
- Reduce the greatest building heights from 240 feet to 140 feet
- Reduce the overall height of the new facilities to an elevation that is lower than the highest elevation on the existing campus
- Eliminate the need for entrances on neighborhood streets (NE 45th Street and NE 50th Street)
- Reduce the bulk and scale of proposed facilities through transitional heights and building setbacks
- Reduce the impact of construction on hospital operations and the neighborhood
- Create community gathering places and green space, including access to rooftop gardens and courtyards
- Create an innovative transit hub on both sides of Sand Point Way NE to make it easier for people to get safely to and from the hospital and the neighborhood without an automobile
- Redevelop the Hartmann property to provide transit service, an inviting streetscape and access to the Burke-Gilman Trail
- Create facilities that are adequate to meet the health-care needs of the children of our region
The acquisition of the Laurelon Terrace property for expansion purposes also creates the opportunity to enhance the way people travel into and within the community by providing a better environment for pedestrians, bicyclists and transit riders. Children's is also fully committed to developing affordable replacement housing in northeast Seattle, creating the opportunity to improve other areas of the community as well.

Children’s believes strongly in minimizing the impact of our expansion on the environment. In an effort to provide a healing place for our patients and their families, as well as be a responsible steward of natural resources, Children’s has included measures in our Master Plan that expand upon the environmentally friendly practices already in use at the hospital today. New buildings constructed as part of the proposed Master Plan will be designed to reduce energy use and create healthy environments. The landscape plan will be designed to create tranquil settings for patients, families and neighbors to enjoy, while providing a natural shield to minimize noise and glare in the nearby neighborhoods.

Increasing the size of the campus will mean more staff, more patients and, consequently, more traffic. Children’s has an excellent track record of working to reduce automobile trips generated by our employees, cutting the percentage of commutes by single-occupancy vehicles from 73 percent in 1995 to just 38 percent today, one of the lowest rates of any large employer in the state.

Our Master Plan includes a comprehensive strategy to meet the needs of our staff, patients and their families with creative transportation programs that will contribute to solving the transportation challenges facing our immediate vicinity and the region as a whole. We will continue to invest in transportation improvements by continuing our sponsorship of increased bus service on the routes serving our neighborhood and creating a growing system of shuttles — like our new Green Line — to connect the hospital to key transportation hubs. We will invest in new technology and other improvements in the major corridors serving our area, and in bicycle and pedestrian programs that create better and healthier ways of getting to and from work.

The Seattle Children’s Hospital Final Major Institution Master Plan is the culmination of two years of planning, nearly 25 Citizens Advisory Committee and subcommittee meetings and ongoing community involvement, including over 25 outreach activities or meetings (see Appendix C and page 17). It represents a collaborative vision for the hospital and the surrounding neighborhood. This vision is supported by substantive standards which guide future development through subsequent environmental review and the corresponding decision making and public permit approvals. It is responsive to the community need for increased pediatric health care, environmental stewardship and the livability of the neighborhood. It will be further refined through a Standing Advisory Committee of community representatives who assist the institution in the subsequent phases of the facility’s design, following approval of the Master Plan by the City of Seattle.
The balance of this document describes the Master Plan in detail. It is organized into five sections:

Part I, this Executive Summary, presents an overview of Children’s proposed Master Plan.
Part II, the Introduction, describes the need and vision for the Master Plan.
Part III, the Master Plan Development Program, describes the basis for the program and planned improvements.
Part IV, the Development Standards, sets forth Children’s requested standards by which future development will be controlled.
Part V, the Comprehensive Transportation Management Plan, describes the proposed measures to mitigate traffic and parking impacts associated with the Master Plan.

It also includes the following Appendices:

Appendix A: Legal Descriptions
Appendix B: Citizens Advisory Committee Member List
Appendix C: Community Outreach Overview
Appendix D: Consistency with City Policies
Appendix E: Seattle Municipal Code 23.34.008 General Rezone Criteria
Appendix F: Seattle Municipal Code 23.34.124 Designation of Major Institution Overlay Districts
Appendix G: Seattle Municipal Code 23.69.002 Purpose and Intent
Appendix H: Sound Transit Letter of Intent
Appendix I: Community Transit Letter of Intent
Appendix J: Recommended Comprehensive Transportation Plan
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Figure 2 Proposed Major Institution Overlay Boundaries