

PLAN FOR THE FUTURE

HOSPITAL CAMPUS FACILITIES

DEVELOPMENT OBJECTIVES

Children’s strategic plan requires that future facilities be flexible enough to adapt to the continuous changes in the health-care delivery system and to support rapid technological advances. The design principles support the hospital’s commitment to using Continuous Performance Improvement to increase the efficiency of hospital operations, help manage costs and improve service to patients and families. Construction would be phased to ensure that Children’s does not build more than is needed.

The proposed design and configuration of the campus for future growth is intended to achieve the following development objectives:

- Meet the growing demand for specialized pediatric health-care services for children within the Pacific Northwest.
- Improve children’s health-care services with state-of-the-art facilities.
- Increase the efficiency of the hospital to manage costs and enhance health-care delivery.
- Integrate the campus with the public space system of the surrounding neighborhood.
- Maintain and build partnerships with surrounding institutions, businesses, neighborhoods and other medical care facilities.
- Enhance pedestrian and bicycle safety and access, working in collaboration with the City of Seattle and surrounding neighborhoods.
- Make commuting to Children’s by means other than Single Occupancy Vehicle (SOV) the preferred method of transportation.
- Redevelop the campus with sustainable design principles, furthering the current Children’s commitment to implement energy-saving measures for health care using standards by LEED for Healthcare or other appropriate organizations nationally recognized for best practices for healthy and sustainable buildings.

BUILDING ON SHARED COMMUNITY AND HOSPITAL GOALS

As a major employer, Children’s shares goals with the community. Children’s is a regional leader among effective Commute Trip Reduction (CTR) and Transportation Management Plan (TMP) programs. The 2006 TMP report demonstrated that fewer than 38 percent of affected day-shift staff drive alone to work. Starting in September 2007, 64 new trips per week on Metro routes 75 and 25 began to serve the campus and the community at large. Children’s funded the additional transit service in partnership with King County Metro. The hospital is continuing to work with King County Metro, the University of Washington and other partners to improve alternative transportation options in the area. Efforts continue to encourage pedestrian and bicycle use to the hospital and within the surrounding community.

Children’s is actively seeking to increase transit ridership on the public transportation system serving the hospital campus and the surrounding community. Children’s is working with local transit agencies such as Metro and Sound Transit and planning to expand its shuttle system as a bridge between the hospital campus and regional transit hubs, providing a convenient and quick connection to the public transit network.

Children’s is soliciting the advice of the regional community, surrounding institutions, businesses, medical professionals and neighbors during the design of its Master Plan. Conversations with the community are helping to evaluate community members’ interest in having visually appealing and safe physical connections that will link future campus site improvements with the neighborhood’s surrounding open space. Children’s will partner with the City and community groups to achieve these shared goals.

Children’s intends to enhance the campus by supplementing the rich open-space system in the Laurelhurst-Ravenna-Bryant area. As the campus redevelops, the placement and design of facilities will use sustainable design principles that continue to demonstrate good environmental stewardship of the campus.

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STANDARDS FOR FUTURE DEVELOPMENT

Section 23.69.030 of the City of Seattle Land Use and Zoning Code states “the development standards component of a master plan shall include the following:” boundaries, uses, parking, alternative proposals and neighborhood context. Accordingly, the development standards in this Draft Master Plan are based on the following design principles:

- Consolidate the footprint of the hospital to maximize the amount of open space around the campus.
- Set back higher buildings to the center of the campus and away from single-family residential areas.
- Build lower buildings at the perimeter that complement the architecture of and provide transition to the adjacent neighborhood.
- Connect the neighborhood pedestrian and open-space system across Children’s campus.
- Make commuting to Children’s by means other than SOV the preferred choice of transportation.
- Enhance portions of the campus garden edge with desirable and usable places, benefiting patient care, caregivers and the surrounding neighborhood.
- Minimize exhaust, light and noise resulting from hospital operations.

The design standards will be considered during the CAC proceedings and reviewed as part of the Environmental Impact Statement.

COMPREHENSIVE SAFETY AND MOBILITY PLAN

Children’s has long recognized the complex transportation issues facing the region, and northeast Seattle in particular. In response, the hospital has established an award-winning transportation management program that has substantially reduced the number of employees driving alone to work. Among daytime employees affected by Washington’s Commute Trip Reduction (CTR) law, the percentage traveling to campus via single-occupant vehicle (SOV) fell from 73 percent in 1995 to a remarkable 38 percent in 2007. This accomplishment is significant both for a hospital and for an employer located in a neighborhood with limited public transit service.

Children’s is committed to surpassing its past successes in reducing vehicle traffic and to improving the health and safety of the hospital community and local residents. To this end, Children’s has developed a Comprehensive Safety and Mobility Plan (CSMP) that would mitigate vehicle traffic related to MIMP expansion by shifting even more employees and visitors from SOV to bicycling, walking, shuttle, and transit. The CSMP would allow Children’s to:

- Match the 2020 Seattle comprehensive plan mode-share goal for the University District of 30 percent SOV rate²
- Reduce the need to build parking on campus or in nearby facilities within the area that would be affected by MIMP-related vehicle trips
- Support Children’s continued leadership in delivering innovative transportation solutions in the context of climate change

The CSMP would take a three-pronged approach: 1) enhancing the Transportation Management Plan (TMP), including on-site programs, parking management policies, and shuttle service, 2) investing in projects to improve bicycle and pedestrian access and safety to Children’s campus and in the surrounding neighborhood, and 3) identifying and investing in on- and off-site capital improvements that enhance person travel capacity and improve mobility in the area.

² Day shift employees affected by the Washington State Commute Trip Reduction (CTR) law as reported in the CTR survey

CONSTRUCTION MANAGEMENT PLAN

Children’s will develop a Construction Management Plan to be reviewed and approved by DPD prior to the construction of any project under the proposed new MIMP. This plan should be designed to mitigate impacts from construction, including measures to address the following:

- a) Construction impacts due to noise
- b) Mitigation of traffic, transportation and parking impacts on the surrounding neighborhood, including the provision of temporary off-site parking lots for construction workers and displaced Children’s employees, together with shuttle vans and buses
- c) Mitigation to impacts on pedestrian network
- d) Installation of modulars on Children’s property for displaced Children’s functions

DECENTRALIZATION

Children’s strategy is to decentralize its services where possible, providing pediatric specialty care at clinics throughout the region. This brings outpatient services to patients closer to where they live and reduces the number of outpatient-related vehicle trips to and from the hospital campus.

Children’s currently operates regional clinics in Bellevue, Everett, Federal Way, and Olympia, outreach clinics in Yakima, Wenatchee, and Kennewick, Washington, and sites in Alaska and Montana. In December 2007, Children’s approved its plan to purchase 6.6 acres near downtown Bellevue for a new outpatient facility, expected to open in 2010. Similar facilities are planned for Everett and South King County. A regional clinic in the Tri-Cities area opened in April 2008.

As Children’s continues this decentralization over the coming years, the percentage of vehicle trips to and from the existing hospital campus related to outpatient care will be reduced. This will enable facilities, transportation access and parking to be prioritized for inpatient care and related clinical support services.

Research functions have already been consolidated away from the hospital campus. Children’s purchased new research facilities and land with the expectation that it will build a total of 1.5 million gsf in downtown Seattle.

Growth in Children’s outpatient services, locally and in the wider region, as well as future research advances, is likely to result in increased demand for inpatient services at the hospital campus.

CONSOLIDATION OF INPATIENT HOSPITAL FACILITIES

Consolidated clinical facilities promote treatment of complex chronic disorders in children in an effective and efficient way. The treatment for these conditions requires a critical mass of multidisciplinary specialists and patients in one location to improve the efficacy and efficiency of care. The current hospital site provides the best option for this patient population, which requires 24-hour access to care.



HOUSING

The livability of the neighborhoods near Children's is vitally important to Children's as well as to the community. Children's is developing a housing policy and program to address the need for safe and affordable housing in northeast Seattle for a variety of reasons. Recognizing that all children have unique needs and should grow up without illness or injury, the availability of safe and affordable housing in northeast Seattle affects Children's ability to meet its mission to prevent, treat and eliminate pediatric disease, in many ways:

- A safe home is necessary for the healthy development of every child. Children who experience homelessness or live in substandard housing are at greater risk of significant health problems.
- As an employer, Children's is committed to attracting the very best talent, but is at a competitive disadvantage when employees must commute long distances to find housing they can afford because of the high cost of housing in Seattle.
- Children's commitment to care for all children in the region who need our services, regardless of the family's ability to pay, means that families with limited means travel from throughout the region for care at Children's. Once in Seattle, families often experience significant difficulties securing housing so they can be near their child during their care at Children's.

Related to the option of Children's expansion on the Laurelon Terrace property, and in recognition of the need for affordable housing in northeast Seattle and Children's needs for workforce and patient family housing, Children's will work in partnership with public agencies, nonprofit organizations, housing developers, and neighborhood groups to maximize the opportunity to leverage more affordable housing in northeast Seattle.

Children's will meet, and to the extent feasible cost-effectively exceed, housing replacement responsibilities related to Laurelon Terrace, by contributing to the development of 136 net new units of housing in northeast Seattle. To begin this project, Children's will contribute to the development of 52 units of affordable housing at Sand Point Magnuson scheduled for groundbreaking in fall 2009.