

INTRODUCTION

BACKGROUND AND PURPOSE

Children’s Hospital and Regional Medical Center (Children’s) was founded in 1907. Since that time, the hospital has evolved into a highly specialized pediatric and adolescent healthcare facility serving Washington, Alaska, Montana and Idaho. The hospital moved to its current 21.7-acre site in northeast Seattle in 1953.

Children’s Major Institution Master Plan was adopted by Ordinance #117319 in September 1994 and remains in effect today. A Draft and Final Environmental Impact Statement (EIS) were prepared for public review and comment in October 1992 and June 1993, respectively. Subsequent EIS addenda were prepared for specific phases of development. Most of the existing approved development has been completed, except for 71,000 gsf of unbuilt area, which is currently under design for an Emergency Department North Expansion.

The concept for the Master Plan found in the following pages is consistent with City of Seattle Land Use Code. The proposed concept and alternative are meant to reflect the programmatic needs of Children’s and begin to address comments provided by the community during community meetings held in May and June 2007. A Draft EIS will be prepared to analyze potential benefits and impacts of the proposal and alternatives, including the “do nothing” or No Build alternative.

2007 milestones include:

- A Notice of Intent to prepare a new Master Plan was submitted by Children’s to the City of Seattle Department of Planning and Development (DPD) on April 18, 2007.
- Children’s began to work with the Department of Neighborhoods (DON) in March 2007 to assist with the formation of a Citizen’s Advisory Committee (CAC). The formation and meeting of the CAC is planned for summer 2007.
- This master plan concept plan was submitted by Children’s to DPD on July 16, 2007.
- EIS public scoping will occur in the late summer of 2007.

Figure 1, Proposed Major Institution Overlay Boundaries, is an aerial photo of Children’s campus and the surrounding neighborhood. The existing Major Institution Overlay (MIO) for the campus area is bounded by NE 50th Street to the north, 44th Avenue NE and 45th Avenue NE to the east, NE 45th Street to the south, and Sand Point Way NE to the west. The proposed MIO would include the existing campus, adding the Hartmann site across Sand Point Way NE and southwest of the Children’s main campus entrance. The Hartmann site is south of the intersection of Sand Point Way NE and 40th Avenue NE and bounded by the Burke-Gilman Trail on the west.



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.

Children's is committed to improving access to quality pediatric healthcare. With three new ambulatory centers (outpatient facilities) planned on the Eastside and in Snohomish and South King counties, Children's continues to decentralize to bring services closer to patients. Children's can better utilize space on the hospital campus by locating research at South Lake Union, near the Fred Hutchinson Cancer Research Institute, the Seattle Cancer Care Alliance and the University of Washington. Recently purchased facilities downtown will allow for 1.5 million square feet of development to support research.

On the hospital campus in northeast Seattle, inpatient and clinical facilities will be consolidated to allow complex pediatric procedures to be performed in centralized diagnostic and treatment facilities 24 hours a day.

STRATEGIC PLAN

Children's strategic plan, developed in 2006, provides a foundation for the next 100 years and a road map for integrating the growth of clinical, research, and educational programs over the next five years. Through a strategic planning process, Children's defined six key components:

- Build programs that set national standards for quality care.
- Improve clinical access and service to families and physicians.
- Prevent, treat and eliminate pediatric disease.
- Recruit and retain the best staff at all levels.
- Develop the next generation of healthcare leaders.
- Secure Children's financial future, while keeping its promise to provide high quality care regardless of a family's ability to pay.

In 2006, generous community support enabled Children's to provide \$41.7 million in uncompensated care to patients whose families were unable to pay all or part of their medical bills. In order to continue to provide this high quality of care to all children that need assistance in the region, Children's must expand its facilities.



Figure 2 Children's Patients

HEALTHCARE NEEDS

NATIONAL AND REGIONAL CONTEXT

Children's is a regional pediatric care center serving Washington, Alaska, Montana, and Idaho. Children's serves patients from the largest geographic land mass of any children's hospital in the country. See Figure 3.

In order to respond to national and local trends in pediatric care, Children's needs to expand on its hospital campus and across the Puget Sound region.

Nationally, the need for children's healthcare is growing. A recent study by the Child Health Corporation of America (CHCA), a national association of free-standing pediatric hospitals, shows that the inpatient demand for pediatric diseases overall is estimated to grow 3.1 percent annually through 2010. Causes include:

- Increased severity of pediatric illnesses
- Increases in prematurity and low birth weight
- Increased prevalence of chronic conditions such as diabetes and developmental disorders
- Growing prevalence of obesity which complicates care
- More patients surviving childhood diseases and utilizing healthcare services longer
- Single-bed rooms needed to control the potential spread of infectious diseases

Areas of pediatric care such as infectious diseases, premature birth-related care, and endocrinology are growing at even faster rates. Diabetes admissions increased nearly 17 percent between 2000 and 2003. These types of complicated diseases require more frequent and longer hospital stays for patients across the country. Children's specific experience mirrors or exceeds these national trends. Focus programs which commonly require inpatient stays include:

- Cardiac Services
- General Surgery
- Oncology
- Orthopedic Surgery
- Transplantation
- Neonatology

Children's is experiencing higher growth locally than the national trends show. Puget Sound has a larger child population compared with national trends, with King County matching the national trend of 25.7 percent and Kitsap and Snohomish counties at 30 percent.

According to the Puget Sound Regional Council (www.psrc.org accessed June 22, 2007), "The population of the central Puget Sound was estimated to have reached 3,524,000 in 2006, an increase of 2 million people since 1960. Natural



Figure 3 Children's Regional Service Area

- ★ Seattle
- Locations where Children's provides direct patient care services

increase (births minus deaths) accounted for 44 percent of the region's growth at an average of 19,100 persons per year." In addition, there was a 56 percent increase in population due to net migrations (people moving into the region minus people moving out). "Overall, the region gained 40,200 persons during 2005-2006 through net migration, compared to its historical average of 24,700." The Census data is showing that the average family size has been rising slightly in King County, primarily in the 5+ person households. According to PSRC, "The increase is attributable, in part, to brisk growth in the foreign-born population and subpopulations with larger average family sizes. The region's foreign-born population grew by 89 percent during the 1990s, compared to 19 percent for the general population, with over two-thirds of the growth occurring in King County."

Children's is experiencing the effects of the local and regional population growth. The new Melinda French Gates Ambulatory Care Building is already at capacity and outpatient visits have grown 11 percent over the last four years, with an increase of 5,000 visits from 2005 to 2006. To care for the growing population of pediatric patients, Children's must grow the hospital campus.

BUILDING ON THE HOSPITAL CAMPUS

The potential to meet these needs at another location has been carefully examined by Children's in the past. For many reasons, Children's believes that remaining on the current hospital campus is essential. The cost to move entirely to a new location is prohibitive. Building a satellite hospital would also present significant problems, requiring duplication of services (such as stand-alone intensive care units) and substantially increasing the cost of medical care. The nature of pediatric illness creates wide swings in daily census levels and makes the operations of smaller hospitals challenging. It also becomes far more difficult to sustain the needed expertise in clinical care. There is a critical shortage of pediatric sub-specialty physicians in this country. Children's would never be able to recruit sufficient numbers to safely staff two different locations 24 hours, seven days a week.



Figure 4 Existing Uses of Children's Hospital Campus

MASTER PLAN PROGRAM

Benefits of the Master Plan include infection control, family privacy, necessary space for advanced medical equipment, and support for the special treatment needs of patients with complex medical conditions. Advances in healthcare require different medical support, diagnostic and treatment facilities than in the past. Currently, Children’s has 250 beds within 200 rooms (50 double-occupancy rooms). The space needed to support a single pediatric bed averages 4,000 gross square feet (includes Operating Rooms, Diagnostic and Therapeutic space). To meet the growing demand for pediatric healthcare, Children’s plan adds 250 to 350 beds over the next 15 to 20 years, bringing the total bed count up to 600 beds. These additional beds would be phased in over time to ensure that Children’s development meets and does not lag behind or exceed need.

Up to 4,200 parking spaces may be required for 600 beds. In Children’s Concept Plan, 3,000 parking spaces would be located on the hospital campus. There would be the opportunity to develop 530 spaces across Sand Point Way NE at the Hartmann property as well as distribute needed parking to other off-campus areas.

NEIGHBORHOOD CONTEXT

Children’s is located within the Laurelhurst neighborhood and is adjacent to the University Community Urban Center. The surrounding neighborhood includes a mixture of single- and multi-family residences, retail/commercial businesses, institutions, and recreational opportunities, such as the Burke-Gilman Trail and Magnuson Park. The retail/commercial businesses are located primarily south and west of Children’s along Sand Point Way NE, and include University Village, restaurants and shops, an exercise gym, office space, and the Virginia Mason Pediatric Clinic. There are several institutions in the area, including the National Archives & Records Repository, Children’s 70th and Sand Point Way facility, churches, Talaris Research and Conference Center, Laurelhurst Elementary School, and Villa Academy. The nearest major institution in the area, the University of Washington, is less than a mile to the west.

Children’s primary access is via Sand Point Way NE and NE 45th Street to I-5 or to Montlake Boulevard NE and SR 520. Secondary access is via Sand Point Way NE to neighborhoods to the north and Lake City Way (SR 522). Three King County Metro bus stops are located on or adjacent to campus – two are on NE 45th Street and one is on Sand Point Way NE. There are four pedestrian entrances to the hospital complex. They include: Inpatient (Giraffe) Entrance (northwest corner of the building), Emergency Entrance (north-central portion of the building), Airplane Entrance (northeast corner of the building), and Whale Entrance (east side of the building).



Figure 5 Distant View of Existing Children’s Hospital



Figure 6 Garden Edge Along Children’s Property

ADDRESSING NEIGHBORHOOD NEEDS

Beginning in spring 2007, Children's initiated dialogue with its surrounding community regarding the strategic plan and necessary expansion. Children's staff met with the following groups:

- Laurelhurst Community Club Board of Trustees (March 2007)
- Children's Standing Advisory Committee for Major Institution Master Plan (March 2007)
- Children's 70th and Sand Point Advisory Committee (April 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (May 2007)
- View Ridge Community Club Annual Meeting (May 2007)
- Laurelhurst Community Club Annual Meeting (June 2007)
- Community-wide meeting in Laurelhurst sponsored by Children's (June 2007)
- Puget Sound Regional Council Economic Development District (June 2007)

Immediate neighbors living around Children's campus and in the neighborhood have expressed concerns over growth-related impacts. Children's is committed to working with the community to grow facilities to meet patient needs, while addressing community concerns. Children's has conducted two community meetings to solicit concerns, advice, and recommendations on how growth should occur on the hospital campus.

On May 19, more than 150 people attended a community meeting in Laurelhurst. Attendees learned about the hospital's need to grow on its campus and participated in four smaller group discussions to share feedback about various components of a Major Institution Master Plan:

- Buildings and Facilities
- Transportation
- Open Space
- Green Development

On June 7, Children's held a second community meeting in Laurelhurst at which staff responded to questions that were raised by neighbors at the May 19 meeting. City of Seattle staff described how information will be incorporated into the Master Plan through the Citizen's Advisory Committee and Environmental Impact Statement. The meeting also provided another opportunity to provide feedback. The topics of discussion, questions and concerns generally included the following:

- The proposed size of the campus – including building footprint, height, location of development within the campus property, visibility, and when the development will occur.



Figure 7 Snapshots from Community Meeting in Laurelhurst

- Transportation changes on and off campus – including the increase in number of parking spaces; size and location of garages; alternate transportation choices such as commuter trains, street car, buses, shuttles and vanpools; and impacts to traffic in the local neighborhood, Sand Point Way NE, and Montlake.
- The visual garden edge of development around the perimeter of the campus.
- The amount, location, and access to open space on campus; wayfinding and signage; lighting and neighborhood safety.
- The Citizen’s Advisory Committee (CAC) selection process and responsibilities, and ongoing opportunities to provide input.

For more information about the development of the plan, please see Children’s Master Plan project website at <http://masterplan.seattlechildrens.org>

DESCRIPTION OF PROPOSED DEVELOPMENT PROGRAM AND FRAMEWORK

CHILDREN’S TODAY

Children’s provides a spectrum of complex care for children with serious healthcare needs, including critical care, which requires an intensive, specialized and multidisciplinary approach for craniofacial problems, congenital heart disease, and patients with cancer or brain tumors, for example. Patients often require visits to five or six specialists in a single day. Outpatient services, social services, and ancillary care including laboratory and imaging are also provided at the hospital.

Decentralized ambulatory centers address outpatient care needs throughout the Puget Sound region. These sites provide a number of specialty services and consultations for children in key population centers. Regional outpatient centers include Odessa Brown Children’s Clinic in central Seattle, clinics in Bellevue, Everett, Federal Way, and Olympia, and at the Seattle Cancer Care Alliance.

The Children’s system includes four other sites that are related to hospital operations. The Hartmann property is used as a clinic space for Virginia Mason Pediatric Clinic and Children’s. It is located at the intersection of 40th Avenue NE and Sand Point Way NE. Children’s is a partner in the Springbrook Office Building at the intersection of Sand Point Way NE and NE 45th Street, where Children’s currently leases office space. Children’s also has administrative offices at 6901 Sand Point Way NE (70th and Sand Point Way).

Children’s leases parking spaces at remote parking lots located north of the hospital campus at the National Archives Building at 61st Avenue NE and Sand Point Way NE, as well as at Magnuson Park. Children’s operates a shuttle connecting these parking lots to the hospital campus, 70th Avenue NE and Sand Point Way NE (70th and Sand Point Way), and other clinical partners in South Lake Union and at the University of Washington.

This Concept Plan proposes development on the hospital campus and the Hartmann property.

CHILDREN’S PROPERTY OWNERSHIP

Children’s owns the hospital campus and the Hartmann property across Sand Point Way NE (within the proposed MIO). The campus extends roughly 1,300 feet in a north-south direction and 900 feet in an east-west direction. The facilities on site include approximately 900,000 square feet of hospital uses. The parking supply includes 1,462 spaces on campus, 80 spaces at Hartmann, and 625 leased spaces at remote lots.



EXISTING AND APPROVED DEVELOPMENT

Existing development is shown in Figure 8, Existing Development. The ages of building areas are noted.

The Major Institution Master Plan for Children’s as adopted in 1994 intended to provide a long-range facility plan to guide Children’s programmatic and capital decision-making processes for 15 years. The Master Plan included 16 projects totaling 262,630 square feet of additional space plus a new parking structure (Whale Garage). All but approximately 71,000 square feet of this development has been completed and this remaining development is under redesign for an Emergency Department North Expansion.

Not shown in Figure 8 are internal renovation projects that were completed on the Plaza Level and on Levels 1, 4 and 5 of the A and B Wings (Train Zone) to eliminate multi-bed (4+) rooms. These projects also included renovation to diagnostic and treatment areas.

The Janet Sinegal Patient Care Building (Giraffe Zone) was completed in 2004. The project added 42 beds and eliminated the remaining multi-bed (4+) rooms, expanded diagnostic and treatment areas, family amenities and conference areas.

The Melinda French Gates Ambulatory Care Building (ACB) was completed in 2006 and included the demolition and replacement of the E and H Wings (Whale Zone). The purpose of the project was to provide space for the Clinical Research Center, specialty clinics, and the diagnostic support needed for high-quality medical and family-centered care.

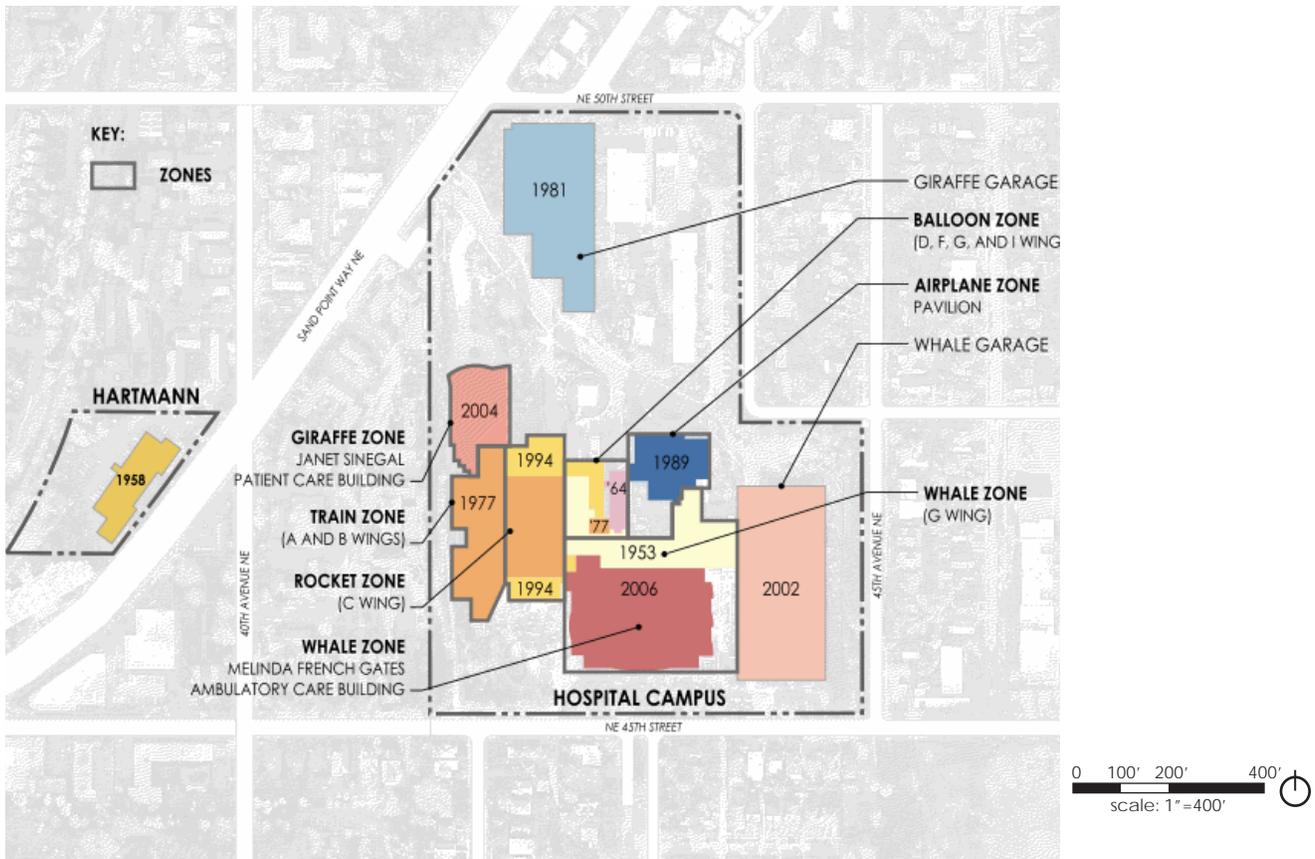


Figure 8 Existing Development