MAJOR INSTITUTION MASTER PLAN
Children’s Hospital and Regional Medical Center Concept Plan

SUBMITTED TO: City of Seattle
PROPOSED BY: Children’s Hospital and Regional Medical Center
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EXECUTIVE SUMMARY

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.

After losing her young son to inflammatory rheumatism in 1907, Anna Clise and 23 friends established one of the first facilities on the West Coast to specialize in treating children. One hundred years later, her legacy still guides Children’s Hospital and Regional Medical Center.

Treatments and medical technologies are now available that Anna Clise could never have imagined. The desire to provide the best possible care to patients – to prevent, treat and ultimately eliminate pediatric disease -- is the basis for the hospital’s clinical, research, educational programs and facilities development across the Puget Sound region.

Children’s commitment to caring for all children, regardless of their family’s ability to pay, has earned the institution broad public support throughout the region. A well-established network of volunteer guilds supports the hospital in the fundraising that is essential to its mission. In 2006, Children’s provided $41.7 million in uncompensated care for children whose families lacked the ability to pay.

Children’s strategic plan, developed in 2006, provides a foundation for the next 100 years of service. Through a strategic planning process, Children’s envisions a future where:

• Patients and families throughout the region have easy access to specialty care.
• Children’s provides the best service to families and referring physicians.
• Children’s expanded research facilities and programs prevent, treat and eliminate pediatric disease.
• Children’s programs set the national standards for quality of care.
• Children’s educational programs develop the next generation of pediatric healthcare leaders.
• Children’s will use targeted fundraising and Continuous Performance Improvement methodology to ensure that Children’s maintains strong operational and financial performance while implementing the strategic plan.

The need for children’s healthcare is growing across the nation. A 2007 study published by the Child Health Corporation of America (CHCA) reports that the overall inpatient days for pediatric diseases are estimated to grow at 3.1 percent annually through 2010.

Specific diseases in treatment areas such as neonatology, transplantation, infectious disease and endocrinology are growing even faster – at above 3.5 percent per year. Diabetes admissions increased nearly 17 percent between 2000 and 2003. These types of illnesses are complex and require more frequent and longer hospital stays, impacting the number of beds now required. Moreover, medical technology is evolving rapidly, and increasingly requires advanced facilities – and additional space.

A commitment to family-centered care and patient safety supports the need for expansion. At Children’s today, 50 rooms are double occupancy. Providing single patient rooms reduces the risk of spreading infection and ensures patient privacy.
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<th><strong>SUMMARY OF DEVELOPMENT PROPOSALS</strong></th>
<th><strong>Existing</strong></th>
<th><strong>Proposal - Campus and Hartmann</strong></th>
<th><strong>Alternative - Campus Only</strong></th>
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<tr>
<td><strong>Institution boundary</strong></td>
<td>Existing 21.7-acre site</td>
<td>Existing 21.7-acre site and 1.78-acre Hartmann site (redeveloped)</td>
<td>Existing 21.7-acre site and 1.78-acre Hartmann site (w/ existing use)</td>
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<tr>
<td><strong>Total building area within MIO</strong></td>
<td>900,000 gsf campus</td>
<td>~2.23 million gsf hospital campus 170,000 gsf Hartmann</td>
<td>~2.4 million gsf hospital campus 16,228 gsf Hartmann</td>
</tr>
<tr>
<td><strong>Leased Space Outside MIO Within 2,500’</strong></td>
<td>Springbrook 4,000 gsf</td>
<td>Pursuant to SMC 23.69.022</td>
<td>Pursuant to SMC 23.69.022</td>
</tr>
<tr>
<td><strong>Owned Space Outside MIO Within 2,500’</strong></td>
<td>Hartmann 16,228 gsf</td>
<td>Hartmann 0 gsf (Incorporated into Institutional Boundary)</td>
<td>Hartmann 0 gsf (Incorporated into Institutional Boundary)</td>
</tr>
<tr>
<td><strong>Uses</strong></td>
<td>250 bed hospital, clinic, research, office, and clinical laboratory; clinic and office at Hartmann</td>
<td>500-600 bed hospital, clinic, research, clinical laboratory, office on campus; clinic and office at Hartmann</td>
<td>500-600 bed hospital, clinic, research, clinical laboratory, office; clinic and office at Hartmann</td>
</tr>
<tr>
<td><strong>Street vacations</strong></td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td><strong>Parking</strong></td>
<td>~2,167 total stalls 1,462 on hospital campus 80 at Hartmann 625 off-campus</td>
<td>~4,200 total stalls 3,000 on hospital campus 530 at Hartmann 670 off-campus</td>
<td>~4,280 total stalls 3,000 on hospital campus 80 at Hartmann 1,200 off-campus</td>
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<tr>
<td><strong>Parking location</strong></td>
<td>Whale and Giraffe garages; surface lots; off-campus leased parking</td>
<td>Whale Garage; new garage on northeast portion of the campus to replace existing Giraffe Garage; new underground parking at Hartmann; off-campus leased parking</td>
<td>Whale Garage; new garage on northeast portion of the campus to replace existing Giraffe Garage; existing surface parking at Hartmann; off-campus leased parking</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td>1 primary access – Sand Point Way NE (existing)</td>
<td>3 access points – Sand Point Way NE (existing) NE 50th Street NE 45th Street</td>
<td>3 access points – Sand Point Way NE (existing) NE 50th Street NE 45th Street</td>
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<td><strong>Height limit for MIO</strong></td>
<td>37 feet, 50 feet, 70 feet, and 90 feet</td>
<td>50 feet and 240 feet on hospital campus; 50 feet and 120 feet on Hartmann</td>
<td>50 feet and 240 feet on hospital campus; 40 feet on Hartmann</td>
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The region's population, and demand for children's services, has grown rapidly. With 250 inpatient beds, Children's is small when compared with other pediatric hospitals in cities of comparable size. Yet it serves a larger geographic land mass than any other children's hospital in the country – Washington, Alaska, Montana and Idaho. In order to provide high quality care to all children that need assistance in the region, Children's projects the need to expand its inpatient facilities to a total of 500 to 600 beds over the next 15 to 20 years.

In order to expand and invest in the necessary capital facilities, Children's is submitting a Major Institution Master Plan (MIMP) application. Children's is proposing both a Proposed Concept Plan and an Alternative Concept Plan. These concept plans are preliminary. Both plans have a total program area of up to 2.4 million gross square feet (gsf). Both plans would also expand the existing Major Institution Overlay (MIO) to include the 21.7-acre hospital campus and the 1.78-acre Hartmann site located on the west side of Sand Point Way NE, southwest of the main campus entry. The Hartmann site is owned by Children's and contains an existing one-level office and clinic building. Under the Proposed Concept Plan, approximately 170,000 gsf of clinic space would be developed on the Hartmann site. The balance of the development would occur on the hospital campus, increasing the campus by 1.33 million gsf to 2.23 million gsf, with 500 to 600 total beds.

The Alternative Concept Plan would contain all 2.4 million gsf of development to the hospital campus. The Hartmann property would remain in its current office and clinic use.

As with the hospital's current Master Plan (1994-2009), Children's will continue to reach out to neighbors and community organizations. The hospital has a good neighbor policy and a record of working to minimize institutional impacts. Children's initiated several meetings with the neighbors and neighborhood groups in anticipation of a new master plan application submission. This submittal begins a more detailed public involvement process that includes both a Citizen's Advisory Committee (CAC) appointed by the Seattle City Council, as well as public hearings and meetings to gather additional input for the Environmental Impact Statement (EIS) process.

On the opposite page is a table summarizing the existing, proposed, and alternative development proposals.
Figure 1 Proposed Major Institution Overlay Boundaries
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.
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
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.
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).
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.
 PLAN FOR THE FUTURE

HOUSPITAL CAMPUS FACILITIES

DEVELOPMENT OBJECTIVES

Children's strategic plan ensures that as rapid technological advances occur, future facilities will effectively adapt to the continuous changes in the healthcare delivery system. In so doing, the efficiency of the hospital will improve, helping to manage costs and improve service to patients and families.

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 healthcare services for children within the Pacific Northwest
- Improve children's healthcare services with state-of-the-art facilities
- Increase the efficiency of the hospital to manage costs and enhance healthcare delivery
- Integrate the campus with the public space system of the surrounding neighborhood
- Maintain and build partnerships with surrounding institutions, businesses, and neighborhoods and other medical care facilities
- Improve pedestrian safety and access
- Redevelop the campus with sustainable design principles, furthering the current commitment to a green hospital environment

Figure 9 Components of a New Pedestrian System. Interior public spaces, outdoor gathering places, and landscapes with integrated stormwater facilities are planned as a part of the hospital pedestrian network, connecting hospital facilities and surrounding community pathways.
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 hospital is working with King County Metro, Sound Transit, the University of Washington, and other partners to increase transit service. Efforts continue to encourage pedestrian and bicycle use to the hospital and within the surrounding community. Also, Children's is coordinating its transportation management plan with regional partners to reduce single occupancy vehicle trips in the area.

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 plan 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-View Ridge area. As the campus is redeveloped, the placement and design of facilities will use sustainable design principles that continue to demonstrate good environmental stewardship of the campus.

STANDARDS FOR FUTURE DEVELOPMENT

The City of Seattle requires a concept plan that addresses boundaries, site plan, uses, parking, alternative proposals and neighborhood context. Accordingly, the standards in this concept 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 campus edges.
- Build lower buildings at the perimeter which complement the architecture of and provide transition to the adjacent neighborhood.
- Connect the neighborhood pedestrian and open space system across Children's campus.
- Disperse traffic to minimize motorized and non-motorized congestion at affected intersections.
- Enhance portions of the campus garden edge with desirable and usable places, benefiting both patient care, caregiver, and surrounding neighborhood.
- Minimize exhaust, light, and noise resulting from hospital operations.

The design standards will be considered during the Citizen's Advisory Committee proceedings and reviewed as part of the Environmental Impact Statement.
DECENTRALIZATION
Part of Children’s decentralization strategy includes regional ambulatory care centers and consolidation of research functions away from the hospital campus. In addition to the newly purchased research facilities (space for 1.5 million gsf) in downtown Seattle, future outpatient care facilities are planned in Bellevue, South King County, and Everett. Clinics in Yakima, Wenatchee, Kennewick, and Missoula, Montana continue to demonstrate unmet needs in core areas like cardiology, cancer, endocrinology and neurology.

Adding new outpatient service locations to address unmet needs in the region results 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 procedures 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.
SITE CONCEPT

Children’s has buffered the neighborhood from the hospital uses by setting back buildings by 40 to 75 feet and planting densely around the perimeter. The proposed Master Plan maintains the existing setbacks and perimeter plantings, consolidating the area where building height is planned at the center of the site. There are several additional components of the Concept Plan, all of which support hospital and neighborhood integration.

Figure 10, Plan for the Future, depicts the overall site concept by components described below.

THE GARDEN EDGE

A garden edge for all sides of the campus is proposed. It would be developed as a supplement to the existing landscaping both on and off campus, and shaped to minimize the presence and operation of the hospital buildings. In some instances, the landscaping may be designed as a visual screen. In other locations it may provide safe and tranquil open spaces for the enjoyment of patients, families, and neighbors. In all cases, Children’s existing setbacks approved in the current Major Institution Master Plan are maintained in the proposed concept plans.

CONCENTRATED HEIGHT

It is proposed that Children’s concentrate its facilities in a consolidated area on campus. It is important for hospital operations that clinical resources for patient care be in close proximity, with bed units located over ancillary support areas. It is desirable to expand the amount of usable open space at the perimeter for visitors, patients, caregivers, and neighbors. This open space is maximized by consolidating areas for height on campus and minimizing the building footprint.

ACTIVITY

The central and western portions of the campus would be used for higher activity levels (24-hour care), such as inpatient and emergency services, along Sand Point Way NE. Lower activity uses such as clinic visits would be located along the eastern portions of the campus to reduce light and noise levels, respecting existing single-family neighborhoods nearby.

ARCHITECTURE

Building design is planned to address the scale of the surrounding public spaces such as the garden edge and nearby streets. Each improvement would take into account the internal clinical efficiencies as well as the experience perceived from the surrounding streets, gardens, and plazas. For example, light, noise, and air quality would be controlled through architectural design to address community values.

TRAFFIC

Children’s plans to continue to use Sand Point Way NE as the primary patient and visitor access route. Truck and ambulance access to loading, emergency, and the central utility plant would be from Sand Point Way NE. Emergency, service dock, shuttle, and inpatient arrivals would be located along Penny Drive, closest to Sand Point Way NE. These uses generate more frequent arrivals and departures. Thus, these locations are intended to move activities further away from the single-family homes east of the campus.

With the opening of the new North Garage, the Whale Garage would be limited to outpatient use. Planned overhead and surface walkway connections between the hospital and the new parking garage along Penny Drive would be compliant with the Americans with Disabilities Act (ADA), relieving the ADA access demand on the current outpatient entry.

Children’s would continue its effective Transportation Management Plan (TMP), reducing single occupant vehicle use, and its widely used shuttle service program, connecting the hospital to Children’s off-campus facilities.
The existing Major Institution Overlay (MIO) District boundary and height districts are shown in Figure 11, Existing Major Institution Overlay with Heights. The zoning of the immediately adjacent property is also shown. The Children’s campus now includes four height districts: MIO 37’ around the periphery of the campus, MIO 50’ along the south to form a transition to the MIO 70’ and MIO 90’ in the southeast. The higher MIOs are centered at the core and southern part of the campus and transition down to a lower height at the campus edges. The site generally slopes downward from east to west and from north to south. The existing setbacks are approximately 40 feet on the eastern edge of the campus and also on the west side of campus at the base of the slope. The setback on the southern and southwestern edges is 75 feet. All of the setbacks are heavily landscaped to create a screen between the campus and surrounding neighborhood. The setbacks and landscaping also provide open space and sidewalks as public amenities.

In addition to the height limits shown in Figure 11, from the Seattle Land Use Code, the Seattle City Council further conditioned the heights of two buildings on the campus, the Janet Sinegal Patient Care Building and portions of the Melinda French Gates Ambulatory Care Building. The Janet Sinegal Patient Care Building is located in the MIO 90’ area of the campus, and was limited in height to 74 feet with an additional 15 feet allowed for mechanical equipment (total of 89 feet with mechanical). The Melinda French Gates Ambulatory Care Building is located in a MIO 70’ district. Portions of this building were limited in height to 54.5 feet.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

Figure 11

EXISTING MAJOR INSTITUTION OVERLAY WITH HEIGHTS

LEGEND

- MHO Height District
- Setback
- Roadways
- Buildings

ZONING

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<thead>
<tr>
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<th>Description</th>
<th>Height Limit</th>
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<tr>
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<tr>
<td>NC 2-40</td>
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<td>40' height limit</td>
</tr>
</tbody>
</table>

Errata, September 7, 2007
Four changes are proposed to the MIO districts for the campus from that proposed in the previous Major Institution Master Plan. No changes to existing building setbacks are proposed.

1. On campus, the existing MIO 37’ district to the north and around the perimeter of the campus would be changed to MIO 50’.

2. A portion of the existing MIO 50’ district would be changed to MIO 90’ near the south edge of the site. A portion of the existing MIO 37’ district above the Whale Garage and along Penny Drive would be changed to MIO 90’. A portion of the existing MIO 70’ district between the Pavilion and the Janet Sinegal Patient Care Building would be changed to MIO 90’. These districts provide a transition on the north, east, and south edges of the MIO 240’ district down to the MIO 50’ height district and restrict building heights in this area as the site topography rises in elevation.

3. A portion of the existing MIO 50’ district to the south, the existing MIO 70’ districts, and existing MIO 90’ districts would be changed to MIO 240’ in the consolidated southwestern core area of the site.

4. The MIO boundary is proposed to be expanded to include an additional piece of property (Hartmann) across Sand Point Way NE and southwest of Children’s hospital campus. The MIO planned for the property would change the height currently allowed in the L3 Zone. In the Proposed Concept Plan a MIO 120’ is proposed for the center of the site with a surrounding transition area of MIO 50’. The proposed 120 foot tall building would be similar to the adjacent eight-story, approximately 100 foot high multi-family building located to the south of the Hartmann property. In the Alternative Concept Plan, a MIO 40’ is proposed.

As described earlier in this Concept Plan, Children’s has decentralized many activities such as research and outpatient clinics. Ancillary clinic and office space, while needing to be in close proximity to the main hospital, can be located across the street. Locating these uses nearby may be an opportunity to reduce the need for additional building area on the hospital campus and help to disperse related traffic.

Children’s is constrained by potential expansion areas because the redevelopment of residential areas for institutional uses is discouraged as a matter of City policy. Single-family and low and moderate density multi-family residences surround the hospital. By avoiding these areas and expanding the MIO on land that is owned by Children’s and not currently used for housing, the loss of residential uses can be avoided.

Located across Sand Point Way NE and south of the main entrance to the campus, the Hartmann property site meets the criteria for MIO overlay areas. The location of the proposed MIO expansion at the Hartmann site was selected for the following reasons:

- Children’s boundary expansion opportunities are constrained by existing housing that surrounds the hospital.
- The Hartmann site, located on the west side of Sand Point Way NE, is zoned L3 and has been used since 1957 for office and medical clinic uses. The redevelopment of this site would not cause the loss of housing nor be a change from the existing use.
- The Hartmann site faces onto Sand Point Way NE and is adjacent to property zoned NC2-40. The proposed uses for the Hartmann site (clinic and offices) would be similar to the uses allowed in the NC2 zone.
- The site is bounded on the east by Sand Point Way NE and on the west by the Burke-Gilman Trail.
- The proposed height of 120 feet is similar to the height of the adjacent, non-conforming, multi-family building.

See Figure 12, Proposed Major Institution Overlay With Heights.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

PROPOSED MAJOR INSTITUTION OVERLAY WITH HEIGHTS

LEGEND
- MIO Height District
- Setback
- Roadways
- Lower Buildings
- Taller Buildings

ZONING

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<tr>
<td>NC2-40</td>
<td>Neighborhood Commercial 2</td>
<td>40 feet</td>
</tr>
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</table>

Figure 12

CONCEPT PLAN for Children’s Hospital and Regional Medical Center
Building And Facilities

Existing Buildings and Facilities

Existing buildings and facilities are shown in Figure 13.

Hospital Campus

The existing hospital is bounded by NE 50th Street to the north, 44th Avenue NE, NE 47th Street, and 45th Avenue NE to the east, NE 45th Street to the south, and Sand Point Way NE to the west. The western edge of the hospital is adjacent to the Laurelon Terrace multi-family development. The elevation of the site slopes from Elevation 170 feet at NE 45th Avenue to Elevation 60 feet on the western property line with Laurelon Terrace. Due to the 110 foot grade change, the buildings appear low on the eastern edge of the campus but commensurably taller on the western edge of the campus.

The existing facilities are separated by Penny Drive. On the south and west sides are the inpatient and outpatient facilities for patient care. On the north and east sides are parking, administrative offices in trailers, a nursery for plants, and evaporative cooling equipment. There is one primary vehicle entrance to the campus from Sand Point Way NE, at the Sand Point Way NE intersection with Penny Drive. Along this path, all of the building entries are accessible. A secondary egress is located along the southeastern corner side of the campus accessible from NE 45th Street. This is a drive-through bus layover area, with a pedestrian and service vehicle connection to the Whale Garage and fire access along the south face of the building.

The tallest roof top elevation on the south side of Penny Drive is at Elevation (El.) 220 feet. On the north side of Penny Drive, the one-story temporary trailers are the highest buildings.

Hartmann

The Hartmann property is developed with a one-story clinic and office with surface parking. The west edge of the property fronts on the Burke-Gilman Trail. The east edge is adjacent to Sand Point Way NE. The north and south edges are adjacent to multi-family developments, the tallest of which is located on the south side. It is a building with a height of approximately 120 feet at Sand Point Way NE. The multi-family development to the north is lower at approximately 35 feet along 40th Avenue NE.

Leased Space

Children's currently leases approximately 4,000 square feet at the Springbrook office complex located at the intersection of NE 45th Street and Sand Point Way NE. The Springbrook property is fully developed as office buildings. There are two buildings; one is a two-level structure and the other has three levels. The property is surrounded by commercial and multi-family residential uses within the neighborhood commercial center for Laurelhurst.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

Figure 13

LEGEND

- Property Line
- Campus Grounds
- Buildings and Parking Garage
- Roadways and Surface Parking
- Helicopter

<table>
<thead>
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<th>STATISTICS</th>
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<tr>
<td><strong>HOSPITAL CAMPUS</strong></td>
</tr>
<tr>
<td>Beds*</td>
</tr>
<tr>
<td>Building gross floor area</td>
</tr>
<tr>
<td>Parking spaces</td>
</tr>
</tbody>
</table>

| **HARTMANN** |
| Building gross floor area | 16,228 gsf |
| Parking spaces | 80 |

| **OFF-CAMPUS** |
| Parking | 625 |

| **LEASED SPACE** |
| Springbrook | 4,000 gsf |
The height of the buildings on campus can be described in two ways. First is the elevation, or height above sea level (designated as El.). By subtracting two elevations, one can determine the difference in height. The second measurement of height is defined by the City of Seattle Land Use Code. This measurement is taken between the top of roof parapet and the grade. This measurement can not exceed the MIO-designated height parallel to the ground plane. This is represented in all the site elevations.

The existing buildings on the hospital campus are within the MIO-designated height as adopted in the existing Major Institution Master Plan. The buildings step down the slope of the site's topography. The tallest and most visible buildings are located on the west property line, the west elevation. See Figure 14, Existing Building Elevations.

North Elevation
The north elevation of the Giraffe Garage is set back 20 feet from the NE 50th Street right-of-way. The evergreen trees in front of the garage are tall and block views of the upper exposed garage wall surfaces. Soil is mounded up against the garage, raising the plants above the sidewalk, screening views of the garage. At the east end, several trailers contain temporary hospital facilities. The dense evergreen canopy and understory plantings screen views of the trailers.

West Elevation
The west elevation presents the most visible portion of the campus to a public street. This view is mainly from Sand Point Way NE and its western approach to the site. The north end of the elevation has plants that serve as a screen of the Giraffe Garage. To the south, tall poplar trees extend above the Train Zone of the hospital. In the center of the hospital campus is the Giraffe Zone and main inpatient entry to the hospital. The entry plaza at level one of the Giraffe Zone is approximately 30 feet above the Laurelon Terrace Apartments. The Train and Giraffe Zones are each five to six levels tall.

South Elevation
All of the buildings along this frontage are set back 75 feet from the 45th Avenue NE right-of-way. One level of the building is visible over the bus layover area from NE 45th Street. To the south, four to five levels of the Train Zone and C Wing are exposed above a terraced children's play area. The Melinda French Gates Ambulatory Care Building is the largest building on this frontage between the Whale Garage and the C Wing. A tall stand of evergreen trees significantly obscures views of the Train Zone, C Wing and the Melinda French Gates Ambulatory Care Building from NE 45th Street.

East Elevation
The east elevation has two edges. One is along 44th Avenue NE to the north and the other is along 45th Avenue NE to the south. The 45th Avenue NE frontage has dense evergreen plants, pruned over the years to provide filtered views over their tops from homes on the east side of the street. The top of the Whale Garage is approximately 20 feet below 45th Avenue NE. The Melinda French Gates Ambulatory Care Building is more than 185 feet to the west of 45th Avenue NE.

The 44th Avenue NE frontage is approximately 15 feet lower than the 45th Avenue NE frontage. It also has the dense evergreen trees that screen the parking lot flanking this frontage and the Giraffe Garage, located down the hill.
Existing Hartmann
Currently, the Hartmann Building is a single-level medical office and clinic building fronting on Sand Point Way NE. The building is raised above the street level on a narrow terraced lawn. It is surrounded on two sides by multi-family housing and on the fourth side by the Burke-Gilman Trail. At the rear of the site is a parking lot that has been cut into the uphill grade and is retained by a wall. See Figure 15, Existing Hartmann Elevations.

North Elevation
This edge of the property is shared with a three-level multi-family development. Views of the north edge of the building are across a 50-foot wide parking lot access drive. This is screened by plants that are raised up to the grade of the multi-family building via a retaining wall.

West Elevation
This edge fronts along the Burke-Gilman Trail. The top of the existing building is approximately 10 feet below the surface of the Burke-Gilman Trail and 100 feet away horizontally. A densely planted deciduous sloped area screens views of the building from the Burke-Gilman Trail.

South Elevation
The south elevation shares its property line with an eight-level residential tower. Views of the south edge of the building are across a 50-foot wide parking lot access drive. This is screened by plants that are raised up to the grade of the residential tower via a retaining wall.

East Elevation
The east elevation fronts onto Sand Point Way NE. The building is set back approximately 20 feet from the Sand Point Way NE right-of-way line.
Figure 15: EXISTING HARTMANN ELEVATIONS
PROPOSED AND ALTERNATIVE CONCEPT PLANS

Two ideas to encompass the facilities for anticipated pediatric healthcare at Children’s are described in the Proposed Concept Plan and the Alternative Concept Plan. They would both provide facilities for up to 600 beds at approximately 4,000 gsf per bed inclusive of ancillary services, patient beds, and utilities that are common in pediatric healthcare facilities. The Proposed Concept Plan would be built on the hospital campus and at Hartmann. The Alternative Plan includes Hartmann in the MIO at a lower height than in the Proposed Plan and concentrates all development on the hospital campus. While the Proposed Concept Plan and the Alternative Concept Plan share many of the same characteristics, the Proposed Concept Plan is less densely developed on the hospital campus than the Alternative Concept Plan. Consequently, the Proposed Concept Plan’s buildings are lower.

Hospital Campus

Both plans would locate taller structures on the lowest campus elevations and away from the campus edges immediately near single-family residential areas.

The building areas in both the Proposed and Alternative Concept Plans would be in addition to that approved during the existing Major Institution Master Plan. Currently there is approximately 71,000 gsf of unbuilt area approved for the hospital. This remaining diagnostic and treatment area is planned to be constructed as a new Emergency Department, before the proposed projects identified in the two Concept Plans.

The open space system would be similar between the Proposed Concept Plan and the Alternative Concept Plan, as the building footprints would not change between the proposed and the alternative schemes. Through further discussion with the neighbors, the edges of the campus can be designed to maximize their service to the neighborhood and the hospital.

Parking locations and garage heights would be similar on the hospital campus for the Proposed Concept Plan and the Alternative Concept Plan. Parking studies determined that up to 4,200 total parking spaces for patients, visitors, and employees are needed for 600 beds. Parking on campus is limited to approximately 3,000 parking spaces. Additional off-campus parking would be needed, with hospital staff shuttled to campus.

Both concept plans would include the relocation of internal access for inpatient, emergency, and loading. In keeping with the concept of orienting the activities with the most noise to Sand Point Way NE, the loading dock would be relocated to the existing Inpatient entry on level one. This would also be the primary shuttle pick up and drop off for employees who are shuttled to the campus from remote parking lots. The Emergency Department entry would be relocated to level three at the existing loading dock, and the Inpatient entry would be relocated to the existing Emergency Department entry at level four. In this way, the Inpatient entry and the Outpatient entry would be separated from shuttles, loading docks, and the Emergency Department. These lower activity and quieter entries would be more appropriate in proximity to single-family residences.
Vehicle circulation would be improved. Currently only one access to the campus is provided from Sand Point Way NE. In the Proposed and the Alternative Concept Plans, three vehicular access points are proposed: the existing entry at Sand Point Way NE, a new entry from NE 50th Street and a new entry from NE 45th Street near the existing bus pull-through. These are needed to distribute peak-period traffic movements on campus to new signalized intersections along Sand Point Way NE. This would help reduce impediments to traffic flow and the delay at existing signals serving Laurelhurst and View Ridge.

Pedestrian and bike circulation are planned to connect the hospital and surrounding areas across Sand Point Way NE to View Ridge and the Burke-Gilman Trail. While Children’s needs to make this improvement for themselves, it is also a benefit to the neighborhood.

The existing helistop would be relocated to the roof of Bed Unit 1. A temporary relocation of the existing helicopter landing area would be required during the construction of the new Emergency Department and Bed Unit 1.

**Hartmann**

In the Proposed Concept Plan, the Hartmann site would be redeveloped with supplemental facilities for the hospital that would reduce the amount of development on the hospital campus. In the Alternative Concept Plan, the Hartmann site would not be redeveloped and would remain as it currently is, an office and clinic building.

**Leased Space**

In both plans, Children’s would continue to lease office space for temporary relocation during construction, or until new campus space becomes available. The leasing of space within 2,500 feet of the MIO Boundary would be done in compliance with the leasing regulations of Section 23.69.022 of the Seattle Municipal Code.

See Figure 16, Proposed Concept Plan Campus, Hartmann Building, and Facilities, and Figure 19, Alternative Campus-Only Building and Facilities.
PROPOSED CONCEPT PLAN - CAMPUS, HARTMANN BUILDING, AND FACILITIES

Hospital Campus

Children's is proposing a total of 2,230,000 gsf of building area on campus to be consolidated south of Penny Drive, an increase of approximately 1,330,000 gsf over existing levels. The additional space would be developed over the next 15 to 20 years in four major increments. As the hospital is redeveloped, parking would be built in corresponding increments up to 3,000 parking spaces on the hospital campus north and east of Penny Drive.

The planned development sequence is shown in Figure 16 and includes the following:

1. Bed Unit North and CUP
2. Bed Unit East and Hartmann
3. Bed Unit West
4. Bed Unit South

Hartmann

The Hartmann site would be developed with a 170,000 gsf eight-story building, approximately the same height as the nearby residential building to the west. Approximately 530 parking spaces would be constructed underground with a plaza at ground level. The building would be located with its longest edge parallel to Sand Point Way NE. Its retail uses would be at street level and would complement the retail character found in the nearby Laurelhurst Commercial Services area. The planned open space on the site would provide a connection between the Burke-Gilman Trail and Sand Point Way NE, and would provide usable open space for access and use by the building occupants and nearby neighbors.

See Figure 16, Proposed Campus, Hartmann Building, and Facilities.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garage
- Lower Buildings and Parking Garages
- Taller Buildings
- Covered Walkway
- Roadway
- Construction Sequence
- Helicopter

STATISTICS

HOSPITAL CAMPUS
- Beds: 600*
- Building gross floor area: 2.23 million gsf**
- Parking spaces: 3,000
*addition of 350 beds
**addition of 1.38 million gsf

HARTMANN
- Beds: 0
- Building gross floor area: 170,000 gsf
- Parking spaces: 530

OFF-CAMPUS
- Parking spaces: 670

TOTAL
- Beds: 600
- Building gross floor area: 2.4 million gsf
- Parking spaces: 4,200

Figure 16
PROPOSED BUILDING ELEVATIONS

Proposed Concept Plan

The proposed tall buildings would be consolidated southwest of the center of the site over the existing hospital. It is here that the main diagnostic and treatment facilities would be supplemented with new facilities over time. The tallest buildings would be located at the center of the hospital campus and at the lowest portion of the site, set back 40 feet from the western property line. The rest of the building elevations would be set back from streets and screened with dense evergreen plantings. All of the previously approved setbacks recorded in the existing Major Institution Master Plan would be maintained.

The highest point of the taller buildings in the Proposed Concept Plan would be El. 306', on top of the mechanical penthouse on Bed Unit 3 and at the west face of the hospital. This point would be one foot below the proposed MIO 240' of El. 307' at the west property line. The campus’ topographic profile would be raised vertically by 240 feet, locating the ceiling of the MIO 240’ roughly parallel to grade. Under this, the rest of the buildings would be well below the MIO 240’ and set back from the property boundary as they step up the hill. The top of the proposed lower building areas would be El. 171’. See Figure 17, Proposed Building Elevations.

The Hartmann site would be redeveloped with 170,000 gsf of the total 2.4 million gsf of planned hospital improvements. See Figure 18, Proposed Hartmann Elevations.

Hospital Campus

North Elevation

The northern portion of the campus would contain a redeveloped Giraffe Garage of up to five levels. A new North Garage is planned between 44th Avenue NE and the existing Giraffe Garage. The existing Giraffe Garage would be redeveloped. Both of these garages would be approximately five levels tall. The Central Utility Plant (CUP) is planned to flank the North and Giraffe Garages along NE 50th Street. The plantings along this frontage, in the 20 foot setback, would be maintained to minimize views of the proposed structures from NE 50th Street. A new access drive would separate the new North Garage from the street right-of-way of up to 50 feet.

West Elevation

The buildings along the west elevation would be set back 40 feet from the west property line. At the north end of the elevation, the new Giraffe Garage is planned to be obscured with new evergreen plantings. The south end of the elevation would be screened by the existing tall poplar trees between the fire access way and Laurelon Terrace. The middle area of the west elevation would be where the tallest buildings would be located, atop a continuous ancillary building base. The narrow ends of the bed unit buildings would be located along this frontage, to lessen the bulk and mass of the tall buildings along this frontage with Laurelon Terrace.

South Elevation

The buildings along the south elevation would be set back 75 feet, respecting the existing view corridor along the length of this property edge, as approved in the existing Major Institution Master Plan. The Whale Garage is planned to remain at its current height. Only the C Wing and the Train Zone redevelopment would be raised to 90 feet along this edge of the hospital. The existing evergreen vertical plantings would remain to block views of the immediate building frontage.

East Elevation

The east elevation would have two edges. One edge would be along 44th Avenue NE to the north and the other would be along 45th Avenue NE to the south. The 45th Avenue NE frontage would have dense evergreen plants, pruned over the years to provide filtered views over their tops from homes on the east side of the street. The top of the Whale Garage is approximately 20 feet below 45th Avenue NE. The Melinda French Gates Ambulatory Care Building is set back more than 185 feet to the west of 45th Avenue NE. The nearest bed unit would be set back more than 185 feet to the west.

On the 44th Avenue NE frontage, the new North Garage would be 40 feet from the 44th Avenue NE right-of-way. The existing planted screens would remain to block views of the new North Garage.

The proposed building elevations for the Proposed Concept Plan are shown in Figure 17; proposed Hartmann building elevations are shown in Figure 18.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

Figure 17

PROPOSED BUILDING ELEVATIONS
Hartmann

The Hartmann property would be redeveloped for a building with 170,000 gsf over 530 parking spaces. The parking spaces would be underground with a rooftop garden. Access to the rooftop garden would provide an intermediate connection between the Burke-Gilman Trail and Sand Point Way NE. The top of the building would be at El. 184’. This would be one foot below the proposed MIO 120’ on the east building elevation along Sand Point Way NE.

There would be approximately a 25 foot grade change across the property, dropping from northwest to southwest. Beyond the site, the topography rises to the west, up to the grade of the Burke-Gilman Trail, approximately 35 feet above the lowest point on the Hartmann site.

North Elevation

The narrow edge of the building would be set back approximately 30 feet from the shared property line with the three-level multi-family complex to the north. A new plaza and building entry is proposed, providing a hill climb connecting the Burke-Gilman Trail to 40th Avenue NE and Sand Point Way NE.

West Elevation

The new building would be set back at an angle from the Burke-Gilman Trail, with the narrowest end at 60 feet to the south. The garage rooftop garden would be 20 feet below the Burke-Gilman Trail.

South Elevation

The narrow edge of the building would be set back approximately 20 feet from the shared property line with the eight-level residential tower.

East Elevation

The building would be within 10 feet of the Sand Point Way NE right-of-way. A retail use is proposed for the first level. The face of the building levels above would be flush with this frontage.

See Figure 18, Proposed Hartmann Elevations.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

PROPOSED HARTMANN ELEVATIONS

Figure 18
In the Alternative Concept Plan, Children's proposes a total of 2,400,000 gsf of building area on campus, to be consolidated south of Penny Drive, an increase of approximately 1,500,000 square feet over existing levels. The additional space would be developed over the next 15 to 20 years in four major increments. As the hospital is redeveloped, parking would be built in corresponding increments up to 3,000 parking spaces on the hospital campus north and east of Penny Drive. The balance of the anticipated 4,200 parking spaces, associated with 600 beds, would be located off-campus.

The planned development sequence is shown in Figure 19 and includes the following:

1. Bed Unit North and CUP
2. Bed Unit East and Hartmann
3. Bed Unit West
4. Bed Unit South

Hartmann

Under the Alternative Concept Plan, the Hartmann site would remain as it currently exists, as an office and clinic building. If redevelopment were to occur, it would not exceed the proposed 40 foot M/O height limit.

See Figure 19, Alternative Campus-Only Building and Facilities.
**ALTERNATIVE BUILDING ELEVATIONS**

**Hospital Campus**

The proposed tall buildings would be consolidated southwest of the center of the site over the existing hospital. It is here that the main diagnostic and treatment facilities would be supplemented with new facilities over time. The tallest buildings would be located at the center of the hospital and at the lowest portion of the site, set back 40 feet from the western property line. The rest of the building elevations would be set back from streets and screened with dense evergreen plantings. All of the previously approved setbacks recorded in the existing Major Institution Master Plan would be maintained.

In the Alternative Concept Plan, all 2.4 million gsf of the proposed program would be built on the hospital campus. More building area and taller buildings are proposed in the Alternative Concept plan than in the Proposed Concept Plan – which would dedicate 170,000 gsf of program area to the Hartmann site. All of the taller buildings proposed in the Alternative Concept Plan would have a mechanical penthouse top of El. 306'. The exception would be the Bed Unit #2, where an additional floor raises the top of the mechanical penthouse to El. 321'. The buildings east of the western property line would be below the 240' MIO and set back from the property boundary as they step up the hill. See the north and south elevations in Figure 20, Alternative Building Elevations. The top of the proposed lower building areas would be El. 171', as in the Proposed Concept Plan.

**North Elevation**

A new North Garage is planned between 44th Avenue NE and the existing Giraffe Garage. The existing Giraffe Garage would be redeveloped. Both of these garages would be approximately five levels tall. The Central Utility Plant (CUP) is planned to flank the North and Giraffe garages along NE 50th Street. The plantings along this frontage, in the 20 foot setback, would be maintained to minimize views of the proposed structures from NE 50th Street. A new access drive would separate the new North Garage from the street right-of-way by up to 50 feet.

**West Elevation**

The buildings along the west elevation would be set back 40 feet from the west property line. At the north end of the elevation, the new Giraffe Garage would be obscured with new evergreen plantings. The south end of the elevation would be screened by the existing tall poplar trees between the fire access way and Laurelon Terrace. The middle area of the west elevation would be where the tallest buildings would be located, atop a continuous ancillary building base. The narrow ends of the bed unit buildings would be located along this frontage, to lessen the bulk and mass of the tall buildings along this frontage with Laurelon Terrace.

**South Elevation**

The buildings along the south elevation would be set back 75 feet, maintaining the view corridor along the length of this property edge, as approved in the existing Major Institution Master Plan. The Whale Garage is proposed to remain at its current height. Only the C Wing and the Train Zone redevelopment would be raised to 90 feet along this edge of the hospital. The existing evergreen vertical plantings would remain to block views of the immediate building frontage.

**East Elevation**

The east elevation would have two edges. One edge is along 44th Avenue NE to the north and the other is along 45th Avenue NE to the south. The 45th Avenue NE frontage would have dense evergreen plants, trimmed over the years to provide filtered views over their tops from homes on the east side of the street. The top of the Whale Garage is approximately 20 feet below 45th Avenue NE. The Melinda French Gates Ambulatory Care Building is set back more than 185 feet to the west of 45th Avenue NE. The nearest bed unit would be set back more than 185 feet to the west.

On 44th Avenue NE frontage, the new North Garage would be set back 40 feet from the 44th Avenue NE right-of-way. The existing planted screens would remain to block views of the new North Garage.

The proposed building elevations for the Alternative Concept Plan are shown in Figure 20.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

ALTERNATIVE BUILDING ELEVATIONS

Figure 20
TRANSPORTATION SYSTEM

EXISTING TRANSPORTATION SYSTEM

This section describes vehicular transportation associated with Children's. Pedestrian and other non-motorized transportation are described in a separate section of this submittal.

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 34 percent of affected day shift staff drive alone to work. Children's offers a variety of transportation tools to serve diverse transportation needs. These tools include a fully subsidized FlexPass program, on-site Flexcars, carpool and vanpool formation, priority HOV parking, Guaranteed Ride Home, bicycle parking and shower/locker facilities, parking charges, and commute bonus incentives for alternative commuters.

The physical limitations of the roadway and surrounding street systems on campus have been balanced by shifting employees from remote parking sites. This has reduced vehicle congestion on campus and the surrounding streets. However, congestion at the intersection of Penny Drive and Sand Point Way NE is apparent during the peak afternoon shift change between 2:00 and 4:00 pm. Traffic backs up Penny Drive and Sand Point Way NE in both directions. Along Penny Drive, there are many conflicts between pedestrians and vehicles. Children's manages this by enforcing speed limits, directing traffic, and providing valet parking.

Hospital Campus

Access

Sand Point Way NE is the primary arterial serving Children's. The hospital campus entry is at the signalized intersection of Sand Point Way NE and Penny Drive. Most vehicle trips related to hospital operations use this access point to Penny Drive.

The second access point to the campus is a driveway from NE 45th Street near the southeast corner of the campus. At this access point, internal service vehicles can enter the Whale Garage via a secured gate. In addition, an apron at this location allows Metro buses to layover on Children's property. This entrance also provides access to a fire lane on the south side of the Melinda French Gates Ambulatory Care Building.

Traffic

Penny Drive distributes vehicles to all parking areas, entry points, and loading docks. The roadway has two through lanes with a two-way center turn lane and 10-mph speed limit. At-grade crosswalks are located along Penny Drive, connecting the parking and campus facilities areas to the north with the primary hospital areas to the south.

Parking

Children's currently provides 1,462 parking spaces on campus.

The existing Giraffe Garage provides parking for patients, visitors, staff, and physicians. The garage has four levels, which are not currently interconnected with ramps between floors; direct access to each level is via separate garage entrances off Penny Drive. The Giraffe Garage is located on Penny Drive across from the hospital.

The existing three-level Whale Garage serves the main entrance of the Melinda French Gates Ambulatory Care Building and provides the ADA-accessible parking for the campus. Automobile access to the Whale Garage is primarily from Penny Drive, although a secured service access is located off NE 45th Street.

Ninety-six surface parking spaces provide parking for the Emergency Department, patient motor homes, and other visitors. The number of surface parking lots has been reduced slightly due to interim modular office units and landscape maintenance operations.

Shuttles

Shuttles provide access to Children's off-campus parking as well as off-campus work locations, operating from 5:30 am to 9:00 pm Monday through Friday. During peak commuting hours, two shuttles serve each lot; during off-peak commuting hours, a single shuttle serves each lot. On-campus, the Children's shuttle drops off shuttle riders adjacent to the Giraffe Entrance.

Weekday shuttle service to off-campus locations accommodates inter-facility transportation while reducing traffic and parking congestion from staff, physician, and patient trips. Two shuttles run between the Hospital Campus and Children's Met Park West site in downtown Seattle. The Seattle Cancer Care Alliance (SCCA) shuttle runs every 40 minutes to the University of Washington where it connects to service to the SCCA.

Transit

The hospital campus is served by Metro Transit routes #25 and #75. Both routes will be enhanced in Fall 2007 in an effort to reduce single occupant vehicle use to the hospital. The #75 serves the main entrance of the campus on Sand Point Way NE. Sheltersed bus stops are located in both the northbound and southbound directions, and an ADA-accessible ramp system provides access from Sand Point Way NE to the Giraffe Entrance.

The #25 serves the secondary access point of the campus, along NE 45th Street. A single, sheltered bus stop on Children's property serves both incoming and outgoing trips. A covered, ADA-accessible walkway through the Whale Garage provides access to the Whale Entrance.

Deliveries and Service Traffic

Most deliveries are handled at two separate loading docks, one for general receiving and one specifically for food deliveries. Neither loading dock is configured to allow larger trucks to turn around, therefore most delivery and service vehicles must back in from Penny Drive.

Off-Campus

Access

Access to the hospital campus is via the signalized intersection of Sand Point Way NE and Penny Drive. It is served by left turn lanes without dedicated signal phases for left turns from any approach. The next nearest signalized intersection is located to the south, at Sand Point Way NE and NE 45th Street. Other important intersections providing neighborhood accessibility to Sand Point Way NE are not signalized, including 40th Avenue NE and NE 50th Street.

Children’s leases additional off-campus spaces northeast of the hospital on Sand Point Way NE, including 375 spaces at Warren G. Magnuson Park, 100 spaces at the Center for Spiritual Living, and 150 spaces at the National Archives & Records Repository site.

Hartmann

The Hartmann building is located on Sand Point Way NE, south of the main Penny Drive campus access, near 40th Avenue NE. Traffic flows one way from an entrance at the north end of the property (opposite 40th Avenue NE) to an exit at the south end of the property. Neither access point is signalized. A two-way center turn lane facilitates traffic to and from Sand Point Way NE. Eighty parking spaces are provided for patients, staff, and physicians in a surface lot.

While the Hartmann building is bounded on the north by the Burke-Gilman Trail, there is currently no direct access from the trail to the Hartmann property.

Metro Transit route #75 serves the Hartmann building via Sand Point Way NE. An unserved southbound bus stop is located directly in front of the building. In the northbound direction, an unserved bus stop is located across Sand Point Way NE. Pedestrian access from the northbound bus stop to the Hartmann building is via an unsignalized striped crosswalk that traverses five lanes of vehicle traffic in a 35-mph zone. See Figure 21, Existing Transportation and Parking.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

LEGEND

- Property Line
- Campus Grounds
- Buildings and Parking Garage
- Roadways and Surface Parking
- Bus Stop
- Parking Entry
- Crosswalk

Figure 21

EXISTING TRANSPORTATION AND PARKING

CONCEPT PLAN for Children's Hospital and Regional Medical Center
PROPOSED CONCEPT PLAN TRANSPORTATION AND PARKING

Transportation Management Program
Children’s will continue to build upon its award winning CTR and TMP programs. Children’s will work with local and regional partners, such as Community Transit, Metro, Sound Transit, and Seattle Department of Transportation, to collaborate in reducing single-occupancy vehicle commute trips in the area and maintain and enhance its role as a leader in institutional transportation demand management in the Pacific Northwest.

Hospital Campus
In the Proposed and Alternative Concept Plans, two more entry access points are proposed. These are needed to distribute peak period traffic movements from campus on to streets fronting the hospital campus. This affords improved efficiency and utilization of existing and proposed signals along Sand Point Way NE.

Working with Seattle Department of Transportation, additional signals are being planned along Sand Point Way NE. In combination with campus access points along NE 45th Avenue and NE 50th Street, traffic on campus would be distributed to new signals at 40th Avenue NE and NE 50th Street and Sand Point Way NE. These new signals would be intended to distribute peak demands from Children’s while also enhancing accessibility to Sand Point Way NE from neighborhood streets at NE 50th Street and 40th Avenue NE, for both autos and pedestrians.

Access
Access to the site would increase from two to three access points. The current entrance at Sand Point Way NE and Penny Drive would continue to serve as the main entrance for patients, visitors, physicians, deliveries, and service vehicles. A new expanded entrance to the campus is envisioned for NE 50th Street. This new access point, as well as the existing access point on NE 45th Street, could be used as secondary entrances, especially during peak hours.

Traffic
Two new on-campus driveways would connect the garages to Penny Drive and the surrounding street system via the current and proposed access points. These new driveways would be on the east side of the proposed North Garage and on the east side of the Whale Garage. Signage and wayfinding would be used to direct traffic during peak and off-peak periods to manage traffic flow on campus and the surrounding street system.

Pedestrian crossings of Penny Drive would be consolidated to three ADA-accessible crossings between the parking garages and plaza entrances for Inpatient, Emergency, and Outpatient services.

PARKING

A new 1,292 space parking garage would be built on the northeast corner of the property, which would increase the overall on-campus parking supply to approximately 3,000 spaces. The parking levels in the proposed garage would align with floors of the current Giraffe Garage, which would be connected by an internal ramp and circulation system. Off-campus parking would continue to be used as a means of minimizing localized traffic impacts. Ultimately, the existing Giraffe Garage would be redeveloped from a 729 space garage to a 1,100 space garage.

Shuttles, Deliveries, and Service
The existing Giraffe Entrance would be converted to a loading dock and off-campus shuttle arrival area. It would use the existing access driveway from Penny Drive.

Off-Campus
Traffic
As part of the ongoing campus master planning effort, a number of local traffic improvements have been identified which would facilitate campus access, and, in many cases, contribute to improved neighborhood accessibility to Sand Point Way NE. These improvements include, but may not be limited to:

- Sand Point Way NE/Penny Drive. Realign the Penny Drive intersection with Sand Point Way NE to the north and add left turn traffic signal phasing to enhance the safety of turns to and from the hospital campus.
- Sand Point Way NE/NE 50th Street. Signalize the intersection to enhance vehicular and pedestrian accessibility to Sand Point Way NE and the Burke-Gilman Trail, while assuring that the additional garage entrance proposed to NE 50th Street is served by adequate capacity for entering Sand Point Way NE.
- Sand Point Way NE/40th Avenue NE. Signalize the intersection to enhance vehicle and pedestrian ability to cross Sand Point Way NE, while also assuring adequate access capacity to Sand Point Way NE from the proposed Hartmann site development.

The specific configuration of these improvements will be subject to further study and ultimately review and approval of the Seattle Department of Transportation (SDOT). In addition, it is recognized that the required traffic studies to be completed as part of the Master Plan EIS may reveal additional transportation improvements that would reduce or eliminate the effect of added traffic, either from development at Children’s or other local traffic growth.

Hartmann
The two existing driveways would be redeveloped at the Hartmann building. The northeastern access would be incorporated into the proposed signalized intersection at 40th Avenue NE and Sand Point Way NE, as described above. The southwestern vehicle access could be maintained as an unsignalized access point. An underground parking garage covered with a ground-level plaza entrance would be built on the Hartmann site.

See Figure 22, Proposed Transportation and Parking.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

PROPOSED TRANSPORTATION AND PARKING

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garage
- Lower Buildings and Parking Garages
- Taller Buildings
- Covered Walkway
- Roadways
- Bus Stop
- Parking and Secondary Access Points
- Existing Crosswalks
- Proposed Crosswalks
ALTERNATIVE CONCEPT PLAN TRANSPORTATION AND PARKING

The following describes those aspects of the Alternative Concept Plan that can be distinguished from the Proposed Concept Plan.

Hospital Campus
All of the transportation improvements described above for the Proposed Concept Plan would be proposed for the Alternative Concept Plan.

Off-Campus
All of the off-campus transportation improvements described above for the Proposed Concept Plan would be proposed for the Alternative Concept Plan.

Hartmann
The Hartmann site would not be redeveloped as a part of the Alternative Concept Plan. No additional parking would be created. Nevertheless, the signalization of the 40th Avenue NE intersection would still be proposed to improve vehicular, bicycle, and pedestrian safety and access.

See Figure 23, Alternative Transportation and Parking.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

ALTERNATIVE TRANSPORTATION AND PARKING

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garage
- Lower Buildings and Parking Garages
- Taller Buildings
- Covered Walkways
- Roadways
- Bus Stops
- Parking and Secondary Access Points
- Existing Crosswalks
- Proposed Crosswalks

Figure 23

Property Line
Campus Grounds
Existing Buildings and Parking Garage
Lower Buildings and Parking Garages
Taller Buildings
Covered Walkways
Roadways
Bus Stops
Parking and Secondary Access Points
Existing Crosswalks
Proposed Crosswalks

CONCEPT PLAN for Children's Hospital and Regional Medical Center
Non-motorized connections

Existing non-motorized connections

Hospital campus

Pedestrian, vehicle, and bike traffic access and movements are confined to Penny Drive on campus. Due to the steep slope along the length of Penny Drive, the cross slopes along pedestrian crosswalks are typically not ADA compliant, exceeding 2 percent. There is only one ADA pedestrian connection between a public street and a designated building entry. This is located along the west side of Penny Drive starting at Sand Point Way NE.

There is one direct designated pedestrian crossing of the campus. This is located on the west side of the campus. It connects NE 45th Street to Sand Point Way NE. Campus pedestrian access points along the eastern perimeter generally do not follow designated pathways to Penny Drive or a main building entry.

Access

Access through the hospital between the Giraffe Entrance and the Whale Entrance is difficult to navigate due to the organization of incremental improvements to the campus.

The primary pedestrian entrance is from Sand Point Way NE. A ramp provides an ADA-accessible route from Sand Point Way NE to the Giraffe Entrance for pedestrians. Sidewalks line Penny Drive leading to the rest of the campus, which slopes from the northwest to the southeast, sometimes approaching a 12 percent grade. These sidewalks are intersected by several drives into parking areas, entrances, and loading docks. Six separate crosswalks cross Penny Drive, and those west of the Airplane entrance have cross slopes greater than 2 percent, the limit for ADA compliance.

There are three pedestrian access points off NE 45th Street. The primary pedestrian access point is at the bus stop and layover area, and it provides access to the Whale Entrance, Sculpture Garden, and a courtyard. Another is via a secured gate into the outdoor play area. The third leads along the west side of the campus to a stairwell to the Giraffe Entrance.

Bicycle access

The primary bicycle entrance is from Sand Point Way NE via Penny Drive. Bicyclists can access covered, secured bicycle parking in each level of the Giraffe Garage or open bicycle racks at the Giraffe Entrance and Whale Entrance. Bicycles also access the campus via a secured gate on NE 45th Street, behind which is a long-term bicycle storage area.

Off-campus

There are no sidewalks on the west side of Sand Point Way NE between NE 50th Street and 40th Avenue NE, or on the east side between NE 50th Street and 47th Avenue NE. There are also no sidewalks in either direction along NE 50th Street between 41st Avenue NE and 40th Avenue NE.

The Burke-Gilman Trail is located two blocks west of Children's campus. Because Sand Point Way NE has limited signalized crosswalks and sidewalks are absent in some sections, it can be difficult to safely access the Burke-Gilman Trail from Children's and the surrounding Laurelhurst neighborhood.

Hartmann

The Hartmann site is accessible to pedestrians via stairs from Sand Point Way NE. The ADA-accessible entrance to the building is from a drop-off area located in the parking lot on the northwest side of the building. Currently there is no connection between the Burke-Gilman Trail and the Hartmann building.

See Figure 24, Existing Non-Motorized Connections.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

EXISTING NON-MOTORIZED CONNECTIONS

Property Line
Campus Grounds
Buildings and Parking Garage
Roadways and Surface Parking
Pedestrian Circulation
Bicycle Path
Bicycle Parking
Pedestrian Entry
Bus Stop
Crosswalk
PROPOSED CONCEPT PLAN NON-MOTORIZED CONNECTIONS

Hospital Campus
As street improvements are constructed to manage vehicle circulation, the network of pedestrian and bike pathways can be extended to link neighborhood and transportation facilities over time. The proposed intersections along Sand Point Way NE at 40th Avenue NE and NE 50th Street would add two more controlled crossings, making Sand Point Way NE easier to traverse at more locations. This would therefore enhance the connection shared by Children’s and the neighborhood to the Burke-Gilman Trail.

Pedestrian access between the proposed North Garage and hospital would be consolidated at two locations, one at the new Emergency Department and one at the new Inpatient entry. ADA compliant crossings of Penny Drive would be made at these locations. The pedestrian movements at these crossings would be safer as there would be fewer crossings that would be better coordinated with planned vehicle movements. Elevated walkways and tunnels may also be developed.

Additional vehicle access and egress locations on campus would allow vehicles to be distributed more evenly on and around the campus, reducing congestion and vehicle conflicts with pedestrians, bikes, and pedestrian access to transit service. The proposed new driveways would be located at NE 50th Street and NE 45th Street. The intent would be to use them during peak operational periods.

More frequent pedestrian crossings of campus would be encouraged. This would be supplemented by more designated pedestrian entry points with closed circuit television surveillance. The design of these facilities would include wayfinding signage. Design of pedestrian and greenspace areas on campus would include accepted national standards for public safety such as Crime Prevention Through Environmental Design (CPTED).

Off-Campus
The proposed intersections along Sand Point Way NE at 40th Avenue NE and NE 50th Street would add two more signalized crossings, making Sand Point Way NE easier to cross at more locations. This would improve connections to the Burke-Gilman Trail and surrounding neighborhoods.

Sidewalks would be located along the north side of Sand Point Way NE between 40th Avenue NE and NE 50th Street, and along the south side of Sand Point Way NE between NE 50th Street and 47th Avenue NE.

Hartmann
An ADA-accessible pedestrian entrance would be located on the east end of the site along Sand Point Way NE. Covered, secured bicycle parking would be located in the proposed parking garage. The proposed building would include lockers and shower facilities. The proposed ground level plaza and garden entrances would be connected to the Burke-Gilman Trail via a stairway and ADA-accessible ramp. This would provide a direct bicycle and pedestrian connection between Sand Point Way NE and the Burke-Gilman Trail via the proposed signalized intersection at 40th Avenue NE.

See Figure 25, Proposed Non-Motorized Connections.
ALTERNATIVE CONCEPT PLAN NON-MOTORIZED CONNECTIONS

Hospital Campus
All of the improvements in the Proposed Concept Plan would be developed for the Alternative Concept Plan within the hospital campus.

Off-Campus
The proposed intersections along Sand Point Way NE at 40th Avenue NE and NE 50th Street would add two more signalized crossings, making Sand Point Way NE easier to cross at more locations. This would improve connections to the Burke-Gilman Trail and surrounding neighborhoods.

Sidewalks would be located along the north side of Sand Point Way NE between 40th Avenue NE and NE 50th Street, and along the south side of Sand Point Way NE between NE 50th Street and 47th Avenue NE.

Hartmann
The Hartmann site would not be redeveloped as part of the Alternative Concept Plan. However, the proposed connection between the Burke-Gilman Trail and the Hartmann site would still be desired.

See Figure 26, Alternative Non-Motorized Connections.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

ALTERNATIVE NON-MOTORIZED CONNECTIONS

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garages
- Lower Buildings and Parking Garages
- Taller Buildings
- Roadways
- Pedestrian Circulation
- Bicycle Route
- Bicycle Parking
- Pedestrian Entry
- Bus Stop
- Existing Crosswalks
- Proposed Crosswalks

Figure 26
OPEN SPACE
EXISTING OPEN SPACE

Hospital Campus
A mission of Children's is to maintain the landscape as a garden around the campus to help children heal while providing spaces for visitors, caregivers, and neighbors. Children's commitment is to use landscaping in a manner that is visually beneficial both to the neighborhood and to the hospital staff, patients, and visitors. This commitment is demonstrated by the diverse and botanically rich plantings both on the perimeter and in internal gardens on the campus.

Children's open space system includes plazas, roof gardens, gardens, play areas, and roadways. Plazas are located at the front of each building entry. Building entries for patients, materials arrivals, or staff have a character that is appropriate to the use. The main entry plazas for inpatient arrivals are the Giraffe Entrance of the Janet Sinegal Patient Care Building and the Whale Entrance of Melinda French Gates Ambulatory Care Building from the Whale Garage. Currently, the Emergency Department is a primary entry that is set back from Penny Drive and not readily visible.

Gardens
There are over 2,000 different plant varieties within the gardens on campus. There are many horticultural tours requested from schools and universities across Puget Sound.

Courtyards such as that built between the Whale Garage and the Melinda French Gates Ambulatory Care Building at the fourth floor provide an enclosed garden.

Garden edges provide vertical plantings to buffer the neighbors from the building facilities around the entire campus.

Roof gardens are provided on top of the Whale Garage -- as a part of the Melinda French Gates Ambulatory Care Building entry plaza -- with raised planters and garden ornaments. Another rooftop garden is provided on the first floor of the Janet Sinegal Patient Care Building (Giraffe Zone), an outdoor space adjacent to retail and public areas of the hospital.

A Sculpture Garden is located along the south face of the Melinda French Gates Ambulatory Care Building.

Pocket gardens are located throughout the campus where land can be made into terraces, providing places for patients, visitors, caregivers, and neighbors to congregate and be restored.

Play Areas
Children's has two outdoor play areas on campus available to patients. The primary play area is located on the southwest corner of the campus at El. 118'.

Roadways
Penny Drive is a roadway that is flanked by foundation plantings and other pocket gardens. The plantings serve a dual purpose for vehicles and pedestrians in defining the roadway edge and providing a refuge from traffic for pedestrians.

Hartmann
The Hartmann building is developed at the base of the Burke-Gilman Trail. The slope leading up to the trail has been developed as a green space with canopy and understory plantings. Due to the slope, it is unusable as a garden space.

See Figure 27, Existing Open Space.
PROPOSED CONCEPT PLAN OPEN SPACE

Hospital Campus

The new open space plan would be designed to connect garden spaces to the surrounding neighborhood and other green spaces. With incremental transportation improvements and connections across Sand Point Way NE, neighborhood green spaces would be connected to and through the Hospital Campus. These areas will be designed with both aesthetics and safety in mind.

Children's will continue its mission to maintain the landscape as a garden around the campus to help children heal, to benefit the neighborhood and sustain the ecosystem. As facilities are added, the plazas, roof gardens, gardens, play areas, and roadways will be landscaped in a manner similar to what exists today. Two new plazas would be developed at the Emergency Department and for inpatient arrivals. Both are envisioned to provide for arrivals and connections between the nearby parking garages across Penny Drive. Smaller pocket gardens, fountains, and stormwater-related facilities are planned in conjunction with horizontal clearances for pedestrian, vehicles, and bike circulation. The existing outpatient plaza on top of the Whale Garage would remain.

Gardens

Many varieties of gardens are proposed for the campus. One plan is for courtyards, such as that built between the Whale Garage and the Melinda French Gates Ambulatory Care Building, to be expanded between the east face of expanding hospital facilities and the eastern access roadways.

Garden edges would provide vertical plantings to reduce the visibility of building facilities from nearby neighbors. The primary access point to the campus would continue to be located along Sand Point Way NE. In certain areas it may be beneficial to open views into campus. This is particularly true where vehicle, bike, and pedestrian access points occur around the perimeter of the campus. Each could be shaped to provide screening or a usable landscape that can be shared between the neighborhood and hospital visitors and caregivers. These locations would be discussed with the adjacent neighbors. The garden edges would be developed when a shared idea about the space is achieved.

Roof gardens would be provided on top of the Whale Garage – as a part of the Melinda French Gates Ambulatory Care Building entry plaza – these types of gardens are planned for the new rooftop areas between bed units. Some may be publicly accessible to the neighborhood while others may have a specific use for health therapy.

A Sculpture Garden is currently located along the south face of the Melinda French Gates Ambulatory Care Building. This garden would remain and be incorporated into the utility access drive on the south side of the campus along NE 45th Street.

Pocket gardens are planned throughout the campus where land can be made level in terraces, providing places for patients, visitors, caregivers, and neighbors to congregate and be restored.

Play Areas

Children's play areas would be developed over time on campus and be more dispersed. The existing children's play areas would be moved to a rooftop garden location and other surface locations on campus.

Roadways

Penny Drive would be bordered by plantings or other pocket gardens. Penny Drive and other on-campus roadways and pathways serve a dual purpose for vehicle and pedestrian circulation. They are intended to connect gardens on campus and to also be desirable places.

Hartmann

A plaza and garden would be located above the proposed underground parking structure. The garden would provide a connection between the Burke-Gilman Trail to the entry plaza of the building. Due to its elevation below the trail and between the buildings, the garden and plaza would have the enclosure of a courtyard.

See Figure 28, Proposed Open Space.
ALTERNATIVE CONCEPT PLAN OPEN SPACE

Hospital Campus
The open space improvements described above for the Proposed Concept Plan would be the same proposed for the Alternative Concept Plan.

Hartmann
Because the Hartmann property would not be redeveloped in this alternative, the existing condition would remain.

See Figure 29, Alternative Open Space.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

ALTERNATIVE OPEN SPACE

LEGEND

- Property Line
- Campus Grounds
- Existing Buildings and Parking Garages
- Lower Buildings and Parking Garages
- Taller Buildings
- Roadways and Surface Parking
- Gardens

- Vertical Plantings
- Roof Gardens
- Eco-Roof Opportunities
- Sculpture Gardens
- Pocket Gardens
- Plazas
- Courtyards
- Nurseries

Figure 29
Environmental Stewardship is making choices in daily lives, work places, and the community that are good for the environment and for overall quality of life. The responsibility for environment is shared by all those whose actions contribute to the degradation of natural resources and ecosystems. Children's is committed to the efficient use of natural resources and the protection of ecosystems at its facilities. These include protection of ground and surface water, air quality, noise, and light pollution. It also includes designing a facility which can reduce heat buildup on absorptive materials. By providing shade through use of plants and mechanical devices it is possible to moderate the ambient temperature throughout the year around the campus.

Improvements to pedestrian systems around and on campus, as well as enhanced transportation management techniques, will support Children’s Transportation Management Program to minimize trips to the site with improved access to transit and other modes of transportation.

Hospital Campus
The campus has significant areas of impervious surfaces. The north surface parking lot contains trailers and soil planter beds set on top of the existing parking lot asphalt. The existing roofs are drained into the stormwater system. Both the runoff from the roofs and impervious areas flow into the storm drain and flow directly into Lake Washington. One water-quality facility is located on site on the east side of the Whale Garage.

Large amounts of plantings shade some of the impervious areas and contribute to cooler areas on the campus.

Vertical plantings on the perimeter of the campus are located to minimize views of the buildings and the light leaking off of the site into the surrounding neighborhood. This screen shields the hospital and therefore may minimize the association of noise in the neighborhood with the hospital’s operations.

Due to the incremental growth of the campus over time, the intakes and exhausts for the buildings are spread around the campus. The main exhaust for the existing boilers is located to the east and south of the Giraffe Zone.

Hartmann
Most of the Hartmann site is impervious. Due to the age of the facilities, it does not have water-quality facilities.

See Figure 30, Existing Environmental Stewardship.
The amount of impervious area would be offset through the construction and use of eco-roofs and roof gardens. These facilities can collect and retain rainwater, and either allow it to evaporate or use it for irrigation. This would minimize the amount of stormwater flowing off the roofs and into the stormwater system.

Large amounts of plantings on the roof and over roadways would be used to shade absorptive surfaces. This would reduce the amount of heat absorbed and radiated on campus and into the surrounding neighborhood, and would contribute to reduced ambient temperatures.

Due to the slope of the campus, there are opportunities to treat surface runoff in surface conveyance and cleaning systems. These would be integrated into the pocket gardens, plazas, and roadways on campus, with the stormwater treatment facilities developed as public amenities. Planters hung on the building face can be designed to treat stormwater, vertically from the roof to the ground, as a “Green Wall.”

Vertical plantings on the perimeter of the campus would continue to be located to minimize views of the buildings and the light leaking off of the site into the surrounding neighborhood. The architecture of the buildings would be designed to minimize light leakage. With the proposed installation of a new Central Utility Plant, state-of-the-art low-noise, low-emission, and low-energy use equipment would be incorporated. The new equipment would reduce impacts of old technology.

As new buildings are developed, intakes and exhausts would be located to minimize the intake of unhealthy air and the proper mixing of exhaust. It is desirable for both the neighborhood and the hospital for exhaust stacks to be remote from the public spaces. LEED® Green Guide for Healthcare would be considered in the design and operation of facilities.

The proposed plaza and garden would serve as a connection to the Burke-Gilman Trail and provide increased access to biking and pedestrian connections. This increased access would provide an incentive to use alternatives to single-occupant vehicles. The proposed garden would also provide additional filtering of stormwater. The proposed building would be built to a LEED® rating standard, in order to minimize energy usage and promote healthy interior and exterior environments.

See Figure 31, Proposed Environmental Stewardship.
CONCEPT PLAN for Children's Hospital and Regional Medical Center

PROPOSED ENVIRONMENTAL STEWARDSHIP

LEGEND

- Property Line
- Campus Grounds
- Exhausst
- Impervious Area
- Roadways and Surface Parking
- Existing Buildings and Parking Garages
- Lower Buildings and Parking Garages
- Taller Buildings

Pervious Area

- Gardens
- Vertical Plantings
- Roof Gardens
- Eco-Roof Opportunities
- Green Walls
- Surface Conveyance
- Stormwater Treatment

Figure 31
ALTERNATIVE CONCEPT PLAN ENVIRONMENTAL STEWARDSHIP

Hospital Campus

The environmental stewardship plan described above for the Proposed Concept Plan would be the same used for the Alternative Concept Plan.

Hartmann

Because the Hartmann property would not be redeveloped in this alternative, the existing condition will remain.

See Figure 32, Alternative Environmental Stewardship.
CONCEPT PLAN for Children’s Hospital and Regional Medical Center

LEGEND

- Property Line
- Campus Grounds
- Exahusts
- Impervious Area
- Roadways and Surface Parking
- Existing Buildings and Parking Garages
- Lower Buildings and Parking Garages
- Taller Buildings

Pervious Area
- Gardens
- Vertical Plantings
- Roof Gardens
- Eco-Roof Opportunities
- Green Walls

Surface Conveyance
- Stormwater Treatment