



## **CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER MAJOR INSTITUTIONS CITIZENS ADVISORY COMMITTEE**

### **DRAFT MEETING NOTES**

#### **Meeting #4**

**Tuesday, November 13, 2007**

Talaris Conference Center  
Cedar Room  
4000 NE 41<sup>st</sup> Street  
Seattle, WA 98105

Children's Hospital and  
Regional Medical Center  
Major Institutions  
Citizens Advisory  
Committee

#### **Members**

Cheryl Kitchin  
Delores Prichard  
Myriam Muller  
Kim O Dales  
Kathleen Sabo  
Doug Hanafin  
Catherine Hennings  
Dr. Gina Trask  
Karen Wolf  
Michael S Omura  
Wendy Paul  
Yvette Moy  
Robert Rosencrantz  
Bob Lucas  
Cathy Higgins

#### **Alternates**

Theresa Doherty  
Shelley Hartnett  
Christine Barrett

#### **Ex-Officio Members**

Steve Sheppard – DON  
Scott Ringgold – DPD  
Ruth Benfield – CHRMC

#### **Members/Alternates Present**

Cheryl Kitchin	Myriam Muller	Christine Barrett
Dr. Gina Trask	Karen Wolf	Michael S Omura
Wendy Paul	Yvette Moy	Robert Rosencrantz
Bob Lucas	Cathy Higgins	Kim O Dales
Kathleen Sabo	Shelley Hartnett	Delores Prichard
Doug Hanafin		

#### **Members Absent (Excused)**

Catherine Hennings      Theresa Doherty

#### **Members Absent (Unexcused)**

#### **Ex Officio Members Present**

Steve Sheppard – DON                      Scott Ringgold - DPD                      Ruth Benfield - CHRMC

#### **Others Present (Staff and Guests)**

See Attendance Sheets in formal CAC files at DON

#### **I.      Welcome and Introductions**

The meeting was opened at 6:03PM by Karen Wolf, CAC, Chairperson. Ms. Wolf noted that this was the fourth formal Committee meeting since the CAC was appointed by City of Seattle. She noted that the public comments would be taken both at the beginning and conclusion of the meeting.

Introductions of Committee Members followed.

#### **II.      Initial Public Comments**

**Comments of Josh Scripsima** – Mr. Scripsima stated that he is opposed to the expansion of Children's and believes the community would be better served by an alternative development plan at a different site. He also stated that the impact of development at the Hartmann site has been overlooked. This one storey building has no in-patient work and the proposed development plan shows it as having eight stories; he said this would be an 800% increase in square footage. He noted that this building is disconnected from



campus and he wondered what it would be used for. He stated that he emailed his questions to DPD but had received no response.

**Comments of Steve Ross** – Mr. Ross stated that he is a Laurelhurst resident and parent of two children. He stated that he is grateful that Children's hospital is located nearby and he can get quick access if necessary. He noted that his friend from Ketchikan has had both of his children flown to Children's Hospital. He said the size of the proposed structures and the impact on traffic flows should not be so critical when the discussion is about our children's' health.

**Comments of Phil Fuji** – Mr. Fuji stated that he is a neighborhood resident and thanked the Citizen's Advisory Committee (CAC) members for their service. He said his friend's child had a brain tumor and was treated at Children's Hospital. He encouraged the CAC to filter out any extreme ideas and look at options that will minimize impact on the neighborhood. He suggested the CAC minimize the public comment period so they will have time to do their work. He noted that some neighbors are in favor of the expansion, especially if the issues related to the additional driveway on 45<sup>th</sup> are addressed.

**Comments of Carol Eychaner** – Ms. Eychaner stated that the Laurelhurst Community Club's alternative plans did include options for the Hartmann site. They also presented options for development that did not expand the boundaries and also rezoned the site to NC 2 with a 40' height limit.

**Comments of Michael Pearlman** – Mr. Pearlman stated that the neighbors are trying to be constructive in their comments. He asked if people in Snohomish County or those on the Eastside don't also need the medical services provided by Children's. He added that the cost of building on the existing campus is significantly higher than building on a new site. He suggested that during their walking tour the CAC members imagine what it would be like to live and work near this major construction site.

**Comments of Dick Leiton** - Mr. Leiton stated that he has lived on 43<sup>rd</sup> Ave for 30 years. He noted that Swedish Hospital has three campuses and that specialized hospitals are a growing trend. He added that only one in four families in Seattle has children.

**Comments of Katie Hemer** - Ms. Hemer stated that she served on the first CAC for Children's and is very concerned that this CAC has allowed Children's to "wine and dine" them with the meal provided for them before the meeting.

### **III. Discussion of Children's Need Calculations**

#### **A. Children's Presentation**

Ruth Benfield, CAC member Ex-officio and Children's Vice President for Psychosocial Services was introduced to lead the presentation on this topic. Ms. Benfield stated that her background is as a pediatric nurse practitioner. She explained that Children's Certificate of Need has changed because an increase in volume and occupancy rates and their unique clinical programs. The patient population at Children's is reflected in the following six categories: those with no chronic conditions, episodic chronic conditions (asthma, cleft palate), life long chronic conditions (type-1 diabetes, chromosomal anomalies) life-long conditions with shortened life expectancy (congenital quadriplegia, spina bifida), and those dependent on technology and metastatic malignancies, such as cancer.

Ruth Benfield stated that if you look at the Regence Blue Shield pediatric population that 90% of the children are non-chronic patients compared to Children's Hospital's patient population where only 30% of the children do not have chronic conditions. Because Children's is a regional center serving children with the most complex diseases 70% of the patient population have chronic life long illnesses. Children are surviving longer and Children's admission of patients with chronic conditions

has increased between 2001 and 2005. Children's treats more chronic and complex cases. Given the success in improving survival these children are now able to live longer but need the support of a specialty hospital. For example, children with cystic fibrosis can now live 40 years, whereas in the past they lived less than 10 years. Patients with craniofacial conditions such as Apert's Syndrome or those with a cleft palate or lip require complex teams of medical professionals from as many as a dozen different specialties. Without being located at one central hospital these teams cannot be efficient. There are only eight cleft lip and palate centers in the Pacific Northwest region and Children's serves 85% of these. She said they work with the other centers to keep these children close to home for treatment when possible.

Neonatology is a common condition at Children's where they provide Level 4 neonatal services for premature babies performing surgeries and EMCO (a blood replacement procedure) and other pediatric specialty treatment to improve their survival.

Regarding square footage per patient needs, Ms. Benfield stated that Children's supports family centered care. Children do better if their family can be with them. This requires more space than an average hospital room for adult patients. She showed a graph with the five year survival rates of Children's hospitals patients for eleven different cancer diagnoses and noted that Children's has a higher rate of survival than the national rate in all but one diagnostic group.

Ms. Benfield then introduced Jody Carona, of Health Facility Planning and Development, and a consultant for Children's Hospital to present data on need projections and the certificate of need process.

Ms. Carona stated that she has completed 450 Certificates of Need in Washington State and has served as an expert witness in judicative proceedings. She stated that the Certificate of Need is a State statutorily-defined process, the purpose of which is to promote, maintain, and assure the health of all citizens in the State. It provides a measure of access to health services, health staffing and health facilities, and helps to avoid unnecessary duplication and controls costs. The Certificate of Need licenses hospital bed capacity, subject to prior review and approval, and this generally takes six to nine months from submittal. There is an opportunity for public comment. To gain approval, the hospital must demonstrate that its proposed project is needed, financially viable, can be operated in conformance with certain quality assurances and contains costs. The application must include a quantifiable demonstration of need, capital costs refined so as to be in within 12% of actual at completion; the project must be commenced within two years of approval or the Certificate of Need is forfeited. Also required are architectural drawings, demonstration of site control and documentation that the proposed site may be used for the proposed project and is appropriately zoned. She said hospitals must provide pro forma financials and a commitment for financing, show their commitment to charity care, and their ability to operate within Medicare/Medicaid requirements and to staff it appropriately.

Ms. Carona reviewed how DOH calculates need for hospital beds. She said there are separate and district methodologies for acute (medical/surgical) and psychiatric beds; both methodologies have been in place since the late 1970s. For acute care, she explained that it establishes 52 geographic planning areas state-wide and estimates future populations. She said it also progresses 10 years of historical data on providers and residents of the planning area ("use rates") into the future.

In 1984, in recognition of its unique position among Washington's hospitals, Children's was placed into a separate planning area, known as the "Children's Hospital Planning Area". She stated that no other hospital has such a large planning area. In addition to the methodology, DOH has the ability to

consider other factors unique to a planning area/provider: midnight occupancy levels, peak capacity, demand for specialized beds/lack of interchangeability among units and "regionalness" of service.

Ms. Carona stated that Children's Hospital experiences fluctuations in peak capacity. The state found that Children's would need 244 beds in 2008 but since then, new information has put this projection of beds at 268 and including psychiatric beds, 388. The State's projection to the year 2026 states Children's Hospital's bed need, including psychiatric beds, at 632 beds.

John Keegan, land use attorney and partner with the law firm Davis Wright Tremaine said he has been involved with Children's Master Plan since the 1980s. He said the State requires that master planning, zoning and land use work be done before the Certificate of Need process starts. Children's doesn't yet have the land use plan necessary in order to do the Master Plan, EIS and MUP for the first bed wing and since the Certificate of Need expires two years after issuance, Children's has not applied for it yet. According to the Major Institutions' Code the CAC does not determine the bed need, but rather balances the need of the Institution and mitigates the impact of any proposed development on the surrounding neighborhood. Also he said the code states that the CAC cannot negotiate the Certificate of Need and should not delay the consideration of the master plan and final recommendation by the City Council. He said the SEPA process is the same and states that "a reasonable alternative would carry out the objectives of the institution but with a lesser environmental impact." He noted there is no need analysis required when a big box store plans an expansion, but DOH does closely scrutinize the bed need for hospitals.

## **B. Committee Questions**

Cheryl Kitchin asked how the planning area of Mary Bridge Children's Hospital in Tacoma relates to Children's. Ms. Carona said it is located in Pierce County and is treated the same as Tacoma General because of its scope and services offered.

Doug Hanafin asked Ruth Benfield if the specialty care groups could be moved off campus as "stand alone" facilities. He asked what would be the implication of this. Ruth Benfield responded that the problem is the amount of resources that would be needed at a stand-alone facility, such as an imaging center or a neurosurgeon that would have to go back and forth to support different patient populations. Even separation from needed facilities by Penny Drive could be significant to a patient's life.

Myriam Muller asked if she could review the data that Children's uses in the Certificate of Need methodology. Ms. Carona said they use 10 years of data and project into the future. She noted that the numbers used are 18% less than if they used updated numbers. She explained that the data is available for purchase on the DOH's website.

A committee member asked if the same data and methodology is used to determine psychiatric bed need. Ruth Benfield responded that psychiatric bed calculations are different and more complicated.

Kim Dales asked how many of the patients at Children's are not Washington State residents. She noted that since it is a regional hospital, it will likely need to expand even more in the future. Ms. Carona said the out-of-state patient numbers are held flat in the projection.

Doug Hanafin asked if the "uncompensated care" provided by Children's is unique to this hospital and if so, might it be a magnet for additional patients who can't go to a hospital closer to home for financial reasons. Ruth Benfield responded that she did not believe Children's is a "magnet" purely for financial reasons, as opposed to unique expertise. However, we do provide a higher percentage of uncompensated care than any other hospital.

Michael Omura stated that contrary to the statement by Mr. Keegan, he thought the CAC could question the Institution's stated "need". Mr. Sheppard reiterated that per Code the CAC may not negotiate the Certificate of Need issued to the Institution. The CAC is charged with weighing each development proposal's impact on the surrounding neighborhood.

Doug Hanafin asked what Children's contingency plan is if their application for a Certificate of Need is not approved and they have to build a smaller facility. Ruth Benfield said she assumes that Children's will find a way to meet their needs and still be a good neighbor.

Christine Barrett asked why they plan 20 years out instead of only ten. Ms. Carona said the DOH projects the "need" through the life of the asset in order to minimize costs.

Cheryl Kitchin asserted that the growth projection is more than 20 years and this site is too small for what the regional population will be in 50 years. Ruth Benfield stated that although there will be growth, they do not know what healthcare delivery will be like in the futures and cannot plan that far in the future.

Robert Rosencrantz asked about debt servicing on capital costs of construction and the life of the asset. Ms. Carona said they are looking at GAP and other financial ratios. The state requires that they do an analysis to ensure the hospital has capacity for the next 20 years.

Bob Lucas asked if Congress's recent action against funding for children's health care would have any affect on Children's Hospital. Ruth Benfield said that Children's mission is to provide care regardless of a patient's ability to pay. She said they spend \$42 million in 2006 in under and uncompensated care. In the one hundred year history of the hospital the hospital has been able to continue that mission regardless of past economic depressions.

Ms. Muller asked if they can have stand-alone clinics off site. Ruth Benfield said they have already done so. The Bellevue clinic is one example.

#### **IV. Discussion of the Relationship of the Evaluation of Impacts in the EIS to CAC Options to Recommend Changes to the Proposals**

Scott Ringgold from DPD and Katie Chaney from URS were introduced to give a presentation on this topic.

Katie Chaney noted that the CAC had requested more information at the last meeting concerning the proposed alternatives studied in the EIS and whether an alternative not studied in the EIS can still be recommended by the CAC. She said DPD is studying five plans with different heights and setbacks and are also studying the impacts of one, two or three entrances. She said the CAC can use the EIS study as a menu from which to choose their final recommendations.

Myriam Muller asked whether it was "normal" for the City to only study the Institution's recommendations. Ms. Chaney said yes. It is not normal for the City to ask the institution to look at another alternative at a specific height.

Mr. Hanafin asked for information on the status of the LCC's recommendations. Mr. Ringgold said DPD had responded to this letter from the CAC requesting that DPD study the alternative proposals put forth by the LLC. Ms. Muller noted that the second CAC letter requesting that DPD reconsider their decision not to study the LLC alternatives may have been too vague. Ms. Chaney noted that Children's alternatives fit within the height limits.

Ms. Barrett stated that she would like to see Children's propose an alternative that does not expand its current campus boundaries. Ms. Chaney stated that DPD will collect a lot of information about all possible areas of expansion by including these options in the EIS.

Mr. Ringgold noted that DPD had suggested the Institution include a boundary expansion as one of their alternatives. Ms. Chaney said the possible areas of expansion should be included in the EIS so that the CAC has more information on which to base their recommendation.

Cheryl Kitchin noted that the traffic study counts the number of parking stalls and estimated car trips for additional staff and patients. SDOT determined that one entrance isn't enough for such a large development. She thought the EIS would probably propose more than one entrance. She asked if the CAC could still only recommend one entrance if the EIS studies more than one. Ms. Chaney said yes; DPD calculates the impacts by applying the Transportation Management Plan and then applies this to the traffic demand. She said they are also considering the impacts that the light rail may have when it stops at the University of Washington and there may be a shuttle to Children's.

Myriam Muller asked if it was "typical" that the Institution would propose expansion into property that they don't own. Mr. Ringgold said this does happen occasionally. In this case he said DPD asked Children's to include a possible boundary expansion to the Hartmann building as one of their alternatives, in addition to alternatives with lower heights, or spread across the site, and with alternative building configurations on the site.

Steve Sheppard provided an example of when Seattle University proposed a growth alternative onto property along 12<sup>th</sup> Avenue, between Yesler, Cherry and James streets. He said they did not own the property but have stated that they may use it for housing in the future and this gave some assure to the neighbors that the university does have contingency plans for future expansion. Other institutions have done the same with property within their boundaries that they do not own.

Kim Dales asked for clarification on the process of developing the proposed alternatives and why DPD did not request Children's to explore an alternative that would have them build on a separate site entirely. Scott Ringgold said as part of a public process, DPD sent a letter to Children's requesting alternatives that met specific objectives. Ms. Chaney responded that DPD is not allowed to tell Children's to consider using another site. Ruth Benfield stated that Children's looked into moving patient care to an alternate site, such as South Lake Union but found that it was not financially feasible because of replacement cost of the existing facility in addition to the cost of further development and the cost of land. Catherine Hennings said an expansion to South Lake Union is outside of the CAC's charge. They should review the proposal before them and try to mitigate neighborhood impact.

#### **V. Discussion of the Logistics for the Upcoming Walking Tour**

Myriam Muller stated that the walking tour on Sunday November 18 at 2:00 will be open to the public. It will include Talaris Conference Center, Hartmann Building and a peak inside a Laurelon Terrace Condominium unit. Christine Barrett will present a short history of Laurelhurst. The Committee will take in views of the Children's site and proposed construction site, in addition to walking by Windermere Circle and the 45<sup>th</sup> and 50<sup>th</sup> Street entrances. She asked everyone to meet in the Giraffe Garage at 2:00 pm. They will also see the location of the permanent and temporary helipads.

Ruth Benfield said their architects have commissioned weather balloons to float at 160' and 240' to demonstrate heights, weather permitting.

#### **VI. Continued Public Comment:**

**Comments of Judith Platt** – Ms. Platt noted that all of Children's proposals have heights starting at 105' and she felt this was too high for buildings bordering the neighborhood along 45<sup>th</sup> Ave NE. She noted that one of the Gates buildings already stands quite high at 75' and she recommended that the 105' height zone be lowered. Many people who don't live close to Children's may not understand the impact that this institution has on the community. She asked why there is an increased need for children's medical care when there are fewer children being born in Seattle and Swedish Hospital and Mary Bridge also offer pediatric care. She asked if this was being considered in the Certificate of Need process.

**Comments of Jeannie Hale, president of LCC** – Ms. Hale stated that she supports Children's Hospital but also wants them to have a reasonable growth plan. She asked Ruth Benfield to consider the potential expansion's impact on 136 families that will lose their homes and the change in character that would occur on Sandpoint Way with this expansion.

**Comments of Carol Eychaner** – Ms Eychaner stated that she will respond later to the previous comments made by Jody Carona on the Certificate of Need process. She asked what element in the EIS would trigger the need for additional entrances. Ruth Benfield responded an estimated number of car trips would trigger additional entrances. Ms. Chaney said square footage is not a direct link to the number of entrances. Ms. Eychaner asked that whatever triggers a need for additional entrances be clarified.

**Comments of Samantha Everett** – Ms. Everett stated that she bought a condo on Laurel Terrace and knows that when she hears the helicopter outside her apartment, a child's life is being saved, but she said the new helipad would be even closer outside her window. She said she had not been aware of the potential expansion when she purchased her condo or the possibility that she could lose her home. She stated that she supports Children's but is opposed to the plan and the alternatives.

**Comments of Dr. Adrian Whorton** – Dr. Whorton stated that he is both a Laurelhurst resident and a physician working on the Eastside. He stated that while pictures of infants that can fit in ones hands and very impressive and cranial facial abnormalities are very dramatic, they are also misleading. They do not represent the majority of patients cared for by Children's. Based on the slides shown earlier, the majority of patients serviced by Children's fall into the lower two of the six categories shown: those without chronic conditions and those with episodic chronic conditions. Those children often need neither sub-specialty teams nor 4,000 square feet of space per bed.

Clearly there is a need in the region for expansion of pediatric care and as the slides point out there is a need for the sickest children to need more admissions. But as the majority of patients serviced by Children's don't need centralized sub-specialty care, he thought that the magnitude of the needs that is proposed for the expansion of this campus are grossly magnified.

Dr. Whorton stated that wished to comment on is the suggestion of a potential second campus elsewhere. As an Eastside Physician he sees first hand an effect opposition of that Mr. Ross alluded to. When he informs patients that he is transferring their child across 520 to Children's, he sees frustration on the parents point that the care is not being provided closer to them. These are in-patients so an outpatient Bellevue clinic really does not accommodate their needs. He suggested that since the majority of patients do not need specialized sub-specialist care that consideration is made for placing a second campus where population expansion is actually occurring. He stated that this is not in Northeast Seattle.

**Comments of Molly Black** – Ms Black requested that the superimposed building photographs that are to be shown on the walking tour also be made available to the public. She said she does not understand the 4000 square footage need per bed. She would like to see a preliminary space plan per bed with numbers included for circulation, operating rooms and cafeterias.

**Comments of Leonard Nelson** - Mr. Nelson asked Mr. Sheppard whether the CAC can address the Institution's Certificate of Need and compliance with height restrictions by recommending decentralization of the institution's campus. Steve Sheppard explained that the CAC cannot specifically recommend that the institution not develop on this site, but the CAC can make recommendation on height, bulk and scale in terms of its impact on the surrounding area. The CAC is one of three groups that will make recommendations to the Hearing Examiner and the City Council will act on this.

## **VII. Housekeeping and other Committee Business**

### **A. Cancellation of December Meeting**

Karen Wolf noted that the next meeting is currently scheduled for December 11. That meeting had been set to begin CAC review of the preliminary Draft EIS documents and Preliminary Draft Master Plan. She noted that the schedule has slipped a little and that the CAC will not receive the draft EIS and the preliminary Master Plan until January 7, 2008 and will have a "walk through" of the documents at the Tuesday January 8, 2008 meeting. She therefore suggested that the committee consider canceling the December meeting.

Kim Dales made a motion to cancel the December 11, 2007 meeting. The motion was approved.

### **B. Discussion of Food Service**

A CAC member observed that several persons had commented on the meal served at the start of the meeting. It was strongly suggested that any meals or snacks that are provided be more modest. Other CAC member stated that they come directly from work and don't have time for dinner and they appreciate the light meal. Children's staff stated that it was not the intention to provide any lavish fare and explained that ordering a certain amount of catering is required when renting a room in the Talaris facility. She said it was set up specifically for hospital staff coming directly from work, but that others were welcome to join in. Mr. Sheppard stated that there are guidelines concerning the provision of food at meetings and that he would seek further clarification on this.

### **C. Request to Reconsider the CAC's vote to write to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS, and inclusion and evaluation of fewer than three entrances under all alternatives.**

Wendy Paul asked if the letter concerning the LCC alternatives, authorized at the previous meeting, should still be sent. She stated that it was her understanding that the request is outside of the scope of the CAC's authority. Cheryl Kitchin said she thinks the fact that the CAC requested DPD to reconsider the LLC's proposal twice should be included in the public record. Mr. Sheppard noted that in order to rescind the letter, two CAC members who had originally voted in favor would have to vote against.

Ms. Paul further stated that she had misunderstood the issue somewhat and asked for reconsideration. Ms. Paul moved that the CAC reconsider the vote of the CAC to formally write to the City of Seattle Department of Planning and Development requesting reconsideration of the inclusion of the lower-scale Laurelhurst Community Club alternatives in the EIS, and inclusion and evaluation of fewer than three entrances under all alternatives. She noted that she had voted for the motion.

The motion failed for lack of a second.

### **D. Previous Minutes**



Bob Lucas noted that several members had not received all of the past minutes and asked that the previous meeting minutes be resent. Mr. Sheppard agreed to do so.

**VIII. Adjournment.**

No further business being before the Committee, the meeting adjourned at 8:45 pm.