



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

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

DRAFT MEETING NOTES

Meeting #5

Tuesday, January 8, 2008

Talaris Conference Center
Cedar Room
4000 NE 41st Street
Seattle, WA 98105

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

Members/Alternates Present

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|-----------------|--------------------|--------------------|
| 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 | Catherine Hennings | |
| Theresa Doherty | | |

Alternates

Theresa Doherty
Shelley Hartnett
Christine Barrett

Members Absent (Excused)

Members Absent (Unexcused)

Ex Officio Members Present

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

Ex-Officio Members

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

Others Present (Staff and Guests)

See Attendance Sheets in formal COMMITTEE files at DON

I. Welcome and Introductions

The meeting was opened at 6:10 by Karen Wolf. Brief introductions followed. Ms. Wolf noted that the COMMITTEE had requested that the comment period for the Preliminary Drafts of the Plan and Environmental Impact Statement be extended in order to allow the Committee greater time to complete its review. Children's Hospital and the City have both agreed and the comment period will be extended that at the Committee's request Children's agreed to extend the public comment period until February 24th 2008.

II. Housekeeping – Organization of Review

Steve Sheppard was briefly recognized to discuss the process to be used during the review of the Preliminary Drafts of the Plan and EIS. He noted that formal review at this stage is unique to the Master Planning Process. Normally comment would be to the Draft EIS and Plan, but in this case the Committee is given the opportunity to have an early review of the documents. The intent is to have the Committee's comments considered as early as possible. He noted that there is a great deal of information



to review. The Code sets the timeframe for this review. At the request of the CAC, Children's has extended the normal review period. Still the CAC will have to remain diligent to this task to assure that its comments are complete and well crafted. Mr. Sheppard stated that in order to assist the Committee in this effort to review the document, DON has produced a matrix form that he asked that Committee members use to compile their comments. He asked that each Committee member identify their top five comments as well as five secondary comments. He noted that similar comments will be combined and provided to the Committee for consideration as joint comments. In addition each member's individual comments will be provided to both the City Department of Planning and Development and to Children's, will be retained and will become part of the formal record.

III Preliminary Draft Children's Master Plan.

A. Children's Presentation

(Editors Note: Much of this presentation was done from a set of power point slides and drawings and is not easily represented in writing.)

Ruth Benfield, Children's Ex-officio member on the Committee, was recognized to go over the Preliminary Draft of the Children's Master Plan. Ms. Benfield stated that Children's appreciates the chance to work collectively with the community during the development of this Draft Major Institution Master Plan. Children's is trying to be responsive to community concerns that they have heard to date, and will continue to do so in the future. Children's plans are evolving and may change significantly based upon comments received both from the Committee and from the Community during the review of the Draft Plan and EIS. She cautioned that the final plan may not look like what is being presented today.

Ms. Benfield then Introduced Karl Sonnenberg with Zimmer, Gunsul, Frasca Architects LLP (ZGF). She stated that Mr. Sonnenberg is the project architect. Mr. Sonnenberg stated that each of the four build alternatives share the major objective of locating the more intensive uses and greater bulk and height in the center of the campus and at the lower elevations of campus. Each also meets Children's program and bed needs. By locating the greatest development in the center of the campus, Children's hopes that the impacts are lessened on the surrounding neighborhood. The outpatient entry will be on the part of campus close to nearby homes and should be quiet at night. He noted that the alternates were as follows: 1) No Build; 2) Initial Concept; 3) Proposed; 4) Expanded Boundary; and 5) North Campus Expansion. Mr. Sonnenberg proceeded to review the five alternatives.

The No Build alternative is included in the DEIS primarily as a base (current situation) against which to measure the impacts of the other alternatives. The No Build alternative meets none of the projected future needs of the institution and includes only those projects allowed under the current Major Institutions Master Plan. Heights would be as currently allowed and range between 50' and 90'. Children's Hospital would meet only 40% of their program goals, even if most of the rooms would be shared occupancy.

The Initial Concept alternative was one of the two that was included as part of Children's Initial Concept Plan presentation. It includes four nursing units located to the south of Penny Drive. As with other alternatives, Penny Drive is relocated. The maximum height is 240' in four new bed wings. This alternative meets children's needs and particularly the program goals of 600 beds

Mr. Sonnenberg noted that Children's is advancing a new Proposed Alternative. This alternative was developed to address some of the concerns that Children's has heard regarding the 240 foot building height. Mechanical spaces have been compressed. This has allowed a reduction in the maximum building heights from 240 feet to 160 feet. Mr. Sonnenberg noted that in reducing the heights of the buildings the floor plates are longer. This results in the east ends of the buildings being closer to 44th or

45th Avenues NE than in the Initial Concept. As with the Initial Concept, the Hartmann site would be built up to 105'. Program goals are met 100% in this alternative, as are qualitative and quantitative goals.

As a result of public input Children's has made the following changes from their original proposal: the height is decreased 80' from 240' to 160', the central utility plant is relocated to minimize noise impacts to the surrounding neighborhood, the proposed height for new development on the Hartmann Building was decreased 15', and one level is taken off the North Garage.

Mr. Sonnenberg stated that the Expanded Boundary alternative considers possible expansion into Laurelon Terrace. This might allow reductions in height for some later phase development. He noted that this alternative assumes purchase of units over a long period and that the land would not be available until near the end of the Master Plan, in no less than 15-20 years. Because of this, initial development under the plan would essentially be similar to that in Proposed alternative with a few changes. Parking would be moved to the southwest corner of campus; and a second entry might not be required, pending completion of traffic studies. The MIO would include 75 foot setbacks along NE 45th Street and 45th Avenue NE. This alternative meets Children's long term needs. It would have 600 beds south of Penny Drive and MIO heights ranging from 105-160' with some lower heights along NE 45th Street. If earlier development in Laurelon Terrace were to occur, it might be possible to lower the MIO heights further from 160' to 105'.

The North Campus Expansion alternative locates nursing units above the garage, faculty offices on the northwest corner and reduced impact on 45th Avenue NE. It might increase impact on 44th. 132 beds would be located north of Penny Drive. This alternative would also meet all program goals. However the location of various in-patient facilities north of Penny Drive is not ideal and Children's would have to carefully select particular patients to place north of Penny Drive.

Regarding the transportation system, the No Build alternative would change little off campus. However one change would still occur. Penny Drive relocation would still be done as part of the new Emergency Department project. Alternatives three and four would probably require installation of new signals and crosswalks on Sandpoint Way, a new car entrance at NE 45th Street and development of non-motorized connections, such as with Burke-Gilman Trail.

Ruth Benfield introduced Lisa Brandenburg, Senior Vice President at Children's Hospital to address transportation strategies for the future. Ms. Benfield said they plan to further decentralize services, such as offering ambulatory services including same day surgery and complete diagnostic services in Bellevue and at locations north and south of Seattle, offer improved public transit service to campus, expand shuttle bus service, including access to downtown transit points, create a flex-bike program and various pedestrian improvements. She also noted that research staff has already been relocated to their south Lake Union site. The Single Occupancy Vehicle (SOV) traffic to campus has decreased from 50% in 2002 to 34% in 2006. Ms. Brandenburg stated that Children's is committed innovative transportation solutions.

B. Committee Questions:

Mr. Robert Rosencrantz asked what background materials were available related to the "Children's 100 Year Plan" referenced on page 9. Ms. Benfield noted that this was probably a typo and that Children's only has a five year plan. Mr. Rosencrantz then asked why Children's is operating on a five year plan when their Master Plan extends 20 years. Ms. Benfield responded that the medical field sees rapid changes in treatment options and they can only project about 5 year into the future. She said they expect to repeat the five year planning processes throughout the life of the Master Plan.

Mr. Rosencrantz asked whether the proposal to “carefully select” patients to be housed north of Penny Drive in the North Campus Expansion alternative is based on financial or medical reasoning. He wondered if “patient selection” on a broader scale could diminish their stated need for beds.

Ms. Benfield responded that patients would be selected for the beds north of Penny Drive depending on their ability to cross the street for diagnostic evaluations or for procedures without putting their health at risk. Mr. Rosencrantz suggested that some patients could in fact be served elsewhere; he wondered if service would be up to par. Ms. Benfield responded Children’s is the only hospital in the region with certain technologies. Seventy percent of children served by Children’s are children with life long chronic illness.

Kim Dales asked for greater clarification on the bed counts. She asked whether the projected needs for 600 beds includes pediatric psychiatric beds, and if so why the psychiatric patients might not be better served at another site. Ms. Benfield responded that the majority of the projected 600 beds would be for those patients requiring ongoing medical treatment, surgery and rehabilitation. About 100 would be for pediatric psychiatry patients. Many of these patients have dual diagnosis and require other ongoing medical care. In addition, it is very difficult to find psychiatric beds in the State.

Myriam Muller asked how many houses would be affected by the ongoing construction. Scott Ringgold responded that the information in the Preliminary Draft EIS indicates at these will be about 44 homes affected. Scott Ringgold stated that the construction impacts and impacts on views will be discussed in the draft EIS briefing.

Katherine Hennings said she appreciates the briefing on the Alternatives. She observed that all of the build alternatives include a 160’ towers, and asked whether Children’s has considered decreasing the height of this first tower. Ms. Benfield responded that the 160’ would meet their initial needs for increased clinical space without losing existing beds. She noted that the phasing of development in part drives this decision. Sufficient bed capacity must be available in phase one so that Children’s will have enough beds during following phases of construction to meet critical patient needs.

Ms. Muller asked how much bed space was gained by moving the research faculty offices to South Lake Union. Ms. Benfield said little new bed space was gained because the faculty’s previous space was very small and the research laboratory space did not meet hospital acute care construction requirements.

Ms. Barrett asked why Children’s doesn’t place patient beds in the building they saw on the walking tour that is slated to be torn down. Ms. Benfield said the ER support staff and office will be demolished but it would be too small to provide adequate space and they would have to tear down a lot more to make it feasible.

IV Preliminary Draft Environmental Impact Statement for the Children’s Master Plan.

A. City of Seattle Department of Planning and Development Presentation

Scott Ringgold, DPD Land Use Planner with the City of Seattle Department of Planning And Development, was recognized to present the Preliminary Draft Environmental Impact Statement for the Children’s Master Plan. Mr. Ringgold reviewed the steps in the EIS process as follows: 1) scoping – identification of the scope of issues to be evaluated in the EIS ; 2) development of a Preliminary Draft EIS – an early version of the Draft EIS that is reviewed internally to the institution and by the Committee; 3) review of the Draft EIS – including a 45 day public comment period; 4) preparation of a Preliminary Final EIS – an early draft of the final EIS that is reviewed internally to the institution and Committee; and finally 5) the Final EIS and finally, the EIS.

Mr. Ringgold stated that PDS and URS Corporation and Transportation Group are preparing the EIS under the supervision of the City of Seattle Department of Planning and Development. He stated that this Preliminary Draft is being presented to the Committee, SDOT and Children's Hospital for their early review. However, general public review is not taken at this point. The Seattle Municipal Code 23.69.037 D7).

URS Staff stated that the EIS has three parts: a summary, a description of alternatives; and impacts and mitigation measures. There are also appendices. The topics covered in the EIS are: geology, air quality, water, energy, noise (including helicopters), hazardous materials, land use, housing, aesthetics (includes light, glare and shadows, views), transportation (includes traffic and parking), public services and utilities and secondary and cumulative impacts.

Mr. Sheppard stated that the Committee is expected to comment on both documents. He asked that Committee members submit their comments to him by January 18, 2008 so he can compile these comments in time for the January 22, 2008 meeting. At the January 22, 2008 meeting the Committee will discuss which comments to include as "general" Committee comments. He added that Committee members have the option to state that in their view all alternatives have too great impacts.

B. Committee Questions

Mr. Rosencrantz asked for clarification of "short term" view impacts and "long term" view impacts. URS staff responded that some views may be temporarily blocked because of placement of construction equipment or something removable, while the construction of a new building that now blocks a view would be considered to have a "long term" impact.

Mr. Rosencrantz noted that noise impacts that continue for 20 years cannot be considered "short term" or "long term." Members of the audience applauded.

Mr. Hanafin stated that he thought that the Initial Concept alternative Two was a "throw-away" proposal; he asked how much time they should spend reviewing and making comments on this one. Mr. Sheppard stated that the Committee should not assume that any of these alternatives are "throwaways" as the final design could be quite different than the "Proposed" Alternative Three.

V. Public Comments

Comments of Jim Madden – Mr. Madden stated that Sandpoint Way is already quite busy and an additional 530 parking spaces at Hartmann would be a significant increase and would have significant impacts. He asked what uses are proposed for this building that leads to the determination that so much additional parking would be needed. He observed that the parking would more than double. He suggested Children's move the proposed use at Hartmann to either Magnuson Park site or elsewhere.

Comments of Michael Pearlman – Mr. Pearlman commended the Committee for their previous questions and comments. He proposed that the Plan and EIS be amended to include a new "alternative six" in which Children's Hospital leaves the current campus untouched and then moves 30% of their non-critical and psychiatric patients to South Lake Union where they can build a new structure more cheaply, as was done by Chicago Children's Hospital. He further stated that he has spoken with many nurses who opposed this construction because of the potential impacts on patients.

Comments of Gisela Schimmelbusch – Ms. Schimmelbusch stated said she is a great supporter of Children's Hospital but is concerned that they are expanding beyond their agreed upon footprint. She noted that the potential use of Hartmann Building and Laurel Terrace would "leap-frog" beyond the existing Children's boundary. She said any discussion of alternatives 3, 4 and 5 would be considered "impossible"

because it would transgress the Institution's existing boundaries. She said Children's should just build elsewhere. She asked the Committee to ask an independent body to do a study of cost/benefit analysis of doing this.

Mr. Sheppard responded that the Major Institutions portions of the Seattle Municipal Code discourages expansion of boundaries but does not prohibit it. Both the Committee and the City will have to make recommendations to the Hearing Examiner and City Council concerning the advisability of a boundary expansion. However, the City Council can authorize an expansion of the boundary.

Comments of Larry Sinnott– Mr. Sinnott stated that he was from the Ravenna/Bryant Community Association. He noted that the traffic impacts for this development could significantly impact this area. Increased traffic may occur on the major thoroughfares in his neighborhood. He said he is impressed by the SOV reduction but wondered if this was accomplished primarily by lower-income staff. He also asked where the employees are coming from.

Comments of Carol Eychaner – Ms. Eychaner was recognized. She requested that she be allowed more than the normal 3 minutes since she was presenting on behalf of the Laurelhurst Community Club. The Chair agreed.

Ms. Eychaner stated that she was presenting information to the Committee concerning an evaluation of the height and bulk approved for other Major Institutions in relation to that proposed by Children's. She distributed graphs and tables showing the heights of other City of Seattle Major Institutions compared to those proposed by Children's. She noted that Children's proposed heights of 160' or 240' is considerably greater than any of the Major Institution that is similarly located. Many of the institutions that have greater heights are located in the Urban Villages and Urban Center Villages. In those cases both surrounding and underlying zoning is greater. The heights being proposed by Children's would be unprecedented outside of such an urban center village setting. She noted that Children's is one of two Major Institutions in Seattle that are located in a single family zone (the other is Swedish/Cherry Hill). Ms Eychaner showed a comparison of overlying heights with Swedish/Cherry Hill and said it has high rise, mid rise and commercial zones. She noted that in most cases the maximum height for most institutions in low-rise residential settings is 105 feet.

Ms. Eychaner stated that the LCC has monitored Children's purchase of properties. To this date Children's has closed on the purchase of 14 properties. She said she thinks Children's expansion proposal has scared homeowners into selling their homes, even though the hospital is far from receiving their Certificate of Need from the Department of Health or approval from City Council for their development proposal.

Ms. Eychaner also stated that she has discussed the issue of needs projections with Department of Health (DOH) planners. LCC engaged the consulting firm of Fields and Associates to evaluation needs projections. They applied the Department of Health methodology to create similar Certificate of Need projections using "real" numbers. Ms. Eychaner directed the Committee's attention to the Chart prepared by Fields Associates. She noted that their projections were significantly different from Children's. For instance for 2020 Children's projects a need for 548 beds while the Fields Associates projects a need for only 271 beds. She observed that the higher numbers used by Children's stem from their use of a 60% occupancy rate. DOH rejected their 60% rate for bed use during Children's 2002 Certificate of Need process. She noted that the methodology used by Children's to determine their psych bed need is from 1987 and is outdated. She said the "acute" care beds are really "acute care and psych" beds.

Comments of Jim Rupp – Mr. Rupp stated that he believes that the draft EIS understates the effects of transportation. The "decentralized" plan means the Hospital will move some services but replace that with even more services. Other neighborhoods will be impacted, too.

Comments of Jeannie Hale, President of Neighborhood Community Club – Ms. Hale thanked the Committee for providing the LCC with a copy of the PDEIS. She asked that DPD provide them with a copy. She said the LCC should be the best ally Children's Hospital has and asked that they work with the LLC to find a solution. She asked that the LCC be allowed time at a future Committee meeting to brief them on their research findings.

Comments of Kate Hemer – Ms. Hemer asked for clarification on why City Staff stated at a previous meeting that the Committee "can't consider need"; she thinks they should be able to consider this since it is a re-zone.

Steve Sheppard responded that the Major Institutions portion of the Seattle Municipal Code states that the Advisory Committee should participate directly in the formulation of the master plan to assure that the concerns of the community and the institution are both considered and should focus on identifying and mitigating the impacts of the proposed development on the surrounding community. During this process the Committee can also review and comment on the mission of the institution, and the need for the expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public purpose mission of the Major Institution. But the Code also states that these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council.

Comments of Roberta Cation – Ms. Cation stated that she agreed with the previous comments about traffic. She asked whether "sustainability" issues will be evaluated in the EIS.

Scott Ringgold responded that impacts related to energy, open space, aesthetics are included in the EIS.

Comments of Jeff Edelman – Mr. Edelman stated that while the focus on height is important, this shouldn't distract from consideration of the size of the expansion. He has not seen the bed need adequately explained and felt previous explanations were too vague and range from between 100-200 beds, which is a 100% increase.

Comments of David Sommerville – Mr. Sommerville remarked that Laurelhurst is just a bad location for the hospital given the growth rate of the City. He said they are probably underestimating future need. He said they should consider building a new hospital at another site. The transportation problems associated with additional development at this site simply cannot be solved. Current roads are clogged and there simply aren't enough roads.

Comments of Don Kennedy – Mr. Kennedy stated that he controls \$100 million in real estate in Seattle and has been in the real estate business for 65 years. He estimated that Children's has added at least 10% property value increase to the surrounding homes and he is shocked that people don't support the expansion of one of the best pediatric hospitals in the country.

Comments of Steve Ross – Mr. Ross stated that he is the Co-chair for Friends and Neighbors for Children's. He stated that the co-chair of the organization is Mr. Phil Fuji. Mr. Fuji wrote the editorial that appeared in the Newspaper encouraging the neighbors to keep working with Children's to find a solution. Mr. Ross stated that he is concerned because he is a parent and knows how fortunate he is to live near Children's hospital. He himself has survived a battle with cancer and owes his life to modern medicine which has enabled him to see his daughter grow up. He said he wants other people to have the same access to medical care regardless of their ability to pay and Children's provides this. He suggested they all work together for the good of the children.

Comments of Molly Black – Ms. Black stated that there is not a person in the crowd who has not been positively impacted by Children's hospital and appreciate the services they provide. However, she said the issue is the location and size of the proposed expansion and its impact on traffic and zoning.

Comments of Patsy Sawa – Ms. Sawa stated that she is a resident of Laurelton Terrace. She stated that she wanted to give information concerning that facility. Alternative Four, includes possible purchase of Laurelton Terrace. Laurelton Terrace Board has invited Children's to consider purchasing the condominium buildings. Ms. Sawa stated that the Board acted without full knowledge of the residents. Secondly, she said the condo owners who approached Children's about selling their units did so after they heard that Children's would buy condos and the real estate market "shut down" to them. Clearly some Laurelton Terrace owners don't want to sell their units to Children's and believe that Children's proposed expansion is too significant and would be disruptive.

VI. Adjournment

No further business being before the Committee the meeting adjourned at 9:02 pm.