



Seattle Children's

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Major Institution Master Plan Annual Report 2012



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

January 31, 2013

Gordon Clowers
City of Seattle--Department of Planning and Development
700 Fifth Avenue, Suite 2000
Seattle, WA 98124-4019

Dear Mr. Clowers,

Please find the 2012 Major Institution Master Plan (MIMP) Annual Status Report of Seattle Children's (formerly Children's Hospital and Regional Medical Center) in compliance with the City's code.

Please do not hesitate to contact me at 206-987-5259 or at todd.johnson@seattlechildrens.org should you have questions or need additional information.

Respectfully,

Todd Johnson
Vice President, Facilities

Enclosures:

Children's 2012 Major Institution Master Plan Annual Report with attachments: 2011 Transportation Management Program Annual Report, 2012 Commute Trip Reduction Annual Report, 2011 Commute Trip Reduction Employer Survey Report, 2011—2012 Shuttle Schedule, 2011 Community Benefits Report, Research Institute Overview Flyer and Foundation Overview Flyer.

Cc: Lisa Brandenburg, President

Suzanne Petersen-Tanneberg, Chief of Staff to CEO, Vice President, External Affairs and Guest Services

Edna Shim, Director, Regional Government Affairs and Community Relations

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MIMP Annual Status Report

I. Introduction

- A. Name of Institution: Seattle Children's Hospital
- B. Reporting Year: 2012
- C. Major Institution Contact Information:
1. Contact Person: Todd Johnson
Vice President of Facilities
Community Relations
 2. Mailing Address: P.O. Box 5371, Seattle, WA 98145
 3. Phone Number: (206) 987-5259
 4. Fax Number: (206) 987-5567
 5. Email Address: todd.johnson@seattlechildrens.org
- D. Master Plan Adoption Date and Date of Any Subsequent Amendments:
- Master Plan: April 2010

II. Progress in Meeting Master Plan Conditions

- A. Provide a general overview of progress made in meeting the goals and conditions of the approved Master Plan

In April 2010, the Seattle City Council adopted Seattle Children's Major Institution Master Plan (MIMP) for its Hospital Expansion Project. On November 29, 2010, the Department of Planning and Development (DPD) approved Children's Master Use Permit (MUP) for Phase 1 of the Project on the western portion of its expanded campus. The Phase 1 Project will be a seven-story structure above grade, plus one story partially below grade, and another story entirely below grade. The Project, consisting of 329,087 gross square feet, will house inpatient beds, lobby space, the relocated emergency department, a future kitchen, loading dock and mechanical space. Approximately 186 surface parking stalls will be constructed north and south of the new building.

- B. Since issuance of the MIMP and associated permits, the following site preparation and development activities have been completed: identification and removal of asbestos from the Laurelon Terrace units; disconnection of utility lines; grading and shoring, and relocation of soil as a base for the temporary surface parking; demolition of the buildings and commencement of construction. The Phase I building is now approximately 95% complete, with construction clean-up, installation of owner-furnished items, and punch-list completion occurring on the upper floors. The first floor emergency department build-out is approaching completion, with final painting and installation of modular office systems underway. The site improvements are almost finished, including the sidewalks, bus shelters, lighting, cycle path, parking lots, and landscaping at all locations. The Seattle Department of Transportation

(SDOT) activated the new traffic signal at the corner of 40th Avenue NE and Sand Point Way on January 24, 2013. The project is on schedule and we look forward to occupancy in March, 2013. All improvements for Phase I are in place and are being maintained. All fees agreed to with DPD and SDOT have been paid. In addition, list each condition and provide a brief narrative.

Included in this report is the Council MIMP conditions with a brief narrative statement explaining progress and strategies used in meeting the condition plus, when applicable, what future measures will be pursued to reach compliance.

Please see Attachment I (Council MIMP Conditions).

III. Major Institution Development Activity Initiated or Under Construction within the MIO Boundary during the Reporting Period.

A. List and Describe Development Activity Initiated or Under Construction within the MIO Boundary during the Reporting Period.

In addition to making progress on its new Building Hope Phase I expansion, Children's also continued to upgrade its existing buildings during 2012. Several clinic and office renovations occurred in existing spaces. The areas on each of five floors where the new skybridge will connect new and existing buildings were upgraded, and elements of a new signage and wayfinding system were put in place to facilitate ease of navigation around the soon-to-be enlarged campus. Critical infrastructure, including fire and life safety systems, pneumatic tube system, and fire doors, also was upgraded during the year. The renovations did not add additional square footage to the existing buildings.

B. Major Institution Leasing Activity to Non-Major Institution Uses

Children's leases approximately 2,600 square feet to Starbucks Coffee to provide beverage and snack sales services to visitors and staff.

IV. Major Institution Development Activity Outside but within 2,500 Feet of the MIO District Boundary.

A. Children's purchased the property at 4575 Sand Point Way NE on September 15, 2000. Beginning in 2004, Children's is occupying approximately half of this property for outpatient services. In prior years, Children's leased a combined 6,406 square feet of previously vacant space at 4500 Sand Point Way NE (Springbrook) and 4540 Sand Point Way NE (Springbrook). In 2012 it completed the lease of 9,782 square feet of additional space (Suite 200 at the 4540 Building), bringing the total leased space in Springbrook to 16,188 square

feet. An Administrative Conditional Use Permit was granted by DPD under project number 3012295.

- B. Children's owns 8 single family houses around the perimeter of the main campus as part of its mitigation of the proposed expansion. All of the single-family homes continue to be used for residential use.

V. Progress in Meeting Transportation Management Program (TMP) Goals and Objectives

- A. Provide a general overview of progress made in achieving the goals and objectives contained in the TMP towards the reduction of single-occupant vehicle use by major institution employees, staff and/or students

Seattle Children's raised parking rates in 2012. In 2011, Children's workforce completed the every-other-year Commute Trip Reduction (CTR) Survey for 6 affected worksites, achieving the required completion rate. As was reported in the 2011 MIMP annual report, the survey results show a 39% Drive Alone Rate which is a decrease in the Drive Alone Rate for All Employees at each of the worksites measure. Seattle Children's met the state mandated goals for drive-alone reduction and vehicle miles travelled at each worksite affected by the CTR Law. The CTR survey will be completed again in September 2013.

- B. In addition, list each goal and objective and provide a brief narrative statement about the progress made towards compliance. This statement should include information explaining progress made (ranging from compliance, partial-compliance to non-compliance) and strategies used (successful or unsuccessful) in meeting the goal or objective plus, when applicable, what future measures will be pursued to reach compliance.

1. Guaranteed Ride Home

In compliance with the TMP, Children's has a guaranteed ride home program which offers emergency taxi rides home to employees who use an alternative mode of commuting.

2. Transit Subsidy Program

Children's also has a transit fare subsidy program, ORCA, which covers 100% of bus, vanpool, ferry, and rail costs. Currently, over 4,800 ORCA passes are in possession of Children's staff. Children's invested over \$1,400,000 in this important transportation tool in 2012 in order to be in compliance with the TMP.

3. Children's other transportation incentives

Children's other 2012 incentives included a generous commute bonus (up to \$65 per month) for the following commute modes: bicycling, walking, telecommuting, and carpooling. Vanpool drivers received a quarterly bonus of \$250. In addition, bicyclists receive an annual subsidized bike tune-up, safety training and other classes.

Children's provides three on-site Zipcars free of charge for employee business use, to accommodate mid-day business travel. The Zipcars at Children's may also be used by any private Zipcar member, and as such represent a valuable transportation resource to our community.

One of the most significant investments Children's makes to support alternatives to driving alone is a shuttle system that connects to the major transit hubs in the region. The "Green Line" shuttle makes a connection from Children's to the Downtown Seattle Transit Tunnel in 15 minute intervals all day. In addition, the "Purple Line" connects the hospital with the University district, making possible a host of transit connections not previously available due to limited bus service.

Another innovative element added to Children's commute incentive line-up is the Company Bike program, which loans a bicycle to employees who commit to bike to work at least two days a week. Children's expanded this program in advance of Bike to Work Month by adding an additional 40 bikes to the existing fleet, currently a total of 140 bicycles are assigned to employees.

In addition to the aforementioned program enhancements, Children's offers valuable fundamental commuting support tools, such as (1) personalized commuting information for all new hires and for any existing employee who requests it, (2) lockers and showers for outdoor commuters (bicyclists, walkers, and motorcyclists), (3) covered and secure bicycle parking, and (4) shuttles to minimize inter-facility trips.

Throughout the past years, Children's launched new applications to support alternative commute. These applications were added to our Commute Tools platform, an intranet site that staff use to claim alternative commute bonuses and manage their parking charges. The new tools this year include a rideshare map that allows users to find carpool and vanpool partners; a trip planner that combines results from King County Metro, Sound Transit and Seattle Children's shuttles to help users find the best routes; *My Next Shuttle* an application that allows users to click on a map and find the next three departures for their shuttle. In addition, this year Children's shuttle schedules were added to *One Bus Away* a regional passenger real time information system that allows users to access Children's shuttle times via mobile phones.

Children's vanpool program continues to thrive with 50 vanpools and 3 vanshares serving nearly 300 riders.

Attachments

- I. Council MIMP Conditions
- II. 2011 Transportation Management Program Annual Report
- III. 2012 Commute Trip Reduction Employer Annual Report
- IV. 2011 Commute Trip Reduction Employer Survey Report
- V. Shuttle System Schedule
- VI. Community Benefit Report
- VII. Hospital, Foundation & Research Overview Fliers

I. Council MIMP Conditions

COUNCIL MIMP CONDITIONS

Seattle City Council Ordinance No. 123263, adopted April 5, 2010, and included as Appendix D to this Master Plan, imposed the following conditions as a part of its approval of Children's Major Institution Master Plan. Current status of each of the conditions is as noted.

1. Total development on the existing and expanded campus shall not exceed 2,125,000 gross square feet, excluding above and below grade parking and rooftop mechanical equipment. **Children's is in compliance with this condition - the Phase 1 Project, with 329,087 square feet of developable gross floor area, will bring total campus development to approximately 1,189,375 square feet of floor area, leaving approximately 935,625 square feet of authorized but undeveloped floor area.**
2. The Floor Area Ratio (FAR) for the expanded campus shall not exceed 1.9, excluding below grade developable floor area, below-grade parking structures and rooftop mechanical equipment. **Children's is in compliance with this condition – the Phase 1 Project meets this FAR requirement.**
3. No more than 20% of the land area within the MIO, approximately 264,338 square feet, may include structures that exceed 90 feet in height. No more than 10% of the land area within the MIO, approximately 142,596 square feet, may include structures that exceed 125 feet in height. No structure in the MIO shall exceed 140 feet in height, excluding rooftop mechanical equipment. **Children's is in compliance with this condition – the Phase 1 Project meets these height requirements.**
4. MIO heights shall be measured in accordance with SMC 23.86.006 as now or hereafter amended. **Children's is in compliance with this condition – the Phase 1 Project meets this height measurement requirement.**
5. Children's shall amend Section IV.D.1 of the Master Plan to add upper level setback 80 feet deep, applied to portions of buildings higher than 50 feet, along the western edge of the expanded campus on 40th Avenue Northeast from Sand Point Way Northeast south to Northeast 45th Street, and 30 feet deep on Sand Point Way from 40th Avenue Northeast to Penny Drive. **Children's is in compliance with this condition – these setbacks have been added to the Compiled Master Plan (approved May 12, 2010).**
6. Children's shall amend Section IV.D.1 and Master Plan Figure 50, "Proposed Structure Setbacks," to increase the south setback to 75 feet along the entire Northeast 45th Street boundary. **Children's is in compliance with this condition – these setbacks have been added to the Compiled Master Plan (approved May 12, 2010).**
7. Children's shall amend Section IV.C.1 of the Master Plan to expressly prohibit above-ground development within the setback areas, as shown on revised Figure 50, except as otherwise allowed in the underlying zone. **Children's is in compliance with this condition – the Compiled Master Plan (approved May 12, 2010) has been amended to include this prohibition.**
8. The Hartmann site as originally proposed in the MIMP is not included within the MIO boundary and is not subject to this MIMP. **Children's is in compliance with this condition.**
9. A minimum of 41% (being 507,000 square feet) of the combined total area of the expanded campus shall be maintained as open space. **Children's is in compliance with this condition – the Phase 1 Project will meet these open space requirements, which apply to all phases of the Hospital Expansion.**

In addition:

- a. Open Space should be provided in locations at ground level or, where feasible, in other spaces that are accessible to the general public. No more than 20% (being 101,000 square feet) of the designated 41% open space, shall be provided in roof top open spaces. **Children's is in compliance with this condition.**

b. Open Space areas shall include existing and proposed ground level setback areas identified in the Master Plan, to the extent that they meet the criteria in the proposed Design Guidelines. **Children's is in compliance with this condition.**

c. The location of open space, landscaping and screening as shown on Figure 42 of the Master Plan may be modified as long as the 41% figure is maintained. **Children's is in compliance with this condition.**

d. To ensure that the 41% open space standard is implemented with the Master Plan, each planned or potential project should identify an area that qualifies as Open Space as defined in this Master Plan. **Children's is in compliance with this condition.**

e. Open Space that is specifically designed for uses other than landscaped buffers or building setback areas, such as plazas, patios or other similar functions, should include improvements to ensure that the space contains Usable Open Space as defined under SMC 23.84A.028. **Children's is in compliance with this condition.**

f. Open space shall be designed to be barrier-free to the fullest extent possible. **Children's is in compliance with this condition.**

10. For the life of the Master Plan, Children's should maintain open space connections as shown on Figure 56 of the Final Master Plan, or similar connections constituting approximately the number and location of access points as shown in the Master Plan. During the review of all future buildings, Children's should evaluate that building's effect upon maintaining these connections. If Children's proposes to change the open space connections from surrounding streets from that shown on Figure 56, it shall first provide notice to DPD and DON, and formally review the proposed changes with the SAC. **Children's is in compliance with this condition – the Phase I Project meets these open space connection requirements.**

11. The City's tree protection ordinance, SMC 25.11, applies to development authorized by this MIMP. In addition, to the extent feasible, any trees that exceed 6 caliper inches in width measured three feet above the ground and that are located within the Laurelon expansion area shall be used on Children's campus. **Children's is in compliance with this condition – Children's has identified trees on the Laurelon Terrace site that exceed six caliper inches in width measured three feet above the ground. DPD has approved Children's plan in accordance with this condition, including relocation, recycling, and protecting trees in place.**

12. Children's shall amend Section V.D, "Parking" on page 104 of the Final Master Plan to add the following at the end of that subsection: "As discussed in the TMP, the forecasted parking supply including the potential leasing of off-site spaces, exceeds the maximum allowed under the Land Use Code. Therefore, if Children's continues to meet its Transportation Master Plan goals, the Master Plan authorizes parking in excess of the Code maximum to minimize adverse parking impacts in the adjacent neighborhood." **Children's is in compliance with this condition – this language regarding "parking" has been added to the Compiled Master Plan (approved May 12, 2010). Phase 1 will add approximately 190 surface parking stalls north and south of the Phase 1 buildings. Children's will landscape the parking lot for visual relief and screening of the facility (to the extent possible given the helistop location).**

13. Children's shall amend Table 3 "Development Standard Comparisons" in the Master Plan to be consistent with all modifications to development standards made by this decision. **Children's is in compliance with this condition – Development Standards Comparisons have been corrected in the Compiled Master Plan (approved May 12, 2010).**

14. Prior to the submittal of the first Master Use Permit application for Phase 1, Children's must draft a more comprehensive set of Design Guidelines for planned and potential structures, to be reviewed by the Seattle Design Commission and approved by DPD. The Design Guidelines are not a part of this approved MIMP, but shall be an appendix to the Master Plan, and shall address issues of architectural concept, pedestrian scale, blank wall

treatment, tower sculpting, nighttime lighting, and open space and landscaping, among others. **Children's is in compliance with this condition – Children's drafted and presented to the Seattle Design Commission and DPD a more comprehensive set of Design Guidelines that were approved by DPD on May, 7, 2010 and have been incorporated into the Phase 1 Project design.**

15. Children's shall create and maintain a Standing Advisory Committee (SAC) to review and comment on all proposed and potential projects prior to submission of their respective Master Use Permit applications. The SAC shall use the Design Guidelines for their evaluation. **Children's is in compliance with this condition – a new SAC was convened to review and comment on proposed projects by Children's to implement the adopted Master Plan and has held multiple meetings to discuss the Construction Management Plan, the helistop location, Livable Streets, the building's exterior materials and design, replacement housing proposal, and other aspects of Children's progress on its project. Another meeting will be held in early 2013 and Children's will update SAC members on Burke Gilman Trail connection planning and other relevant developments.**

16. Prior to issuance of any MUP for any project under Phases 2, 3 and 4 of the Master Plan, Children's shall provide documentation to the Director and the SAC clearly demonstrating that the additional construction requested is needed for patient care and directly related supporting uses by Children's, including administrative support. **This condition, requiring documentation of patient care need, is not applicable to Phase 1.**

17. The TMP will be governed consistent with Director's Rule 19-2008, or any successor rules. In addition, Children's shall achieve a 30% SOV goal at full build out of the MIMP. The 30% SOV goal shall be achieved in increments, as Children's moves from its current 38% SOV mode split to the 30% goal at build out of the MIMP. **Children's Transportation Management Program ("TMP") will continue to be enhanced as part of Phase 1 operations to sustain progress toward our SOV reduction goals. Children's enhanced TMP features innovative parking management, daily commute bonus for non-drivers, a fleet of company bicycles for those who commit to pedal to work, 100% subsidized transit pass, and a comprehensive shuttle to transit system. In September of 2013, Children's will participate in the every-other-year statewide CTR survey to measure the results of our program. In the last survey, which was conducted in the fall of 2011, Children's achieved an SOV rate of 39.3%.**

18. No portion of any building on Children's extended campus shall be rented or leased to third parties except those who are providing pediatric medical care, or directly related supporting uses, within the entire rented or leased space. Exceptions may be allowed by the Director for commercial uses that are located at the pedestrian street level along Sand Point Way Northeast, or within campus buildings where commercial/retail services that serve the broader public are warranted. **Children's is in compliance with this condition – no portion of Phase 1 will be rented or leased to third parties unless they are providing pediatric medical care or directly related supporting uses. There are no third party leases in place for Phase 1, except an agreement with Starbucks to operate a small coffee shop that will provide food and beverages to hospital visitors and staff.**

19. Before Children's may receive a temporary or permanent Certificate of Occupancy for any structure that is included in any phase of proposed development described on page 66 of the MIMP, DPD must find that Children's has performed either of the following options:

a. That Children's has submitted an application for a MUP for the construction of comparable housing, as defined below, in replacement of the housing demolished at Laurelon Terrace. In the event that Children's will construct more than one housing project to fulfill the housing replacement requirement, then Children's must have applied for a MUP for the first housing replacement project, which shall include no fewer than 68 housing units. A MUP application must be submitted for all of the remaining replacement units before a temporary or permanent certificate of occupancy may be issued for any project authorized in Phases 2-4 of the MIMP. The MUP application(s) for the replacement housing project(s) may not include projects that were the subject of a MUP application submitted to DPD before Council approval of the MIMP. Children's may seek City funds to help finance the replacement housing required by this condition, but may not receive credit in fulfillment of the housing

replacement requirement for that portion of the housing replacement cost that is financed by City funds. City funds include housing levy funds, general funds or funds received under any housing bonus provision.

b. That Children's has either 1) paid the City of Seattle \$10,920,000 to help fund the construction of comparable replacement housing or 2) paid the City of Seattle 35% of the estimated cost of constructing the comparable replacement housing, as determined by DPD and the Office of Housing. In determining the estimated cost, DPD and the Office of Housing shall consider at least two development pro-forma, prepared by individual(s) with demonstrated expertise in real estate financing or development, and submitted by Children's. DPD and the Office of Housing's determination of the estimated cost is final and not subject to appeal. Money paid to the City under this option b shall be used to finance the construction of comparable replacement housing, as defined below, and subject to the provisions of the City's Consolidated Plan for Housing and Community Development and the City's Housing Levy Administrative and Financial Plan in existence at the time the City helps finance the replacement housing.

For purposes of this condition 19, the comparable replacement housing must meet the following requirements:

- 1) Provide a minimum of 136 housing units;
- 2) Provide no fewer than the number of 2 and 3 bedroom units as those in the Laurelon Terrace development;
- 3) Contain no less than 106,538 gross square feet;
- 4) The general quality of construction shall be of equal or greater quality than the units in the Laurelon Terrace development; and
- 5) The replacement housing will be located within Northeast Seattle. Northeast Seattle is bounded by Interstate 5 to the west, State Highway 520 to the south, Lake Washington to the east, and the City boundary to the north.

Children's is in compliance with this condition – Children's is working with the University of Washington and a private developer (Security Properties) to create approximately 184 units of housing on land owned by the UW in the University District. This housing will exceed the Council requirements for total number of units, and will include approximately 34 affordable units (not required by Council conditions). Children's and Security Properties filed a MUP application in the summer of 2012 to satisfy this condition. On 1/14/2013 the MUP was conditionally approved by DPD, subject to the clarification of some zoning questions. The Phase I (Shoring & Excavation) Permit was submitted on 12/5/2012 and the Phase II (Structural & Architectural) Permit was submitted on 12/21/2013.

20. Children's shall develop a Construction Management Plan (CMP) for review and comment by the SAC prior to the approval of any planned or potential project discussed in the Master Plan. The CMP must be updated at the time of site-specific SEPA review for each planned or potential project identified in the MIMP. The CMP shall be designed to mitigate impacts of all planned and potential projects and shall include mitigating measures to address the following:

- a. Construction impacts due to noise
- b. Mitigation of traffic, transportation and parking impacts on arterials and surrounding neighborhoods
- c. Mitigation of impacts on the pedestrian network
- d. Mitigation of impacts if more than one of the projects outlined in the Master Plan are under concurrent construction

Children's is in compliance with this condition – Children's developed a Construction Management Plan (CMP) that address the mitigation measures in (a) – (d) and presented it to the SAC for review and comment. The general contractor, Sellen Construction and its subcontractors are now complying with the terms of the CMP.

21. Prior to the issuance of a Certificate of Occupancy for any project associated with development of Phase 1 of the MIMP, the proposed traffic signal at 40th Avenue Northeast and Sand Point Way NE shall be installed and functioning. **Children's is in compliance with this condition – Children's worked with SDOT and WSDOT to develop the design and a plan for construction of the required traffic signal at 40th Avenue NE and Sand Point Way NE, which must be installed and functioning prior to the issuance of a Certificate of Occupancy for the Phase 1 Project. As of 1/24/2013, the signal is operating.**

SEPA CONDITIONS

GEOLOGY

22. To minimize the possibility of tracking soil from the site, Children's shall ensure that its contractors wash the wheels and undercarriage of trucks and other vehicles leaving the site and control the sediment-laden wash water using erosion control methods prescribed as City of Seattle and King County best management practices for construction projects. Such practices include the use of sediment traps, check dams, stabilized entrances to the construction site, erosion control fabric fences and barriers, and other strategies to control and contain sediment. **Children's is in compliance with these geology conditions as part of the Phase 1 project to minimize impacts from soil that is traced from the site or spilled onto the streets by transport or wind.**

23. Children's shall ensure that its contractors cover the soils loaded into the trucks with tarps or other materials to prevent spillage onto the streets and transport by wind. **Children's is in compliance with these geology conditions as part of the Phase 1 project to minimize impacts from soil that is traced from the site or spilled onto the streets by transport or wind.**

24. Children's shall ensure that its contractors use tarps to cover temporary on-site storage piles. **Children's is in compliance with these geology conditions as part of the Phase 1 project to minimize impacts from soil that is traced from the site or spilled onto the streets by transport or wind.**

AIR QUALITY

25. Prior to demolition of the existing housing units at Laurelon Terrace, Children's shall perform an asbestos and lead survey and develop an abatement plan to prevent the releases into the atmosphere and to protect worker safety. **Children's is in compliance with this condition – Children's performed an asbestos and lead survey of the Laurelon Terrace units and grounds during construction with the additional air quality condition set forth here.**

26. During construction, Children's shall ensure that its contractors spray exposed soils and debris with water or other dust suppressants to reduce dust. Children's shall monitor truck loads and routes to minimize impacts. **Children's is in compliance with this air quality condition.**

27. Children's shall stabilize all off-road traffic, parking areas, and haul routes, and it shall direct construction traffic over established haul routes. **Children's is in compliance with this air quality condition.**

28. Children's shall schedule delivery of materials transported by truck to and from the project area to minimize congestion during peak travel times on adjacent City streets. This will minimize secondary air quality impacts otherwise caused by traffic having to travel at reduced speeds. **Children's is in compliance with this traffic and air quality condition.**

29. Children's shall ensure that its contractors cover any exposed slopes/dirt with sheets of plastic. **Children's is in compliance with this air quality condition.**

30. Around relevant construction areas, Children's shall install perimeter railings with mesh partitioning to prevent movement of debris during helicopter landings. **Children's is in compliance with this air quality condition.**

NOISE

31. Construction will occur primarily during non-holiday weekdays between 7:00 am and 6:00 pm, or as modified by a Construction Noise Management Plan, approved by DPD as part of a project-specific environmental review. **Children's is in compliance with this condition and continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

32. Children's will inform nearby residents of upcoming construction activities that could be potentially loud. Children's shall schedule particularly noisy construction activities to avoid neighborhood conflicts whenever possible. **Children's continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

33. Impact pile driving shall be avoided. Drilled piles or the use of a sonic vibratory pile driver are quieter alternatives. **Children's is in compliance with this condition and continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

34. Buildings on the extended campus are to be designed in such a way that noise received in the surrounding community is no greater than existing noise based on a pre-test of ambient noise levels and subsequent annual noise monitoring to be conducted by Children's. **Children's is in compliance with this condition and continues to comply with the permissible hours of construction as well as other noise mitigation measures set forth here.**

TRANSPORTATION

35. Consistent with the Transportation Management Plan (TMP), onsite improvements shall include: a shuttle hub; an enhanced campus pathway to connect to transit along Sand Point Way Northeast and/or 40th Ave Northeast; and bicycle parking. **Children's is in compliance with this condition – as part of Phase 1, Children's is creating an onsite shuttle hub, an enhanced campus pathway to connect public transit on Sand Point Way NE, and additional bicycle parking.**

36. Consistent with the TMP, near-site improvements will include: working with Seattle Department of Transportation and Washington State Department of Transportation (WSDOT) to improve intersections such as Penny Drive/Sand Point Way Northeast and 40th Ave Northeast/Sand Point Way Northeast; improve connectivity between the Burke-Gilman Trail and Children's; enhance the Sand Point Way Northeast street frontage. **Children's is in compliance with this condition – The Sand Point Way NE/40th Ave NE intersection was in operation 1/24/13. The design of the intersection was informed by a robust public engagement process to gather ideas and suggestions from the community. This process, called the Seattle Children's Livable Streets Initiative, also gathered input for projects to improve connectivity to the Burke-Gilman Trail. Working with SDOT, Children's financed the design and construction of two projects that significantly improved access to the trail: the 39th Ave NE Greenway and crossing improvements at NE 50th Street and 40th Avenue NE. In addition, the Sand Point Way Northeast street frontage is now being completed with improved sidewalks and a bi-directional protected cycle-path.**

37. Consistent with the TMP, and as necessary to reduce future transportation impacts, Children's may provide off-site parking that reduces the level of required parking on site and reduces traffic on Northeast 45th St, Sand Point Way Northeast and Montlake Blvd/SR 520 interchange area. **Children's is in compliance with this condition – Children's is continuing to provide offsite parking at Magnuson Park and other offsite locations that are connected to Children's by private shuttle. Construction workers are also required to park offsite and are transported to the job site by bus.**

38. Children's shall enhance its TMP to achieve a 30% single occupancy vehicle (SOV) mode split goal or lower. **Children's Transportation Management Program ("TMP") will continue to be enhanced as part of Phase 1 operations to sustain progress toward our SOV reduction goals. Children's enhanced TMP features innovative**

parking management, daily commute bonus for non-drivers, a fleet of company bicycles for those who commit to pedal to work, 100% subsidized transit pass, and a comprehensive shuttle to transit system. In September of 2013, Children's will participate in the every-other-year statewide CTR survey to measure the results of our program. In the last survey, which was conducted in the fall of 2011, Children's achieved an SOV rate of 39.3%.

39. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle its fair share to the future installation of traffic signals at 40th Ave Northeast/Northeast 55th St. Prior to the issuance of any construction permits for any project outlined in Phase 2 of the MIMP, Children's shall pay the City of Seattle its fair share, based on the [sic] to the future installation of traffic signals at 40th Ave Northeast/Northeast 65th St. These intersections shall be monitored by the Seattle Department of Transportation over the life of the Master Plan to determine the timing of the mitigation implementation.

Children's is in compliance with this condition – as part of Phase 1, Children's paid the City its fair share (approximately \$22,600) of the cost of future traffic signal improvements at 40th Avenue NE/NE 55th Street.

40. Prior to the issuance of any construction permits for any project outlined in Phase 1 of the MIMP, Children's shall pay the City of Seattle \$500,000 to build Intelligent Transportation System improvements through the corridor from Montlake Blvd/Northeast 45th St to Sand Point Way Northeast/Northeast 50th St. The contribution shall be used to fund all or part of the following projects:

- a. Install a detection system that measures congestion along southbound Montlake Boulevard, linked to smart traffic control devices that adapt to traffic conditions. This is a foundational component of an Intelligent Transportation System (ITS);
- b. Install variable message signs to give real-time traffic information for drivers, including travel time estimates, updates of collisions and other traffic conditions, and to implement variable speed limits throughout the day to keep traffic flowing as smoothly as possible;
- c. Optimize signal coordination and timing to move vehicles most efficiently and optimize signal performance;
- d. Upgrade signal controllers as needed to allow signals to be interconnected, and/or
- e. Install traffic cameras as identified by the City of Seattle.

Children's is in compliance with this condition – Children's and SDOT prepared an MOU to govern the administration of Children's commitment to pay the City \$500,000 for Intelligent Transportation Improvements in the Montlake and NE 45th Street corridors. Children's has worked with SDOT to specify the improvements described in this condition. An ITS system that includes congestion and travel time sensors as well as a variable message sign that informs drivers about road conditions and helps to route around traffic is expected to be operational in the Spring of 2013.

41. Children's shall pay the Seattle Department of Transportation (SDOT) a pro rata share of the Northeast Seattle Transportation improvement projects identified from the University Area Transportation Action Strategy, the Sand Point Way Northeast Pedestrian Study, and the City of Seattle Bicycle Master Plan. This amount is estimated at approximately \$1,400,000 or approximately \$3,955 per bed, over the life of the MIMP. (adjusted for inflation as beds come online). Each pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$1,400,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP. **Children's is in compliance with this condition – To date, Children's has paid the pro-rata share payment for the current phase of construction or, approximately a quarter of its \$1.4 million commitment for NE Seattle transportation improvement projects. Children's has worked with SDOT to specify the improvements described in this condition. A new pedestrian crossing of Sand Point Way NE at NE 52nd Street as well as the ITS project (additional funding for which came from this condition) are expected to be operational in the Spring of 2013.**

42. Children's shall pay the Seattle Department of Transportation (SDOT) a total of \$2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development. A pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$2,000,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP. **Children's is in compliance with this condition – Children's has paid the full \$500,000 for bike/pedestrian improvements associated with this phase of development. Guided by public input, the Seattle Children's Livable Streets Initiative identified a host of projects to improve bicycle and pedestrian safety in NE Seattle. Working with SDOT, Children's ranked this list and identified the most impactful projects. In the Fall of 2012, the civil work for a 1.4 mile Greenway—Seattle's second such facility—was completed on 39th Avenue NE. Also associated with this condition, in the Fall of 2012 Children's funded the completion of crossing improvements and enhancements to a bus stop on 40th Ave NE and NE 50th street.**

In addition to the Council conditions, the following sections (Street Vacation Public Benefits, Street Vacation Approval Conditions, Design Guidelines, and Construction Management Plan summary) are provided for reference:

STREET VACATION PUBLIC BENEFITS

1. BURKE-GILMAN TRAIL / SAND POINT WAY NE CONNECTION AT HARTMANN SITE

Purpose:

Provide 24 hour pedestrian and bicycle public access from the Burke-Gilman trail to Sand Point Way NE and across the proposed new intersection at 40th Ave NE and Sand Point Way NE. Trail connection to be designed to create a safe route for people of all abilities. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

2. STREET AMENITIES ON SAND POINT WAY NE

Purpose:

Provide plaza, street and sidewalk improvements for public access and use of Sand Point Way NE along the former Laurelon Terrace condominium (east side of Sand Point Way NE), and Hartmann (west side of Sand Point Way NE) properties. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

3. ENHANCED PUBLIC TRANSIT / SEATTLE CHILDREN'S SHUTTLE CENTERS ON SAND POINT WAY NE

Council MIMP Condition #35: *Consistent with the Transportation Management Plan (TMP), onsite improvements shall include: a shuttle hub; an enhanced campus pathway to connect to transit along Sand Point Way Northeast and/or 40th Ave Northeast; and bicycle parking.*

Purpose:

Improve public access to METRO bus routes and Seattle Children's shuttles on both sides of Sand Point Way NE. This enhancement is part of Seattle Children's Comprehensive Transportation Plan. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

4. \$2 MILLION FOR BIKE AND PEDESTRIAN FUND

Council MIMP Condition #42: *Children's shall pay the Seattle Department of Transportation (SDOT) a total of \$2,000,000 for pedestrian and bicycle improvements in Northeast Seattle over the timeframe of the Master Plan development. A pro-rata share payment shall be made prior to the issuance of any construction permits for the first project constructed under each phase of the MIMP. The total payment of \$2,000,000 shall be completed by the issuance of any construction permit for a project outlined in Phase 4 of the MIMP.*

Purpose:

To allow Seattle Department of Transportation (SDOT) to fund and develop unfunded priority projects in Northeast Seattle, particularly those that are within 1.5 miles of Seattle Children's main campus, that promote safe biking and walking for the general public.

Construction Phase:

Seattle Children's would pay into the Bike and Pedestrian Fund the amount of \$5,715 for each of the 350 new beds added to the hospital pursuant to the proposed Master Plan. For example, for 100 beds, Seattle Children's would pay \$571,500 into the fund. These contributions would be payable on or before the issuance of the certificate of occupancy for each phase of construction. For payments in Phases 2, 3 and 4, the amount of the payment per bed would be adjusted to account for changes in the Consumer Price Index – "All Urban Consumers, All Items, U.S. Averages" published by the Bureau of Labor Statistics.

5. STREET AMENITIES ON 40TH AVE NE

Purpose:

Provide plaza, street and sidewalk improvements for public access and use of 40th Ave NE along the former Laurelon Terrace Condominium from NE 45th Street to Sand Point Way NE that are less intensive than the plazas on Sand Point Way NE and, instead, serve as transition to the residential development on the west side of 40th Ave NE. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

6. POCKET PARK AT CORNER OF 40TH AVE NE / NE 45TH STREET AND NE 45TH STREET EDGE

Purpose:

Provide public area of respite and a focal point at this transition area between the Laurelhurst neighborhood on the south and Seattle Children's future development. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design.

Children's is in compliance with all of the above Street Vacation Public Benefit conditions as noted further above in specific Council Conditions. Number 1., the Burke-Gilman Trail Connection is in process earlier than required to be provided (during Phase 2).

STREET VACATION APPROVAL CONDITIONS

1. The vacation is granted to allow the Petitioner to build a project substantially in conformity with the project presented to the City Council and for no other purpose. The project must be substantially in conformity with the proposal reviewed by the Transportation Committee in May of 2010.

2. All street improvements shall be designed to City standards and be reviewed and approved by the Seattle Department of Transportation; elements of the street improvement plan and required street improvements to be reviewed include:

- * Street improvement plan showing sidewalks, street trees, lighting and landscaping around the site;
- * Proposed signal installations; and
- * Proposed pedestrian/bicycle trail connection from Sand Point Way NE to the Burke-Gilman Trail.

3. The utility issues shall be resolved to the full satisfaction of the affected utility prior to the approval of the final vacation ordinance. Prior to the commencement of any development activity on the site, the Petitioner shall work with the affected utilities and provide for the protection of the utility facilities. This may include easements, restrictive covenants, relocation agreements, or acquisition of the utilities, which shall be at the sole expense of the Petitioner. Utilities impacted include:

- * Seattle Public Utilities;
- * Puget Sound Energy;
- * Seattle Department of Transportation;
- * Seattle City Light; and
- * Qwest Communications.

4. It is expected that development activity will commence within 18 months of this approval and the development activity will be completed within five years. If the vacation cannot be completed within five years, the Petitioner must request an extension of time from the Transportation Committee. In order to insure timely compliance with the conditions imposed by the City Council, the Petitioner shall provide Seattle Department of Transportation with Quarterly Reports, following Council approval of the vacation, providing an update on the development activity and schedule and the progress on meeting the conditions. The Petitioner shall not request or be issued a

Certificate of Occupancy (C of O) for the project until SDOT has determined that all conditions have been satisfied and all fees have been paid.

5. In addition to the conditions imposed through the vacation process, the project, as it proceeds through the permitting process, is subject to SEPA review and to conditioning pursuant to various City codes and through regulatory review processes including SEPA.

6. The Petitioner shall develop and maintain the public benefit elements as defined by the City Council. A Property Use and Development Agreement (PUDA) or other binding mechanism shall be required to ensure that the public benefit elements remain open and accessible to the public and to outline future maintenance obligations of the improvements. Accountability for public benefit elements associated with later phases of development must also be outlined in the PUDA. The final design of the public benefit elements shall require the review and approval of SDOT and SDOT may request additional review by the Design Commission, if necessary. The public benefit requirement includes the following features as well as the corresponding proposed development standards:

- * Burke-Gilman Trail/Sand Point Way NE connection at Hartmann Site: The purpose of this public benefit is to provide 24-hour pedestrian and bicycle public access from the Burke-Gilman Trail to Sand Point Way NE and across the proposed new Intersection at 40th Avenue NE and Sand Point Way NE. The trail connection is to be designed to provide a safe route for people to access the 40th and Sand Point Way NE intersection. Crime Prevention through Environmental Design (CPTED) strategies shall be a guideline for design for all of the public benefit elements. This connection would likely be constructed during the second phase of the Master Plan.

- * Street Amenities on Sand Point Way NE: The purpose of this public benefit is to provide plaza, street and sidewalk improvements for public access and the use of Sand Point Way NE along the former Laurelon Terrace (east side of Sand Point Way NE) and the Hartmann (west side of Sand Point Way NE) properties. These improvements would likely occur during the first two phases of development.

- * Enhanced Public Transit/Seattle Children's Shuttle Centers on Sand Point Way NE: The purpose of the enhancements is to improve public access to Metro bus routes and Children's shuttle on both sides of Sand Point Way NE. This enhancement is also part of Children's Transportation Plan. These improvements would likely occur during the first two phases of development.

- * \$2 Million for Bicycle and Pedestrian Fund: The purpose of this is to allow SDOT to fund and develop unfunded priority projects in Northeast Seattle, particularly those that are within 1.5 miles of Children's main campus, that promote safe biking and walking for the general public. The goal is to have the money distributed as early as possible in the development process.

- * Street Amenities on 40th Avenue NE: The purpose is to provide plaza, street and sidewalk improvements for public access and use of 40th Avenue NE along the former Laurelon Terrace site from NE 45th Street to Sand Point Way NE that are less intensive than the plazas on Sand Point Way NE and instead serve as a transition to the residential development on the west side of 40th Avenue NE. These improvements would occur within the first phase of development.

- * Pocket Park at Corner of 40th Avenue NE/NE 45th Street and NE 45th Street Edge: The purpose of this public benefit is to provide a public area of respite and a focal point at this transition area between the Laurelhurst neighborhood on the south and Seattle Children's future development. This improvement would occur within the first phase of development.

7. Children's shall work with DPD and SDOT to coordinate implementation strategies for meeting the vacation and Master Plan conditions to insure full compliance with all conditions. DPD and SDOT may consider a joint PUDA or other documentation to consolidate all the project conditions.

DESIGN GUIDELINES

B1.0 Site Design

B1.1 Hospital Campus Character

B1.1.2 General Guidelines

Acknowledge the character of surrounding single-family residential, multi-family and mixed use areas at each edge.

Use a compatible palette, texture, and color of building materials to unify the hospital campus.

Use landscaping to soften and enhance outdoor spaces and screen utilities, blank walls and other more functional elements.

B1.1.3 Street Frontage Edge

Open spaces adjacent to Street Frontage Edges to be inviting, open and complementary to adjacent street frontage uses.

Use a combination of the following architectural treatments to enhance “front door” Street Frontage Edges: architectural features and detailing such as railings and balustrades, awnings or canopies, decorative pavement, decorative lighting, seats, planter boxes, trellises, artwork, signs.

B1.1.3.1 Public Entrances and Access Points

Create a hierarchy of public entrances and access points to emphasize their appearance at Street Frontage Edge locations, and diminish them at Garden Edge locations where visible from single family residences.

B1.1.3.2 Streetscape and Pedestrian Pathways

Design streets and pathways to accommodate all travel modes.

Streets, sidewalks and hospital campus pathways should be welcoming, open to the general public, as well as barrier-free and ADA-accessible.

B1.1.3.3 Sidewalks

Relate the sidewalk and its amenities to the adjacent uses, the organization of pedestrian movements, and the experience along its length.

B1.1.3.4 Parking and Vehicle Access

Minimize vehicle movement and storage and design facilities to complement the envisioned calming character of the campus.

B1.1.4 Transition Edge

Evaluate the Transition Edge against the same for Street Frontage Edge and Garden Edge guidelines and considerations.

B1.1.5 Garden Edge

The objective of the Garden Edge is to screen hospital structures and light that emanates from vehicles, buildings and site fixtures, while providing an aesthetically pleasing and diversely vegetated viewscape and safe walking environment for pedestrians.

Architectural features, landscape improvements, and the transition zone between hospital buildings and the public right of way around Garden Edges shall be designed to be compatible with adjacent single family character.

Use a combination of the following treatments to ensure compatibility with adjacent uses: planted screens, gardens, plaza areas, decorative pavement, non-glare lighting, seating, planter boxes, trellises, artwork, and signage.

B1.2 Exterior Spaces

B1.2.2 General Guidelines

Exterior spaces should extend the color, texture, pattern and quality of the surrounding residential areas.

Exterior spaces shall provide a visually and otherwise calming experience.

The hospital campus shall be designed to include and provide access to restorative and therapeutic gardens with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers and neighbors.

B1.3.4 Stormwater Guideline

Stormwater treatment and control integrated with the natural rain water cycle, grading and plant communities of the site.

B1.3.5 Irrigation Guideline

Mix of drought tolerant landscape plantings, reused stormwater, and drip irrigation to conserve potable water.

B1.3.6 Steep Slope Guideline

Plantings and other erosion control measures to prevent site destabilization on steep topography.

B2.0 Architectural Character

B2.1 Height, Bulk and Scale

Design buildings with materials that help visually reduce the scale and form of the buildings into smaller scaled elements that complement neighboring structures within the same visual field.

B2.2 Architectural Elements and Features

Integrate new buildings with the existing architecture to establish a new cohesive whole for the campus.

B2.3 Rooftops

Where rooftops are visible from locations beyond the hospital campus, rooftops are a design element.

B2.4 Finish Materials

Design and build new buildings with high-quality, attractive, durable materials aesthetically appropriate to the hospital and the neighborhood.

CONSTRUCTION MANAGEMENT PLAN

- I. Construction Communication (Plan work, reduce impacts, two-way communication)
- II. Construction Work Hours (7a-6p, noise after 8a)
- III. Construction Noise and Vibration Management (Noise reduction management)
- IV. Construction Milestones (Demo, excavation, shoring, concrete, steel)
- V. Construction Parking Management (Workers parking offsite and bussed to site - bus stays on site / trucks onsite)
- VI. Construction Traffic/Street and Sidewalk Closures (Per SDOT approval and as needed with flaggers)

II. 2011 Transportation
Management Program
Annual Report



City of Seattle
Department of Transportation

Major Institution Master Plan
Transportation Management Program
Annual Report Form Supplement

(Revised October 2010)

Program for the Year:

1. Name of the Major Institution: Seattle Children's Hospital

CTR ID Code: E82800

2. Location address and zip code: 4800 Sand Point Way NE 98105

3. Mailing address if different: M/S RC410 P.O. Box 5371 Seattle, WA 98145

4. **Name, title and contact information of the highest ranking official at this work site:**

Name and title: Lisa Brandenburg, Chief Administrative Officer

Mailing Address: M/S 41-A P.O. Box 5371 Seattle, WA 98145

Telephone: 206-987-1468 FAX: 206-987-3830 e-mail: lisa.brandenburg@seattlechildrens.org

5. **Name and contact information of the individual who prepared this report:**

Name and title: Paulo Nunes-Ueno Director, Transportation

Mailing Address: M/S RC 410 P.O. Box 5371 Seattle, WA 98145

Telephone: 206-987-5908 FAX: 206-985-3301 e-mail: paulo.nunes-ueno@seattlechildrens.org

6. What is the total number of people who work at this location? 3,281
7. How many are scheduled to report to work between 6 and 9 a.m.? 1,743 (based on 2009 CTR survey)
8. If this is a school, how many employees comprise school faculty?
9. On average, how many students are enrolled each term?
10. The current use of this property is: Hospital
11. Is this a change since the last report? No
12. Please describe any changes in use of this property expected within the next year:

13. If this organization leases space to entities, please use the following form to identify the tenants and the number of employees and associates who occupy the space they lease.

Peter E. Hahn, Acting Director
Department of Transportation
700 5th Avenue, Suite 3800
PO Box 34996
Seattle, WA 98124-4996

Tel (206) 684-5000
Tel (206) 684-ROAD
Fax (206) 684-5180
TTY/TDD (206) 684-4009
peter.hahn@seattle.gov

<http://www.seattle.gov/transportation>

An equal opportunity employer. Accommodations for people with disabilities provided on request.

14. Tenant Information: List current tenants and corresponding number of employees who occupy their space as residents or workers. Note: This is privileged information provided by the property owner to the City of Seattle in order to identify organizations that may be affected by RCW 70.94.521-551, as amended, and SMC 25.02. The Washington Public Disclosure Act allows the City to withhold this information from anyone who would use the list for commercial purposes and that the City of Seattle will use this list only for official City business.

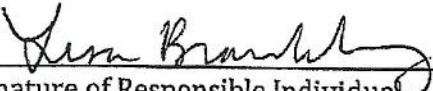
2

Transportation Management Annual Report

15. CERTIFICATION: I hereby certify that the information provided by me on this Annual Report form and all information attached hereto are true to the best of my knowledge. I further acknowledge SMC 112A.16.040, which states that it is illegal to file or cause to be filed with the City any misstatements of material fact and SMC 12A.02.070, which states that such misstatements are a gross misdemeanor punishable by a maximum term in jail of 365 days and or a \$5,000.00 fine. I further acknowledge that in order for the City to accept this report the preparer must respond to every question.

In the space below please print or type the name and title of the individual responsible for submitting this report to the City of Seattle, and the name of the organization he or she represents. The responsible person must then sign and date the document before transmitting it to the City for review.

Responsible Individual: Lisa Brandenburg, Chief Administrative Officer
Organization represented: Seattle Children's Hospital



Signature of Responsible Individual

1/12/11

Date Submitted

When you have completed and signed this report, please e-mail a copy to fidel.alvarez@seattle.gov. If you are unable to send the report electronically, please send it by U.S. Mail addressed to:

Fidel Alvarez
Associate Transportation Planner
Seattle Department of Transportation
City of Seattle
PO Box 34996
Seattle WA 98124-4996

If you have questions regarding this report, please contact Mr. Fidel Alvarez, Seattle Department of Transportation at 206-684-7576.

III.2012 Commute Trip
Reduction Employer
Annual Report

Employer Annual Report & Program Description



Washington State's Commute Trip Reduction (CTR) law requires employers to implement programs that encourage alternatives to drive-alone commuting to their worksites. Reducing commute trips helps improve air quality, reduce traffic congestion, and decrease the use of petroleum fuels.

Employers affected by the CTR law must submit an *Employer Annual Report & Program Description* form for each affected worksite. The information is used by your jurisdiction and the Washington State Department of Transportation (WSDOT) to help develop and maintain effective CTR programs.

Before your program can be considered complete, please attach a copy of your current the Program Summary described in Questions 29 & 30.

Please complete the following report as carefully and completely as you can. Specific instructions are available in the online version at URL... If, after filing the report for this reporting period, your organization is unable to completely implement its CTR program, contact your local jurisdiction to amend your program. If you have any questions on how to fill out this form, please call the CTR Representative in your local jurisdiction.

Worksite Description

Program Due Date
(Mo/Yr):

10/2012

E82800

1 Worksite CTR ID number (if known)

Seattle Children's

2 Organization name

Hospital

3 Worksite/branch

4800 Sand Point Way NE

4 worksite physical address

Seattle

5 City

WA

6 State

98145-5005

7 Zip code

Sandy Stutey

8 ETC name

Manager, Transportation

9 Title

(206) 987-5912

10 Phone

PO Box 5371 M/S RC410 Seattle, WA 98145-5005

11 ETC mailing address (if different from above)

sandy.stutey@seattlechildrens.org

12 ETC e-mail address

(206) 985-3301

13 ETC fax

Paulo Nunes-Ueno

14 Program manager name (if different from ETC's)

Director, Transportation

15 Title

(206) 987-5908

16 phone

PO Box 5371 M/S RC410 Seattle, WA 98145-5005

17 Program manager address (if different from above)

paulo.nunes-ueno@seattlechildrens.org

18 Program manager e-mail address

Employee Information

- 19 Total number of employees: 3321 20 Total number of CTR-affected employees: 1939
- 21 Is your CTR program offered to all employees? ☒ Yes ☐ No
- 22 Is your CTR program subject to collective bargaining? ☐ Yes ☒ No
- 23 Does this worksite have multiple shifts? ☒ Yes ☐ No
- If yes, describe:

Multiple shifts, 24 hours a day.

! Required Element: State law requires your organization to appoint an employee transportation coordinator (ETC); prominently post the ETC's name, location and phone number for your employees, distribute information at least once a year to employees regarding alternatives to single-occupant-vehicle commuting, and implement a set of measures designed to achieve Commute Trip Reduction goals. Some local ordinances may have additional requirements.

ETC Information

- 24 Is the ETC's name, location and telephone number prominently displayed at this worksite? ☒ Yes ☐ No
- Where: The ETC contact information is listed in the staff directory, on an extensive intranet and Tr
- 25 Has the ETC completed a program developer/ETC basic training course? ☐ Yes ☒ No
- 26 Has the ETC completed a survey course? ☐ Yes ☒ No
- 27 What month and year did this person begin serving as an ETC? 10 / 2012
month year
- 28 Does the ETC serve as ETC for more than this worksite? ☒ Yes ☐ No
- If yes, how many CTR-affected worksites in Washington? 6
- 29 On average, how many hours per week does the ETC spend on CTR activities for all CTR-affected worksites in Washington? 40
hours
- 30 Does the ETC have an active worksite committee to assist with the CTR program? ☐ Yes ☐ No

Program Information and Promotion

! All ordinances require that information about your CTR program be distributed in the following two ways:

- 31 When did you last distribute a summary of your worksite's CTR program to all employees? 06 / 2012
month year
- 32 Do you distribute information about the worksite CTR program to all new hires during new employee orientations and/or in hiring packets? ☒ Yes ☐ No

Uncompensated Care

Our financial assistance program honors our founding promise to care for every child who needs us regardless of a family's ability to pay. In 2011, Children's provided \$103 million in uncompensated care to children in Washington, Alaska, Montana and Idaho, ensuring all of our region's children have access to the best medical care available.

When a child is battling a serious medical condition, families have enough to worry about without stressing over how to pay the hospital bill. Children's uncompensated care program helps families focus on healing, not cost, regardless of their insurance coverage or financial circumstances.

Children's uncompensated care program bridges the growing gap between Medicaid reimbursements and the real cost of treatment. Medicaid is the government program that provides medical coverage at no or low cost to low-income families. Nearly half of our patients received coverage through Medicaid in 2011, and only 71% of the cost was reimbursed for the care provided. Our uncompensated care program made up for the shortfall which amounted to \$92.3 million in 2011. Another \$10.7 million went to support families with no ability to pay for their child's care.

Noah and Family Find Care and Compassion at Children's

Noah Johnson's life has been filled with doctors, hospital stays and medical equipment. Born in 2009, he was diagnosed prenatally with large cysts on his cheek and neck — known as lymphatic malformations — and has required extraordinary care for the most basic things, like eating and breathing.

By the end of 2009, the medical bills for Noah's care overwhelmed his family. They applied to Children's uncompensated care program and were granted financial support. "We humbly accepted the help and fell to our knees in gratitude," says Andrea Johnson, Noah's mother. "It feels so safe and secure to know a co-pay will never stand in the way of our son's care."

Now, the Johnsons want to give back. They're forming a guild to support research for vascular anomalies. "We feel driven to help other families the way we've been helped," says Johnson.



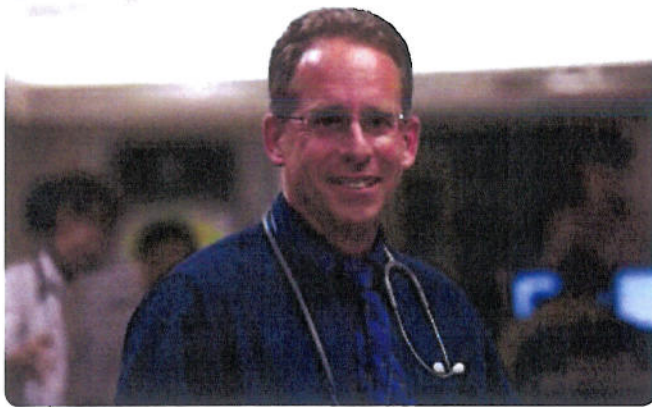
Noah will need to receive care for his lymphatic malformation for years to come, but his family remains positive.

Focus on Obesity: Fighting for policies that fight obesity

Children's plays a leading role in the statewide Childhood Obesity Prevention Coalition. The coalition's 43 members advocate for policies to build a healthier generation. In 2011, the coalition helped pass legislation to make streets safer for pedestrians and bicyclists, launched a Soda Free Sundays campaign to raise awareness about the risks of sugary drinks, and held an obesity prevention summit co-hosted by Children's and the American Heart Association.



People Making a Difference: Dr. Doug Diekema



Dr. Doug Diekema provides bioethics consultations to help families and healthcare providers make challenging decisions.

Physician helps make sense of complex ethical issues

Caring for children with complex illnesses and injuries can involve addressing not only many medical challenges but also many ethical questions. Advances in medical technology, financial constraints and changes in the healthcare system are constantly raising new issues.

As a bioethics consultant at Seattle Children's, [Dr. Doug Diekema](#) guides families, physicians, researchers and institutions through challenging decisions, such as what to do if families and doctors disagree about treatment or whether to tell children they're carrying a gene that could threaten their life as an adult. "My job is to take these complex and perplexing issues and present them in a way that people can understand and act on," Diekema says.

In 2011, the center provided 31 clinical [bioethics consults](#). "There's more to most medical decisions than the medical facts," Diekema says. "Our role in bioethics is to shine a light on the different values people bring to the table when they're making difficult choices."

Washington Global Health Alliance Mapping Project

Improving the health of the world's most vulnerable populations

Seattle is home to a stellar network of world leaders in global health research. Local institutions, businesses and foundations are working from Uganda to the Ukraine to improve the health of the world's most vulnerable populations.

Children's is part of the [Washington Global Health Alliance Mapping Project](#) that tracks the activities of the state's global health organizations and fosters collaboration between them. In 2011, Children's collaborated with 70 global health institutions, including 32 international collaborators. We work in partnership with 16 countries such as Egypt, Pakistan, India, Brazil and Malaysia.

[Dr. Lisa Frenkel](#) and her collaborators at Children's are working with investigators in Africa, Asia and Latin America to improve the health of HIV-infected persons and to prevent mother-to-infant transmission of HIV. Their goals include developing an inexpensive test to detect whether HIV-infected mothers are resistant to a common antiretroviral therapy.



Dr. Lisa Frenkel and her team of colleagues are working to improve HIV drug resistance in Zimbabwe.

In 2011 we collaborated with

70 global health institutions in 16 countries.

Health Professional Education

Healing and teaching go hand in hand at Seattle Children's. As home to the only pediatric residency program in a five-state region, we help young doctors in training from the University of Washington gain invaluable experience caring for seriously ill children while working beside world-class specialists. Pediatric specialists are in short supply nationwide, and Children's is a vital training ground for both the pediatricians and the specialists needed by future generations of children. We're also an important resource for the community. All of our residents spend time working in rural communities where access to care can be limited. In addition, we provide continuing medical education for community clinicians and offer programs that teach parents how to be partners in their child's healthcare.

Training the Next Generation

Educating the new clinicians

Children's trains top-notch pediatricians. We raise the level of care for children everywhere and especially in our community. More than half of all graduates of the [UW Pediatric Residency Program](#), which is based at Children's, choose to stay in the Pacific Northwest to practice as primary care and sub-specialty pediatricians. The UW program is the only pediatric residency program in Washington, Wyoming, Alaska, Montana and Idaho (WWAMI region). In 2011, 776 residents from training programs throughout the Northwest rotated at Children's. Because we offer [fellowships](#) in more than 30 specialty areas, many residents continue their education at Children's. In June 2011, 27 physicians completed pediatric residency (and 1 completed preliminary training) before entering into sub-specialty fellowships at Children's. In addition, Children's was a training site for 787 medical students.

We invested

\$18,915,000

in health professional education in 2011.



As Washington Chapter American Academy of Pediatrics representatives, pediatric residents Sam Wittekind, Faisal Malki, Cat Delostrinos, Kristin Kan and Michelle White are involved with Everyone Swims, a program focused on policy and systems changes to increase access to swimming.

Focus on Obesity: Training residents to build healthy habits

Children's is collaborating with a group of child care sites and pediatric clinics to promote physical activity and obesity prevention for children from birth to age 5. We're training residents working in clinics so they can educate parents and child care providers about keeping kids active and healthy. We're also developing materials that will give parents tips on helping their children play and information about low-cost activities in their community.



The annual free summer Nursing Camp is one way Children's provides education to nurses and nurses to be.

Supporting nursing education

Children's supports the education of nurses at all stages. We host a free Nursing Camp every summer where high school students shadow four different nurses over three days. In 2011, 27 students interacted with patients, watched surgeries and participated in panel discussions as they explored whether a nursing career is right for them. Nurses-in-training come to Children's for clinical rotations where they work alongside our highly experienced nursing staff to learn more about caring for pediatric patients. We offer clinical preceptorships to nursing students at all levels, from baccalaureate to doctoral programs. Children's nurses serve as invited lecturers at nursing programs across the region.

We also help educate student nurses at other hospitals through our outreach programs. [Pediatric Nursing Ground Rounds](#) provide community nurses throughout the region with the latest information about pediatric nursing and different health conditions. The presentations take place nine times a year at Children's and are broadcast to 47 sites around the region and archived online. In addition, Children's collaborates with the state Department of Health and Office of Superintendent of Public Instruction to sponsor an annual teleconference broadcast to school districts and public health nurses across the state. In 2011, the teleconference focused on Pediatric Neurological Case Reviews.

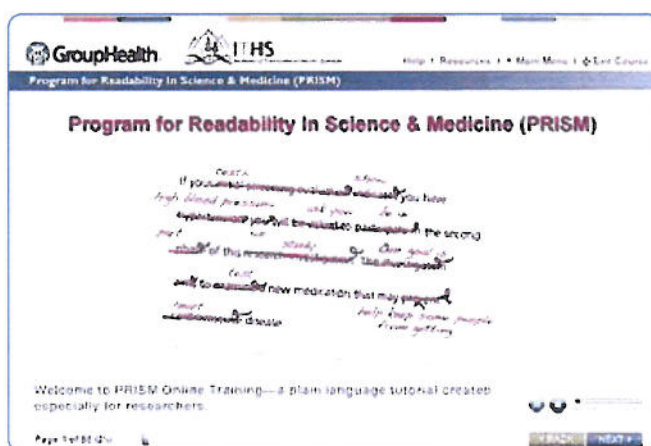
Educating Healthcare Professionals

Helping researchers communicate clearly

Patients must give their informed consent before participating in research. But that can be difficult because many consent forms are full of medical jargon and exceed the reading level of many adults. A [new online course](#), free and available to any researcher, shows how to use plain language in informed consent forms and other communications so that study participants can understand these documents. The course uses concrete examples to help researchers transition from writing for academic journals to writing for patients and their families. The course was developed by the Group Health Research Institute and the Institute for Translational Health Sciences, a partnership involving Children's, the UW, Fred Hutchinson Cancer Research Center and others.

9 Pediatric Nursing Ground Rounds transmitted to

47 Healthcare sites.



A free online course shows researchers how to use plain language.

Providing a way to test for teen depression

Depression is common in teenagers, but primary care doctors have lacked a reliable way to screen for it — until now. [Dr. Laura Richardson](#) and colleagues at Children's, the UW and Group Health Research Institute determined that a [questionnaire](#) commonly used to screen adults for depression also works well with teens. The findings were based on a study of 442 teens 13 to 17 years old. The screening tool — known as the PHQ-9 — is easy to score and interpret and freely available online.

Sharing expertise about kids with special needs

Helping children with developmental disabilities grow up to reach their full potential is a team effort that involves their families and numerous medical specialists. Since 1977, Children's has hosted the annual [Duncan Seminar](#), an interdisciplinary conference where hospital staff and faculty, community healthcare providers and families come to learn new skills and share experiences. "We're all working together to develop happy, productive adults, and our goal is for no one to fall short, while being realistic about each individual's circumstance," says Dr. John McLaughlin, who oversees the Duncan Seminar. In 2011, the event (attended by 126 people) focused on the unique communications challenges faced by children with developmental disabilities, who often must use adaptive strategies and equipment to express themselves.

People Making a Difference: Dr. Kyle Yasuda



Dr. Kyle Yasuda mentors residents in clinic and at the community and advocacy levels.

Passion for advocacy drives pediatrician

[Dr. Kyle Yasuda](#) has answered countless questions during his many years as a teaching physician. But when residents ask why he became a pediatrician? "It's been too long. I can't remember," he laughs. Yasuda is certain, though, that he made the right choice. "I love being an advocate and working with kids, doctors and the community to improve child health."

Yasuda, who completed his own residency at Children's in 1983, works with Children's residents as a staff pediatrician at Harborview Medical Center and in the residency's Community Pediatrics and Advocacy Pathway. A high point of his career came in 2011 when he was elected to the board of the American Academy of Pediatrics. It's one of many leadership roles he's played at the local, state and national levels to address important pediatric health issues — often in collaboration with Children's.

Yasuda's ongoing advocacy and his years as a practicing pediatrician make him a compelling role model. "There's more to medicine than the Xs and Os," he says. "I try to share what the heart and soul of medicine is all about — understanding the community's needs and building genuine relationships with patients and families."

Broadening the Horizons of Pediatric Residency

Program offers diverse experiences

The Children's residency program is one of the most competitive in the nation: in 2011, almost half of the medical students in the country who plan to enter pediatrics applied for one of the 34 spots at Children's.

Our new [Alaska track](#), announced last year, adds four spots for residents interested in primary care starting in 2012. Residents on the Alaska track will spend eight months in Seattle and four months in Alaska during all three years of their residency. In Alaska, they'll provide primary care to the general population and at sites serving the Alaska Native population. The Alaska track joins existing training [pathways](#) for residents interested in community health, global health and research.

All of our residents spend two months working with primary care providers in rural communities (including Bellingham, Port Angeles and Yakima, Wash. and Sandpoint and Pocatello, Idaho) across the WWAMI region. Residents who go to Yakima, Wash., spend part of their rotation at the Yakima Valley Farm Workers Clinic in nearby Toppenish. The WWAMI rotation and Alaska track offer residents unique experiences, provide isolated communities better access to care and potentially lead young doctors to establish practices where they're needed most.



Children's pediatric residents work with healthcare providers in rural communities like this Alaska village.

“The heart and soul of medicine is all about understanding the community's needs and building genuine relationships with patients and families.”

— Dr. Kyle Yasuda

Community Programs and Services

[Children's works in and with the community](#) to address the health and safety needs of children and families. We tackle the root causes of illness and injury, provide a voice for families who are not always heard, and promote changes that will lead to healthier communities. Together with our partners, we strive to improve access to healthcare, promote healthy and safe child development and meet the special needs of children with chronic conditions where they live.

Addressing Public Health Issues

Communicating with vaccine-hesitant parents

More than 6% of Washington parents opt out of required kindergarten vaccinations for their children — the highest rate of any state in the country. When some parents skip or delay routine vaccinations, it puts the community at risk of outbreaks. To help vaccine-hesitant parents make an informed decision, Children's joined Group Health, Washington State Department of Health, Within Reach and the Community Pediatric Foundation of Washington in 2011 to launch [Vax Northwest](#). Vax Northwest works with parents of vaccinated children to share information on immunization with other parents who may be hesitant to vaccinate their child. It also has developed tools to help primary care providers have productive conversations with parents who are hesitant about immunizations. This comes on the heels of a new state law mandating that parents who want to opt out of vaccinations must have a vaccine provider sign the exemption form to confirm they've received vaccine benefit and risk information. After studying its two-pronged approach of working with parents and providers, Vax Northwest will share what it learns throughout the state and beyond.

We invested

almost
\$13 million

in community programs and partnerships.

Delivering dental care to children statewide

Children should be seen by a dentist as soon as they have teeth, but the number of children in our state who grow up without dental care is heartbreaking. Many children see a dentist for the first time when the [SmileMobile](#) rolls into their community — and sometimes they are 18 years old. The SmileMobile is a 38-foot dental clinic on wheels that travels throughout Washington providing dental care to children from families with limited incomes. Sponsored by Children's and the [Washington Dental Service](#) (WDS) Foundation, the SmileMobile helped 2,000 children in 2011 and more than 25,000 children since hitting the road in 1995. The mobile clinic provides exams, preventive care, fillings and minor oral surgery on a sliding-fee basis. The SmileMobile addresses a pressing need. It's more than twice as likely for two-year-olds in Washington to have dental decay than it is for children elsewhere in the nation, according to the WDS Foundation.

Focus on Obesity: Everyone Swims

Swimming is a good way to get the exercise needed to fight obesity, and knowing how to swim helps protect children from drowning. In 2011, Children's worked with pools, community health clinics and many other organizations on [Everyone Swims](#), a program to increase access to swimming and water recreation for low-income and culturally diverse families. We're working with partners like [Seattle Parks and Recreation](#) to increase the number of scholarships for swimming lessons and make people aware of swimming opportunities in their communities. In Seattle's Central District, for example, Odessa Brown Children's Clinic and Medgar Evers Pool work together to offer swim lessons for OBCC patients.



Prevention WINS Coalition works with providers, families and students from middle and high schools (including Nathan Hale) in northeast Seattle to prevent drug and alcohol abuse.

Preventing drug and alcohol abuse

More than 10% of teens in Washington use prescription medicine to get high, and more than three out of five teens say pain relievers are easy to get from a parent's or grandparent's medicine cabinet, according to the [Washington State Department of Health](#). Children's works on many fronts to prevent adolescent substance abuse — including in the neighborhood around us. Our Adolescent Medicine Department offers [substance abuse prevention](#) and mental health services at Eckstein Middle School. We're also part of [Prevention Works in Seattle \(WINS\)](#), a community coalition focused on fighting adolescent drug and alcohol abuse in the Northeast Seattle community. Since 2006, Prevention WINS conducts programs serving families at Eckstein — including mailing a series of informational postcards with a special focus on the growing danger of prescription drug abuse. These and other efforts seem to be paying off. According to the Washington State Healthy Youth Survey, alcohol use rates for 10th and 12th graders in Nathan Hale and Roosevelt High Schools (where Eckstein students go to) dropped by more than 10% from 2006 to 2010.

Reaching out to families of children with autism

Learning that their child has autism is an emotionally distressing piece of news for parents to receive. They're told their child has a neurodevelopmental disorder with an unknown cause, no known cure and an uncertain treatment path. Our [Autism Center](#) helps families cope by offering classes and support groups. In 2011, we added an autism blog. The blog enables autism experts to answer questions, share the latest news and offer another perspective on how to raise a child with autism — everything from how to choose a summer camp to making the transition from preschool to kindergarten. One out of every 110 children is diagnosed with autism, according to the [Centers for Disease Control and Prevention](#), and there's a long list of families waiting to be seen at the Autism Center. The blog lets us reach more families and provide the support and information they need.

Protecting infants from abusive head trauma

In a tragic parallel to the economic downturn, hospitals have been treating a rising number of infants for abusive head trauma, according to a multi-site study that included [Children's](#). The study showed the number of cases of abusive head trauma — also known as shaken baby syndrome — doubled between 2007 and 2009. Frustration over a crying baby is the most common trigger for caregivers inflicting abusive head injuries in infants. This alarming trend led Children's to form the Abusive Head Trauma Prevention Task Force, a statewide network of professionals and parents of victims working to prevent shaken baby syndrome. The task force has been instrumental in providing 35,000 new families with educational materials that explain how crying is part of a normal infant developmental stage and how caregivers should develop a plan for coping with their potential frustration. The educational materials are based on the [Period of PURPLE Crying](#) evidence-based program, developed by the National Center on Shaken Baby Syndrome. The acronym PURPLE describes the specific characteristics of an infant's crying and reassures caregivers that this period will end.



Jamie Thompson helps plant pinwheels as part of Children's annual Pinwheels for Prevention campaign, created to raise awareness of child abuse and neglect. Jamie's son, Colby, was assaulted by his babysitter and now has a traumatic brain injury.



The "Stand Tall for Little People" campaign included cups featuring a shrunk Caffe Ladro's "tall man" logo to represent our community members with dwarfism.

Educating the public about dwarfism

Children's, the Puget Sound chapter of Little People of America (LPA) and Caffe Ladro Espresso Bar & Bakery kicked off National Dwarfism Awareness Month with a "Stand Tall for Little People" campaign. Throughout October 2011, Caffe Ladro's 13 locations used cups that shrank the size of their signature "tall man" logo, added the phrase "Stand Tall for Little People" and directed patrons to the [Little People of Puget Sound website](#) — all to raise awareness about issues surrounding dwarfism or skeletal dysplasia. Children's has one of the largest [skeletal dysplasia clinics](#) in the region and cares for people of all ages with skeletal dysplasia and other rare bone conditions. "We have a responsibility to provide expertise and comprehensive care to patients, and to also support the broader dwarfism community by educating the general public," says [Dr. Michael Goldberg](#), who leads the skeletal dysplasia clinic.

35,000 families

received education about infant crying
and how to cope.

Educating Community Members

Sharing information through the media

Children's is a trusted source of information about the health and safety of children and families. We use all forms of media to educate the community and respond to questions and concerns. In 2011, we collaborated with KUNS/Univision TV to produce a half-hour program in Spanish about diabetes. The program told the stories of three Latino patients and emphasized that it takes a team — including the family — to provide the care and support needed by diabetes patients. We worked with KING-TV to air 30 short [HealthLink](#) segments about typical childhood and parenting concerns, as well as two hour-long specials — one about teen health issues and another about how staff, patients and volunteers support the hospital. We produced four issues of [Good Growing](#) newsletter — distributed online and through *ParentMap* magazine — and six issues of [my Good Growing](#), an email newsletter providing child health and safety information. We also continued to expand our use of social media to interact with the community — and help families share experiences with other families — through blogs ([Teenology 101](#), [Seattle Mama Doc](#), [Autism](#)), [Facebook](#), [Twitter](#) and [YouTube](#) (where we've posted more than 300 videos).



A TV program about diabetes raised awareness about this silent and dangerous disease among the Latino community in Washington. It featured three patients, including Victoria Salgado Flores and her family.



Leah Kroon (second from left), clinical nurse specialist in AYA Oncology, co-facilitated the talking circles. She's pictured with four of the participants.

Supporting teens and young adults with cancer

With the many life changes teens and young adults go through, support from peers is always important, but it's even more important for young people fighting cancer. To help meet their unique needs, Children's released a new video series on YouTube called "[Good Times and Bald Times](#)." The videos feature seven cancer survivors from the [Adolescent and Young Adult \(AYA\) Oncology Program](#) talking about their cancer experiences in candid group discussions known as Teen Talking Circles (TTC). "Using the TTC approach for teens with cancer is new," says Leah Kroon, a nurse with the AYA team, "but it's a safe way for them to talk about their experiences and a great platform for reaching other teens with cancer." The 12 videos address topics ranging from dealing with school to fertility issues such as sperm banking and egg preservation. "It's so important that teens and young adults with cancer know there are peers out there who know what they're going through," says Dr. Rebecca Johnson, who leads the AYA Oncology Program.

“It's so important that teens and young adults with cancer know there are peers out there who know what they're going through”

— Dr. Rebecca Johnson



People Making a Difference: Regional Care Coordinators



Kathy Salmonson and Cate Fairhead provide regional care coordination in Alaska, Montana and Central Washington.

Finding healing in a bowl of moose soup

Medicine comes in many forms. Joe found healing in a bowl of moose soup, thanks to Kathy Salmonson, a regional care coordinator from Children's.

Joe — who needed a liver transplant — came to Children's from a small village in Alaska. As the 12-year-old recuperated from surgery, he wasn't eating much. Food here was just too different from what he was used to back home. The only food he wanted was moose soup. When Salmonson learned of Joe's request, she used her contacts here and in Alaska to obtain native ingredients for the dish. Local Alaska Native community members cooked and prepared food to bring to Joe and his family. He started eating again after receiving foods from home.

Children's is the pediatric referral center for a four-state region, so we care for many children like Joe who come from small and distant communities. Our regional nurse care coordinators, Salmonson with Alaska and Montana and Cate Fairhead with Central Washington, serve as a link between home and hospital. Their main job is to support communication, system navigation, care coordination and discharge planning between Children's and care providers in their respective region. As part of coordinating followup care for discharged patients, Salmonson and Fairhead provide support to families during their stay here.

"It's really important to take the time to listen and be aware of how far from home some families are and how scary this all is," Salmonson says. "We try our best to make a difference for families during a difficult time in their lives."

Families find strength in support groups

When Lynn Vigo joined Children's five years ago, she knew from experience that parents of children with autism lacked opportunities to lean on and learn from each other — because her daughter has autism. "Raising a child with autism can be isolating," Vigo says. "Parents need a place to share challenges and successes and know they're not alone, but the demand wasn't being met."

Now a family advocate with Children's Autism Center, Vigo started [Autism Living Life & You \(ALLY\)](#), a monthly support group for parents of children significantly affected by autism. ALLY is now up to four different groups.

Children's also sponsors [support groups](#) for parents of children with arthrogryposis (a debilitating contraction of the muscles); parents of infants, toddlers and preschoolers with diabetes; siblings of children with special needs; and families who have experienced a child's death. In addition, we provide space for numerous independent support groups to meet.



Marlene Vasquez (pictured with her son Marcus Wainright) attends ALLY (Autism Living Life and You), a monthly support group for parents of children significantly affected by autism. ALLY is one of several support groups sponsored by Children's.



Seattle Children's®
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Seattle, WA 98105
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TTY 206-987-2280

www.seattlechildrens.org

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VII. Hospital, Foundation
& Research Overview
Fliers

Seattle Children's Hospital

Hospital Fast Facts (FY11)

- 254 beds
- 14,118 admissions
- 15,004 surgeries
- 323,292 patient visits
- 36,200 emergency visits
- 1,241 medical staff members
- 4,958 employees

Most Common Patient Admissions

- Asthma
- Chemotherapy
- Bronchiolitis
- Seizure
- Acute Gastroenteritis
- Acute Appendicitis
- Bacterial Pneumonia
- Cleft lip/palate
- Cellulitis
- Diabetic Complications

More than 70% of Children's patients have a chronic, lifelong condition or illness.

Hospital and Clinic Locations

- Seattle
- Bellevue
- Everett
- Federal Way
- Mill Creek
- Olympia
- Tri-Cities

Learn More:

www.seattlechildrens.org



Our Children Deserve the Best

Founded in 1907, Seattle Children's Hospital provides exceptional patient care, conducts ground-breaking research and serves as an important educational resource for parents and healthcare professionals. As the pediatric referral center for Washington, Alaska, Montana and Idaho, we specialize in meeting the unique physical, emotional and developmental needs of children from infancy through young adulthood.

Partnering with Families

When a child is hospitalized, the whole family is affected. It's our goal to provide care in a way that promotes healing, ensures dignity and instills trust, and we encourage parents to be active partners in their child's healthcare. Because we consider family support services a priority, we provide:

- A Family Resource Center
- Interpreter Services
- Skilled counselors
- Support groups
- Respectful spiritual care

Seattle Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105
TEL 206-987-2000



Seattle Children's®
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Hope. Care. Cure.™

Hospital Leadership

Thomas Hansen, MD
Chief Executive Officer

Lisa Brandenburg
Hospital President

Jim Ladd
Chair, Board of Trustees

Our Philosophy

We use Continuous Performance Improvement (CPI) to evaluate healthcare from the patient and family point of view and to improve:

- Quality of care and service
- Cost-effectiveness and financial strength
- Access to specialists
- Environmental safety
- Staff engagement



Our 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.



Advocacy Improves Pediatric Health

In addition to meeting patient and family needs before and after a hospital stay, we focus on promoting safety, encouraging healthy child development and meeting the healthcare needs of children with chronic conditions. Together with our partner organizations we've helped:

- Decrease hospitalizations for children on Medicaid
- Improve immunization rates
- Increase dental care for at-risk children in 12 Washington counties

Curing Pediatric Disease

Seattle Children's Research Institute is a worldwide leader in pediatric research, working to improve the health and well-being of people of all ages. Internationally recognized for advancing discoveries in cancer, genetics, immunology, infectious disease and injury prevention, our recent milestones include:

- Ranking fifth nationwide for National Institutes of Health (NIH) pediatric research funding in 2008-2009
- Being awarded \$23.7 million by the NIH for gene-repair research — the largest grant in Children's 100-year history
- Launching the Seattle Children's Science Adventure Lab, a state-of-the-art mobile laboratory to inspire tomorrow's scientists and medical professionals

A Generous Community

Our dedicated donors have helped us become a regional referral center with an international reputation for patient care, research and training. Seattle Children's Hospital Foundation, Hospital Guild Association and Children's Retail are essential to raising awareness about our work in communities throughout the region:

- Contributions to the Foundation and Guild Association totaled \$54.6 million in fiscal year 2011.
- The Guild Association is the largest all-volunteer fundraising network of any hospital in the nation, with 7,000 members.



Hope. Care. Cure.™

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Seattle Children's Hospital Foundation

Hospital Fast Facts

(Fiscal year 2012)

- 254 beds
- 14,498 admissions
- 15,576 surgeries
- 351,147 patient visits
- 32,810 emergency visits
- 1,189 medical staff members
- 5,195 employees

Foundation and Guild Association Fast Facts

(Fiscal year 2012)

- Raised \$53.63 million
- Provided \$113 million in uncompensated care
- 7,000 members active in 500 guilds
- 132,270 volunteer hours contributed

Contact us at:
askus@seattlechildrens.org



Working Together for Healthier Children

In addition to an expert and caring staff, our extraordinarily generous community is one of our greatest strengths. Ever since Anna Clise formed the first hospital guild in 1907, people like you have been a major force in improving the health and well-being of all kids. Each year we receive nearly 100,000 gifts, from lemonade stand proceeds to estate bequests. There are many ways to give:

- **Make a contribution**
- **Double your donation** by asking your employer to match your gift
- **Support local businesses** that sponsor Children's
- **Start a guild** by gathering friends to raise money for hospital programs
- **Donate stock, real estate or other personal property**
- **Make Children's part of your legacy** by adding the hospital to your estate plan
- **Join Children's Circle of Care** by contributing \$10,000 or more during a calendar year
- **Volunteer** or give to our **Bargain Boutiques**

Learn More:
www.seattlechildrens.org/ways-to-help

Seattle Children's Hospital Foundation
4800 Sand Point Way NE
Seattle, WA 98105
TEL 206-987-2153
FAX 206-987-4845



Seattle Children's
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Foundation

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Foundation Leadership

Douglas Picha, President,
Seattle Children's Hospital Foundation

Aileen Kelly, Executive Director,
*Seattle Children's Hospital
Guild Association*

Scott Redman, Board Chair,
Seattle Children's Hospital Foundation

Barbara Mann, Board Chair,
*Seattle Children's Hospital
Guild Association*



"We have an ambitious but noble goal, to be the best children's hospital. Why? Because it is what our children deserve. I hope you will join me and consider giving to Seattle Children's."

— Thomas N. Hansen, MD
CEO, Seattle Children's Hospital

Our 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.

Our Vision

We will be the best children's hospital.

How Your Gift Makes a Difference

As a Children's supporter, you help keep every aspect of the hospital running by ensuring that each child gets the best care possible. We recognize that all gifts are personal, and you can always direct your donation to a particular program. Our three top funding areas are:

Greatest Needs — Making an impact where it's needed most

Targeting Children's top priorities, these funds support patient care, research, equipment, facilities and advocacy. With the ultimate goal of providing the best care for all children, our leaders identify critical areas of need and initiate projects that help prevent, treat and eliminate pediatric disease.

Uncompensated Care — Helping every child get the best care

Uncompensated care provides *all* children in our region access to the best medical care, regardless of their insurance coverage or ability to pay. Last year, Children's provided more than \$113 million to cover Medicaid payment shortfalls, help families without insurance, and fill the gap for those with private health insurance overwhelmed by hospital bills for a critically ill child.

Research — Investigating new treatments and finding cures

Seattle Children's Research Institute is ranked one of the top five pediatric research institutions in the nation. Donations help jump-start new investigations and support research to improve treatments for asthma, cancer, diabetes, epilepsy, heart disease and organ failure.

The Guild Association: Volunteering That Transforms Lives

As the largest all-volunteer fundraising network of any hospital in the nation, the Guild Association helps the hospital fulfill its promise to provide world-class health care through our fundraising, volunteering and advocacy. Guilds produce a wide range of events — from auctions and golf tournaments to craft fairs and garage sales — generating millions of dollars every year. Join us and become part of this community of giving.



Seattle Children's
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Foundation

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Seattle Children's Research Institute

Research Institute Fast Facts

- One of the nation's top five pediatric research centers
- \$32.6 million in NIH funding (includes ARRA awards)
- \$69 million total extramural funding
- A workforce of over 1,000
- 330,000 sq. ft. (expanding to 2 million) of clinical and laboratory space
- 21 fundraising guilds dedicated to research

Research Leadership

James B. Hendricks, PhD
President

F. Bruder Stapleton, MD
Chief Academic Officer

Our Locations

Building 1
1900 Ninth Avenue
Seattle, WA 98101
206-884-7300

West 8th
2001 Eighth Avenue, Suite 400
Seattle, WA 98121
206-884-7800

Olive Lab Building
1100 Olive Way, Suite 100
Seattle, WA 98101
206-884-7900

Seattle Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105
206-987-2000

Learn More:

www.seattlechildrens.org/research



Innovation. Collaboration. Cure.

Internationally recognized for advancing discoveries in cancer, genetics, immunology, infectious disease and injury prevention, Seattle Children's Research Institute is ranked as one of the top five pediatric research institutions in the nation. Our state-of-the-art facilities are located at the heart of Seattle's biomedical community, bringing together the best minds in pediatric research. Seattle Children's Research Institute and University of Washington faculty are integral members of the Seattle research community.

In interdisciplinary centers encompassing areas central to pediatric health, we use an "open lab" format to foster a rich collaborative environment. Investigators draw from different departments, divisions and disciplines to more rapidly find new cures for childhood diseases. Our centers and their directors include:

- Child Health, Behavior and Development, Dimitri A. Christakis, MD, MPH
- Ben Towne Center for Childhood Cancer Research, Michael C. Jensen, MD
- Childhood Infections and Prematurity Research, F. Bruder Stapleton, MD, acting director
- Clinical and Translational Research, Bonnie W. Ramsey, MD
- Developmental Therapeutics, Charles (Skip) Smith, PhD
- Genetics and Development, Michael J. Bamshad, MD
- Immunity and Immunotherapies, David J. Rawlings, MD
- Integrative Brain Research, Jan (Nino) Ramirez, PhD
- Tissue and Cell Sciences, Michael L. Cunningham, MD, PhD, Mark W. Majesky, PhD, acting co-directors



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Our Partners

University of Washington
School of Medicine
Fred Hutchinson Cancer
Research Center

Our Programs

Northwest Genome
Engineering Consortium
Science Adventure Lab
Treuman Katz Center for
Pediatric Bioethics

The Passion That Leads to New Discoveries

"I try to find ways to help children and adults be more active and eat more healthfully. It's fascinating to explore how we can help people change behaviors that are difficult to change and help them sustain those changes."

- **Brian Saelens, PhD,**
Investigator, Center for Child Health,
Behavior and Development

"To be successful it takes a team. Medical research is central to finding causes for disease and new treatments ... It's an exciting way to practice medicine."

- **Karen Murray, MD,**
gastroenterologist/hepatologist,
Center for Clinical and
Translational Research

Our 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.

Our Vision

We will be a worldwide leader in pediatric research aimed to improve the health and well-being of people of all ages.



Leading Breakthrough Studies to Improve Lives

Our researchers find ways to help kids live better, healthier lives. These projects illustrate the scope of our diverse efforts:

- **Microchip Resequencing Technology**
The Center for Developmental Therapeutics experts are developing microchip technology to improve mitochondrial diagnostic tests by sequencing entire nuclear and mitochondrial DNA genes to determine the mutations responsible for any mitochondrial disorders.
- **Studying Neuron Function in "Sliced Tissue"**
Time is a major limitation in studying how neurons function in brain tissue, so researchers in the Center for Integrative Brain Research are pioneering an innovative new "sliced tissue" technique that allows more time to study the neurons.
- **Better Cancer Care**
Physician-scientists in the Center for Clinical and Translational Research are creating and leading national clinical studies that test the effectiveness of new cancer treatments. Studies focus on limiting the use of radiation in very young children with brain tumors, using an advanced imaging technique instead of surgery to assess patients' response to treatment, looking at new treatments for high-risk neuroblastoma and leukemia and investigating whether chemotherapy can be customized based on a child's genetics.

Comprehensive Support Helps Researchers Excel

Our administrative staff provides operational, financial, managerial, human resources, compliance and training support to our nine research centers. We help investigators manage all phases of research from grant application and compliance through contract and budget management.



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Program Information and Promotion (continued)

Which of the following do you do to promote your program?	Do you do this?	
33 Provide information via a commuter information boards or kiosk?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
34 Post CTR promotional materials for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
35 Give CTR presentations to managers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
36 Give CTR presentations to employees, in addition to new hire orientations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
37 Conduct transportation events/fairs and/or participate in county/state CTR promotions/campaigns?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
38 Send electronic mail messages to employees about the CTR program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
39 Publish CTR articles in employee newsletters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
40 Distribute CTR information with employee paychecks?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
41 Publish and update an employee CTR website?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
42 What changes to program information and/or promotions, if any, are anticipated in the next 12 months?		

Multiple mode specific campaigns; updating MyCommuteTools, the internal transportation website; update the employee shuttle schedule brochure with upcoming service changes.

Worksite Characteristics

43 What is the primary business at this worksite?

<input type="checkbox"/> Agriculture, forestry, fishing, mining	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation
<input type="checkbox"/> Finance, insurance, real estate	<input checked="" type="checkbox"/> Health care	<input type="checkbox"/> Government
<input type="checkbox"/> Info. services/software/technical	<input type="checkbox"/> Public utilities	<input type="checkbox"/> Education
<input type="checkbox"/> Professional/personal services	<input type="checkbox"/> Military	<input type="checkbox"/> Other
<input type="checkbox"/> Retail/trade	<input type="checkbox"/> Construction	

44 Is this employer a government or non-profit organization? ☒ Yes ☐ No

Are any of the following facilities located on site or within 3 blocks of this worksite and accessible to employees?

	No	Onsite	Within 3 blocks
45 Bus stop(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) If bus stops are onsite or within 3 blocks, list the 5 route numbers most frequently used by employees:	75, 25, 65, 31/32, 30		
46 Ferry terminal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Bike trail or lane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Sidewalks or pedestrian trails	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49 Train (rail) station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Shopping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 Restaurants/Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 Child care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Cash machine/bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Worksite Parking Information and Parking Management



Parking costs include items such as leasing costs, security, maintenance and signage.

54 When your employees drive alone to work, do they pay for parking?

☒ Yes they pay

☐ No they don't pay

☐ Some employees pay. Please explain who pays

55 When your employees carpool to work, do they pay for parking?

☒ Yes they pay

☐ No they don't pay

☐ Some employees pay. Please explain who pays

56 When your employees vanpool to work, do they pay for parking?

☐ Yes they pay

☒ No they don't pay

☐ Some employees pay. Please explain who pays

Employer Owned Parking

On site Parking

Off site Parking

57 How many parking spaces does your organization own for employee usage?

727

#

58 How many of the total parking spaces listed above in 57 are reserved for HOV parking?

141

#

Leased Parking

On site Parking

Off site Parking

59 How many parking spaces does your organization lease, or have included in your property lease, for employee usage?

#

650

60 How much does your organization pay per month per leased parking space?

\$

\$ 57

61 How many of the total parking spaces listed above in 59 are reserved for HOV parking?

#

0

How much are employees charged per month for:

On site

Off site

62 carpool parking?

\$ 52

\$

63 vanpool parking?

\$ 0

\$

64 drive-alone (SOV) parking?

\$ 147

\$

65 Are other free parking spaces available within 3 blocks of the worksite?

☐ Yes

☒ No

66 Are other paid parking spaces available within 3 blocks of the worksite?

☐ Yes

☒ No

How much is the average charge per month?

\$

67 If you charge employees for parking, do any of the proceeds from, your parking charges go to your CTR program?

☒ Yes

☐ No

68 How many employer-owned or -leased SOV spaces were eliminated in the past 12 months?

0

Worksite Parking Information and Parking Management (continued)

69 Briefly explain how you manage and monitor your worksite parking program below:

On-campus parking lots are restricted on weekdays to Physicians, On-Call staff, Seniority staff, carpools and Vanpools. Parking in the neighborhood is not allowed in accordance with hospital conditions of employment and transportation policy. Off-campus parking is provided with an extensive shuttle system. The Security department provides parking enforcement on-campus and neighborhoods. Violations are recorded with the employee's HR file and become part of the employee's Performance Review. In recent years, Children's has moved away from monthly permits to daily rates to encourage staff to use alternative commutes whenever possible without feeling like they are "losing money" on their pre-paid parking. Carpool parking is discounted from the SOV rate to park on campus and carpools receive an individual commute bonus.

70 What changes to parking information and management, if any, are anticipated in the next 12 months?

We will repurpose one public lot for employee parking with the opening of the new hospital. We will repurpose one employee lot for patient/family parking with the opening of the new hospital. There will be no gain in the number of staff spaces available on campus. A new patient/family/visitor lot will open with the opening of the new hospital and will be off-limits to staff. Update Webpage and shuttle schedule brochures to be produced with the upcoming service change/opening of the new hospital wing.

Financial Subsidies (Employer-provided financial contribution to Employee that directly lowers cost of employee commute)



Identify the monthly subsidies the employer pays per participating employee.

71 Do you offer to employees transit passes?
(including PugetPass, FlexPass, UPass, ORCA Pass, etc.)

☐ No, skip to question 72 on next page

☒ Yes

Ave. # employees receiving each month # 3321

Maximum face (trip) value on pass \$ 5.25 OR Maximum monthly value of pass \$

a) How much of the employee pass cost is paid by the employer per month? \$ 25.42 OR % 100

In addition to bus fare, does the pass apply toward:

b) train (rail) fare? ☒ Yes ☐ No

c) vanpool fare? ☒ Yes ☐ No

d) vanshare fare? ☒ Yes ☐ No

Financial Subsidies (continued)

Do you offer to employees:	Yes	No	Average # employees receiving each month	Maximum monthly subsidy paid per employee
72 Bus subsidy (if not given in the form of a pass as described above but rather as tickets, vouchers, reimbursement, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# _____	\$ _____
73 Vanpool subsidy (if not given in the form of a pass as described above but rather as tickets, vouchers, reimbursement, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# _____	\$ _____
74 Ferry subsidy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# 17	\$ 100
75 Train (rail) subsidy (if not given in the form of a pass as described above but rather as tickets, vouchers, reimbursement, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# _____	\$ _____
76 Vanshare subsidy (if not given in the form of a pass as described above but rather as tickets, vouchers, reimbursement, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# _____	\$ _____
77 Carpool subsidy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# _____	\$ _____
78 Walking subsidy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	# _____	\$ _____
79 Bicycling subsidy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# 160	\$ 8
80 Non-specific transportation allowance/stipend?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# _____	\$ _____

Explain:

Bicycling subsidy includes \$100/year/person for repairs.

81 Are you aware that employers can receive a tax credit or grant for ridesharing subsidies?

☐ No, skip to question 83 below

☒ Yes

82 Has this employer received a tax credit or grant for ridesharing subsidies?

☒ Yes

☐ No

83 Are you aware that employers may allow employees to set aside a portion of their pre-tax income for the purpose of purchasing a transit or vanpool pass?

☐ No, skip to question 85 below

☒ Yes

84 Does this employer allow employees to set aside a portion of their pre-tax income for transit or vanpool fare?

☒ Yes

☐ No

85 What changes to subsidy programs, if any, are anticipated in the next 12 months?

none

Financial Incentives (Employer-provided reward other than direct, regular financial assistance to employee)

86 Do you offer any other opportunity for CTR participants to receive cash or prizes, paid leave, other incentives?

☒ Yes, describe

☐ No

Staff earn \$3.25 incentive/day for each day of alternative commute: carpool, transit, bike, walk, walk-on ferry, vanpool. This is paid to them via their paycheck, once they complete their commute calendar on the internal website. The commute calendar has a reminder linked to their electronic time card.

Site Amenities

Do you offer...

87 Covered spaces, cages, racks, or lockers for bicycles?

☒ Yes

☐ No

88 Uncovered spaces or racks for bicycles?

☒ Yes

☐ No

89 Clothes lockers?

☒ Yes

☐ No

90 Showers?

☒ Yes

☐ No

91 On-site loading/unloading zones or shelters for non-SOVs?

☒ Yes

☐ No

92 What changes in site amenities, if any, are anticipated in the next 12 months?

A new Metro bus stop with shelter; a dedicated employee shuttle loading/unloading area for commuters transiting from bus and rail, as well as remote parking lots; additional covered bicycle parking in two locations; additional employee locker room; cycle path for navigating street in front of hospital; upgraded intersection at 40th & SPW with signals and "scramble" cross-walk; signalized ped/bike crosswalk at 52nd & SPW to connect the Burke-Gilman Trail more safely.

Work Schedules and Schedule Changes

93 Does your organization offer compressed work week schedules used to support your CTR program?

Schedule
(days/hours)

3/36

☒ Yes

☐ No

4/40

☒ Yes

☐ No

9/80

☒ Yes

☐ No

Other

☐ Yes

☒ No

If other, please explain

94 Does your organization offer flex time (allow employees to vary their start and end times)?

☒ Yes

☐ No

95 Does your organization allow employees to eliminate a commute trip by working at home, a telework center, or satellite office?

☒ Yes

☐ No

Other Programs (continued)

103 What changes to other programs, if any, are anticipated in the next 12 months?

None

104 If your organization conducts or plans to conduct other CTR activities that are not covered in this report, please describe these activities below.

Constant outreach through electronic communication and presentation at staff meetings; financially based campaigns to shift SOV to alternative commutes; outstanding participation in Bike To Work Month

105 Are you participating in any public, private or grant funded programs not covered in this report?

☒ Yes, describe

☐ No

Children's is providing funding through its Liveable Streets Program to fund bicycle and pedestrian improvements as an element within our MIMP. Two of the four Phase I projects will be completed by Spring 2013.

IV. 2011 Commute Trip
Reduction Employer
Survey Report



CTR Employer Survey Report

Thank you for completing your Commute Trip Reduction survey. This report contains the survey results.

Employer Id : E82800

Employer : Seattle Children's

Worksite : Headquarters

Street : 4800 SAND POINT WAY NE

Jurisdiction : City of Seattle

Survey Date : 10/19/2011

Congratulations, this worksite has made drive alone goal and VMT goal!

SAMPLING

Survey Type : Online

Response Rate : 71%

Drive Alone & One-Way VMT Rates at this Worksite

Drive Alone : 44.2%

One-Way VMT per employee : 6.6

Employees and Survey Response Information

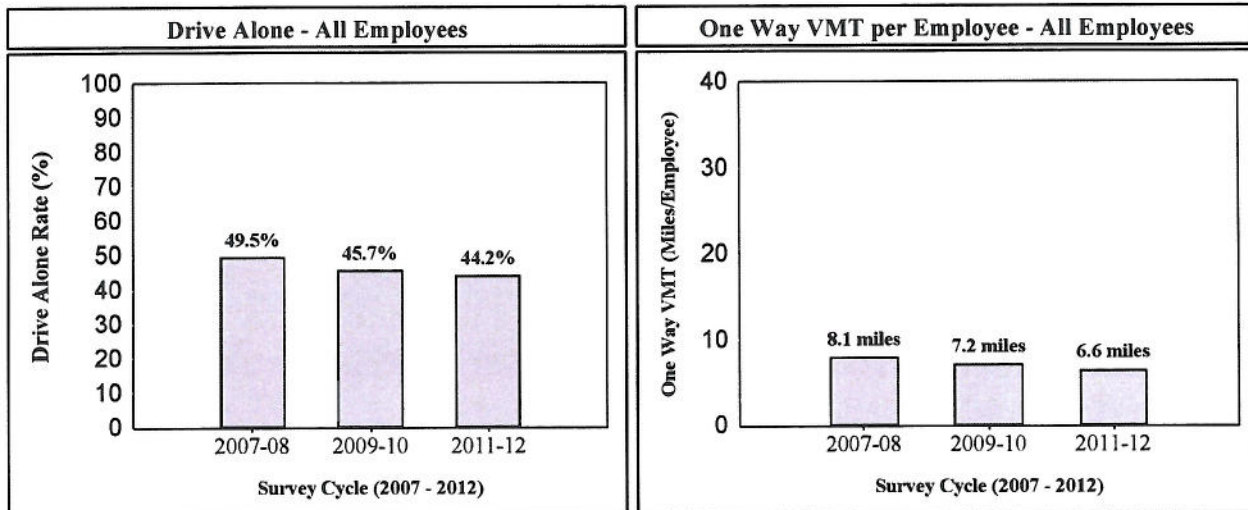
Reported Total Employees at Worksite: 3,321

Surveys Distributed : 1,505

Surveys Returned : 1,067

Surveys Returned by CTR Affected Employees : 623

Total Estimated CTR - Affected Employees at Worksite : 879



Site History and Goal

Cycle	Drive Alone - All	Drive Alone - CTR Affected	VMT / Employee - All	VMT / Employee - CTR Affected
2007-08	49.5%	40.5%	8.1	7.1
2009-10	45.7%	39.3%	7.2	6.5
2011-12	44.2%	39.3%	6.6	5.7
Goal for 2011-12	44.6%	36.5%	7.0	6.2
Percent Change From First Survey	-10.7%	-3%	-18.5%	-19.7%

Note: An "affected" employee is a person who works full-time and who begins a regular work day at a single worksite between 6 am and 9 am on two or more weekdays for at least twelve continuous months.

** Goal is an estimate only, based on an assumed 10% reduction in drive alone rate and a 13% reduction in VMT/employee from the first survey conducted from 2007 to 2010. However, jurisdictions can set higher goals, and may set different goals for individual worksites. Goal is calculated off of the first survey without fill-in applied. Drive alone rate includes one-person motorcycles.

Employer ID: E82800

Comparison Between Rates With and Without Fill-In

The survey response rate is indicated on Page 1. To encourage a response rate of at least 70%, additional drive alone trips are added to survey results for worksites with a response rate of less than 70%. For these worksites it is assumed that non-responding employees between the actual response rate and 70% drive alone 5 days a week. These additional trips represent the "Fill-In" applied. Note that fill-in is not applied to a worksite's first survey in the 2007 to 2012 cycle (their baseline survey).

	2007-2008	2009-2010	2011-2012
Drive Alone - All Employees*	49.5%	45.7%	44.2%
VMT/Employee - All Employees	8.1	7.2	6.6
Drive Alone - CTR Affected Employees*	40.5%	39.3%	39.3%
VMT/Employees - CTR Affected Employees	7.1	6.5	5.7

* Drive alone rate includes one person motorcycles.

Congratulations! You achieved a survey response rate of 70% or higher on this survey. Fill-in comparison for previous surveys, if applicable, are included in the chart above.

GHG Emissions: Total for Drive Alone, Carpools, Vanpools

Annual Greenhouse Gas Emissions (Metric Tons CO₂e) for Roundtrip Commute*

	2007-2008	2009-2010	2011-2012
Emissions for Surveyed Employees	2,467	3,236	1,363
Estimated Emissions for Total Employment	3,386	4,287	4,242

* Estimated based on VMT from commuters driving alone, carpooling, vanpooling, or motorcycling, without fill-in applied.

Bus Transit Passenger Miles and Rail Transit Passenger Miles*

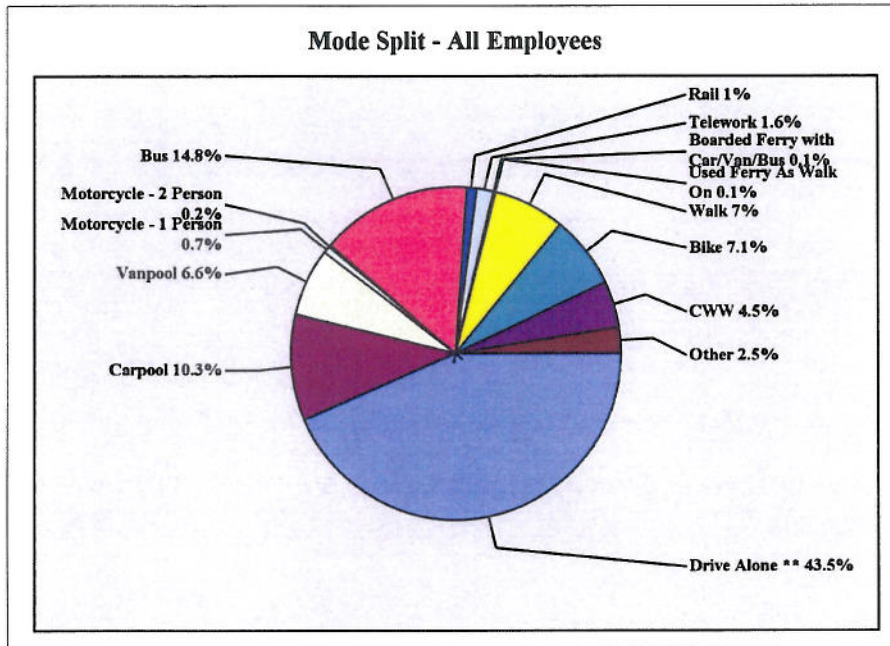
Annual Transit Passenger Miles (includes Roundtrip Commute)	2007-2008	2009-2010	2011-2012
Bus Annual Passenger Miles - Surveyed Employees	677,600	1,571,500	793,500
Bus Annual Passenger Miles - Estimated for Total Employment	930,007	2,081,785	2,469,740
Train/Light Rail/Streetcar Annual Passenger Miles - Surveyed Employees	50,300	197,000	142,100
Train/Light Rail/Streetcar Annual Passenger Miles - Estimated for Total Employment	69,037	260,968	442,281
Ferry Annual Passenger Miles - Surveyed Employees	0	188,800	16,800
Ferry Annual Passenger Miles - Estimated for Total Employment	0	250,106	52,289

* Transit passenger miles can be used to gauge changes in transit usage, and also to calculate greenhouse gas emissions from transit commute trips. However, emissions attributable to transit vary widely, depending on the efficiency/energy source of transit vehicles and transit vehicle passenger load (typically ranging from 0.1 to 0.9 pounds CO₂e emissions/passenger mile). Employers are strongly encouraged to contact their local transit agencies for more precise information on GHG emissions for their transit trips. If nothing else is available, the value of 0.47 pounds (0.00021 metric tons) per passenger mile can be used to estimate CO₂e emissions for bus transit, and 0.39 pounds (0.00018 metric tons) CO₂e emissions per passenger mile for train/light rail/streetcar.

Employer ID : E82800

Commute Trips By Mode - All Employees *

Q.4a: Last week, what type of transportation did you use each day to commute TO your usual work location? (Mode used for the longest distance.)



Mode	Trips During This Survey Week	% of Trips During This Survey Week	% of Trips During Previous Survey Week	Employees Who Used This Mode at Least Once During This Survey Week	% of Employees Who Used This Mode at Least Once During This Survey Week	% of Employees Who Used This Mode at Least Once During Previous Survey Week
Drive Alone **	1,983	43.5%	44.9%	638	59.8%	60.4%
Carpool	472	10.3%	14.8%	200	18.7%	21.5%
Vanpool	301	6.6%	8.5%	94	8.8%	9.8%
Motorcycle - 1 Person	34	0.7%	0.7%	11	1%	1%
Motorcycle - 2 Person	11	0.2%	0%	4	0.4%	0.1%
Bus	675	14.8%	14%	208	19.5%	18.9%
Rail	46	1%	0.6%	17	1.6%	0.8%
Telework	72	1.6%	2.5%	50	4.7%	4.4%
Boarded Ferry with Car/Van/Bus	4	0.1%	0.2%	2	0.2%	0.5%
Used Ferry As Walk On	3	0.1%	0.3%	1	0.1%	0.3%
Walk	320	7%	5.4%	98	9.2%	6.8%
Bike	323	7.1%	4%	104	9.7%	6.1%
CWW	206	4.5%	0.8%	103	9.7%	1.7%
Other	113	2.5%	3.2%	48	4.5%	4.8%

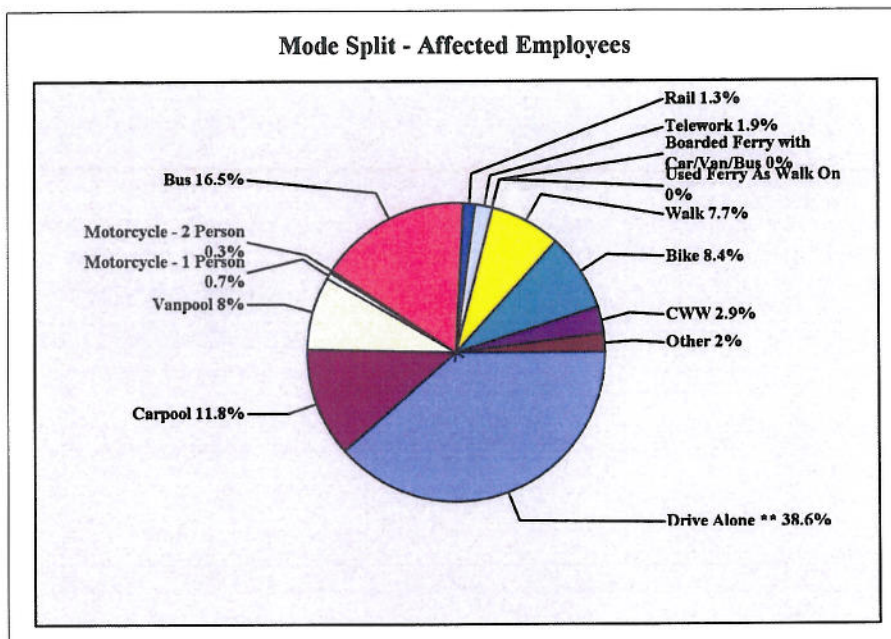
* Mode shares in 2009/2010 survey are not entirely consistent with mode shares in 2007/08 survey since 2009/2010 survey included new modes (i.e. two ferry options)

** Drive alone mode includes fill-in, where applicable.

Employer ID : E82800

Commute Trips By Mode - Affected Employees *

Q.4a: Last week, what type of transportation did you use each day to commute TO your usual work location? (Mode used for the longest distance.)



Mode	Trips During This Survey Week	% of Trips During This Survey Week	% of Trips During previous Survey Week	Employees Who Used This Mode At Least Once During This Survey Week	% of Employees Who Used This Mode At Least Once During This Survey Week	% of Employees Who Used This Mode at Least Once During previous Survey Week
Drive Alone **	1,122	38.6%	38.4%	347	55.7%	54.8%
Carpool	342	11.8%	16.9%	126	20.2%	24.9%
Vanpool	234	8%	11.3%	67	10.8%	13.5%
Motorcycle - 1 Person	21	0.7%	0.9%	7	1.1%	1.4%
Motorcycle - 2 Person	8	0.3%	0%	2	0.3%	0.1%
Bus	479	16.5%	14.7%	145	23.3%	21.6%
Rail	38	1.3%	0.8%	13	2.1%	1.1%
Telework	54	1.9%	2.9%	38	6.1%	5.6%
Boarded Ferry with Car/Van/Bus	0	0%	0.2%	0	0%	0.4%
Used Ferry As Walk On	0	0%	0.2%	0	0%	0.3%
Walk	225	7.7%	5.9%	65	10.4%	7.7%
Bike	244	8.4%	4.4%	77	12.4%	6.8%
CWW	84	2.9%	0.5%	48	7.7%	1.6%
Other	58	2%	2.8%	27	4.3%	4.6%

* Mode shares in 2009/2010 survey are not entirely consistent with mode shares in 2007/08 survey since 2009/2010 survey included new modes (i.e. two ferry options).

** Drive alone mode includes fill-in, where applicable.

Employer ID: E82800

Alternative Modes - Number of Employees Who Used a Non-Drive Alone Mode:

Non-Drive Alone Number Of Days	Exactly this # of Employees	Exactly this % of Employees	At least # of Employees	At least % of employees
0 Day	354	33%	1,067	100%
1 Days	88	8%	713	67%
2 Days	101	9%	625	59%
3 Days	126	12%	524	49%
4 Days	151	14%	398	37%
5 Days	221	21%	247	23%
6 or More Days	26	2%	26	2%

Work Schedules By Group - All Employees (This table shows the relationship between work schedule and commute mode)

Employees who worked:	Drive Alone 5 days / week		Drive Alone 3 or 4 days / week		Used Bus At Least 3 days / week		Carpooled At Least 3 days / week		Used Rail At Least 3 days / week		Vanpooled At Least 3 times / week		Biked or Walked At Least 3 Days / week		Used 'Other' Modes At Least 3 Days / week		Used Non-Drive Alone At Least 3 Days / week	
5 days a week	105	20.9%	65	12.9%	87	17.3%	56	11.2%	7	1.4%	37	7.4%	75	14.9%	13	2.6%	295	58.8%
4 days a week (4/10s)	4	3.2%	55	44%	18	14.4%	10	8%	1	0.8%	5	4%	15	12%	0	0%	57	45.6%
3 days a week	1	0.4%	108	39.7%	14	5.1%	10	3.7%	0	0%	14	5.1%	19	7%	3	1.1%	95	34.9%
9 days in 2 weeks (9/80)	1	14.3%	2	28.6%	0	0%	1	14.3%	0	0%	0	0%	2	28.6%	0	0%	3	42.9%
7 days in 2 weeks	1	3.8%	6	23.1%	5	19.2%	2	7.7%	0	0%	2	7.7%	3	11.5%	0	0%	16	61.5%
Other	1	0.8%	37	28.7%	7	5.4%	4	3.1%	1	0.8%	7	5.4%	16	12.4%	3	2.3%	55	42.6%



Employer ID: E82800

Count by Occupancy of Carpools, Vanpools, and Motorcycles

Q.4b If you used a carpool or vanpool as part of your commute, or if you ride a motorcycle, how many people (age 16 or older) are usually in the vehicle?

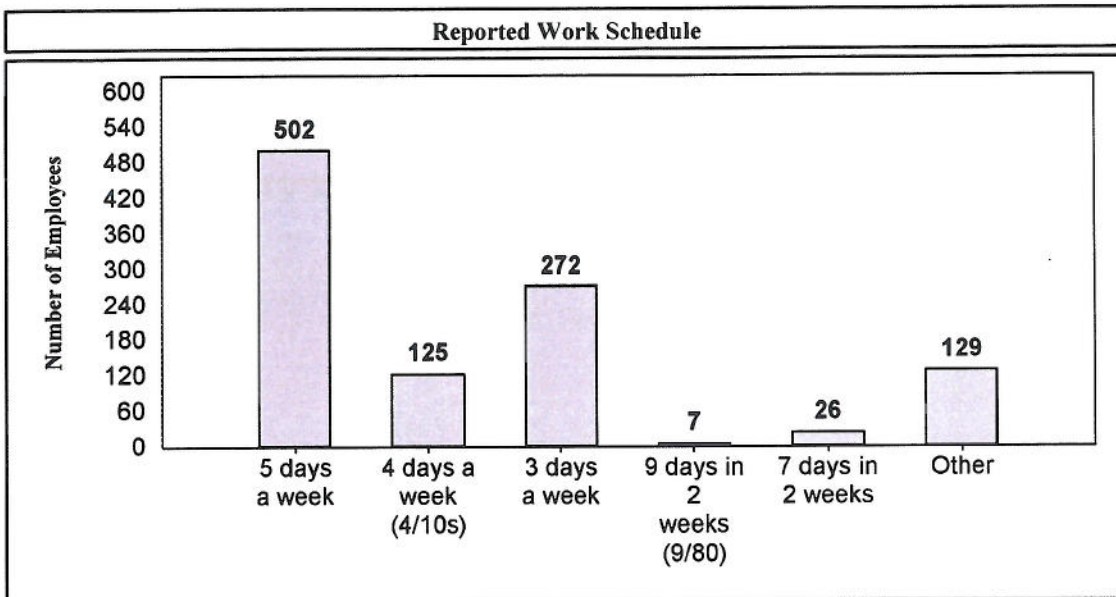
Ridesharing Occupancy	Mode	Response Count
1	Motorcycle	34
2	Motorcycle	11
2	Carpool	374
3	Carpool	73
4	Carpool	19
5	Carpool	5
>5	Carpool	1
<5	Vanpool	134
5	Vanpool	83
6	Vanpool	76
7	Vanpool	6
8	Vanpool	0
9	Vanpool	0
10	Vanpool	0
11	Vanpool	0
12	Vanpool	0
13	Vanpool	0
14	Vanpool	2
15	Vanpool	0



Employer ID: E82800

Reported Work Schedule - All Employees

Q.5 Which of the following most fits your normal work schedule?



Reported Work Schedule	# Of Responses	% Of Employees
5 days a week	502	47.3%
4 days a week (4/10s)	125	11.8%
3 days a week	272	25.6%
9 days in 2 weeks (9/80)	7	0.7%
7 days in 2 weeks	26	2.5%
Other	129	12.2%



Employer ID: E82800

Use Of Alternatives - Telework

Q.6b Employees who reported teleworking at least once in the previous two weeks, days teleworked in the last two weeks.

Number Of Days Teleworked	# Of Responses	% Of Total Employees
0	14	1.3%
1	22	2.1%
2	21	2%
3	7	0.7%
4	9	0.8%
5	1	0.1%
6	0	0%
7	0	0%
8	0	0%
9	0	0%
10	1	0.1%
Not Answered	992	93%



Employer ID: E82800

Distance to Work, Use of Ferries, Park-and-Ride lots or Paid Parking by All Employees

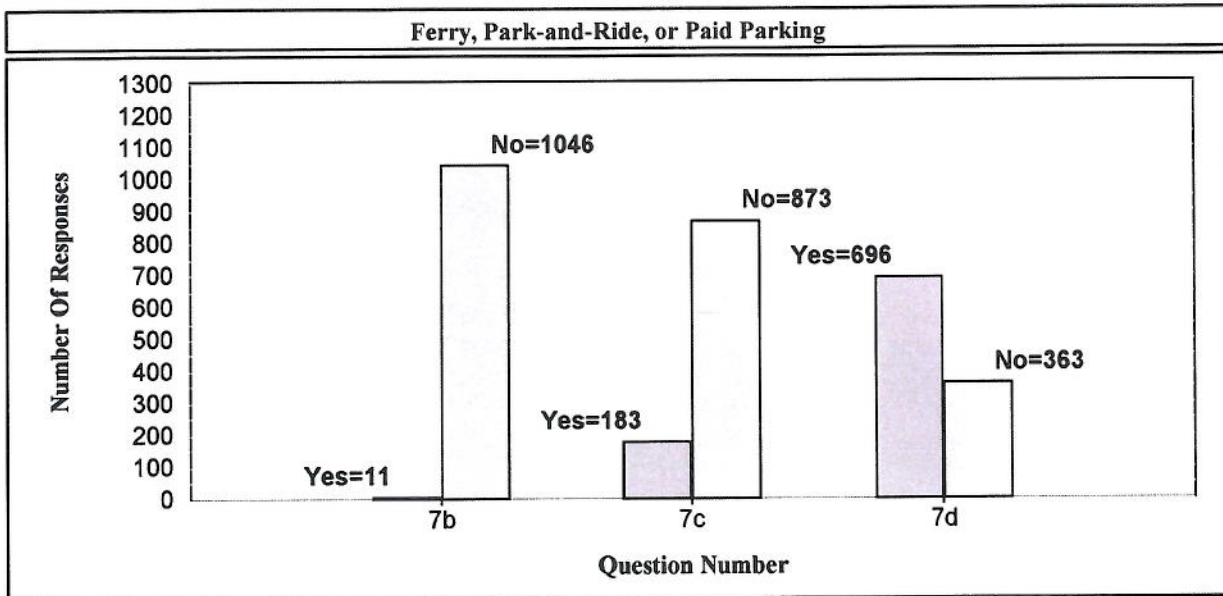
Q.7a. One-way, how many miles do you commute?

Average one-way distance home to work: 12.6 miles

Q.7b. Last week did you ride a ferry as part of your commute?

Q.7c. Last week did you use a park-and-ride lot as part of your commute?

Q.7d. Last week did you pay for parking as part of your commute?



Employer ID: E82800

Preferred Incentives by All Employees

Q.9 If you drive alone to work, which of the following would most encourage you to try using an alternative to driving alone? (Respondents asked to select the three incentives most important to them.)

Preferred Incentive	# of Responses	% of all Responses
Opportunity to work at home(telework)	87	6.7%
On-site food service or kitchen facility	7	0.5%
An employer-provided car for work purposes during work hours	65	5%
Personalized help forming a carpool or vanpool	58	4.5%
on-site childcare, banking, dry cleaning, fitness center or other services	46	3.5%
A financial subsidy for giving up your parking space	38	2.9%
Priority, reserved, or discounted parking for carpools and vanpools	33	2.5%
Lockers and showers for walkers and bicyclists	31	2.4%
Personalized help finding bus times and routes	27	2.1%
Transportation during lunch or breaks for personal errands	22	1.7%
Improved security at park-and-ride lots	21	1.6%
More frequent bus service at the worksite	190	14.6%
Other:	180	13.9%
More information about commute alternatives	18	1.4%
A financial incentive (allowance/subsidy) for using an alternative to driving alone	170	13.1%
More spaces at park-and-ride lots	15	1.2%
An immediate ride home in case of an emergency(guaranteed ride home)	144	11.1%
Secured, covered parking for your bicycle	14	1.1%
A more flexible work schedule to meet carpools, vanpools, the bus,etc.	132	10.2%

Employer ID: E82800

Likelihood of Trying Alternative Modes (Percentage of All Employees)

Q.10: How likely would you be to try the following ways of getting to work?

Mode	Do Now	Likely	Not Likely	Not an Option	# of Responses
Carpool	19.9%	30.3%	25.7%	11.6%	933
Vanpool	10.6%	22.8%	35.9%	14.8%	897
Bus	25.7%	22.0%	26.5%	13.1%	932
Train	2.7%	6.6%	14.7%	55.6%	849
Bicycle	13.0%	16.2%	27.6%	27.0%	895
Walking	12.1%	8.0%	20.3%	41.7%	876
Telework	7.3%	16.7%	8.6%	48.9%	870
CWW	16.9%	20.0%	11.2%	33.3%	867

Employee Transit Use - All Employees

Q.11: Last week, how many one-way transit or walk-on ferry rides did you take on each listed below (for any purpose, not just getting to and from work)?

Trips / Week	Employees Making This Many Transit Trips in a Week									
	King County Metro	Sound Transit	Community Transit	Pierce Transit	Kitsap Transit	Intercity Transit	Everett Transit	Island Transit	Ferry As Walk-On	Other Transit
1	26	13	3	0	0	1	0	0	2	0
2	31	14	5	0	0	0	0	0	1	0
3	9	1	0	0	0	0	0	0	0	0
4	28	5	5	0	1	0	0	0	0	0
5	21	5	2	1	1	0	0	0	0	0
6	12	1	0	1	1	0	0	0	2	0
7	2	2	0	0	0	0	0	0	0	0
8	15	3	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0
10	24	0	2	0	0	0	0	0	0	0
11 or more	15	0	0	0	0	0	0	0	0	0
# Of Employees using Transit	183	44	17	2	3	1	0	0	5	0
Total One-Way Transit Trips Per Week	995	133	63	11	15	1	0	0	16	0



Employer ID: E82800

Employee Transit Use - Affected Employees

Q.11: Last week, how many one-way transit or walk-on ferry rides did you take on each listed below (for any purpose, not just getting to and from work)?

Trips / Week	Employees Making This Many Transit Trips in a Week									
	King County Metro	Sound Transit	Community Transit	Pierce Transit	Kitsap Transit	Intercity Transit	Everett Transit	Island Transit	Ferry As Walk-On	Other Transit
1	13	8	3	0	0	1	0	0	2	0
2	19	8	3	0	0	0	0	0	1	0
3	4	1	0	0	0	0	0	0	0	0
4	20	5	2	0	0	0	0	0	0	0
5	15	4	2	1	1	0	0	0	0	0
6	7	1	0	0	0	0	0	0	0	0
7	1	0	0	0	0	0	0	0	0	0
8	13	2	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0
10	23	0	2	0	0	0	0	0	0	0
11 or more	10	0	0	0	0	0	0	0	0	0
# Of Employees using Transit	125	29	12	1	1	1	0	0	3	0
Total One-Way Transit Trips Per Week	742	89	47	5	5	1	0	0	4	0



Employer ID: E82800

Commute Mode By ZipCode for All Employees

Q8. What is your home zip code?

Home Zip code	Total Employees	Employee Percentage	Weekly Count of Trips By Mode												
			Drive Alone	Carpool	Vanpool	Motorcycle	Bus	Train	Bike	Walk	Telework	CWW	Ferry (car/van/bus)	Ferry (walk-on)	Other
98115	107	10.03	147	43	1	3	51	0	98	74	7	18	0	0	0
98105	74	6.94	55	8	0	0	10	0	31	202	12	6	0	0	0
98125	54	5.06	73	36	3	0	77	0	12	5	5	1	0	0	0
98103	53	4.97	97	14	3	0	40	1	22	12	6	16	0	0	0
98155	51	4.78	104	39	5	0	31	0	20	5	3	5	0	0	0
98133	39	3.66	77	20	0	5	42	0	10	4	1	15	0	0	0
98107	32	3.00	34	23	12	5	30	0	29	1	0	8	0	0	0
98012	23	2.16	49	11	13	0	5	0	0	1	0	2	0	0	0
98026	22	2.06	56	12	10	5	6	0	0	0	1	1	0	0	0
98117	22	2.06	51	10	10	0	4	0	13	0	0	9	0	0	0
98122	19	1.78	27	11	0	0	24	0	9	1	1	3	0	0	0
98102	19	1.78	21	10	2	0	27	0	7	5	6	3	0	0	0
98036	19	1.78	47	11	10	0	10	0	2	0	0	8	0	0	0
98020	17	1.59	45	2	4	0	19	0	2	0	3	2	0	0	0
98034	16	1.50	26	22	3	4	13	0	0	0	0	2	0	0	0
98043	16	1.50	37	13	1	0	16	0	0	0	0	1	0	0	0
98118	16	1.50	52	1	0	0	11	3	3	0	1	4	0	0	0
98177	16	1.50	25	7	0	0	7	0	13	1	2	0	0	0	0
98109	14	1.31	30	2	0	0	9	0	3	0	0	11	0	0	0
98112	14	1.31	36	3	0	1	9	0	5	0	0	0	0	0	0
98144	13	1.22	34	5	0	0	7	0	3	1	2	0	0	0	0
98028	13	1.22	35	5	6	0	9	0	1	0	0	0	0	0	0
98021	12	1.12	31	10	0	0	9	0	0	0	1	4	0	0	0
98116	12	1.12	24	0	10	2	10	0	0	0	1	3	0	0	0
99999 (invalid)	12	1.12	21	8	0	0	0	0	0	0	2	0	0	0	0
98199	11	1.03	35	1	0	0	13	1	1	0	0	2	0	0	0
98208	11	1.03	20	4	17	0	1	0	2	1	2	2	0	0	0
98119	10	0.94	12	6	0	3	11	0	9	0	1	4	0	0	0



Weekly Count of Trips By Mode

Home Zip code	Total Employees	Employee Percentage	Drive Alone	Carpool	Vanpool	Motorcycle	Bus	Train	Bike	Walk	Telework	CWW	Ferry (car/van/bus)	Ferry (walk-on)	Other
98126	10	0.94	18	4	5	3	7	0	0	0	0	3	0	0	0
98087	10	0.94	23	9	6	2	3	0	0	1	0	1	0	0	0
98042	10	0.94	18	0	7	0	11	4	0	2	1	2	0	0	0
98011	10	0.94	26	2	2	0	0	0	3	0	0	0	0	0	0
98006	9	0.84	19	9	3	0	2	0	3	0	0	3	0	0	0
98004	9	0.84	19	1	3	0	12	0	2	0	0	0	0	0	0
98040	9	0.84	31	1	2	0	3	0	0	0	0	0	0	0	0
98059	9	0.84	22	6	8	1	0	0	0	0	2	6	0	0	0
98033	8	0.75	14	0	5	0	8	0	0	0	0	1	0	0	0
98023	8	0.75	11	1	13	0	4	0	0	0	0	3	0	0	0
98296	8	0.75	13	6	4	0	3	0	0	0	2	4	0	0	0
98203	7	0.66	11	12	8	0	0	0	0	0	0	0	0	0	0
98178	7	0.66	23	0	0	0	5	0	0	0	0	0	0	0	0
98038	7	0.66	12	0	15	0	0	0	0	0	0	2	0	0	0
98121	7	0.66	20	0	0	0	2	0	0	1	0	4	0	0	0
98072	6	0.56	8	0	2	0	12	0	0	0	0	0	0	0	0
98106	6	0.56	14	0	0	0	7	0	0	0	0	0	0	0	0
98188	6	0.56	10	1	0	0	3	9	0	0	0	0	0	0	0
98275	5	0.47	5	4	7	0	2	0	0	0	0	5	0	0	0
98290	5	0.47	15	2	0	0	0	0	0	0	0	0	0	0	0
98108	5	0.47	15	2	0	0	0	1	0	0	0	1	0	0	0
98037	5	0.47	13	1	5	3	0	0	2	0	0	0	0	0	0
98031	5	0.47	14	1	4	0	0	0	5	0	0	0	0	0	0
98052	5	0.47	18	0	0	0	0	0	0	0	0	1	0	0	0
98027	5	0.47	4	8	4	0	0	0	0	0	0	0	0	0	0
98005	5	0.47	19	0	3	4	0	0	0	0	0	0	0	0	0
98007	5	0.47	16	2	2	0	0	0	3	0	0	0	0	0	0
98008	5	0.47	5	2	4	0	5	0	0	0	0	0	0	0	0
98003	4	0.37	10	4	0	0	4	0	0	0	0	0	0	0	0
98029	4	0.37	14	0	0	0	0	0	0	0	0	3	0	0	0
98030	4	0.37	9	1	0	0	2	8	0	0	0	0	0	0	0
98092	4	0.37	9	0	0	0	0	9	0	0	0	2	0	0	0
98065	4	0.37	15	0	1	0	0	0	0	0	1	0	0	0	0



Weekly Count of Trips By Mode

Home Zip code	Total Employees	Employee Percentage	Drive Alone	Carpool	Vanpool	Motorcycle	Bus	Train	Bike	Walk	Telework	CWW	Ferry (car/van/bus)	Ferry (walk-on)	Other
98077	4	0.37	6	5	0	0	4	0	0	0	0	4	0	0	0
98058	4	0.37	5	4	9	0	0	0	0	0	0	0	0	0	0
98146	4	0.37	5	0	5	0	10	0	0	0	0	0	0	0	0
98136	4	0.37	9	0	2	0	5	0	2	0	0	4	0	0	0
98272	4	0.37	10	0	0	0	2	0	0	0	2	6	0	0	0
98270	4	0.37	3	0	13	0	0	0	0	0	0	2	0	0	0
98166	4	0.37	10	0	8	0	0	0	0	0	1	0	0	0	0
98168	4	0.37	0	2	12	0	0	0	0	0	0	0	0	0	0
98204	4	0.37	6	5	0	0	8	0	0	0	0	0	0	0	0
98258	3	0.28	5	0	6	1	0	0	0	0	0	0	0	0	0
98260	3	0.28	2	4	0	0	0	0	0	0	0	0	0	0	0
98198	3	0.28	10	3	0	0	0	0	0	0	0	0	0	0	0
98375	3	0.28	6	0	0	0	0	0	5	0	0	0	0	0	0
98391	3	0.28	2	6	0	0	0	2	0	0	1	0	0	0	0
98407	3	0.28	5	3	0	0	4	0	0	0	0	1	0	0	0
98101	3	0.28	0	0	0	0	6	0	2	0	0	1	0	0	0
98002	3	0.28	3	8	0	0	0	0	0	0	0	0	0	0	0
98032	3	0.28	4	5	0	0	0	4	0	0	0	0	0	0	0
98019	2	0.19	7	0	0	0	0	0	0	0	0	0	0	0	0
98055	2	0.19	9	0	0	0	0	0	0	0	0	0	0	0	0
98056	2	0.19	0	5	5	0	0	0	0	0	0	0	0	0	0
98148	2	0.19	8	0	0	0	0	0	0	0	0	0	0	0	0
98110	2	0.19	0	0	0	0	3	0	0	0	0	2	0	3	0
98404	2	0.19	1	1	0	0	10	0	0	0	0	0	2	0	0
98201	2	0.19	5	0	0	0	0	0	0	0	0	0	0	0	0
98223	1	0.09	5	0	0	0	0	0	0	0	0	0	0	0	0
98226	1	0.09	3	0	0	0	0	0	0	0	0	0	0	0	0
98230	1	0.09	3	0	0	0	0	0	0	0	0	0	0	0	0
98248	1	0.09	5	0	0	0	0	0	0	0	0	0	0	0	0
98376	1	0.09	3	0	0	0	0	0	0	0	0	0	0	0	0
98390	1	0.09	5	0	0	0	0	0	0	0	0	0	0	0	0
98271	1	0.09	4	1	0	0	0	0	0	0	0	0	0	0	0
98282	1	0.09	5	0	0	0	0	0	0	0	0	0	0	0	0



Weekly Count of Trips By Mode

Home Zip code	Total Employees	Employee Percentage	Drive Alone	Carpool	Vanpool	Motorcycle	Bus	Train	Bike	Walk	Telework	CW/W	Ferry (car/van/bus)	Ferry (walk-on)	Other
98321	1	0.09	0	0	0	0	2	1	0	0	0	0	0	0	0
98332	1	0.09	0	0	5	0	0	0	0	0	0	0	0	0	0
98342	1	0.09	0	0	0	0	5	0	0	0	0	0	0	0	0
98346	1	0.09	2	0	0	0	0	0	1	0	1	0	0	0	0
98360	1	0.09	0	0	3	0	0	0	0	0	0	2	0	0	0
98370	1	0.09	0	0	0	0	0	0	0	0	2	0	2	0	0
98371	1	0.09	2	0	0	0	1	0	0	0	1	0	0	0	0
98374	1	0.09	3	0	0	0	0	0	0	0	0	0	0	0	0
98405	1	0.09	0	0	0	3	1	0	0	0	0	0	0	0	0
98406	1	0.09	0	0	2	0	0	0	0	0	0	0	0	0	0
98402	1	0.09	0	0	0	0	0	3	0	0	1	0	0	0	0
98403	1	0.09	0	0	0	0	4	0	0	0	0	0	0	0	0
98422	1	0.09	4	0	0	0	0	0	0	0	0	0	0	0	0
98424	1	0.09	0	0	3	0	0	0	0	0	0	4	0	0	0
98444	1	0.09	1	0	0	0	4	0	0	0	0	0	0	0	0
98446	1	0.09	0	0	0	0	4	0	0	0	0	0	0	0	0
98466	1	0.09	2	0	0	0	1	0	0	0	0	4	0	0	0
98502	1	0.09	2	1	0	0	1	0	0	0	0	0	0	0	0
98513	1	0.09	0	0	0	0	0	0	0	0	0	0	0	0	0
99251	1	0.09	0	0	0	0	0	0	0	3	0	0	0	0	0
98063	1	0.09	6	0	0	0	0	0	0	0	0	0	0	0	0
98074	1	0.09	0	0	0	0	0	0	0	0	0	0	0	0	0
98075	1	0.09	2	0	0	0	0	0	0	0	0	0	0	0	0
98057	1	0.09	4	0	0	0	0	0	0	0	0	1	0	0	0
98053	1	0.09	3	0	0	0	0	0	0	0	0	4	0	0	0
98051	1	0.09	4	0	0	0	0	0	0	0	0	0	0	0	0
98039	1	0.09	0	0	0	0	4	0	0	0	0	0	0	0	0
98001	1	0.09	0	0	5	0	0	0	0	0	0	0	0	0	0
98014	1	0.09	0	3	0	0	0	0	0	0	0	0	0	0	0

V. Shuttle System Schedule

Parking lots

E1			
TO HOSPITAL		TO E1	
E1	Hospital	Hospital	E1
5:32 a.m.	5:37 a.m.	5:32 a.m.	5:37 a.m.
5:40	5:45	5:48	5:53
5:47	5:52	5:56	6:01
5:54	5:59	6:02	6:07
6:02	6:07	6:10	6:15
6:09	6:14	6:18	6:23
6:16	6:21	6:25	6:30
6:24	6:29	6:32	6:37
6:31	6:36	6:40	6:45
6:38	6:43	6:47	6:52
6:46	6:51	6:54	6:59
6:53	6:58	7:02	7:07
7:00	7:05	7:09	7:14
7:08	7:13	7:16	7:21
7:15	7:20	7:24	7:29
7:22	7:27	7:31	7:36
7:30	7:35	7:38	7:43
7:37	7:42	7:46	7:51
7:44	7:49	7:53	7:58
7:52	7:57	8:00	8:05
7:59	8:04	8:08	8:13
8:06	8:11	8:15	8:20
8:14	8:19	8:22	8:27
8:21	8:26	8:30	8:35
8:28	8:33	8:37	8:42
8:36	8:41	8:44	8:49
8:43	8:48	8:52	8:57
8:50	8:55	8:59	9:04
8:58	9:03	9:14	9:19
9:05	9:10	9:26	9:31
9:20	9:25	-	-
9:42	9:47	-	-

For mid-day E1 service see 'Parking Loop' schedule.

3:00 p.m.		3:01 p.m.	
3:10	3:15	3:18	3:25
3:18	3:23	3:26	3:33
3:26	3:31	3:34	3:41
3:34	3:39	3:42	3:49
3:42	3:47	3:50	3:57
3:50	3:55	3:58	4:05
3:58	4:03	4:06	4:13
4:06	4:11	4:14	4:21
4:14	4:19	4:22	4:29
4:22	4:27	4:30	4:37
4:30	4:35	4:38	4:45
4:38	4:43	4:46	4:53
4:46	4:51	4:54	5:01
4:54	4:59	5:02	5:09
5:02	5:07	5:10	5:17
5:10	5:15	5:18	5:25
5:18	5:23	5:26	5:33
5:26	5:31	5:34	5:41
5:34	5:39	5:42	5:49
5:42	5:47	5:50	5:57
5:50	5:55	5:58	6:05
5:58	6:03	6:06	6:13
6:06	6:11	6:14	6:19
6:14	6:19	6:22	6:28
6:20	6:25	6:30	6:35
6:28	6:33	6:36	6:41
6:36	6:41	6:46	6:51
6:42	6:47	6:52	7:03
6:52	6:57	7:06	7:13
7:14	7:19	7:17	7:22
7:23	7:28	7:33	7:38
7:39	7:44	7:44	7:49
7:50	7:55	7:55	8:00
8:01	8:06	8:06	8:11
8:12	8:17	8:17	8:22
8:23	8:28	8:28	8:33
8:34	8:39	8:39	8:44
8:45	8:50	8:50	8:55
8:56	9:01	9:01	9:06

Church/Archives			
TO HOSPITAL		TO CHURCH/ARCHIVES	
Church/Archives	Hospital	Hospital	Church/Archives
5:43 a.m.	5:48 a.m.	5:37 a.m.	5:42 a.m.
5:51	5:56	5:45	5:50
5:58	6:03	5:52	5:57
6:00	6:05	5:55	5:59
6:05	6:10	5:59	6:04
6:13	6:18	6:07	6:12
6:15	6:20	6:10	6:14
6:20	6:25	6:14	6:19
6:27	6:32	6:21	6:26
6:30	6:35	6:25	6:29
6:35	6:40	6:29	6:34
6:42	6:47	6:36	6:41
6:45	6:50	6:40	6:44
6:49	6:54	6:43	6:48
6:57	7:02	6:51	6:56
7:00	7:05	6:55	6:59
7:04	7:09	6:58	7:03
7:11	7:16	7:05	7:10
7:15	7:20	7:10	7:14
7:19	7:24	7:13	7:18
7:26	7:31	7:20	7:25
7:30	7:35	7:25	7:29
7:33	7:38	7:27	7:32
7:41	7:46	7:35	7:40
7:45	7:50	7:40	7:44
7:48	7:53	7:42	7:47
7:55	8:00	7:49	7:54
8:00	8:05	7:55	7:59
8:05	8:10	7:57	8:02
8:10	8:15	8:04	8:09
8:17	8:22	8:11	8:16
8:25	8:30	8:19	8:24
8:32	8:37	8:26	8:31
8:39	8:44	8:33	8:38
8:47	8:52	8:41	8:46
8:54	8:59	8:48	8:53
9:01	9:06	8:55	9:00
9:09	9:14	9:03	9:08
9:16	9:21	9:10	9:15
9:31	9:36	9:25	9:30
9:53	9:58	9:47	9:52

For mid-day Church/Archives service, see 'Parking Loop' schedule.

2:50 p.m.		2:55 p.m.	
3:06	3:11	3:06	3:11
3:12	3:18	3:12	3:18
3:21	3:26	3:23	3:28
3:29	3:34	3:31	3:36
3:37	3:42	3:39	3:44
3:45	3:50	3:47	3:52
3:53	3:58	3:55	4:00
4:01	4:06	4:03	4:08
4:09	4:14	4:11	4:16
4:17	4:22	4:19	4:24
4:25	4:30	4:27	4:32
4:33	4:38	4:35	4:40
4:41	4:46	4:43	4:48
4:49	4:54	4:51	4:56
4:57	5:02	4:59	5:04
5:05	5:10	5:07	5:12
5:13	5:18	5:15	5:20
5:21	5:26	5:23	5:28
5:29	5:34	5:31	5:36
5:37	5:42	5:39	5:44
5:45	5:50	5:47	5:52
5:53	5:58	5:55	6:00
6:01	6:06	6:03	6:08
6:09	6:14	6:11	6:16
6:17	6:22	6:19	6:24
6:25	6:30	6:25	6:30
6:31	6:36	6:35	6:40
6:41	6:46	6:41	6:46
6:47	6:52	6:47	6:52
6:53	6:58	6:57	7:02
7:03	7:08	7:06	7:11
7:12	7:17	7:14	7:19
7:20	7:25	7:22	7:27
7:28	7:33	7:26	7:31
7:32	7:37	7:33	7:38
7:39	7:44	7:38	7:43
7:44	7:49	7:44	7:49
7:50	7:55	7:50	7:55
7:56	8:01	7:55	8:00
8:01	8:06	8:02	8:07
8:12	8:17	8:06	8:11
8:23	8:28	8:17	8:22
8:34	8:39	8:28	8:33
8:45	8:50	8:39	8:44
8:56	9:01	8:50	8:55
-	-	9:01	9:06

Magnuson Park			
TO HOSPITAL		TO MAGNUSON	
Magnuson	Hospital	Hospital	Magnuson
5:25 a.m.	5:32 a.m.	5:37 a.m.	5:44 a.m.
5:30	5:37	5:52	5:59
5:45	5:52	6:00	6:07
5:52	5:59	6:07	6:14
6:00	6:07	6:14	6:21
6:08	6:15	6:15	6:22
6:15	6:22	6:22	6:29
6:23	6:30	6:30	6:37
6:30	6:37	6:37	6:44
6:38	6:45	6:45	6:52
6:45	6:52	6:52	6:59
6:53	7:00	7:00	7:07
7:00	7:07	7:07	7:14
7:08	7:15	7:15	7:22
7:15	7:22	7:22	7:29
7:23	7:30	7:30	7:37
7:30	7:37	7:37	7:44
7:38	7:45	7:45	7:52
7:45	7:52	7:52	7:59
7:53	8:00	8:00	8:07
8:00	8:07	8:07	8:14
8:08	8:15	8:15	8:22
8:15	8:22	8:22	8:29
8:23	8:30	8:30	8:37
8:30	8:37	8:37	8:44
8:38	8:45	8:45	8:52
8:45	8:52	8:52	8:59
8:53	9:00	9:00	9:07
9:00	9:07	9:07	9:14
9:08	9:15	9:15	9:22
9:15	9:22	9:22	9:29
9:23	9:30	9:30	9:37
9:30	9:37	9:37	9:44
9:38	9:45	9:45	9:52
9:45	9:52	9:52	10:00
10:00	10:07	10:07	10:14
10:08	10:15	10:15	10:22

For mid-day, Magnuson service, see 'Parking Loop' schedule.

3:00 p.m.		3:07 p.m.	
3:08	3:15	3:15	3:22
3:15	3:22	3:22	3:29
3:23	3:30	3:30	3:37
3:30	3:37	3:37	3:44
3:38	3:45	3:45	3:52
3:45	3:52	3:52	3:59
3:53	4:00	4:00	4:07
4:00	4:07	4:07	4:14
4:08	4:15	4:15	4:22
4:15	4:22	4:22	4:29
4:23	4:30	4:30	4:37
4:30	4:37	4:37	4:44
4:38	4:45	4:45	4:52
4:45	4:52	4:52	4:59
4:53	5:00	5:00	5:07
5:00	5:07	5:07	5:14
5:08	5:15	5:15	5:22
5:15	5:22	5:22	5:29
5:23	5:30	5:30	5:37
5:30	5:37	5:37	5:44
5:38	5:45	5:45	5:52
5:45	5:52	5:52	5:59
5:53	6:00	6:00	6:07
6:00	6:07	6:07	6:14
6:08	6:15	6:15	6:22
6:15	6:22	6:22	6:29
6:23	6:30	6:30	6:37
6:30	6:37	6:37	6:44
6:38	6:45	6:45	6:52
6:45	6:52	6:52	6:59
6:53	7:00	7:00	7:07
7:00	7:07	7:07	7:14
7:08	7:15	7:15	7:22
7:15	7:22	7:22	7:29
7:23	7:30	7:30	7:37
7:30	7:37	7:37	7:44
7:38	7:45	7:45	7:52
7:45	7:52	7:52	7:59
7:53	8:00	8:00	8:07
8:00	8:07	8:07	8:14
8:08	8:15	8:15	8:22
8:15	8:22	8:22	8:29
8:23	8:30	8:30	8:37
8:30	8:37	8:37	8:44

Parking Loop					
Operates from 10 a.m. to 3 p.m.					
Hospital	Magnuson	Church/Archives	Hospital	E1	Hospital
10:10	10:17	10:22	10:27	10:34	10:40
10:40	10:47	10:52	10:57	11:04	11:10
11:10	11:17	11:22	11:27	11:34	11:40
11:40	11:47	11:52	11:57	12:04 p.m.	12:10
12:10 p.m.	12:17	12:22	12:27	12:34	12:40
12:40	12:47	12:52	12:57	1:04	1:10
1:10	1:17	1:22	1:27	1:34	1:40
1:40	1:47	1:52	1:57	2:04	2:10
1:52	1:59	2:04	2:09	2:17	2:23
-	-	-	-	2:26	2:32
2:10	2:17	2:22	2:27	-	-
2:23	2:30	2:35	2:40	2:47	2:53
2:32	2:39	2:46	2:51	2:59	-

Useful Phone Numbers

Commuter Services:
987-5500

Security:
987-2030

Children's Emergency
Information Hotline:
987-2484

Locations Served



Shuttle Map & Schedule

Revised January 2011

Worksite and transit service:

Orange Line

Serving: 70th & Sand Point Way • Hospital

Purple Line

Serving: Roosevelt Commons • Hospital

Worksite and transit

Orange Line			Green Line				Green Line				Orange Line			
TO HOSPITAL			TO DOWNTOWN				TO HOSPITAL				TO 70TH & SPW			
connecting service to Downtown											connecting service to 70th & SPW			
70th & Sand Point Way	Hospital (arrive)	Hospital (depart)	Roosevelt Commons	West 8th/ Building 1	Pacific Place	Met Park West	West 8th/ Building 1	Pacific Place	Met Park West	Roosevelt Commons	Hospital (arrive)	Hospital (depart)	70th & Sand Point Way	
					5:06 a.m.	5:11 a.m.		5:06 a.m.	5:11 a.m.	-	5:25 a.m.			
					5:26	5:31		5:26	5:31	-	5:40			
					5:39	5:42		5:39	5:42		5:55	6:11 a.m.	6:18 a.m.	
					5:58	6:02		5:58	6:02		6:25	6:26	6:33	
					6:08	6:12		6:08	6:12		6:40	6:41	6:48	
					6:23	6:27		6:23	6:27		6:55	6:56	7:03	
					6:33	6:37		6:33	6:37		7:05	7:11	7:16	
					6:48	6:52		6:48	6:52		7:20	7:26	7:31	
					7:03	7:07		7:03	7:07		7:35	7:41	7:48	
					7:18	7:22		7:18	7:22		7:50	7:56	8:03	
					7:33	7:37		7:33	7:37		8:05	8:11	8:16	
					7:48	7:52		7:48	7:52		8:20	8:26	8:33	
					8:03	8:07		8:03	8:07		8:35	8:41	8:48	
					8:22	8:26		8:22	8:26		8:43	8:49	8:53	
					8:37	8:41		8:37	8:41		8:58	9:08	9:16	
					8:56	9:01		8:52	8:56		9:13	9:23	9:33	
					9:07	9:11		9:07	9:11		9:28	9:38	9:48	
					9:22	9:26		9:22	9:26		9:43	9:53	10:03	
					9:37	9:41		9:37	9:41		9:48	10:08	10:18	
					9:52	9:56		9:52	9:56		10:01	10:13	10:23	
					10:07	10:11		10:07	10:11		10:16	10:28	10:38	
					10:22	10:26		10:22	10:26		10:31	10:43	10:53	
					10:37	10:41		10:37	10:41		10:46	10:58	11:08	
					10:52	10:56		10:52	10:56		11:01	11:13	11:23	
					11:07	11:11		11:07	11:11		11:28	11:38	11:48	
					11:22	11:26		11:22	11:26		11:31	11:43	11:53	
					11:37	11:41		11:37	11:41		11:46	11:58	12:10 p.m.	
					11:52	11:56		11:52	11:56		12:01 p.m.	12:13 p.m.	12:25	
					12:01 p.m.	12:18		12:09 p.m.	12:13 p.m.		12:18	12:26	12:38	
					12:24	12:28		12:24	12:28		12:33	12:41	12:53	
					12:39	12:43		12:39	12:43		12:48	12:56	1:08	
					12:54	12:58		12:54	12:58		1:03	1:11	1:23	
					1:09	1:13		1:09	1:13		1:18	1:26	1:38	
					1:24	1:28		1:24	1:28		1:33	1:41	1:53	
					1:39	1:43		1:39	1:43		1:48	1:58	2:10	
					1:54	1:58		1:54	1:58		2:03	2:13	2:25	
					2:09	2:13		2:09	2:13		2:18	2:28	2:40	
					2:24	2:28		2:24	2:28		2:33	2:43	2:55	
					2:39	2:43		2:39	2:43		2:48	2:58	3:10	
					2:54	2:58		2:54	2:58		3:03	3:13	3:25	
					3:09	3:13		3:09	3:13		3:18	3:40	3:44	
					3:24	3:33		3:24	3:33		3:36	3:52	4:01	
					3:39	3:44		3:39	3:44		3:50	4:09	4:18	
					3:57	4:02		3:57	4:02		4:08	4:27	4:31	
					4:12	4:17		4:12	4:17		4:23	4:42	4:46	
					4:27	4:32		4:27	4:32		4:38	4:57	5:01	
					4:42	4:47		4:42	4:47		4:53	5:12	5:16	
					4:57	5:08		4:57	5:08		5:08	5:27	5:31	
					5:12	5:17		5:12	5:17		5:23	5:42	5:46	
					5:27	5:32		5:27	5:32		5:38	5:57	6:01	
					5:42	5:47		5:42	5:47		5:53	6:18	6:23	
					5:57	6:02		5:57	6:02		6:08	6:27		
					6:12	6:17		6:12	6:17		6:23	6:42		
					6:27	6:32		6:27	6:32		6:38	6:57		
					6:42	6:47		6:42	6:47		6:53	7:12		
					6:57	7:02		6:57	7:02		7:08	7:27		
					7:12	7:16		7:12	7:16		7:20	-	7:36	
					7:27	7:31		7:27	7:31		7:35	-	7:51	
					7:42	7:46		7:42	7:46		7:50	-	8:06	
					7:57	8:01		7:57	8:01		8:05	-	8:21	
					8:13	8:17		8:13	8:17		8:21	-	8:37	
					8:28	8:32		8:28	8:32		8:36	-	8:52	

VI. Community Benefit Report

Seattle Children's

Community Benefit Report 2011



Our 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.

Our Vision

We will be the best children's hospital.

- We will provide patients and their families excellent care with compassion and respect.
- We will provide superior, accessible, cost-effective service.
- We will attract and retain the best talent at all levels of the organization.
- We will be one of the top five pediatric research institutions.
- We will be the nation's premier pediatric educators.
- We will achieve worldwide prominence by integrating patient care, research, education and advocacy.



Letter from our Chief Executive Officer

At Seattle Children's, we're always thinking of the health and well-being of every child and family in the community. It is our mission and our passion.

Our staff and faculty members reach beyond our campus every day to provide programs, services, education and research to make children and families safer and healthier where they live. Our 2011 community benefit report describes some of the ways Children's responds to community needs as we strive to prevent, treat and eliminate pediatric disease.

I'm proud to report that the total value of our investment in the community in 2011 was \$220,035,000 — with a little less than half going to uncompensated care.

With help from families and leaders in community organizations and public health agencies, we're "taking the temperature" of children and families with a comprehensive community health needs assessment to make sure our investment is meeting their most urgent needs.

One of the top health concerns that has surfaced in our community health assessment is obesity. Obesity is an epidemic that is sweeping the country. About 11% of high school youth in Washington state are obese and 14 to 16% are overweight. One in five high-school youths in King County is overweight. On each section of our community benefit report we highlight examples of how we are addressing this serious health issue in partnership with public health, community organizations and families.

Building a safe and healthy future for children and families is a big job. We couldn't do this work without your support. Thank you.

Sincerely,

Tom Hansen, MD
CEO, Seattle Children's

COVER

Left: Children's partners with Seattle Parks and Recreation to increase swim lesson scholarships at pools like Medgar Evers in the Central District.

Top Right: We tackle the obesity epidemic through many approaches. For example, Odessa Brown Children's Clinic nutritionist Linda Murtfeldt teaches cooking classes where families can learn strategies for making nutritious meals on a tight budget.

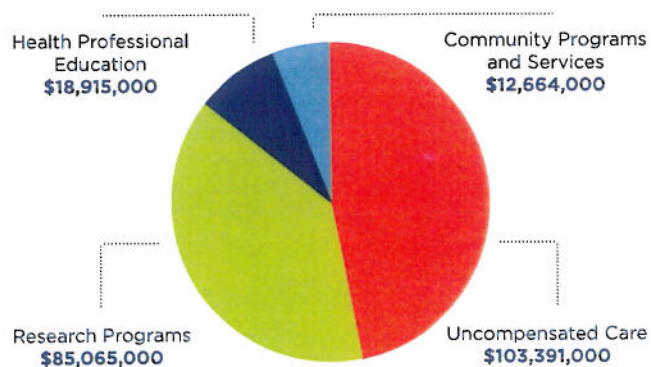
Bottom Right: One of our community benefit priorities is to provide coordinated care for children with chronic conditions.



The Kohl's Health and Safety Van Program at Seattle Children's provides free, custom-fit helmets to kids ages 1 - 18 years old, across Washington State. Here, Juan Fernandez from the hospital's Interpreter Services, fits a helmet on a young bike rider from Yakima, Wash.

Total 2011 Value to the Community: \$220,035,000

Our community benefit investment in patient care and research, in educating healthcare professionals and in community programs and services reflects Children's commitment to preventing, treating and eliminating pediatric disease.



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Learn more about the ways we benefit our community at www.seattlechildrens.org/about/community-benefit/.