



City of Seattle
 Seattle Department of Neighborhoods
 Bernie Matsuno, Director

**SWEDISH MEDICAL CENTER CHERRY HILL CAMPUS MAJOR INSTITUTIONS
 MASTER PLAN CITIZEN'S ADVISORY COMMITTEE**

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 MASTER PLAN CITIZEN'S
 ADVISORY COMMITTEE**

Committee Members

Katie Porter, Chair

Patrick Carter

Andrew Coates

Dylan Glosecki

Maja Hadlock

Joy Jacobson

Eric J. Oliner

J. Elliot Smith

Laurel Spelman

Mark Tilbe

Jamile Mack

*Swedish Medical
 Center Non-
 management
 Representative*

Nicholas Richter

Committee Alternates

David Letrondo

Ex-officio Members

Steve Sheppard

*Department of
 Neighborhoods*

Stephanie Haines

*Department of
 Planning and
 Development*

Marcia Peterson

*Swedish Medical
 Center Management*

Cristina Van Valkenburgh

*Seattle Department of
 Transportation*

Meeting Notes

Meeting #11

January 16, 2014

Swedish Medical Center

Swedish Cherry Hill Campus

550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter

Andrew Coates

Laurel Spelman

Patrick Carter

Dylan Glosecki

Maja Hadlock

David Letrondo

Nicholas Richter

Members and Alternates Absent

Jamile Mack

Eric Oliner

J. Elliot Smith

Mark Tilbe

Ex-Officio Members Present

Steve Sheppard, DON

Marcia Peterson, SMC

Christina Van Valkenburgh, SDOT

Stephanie Haines, DPD

(See sign-in sheet)

I. Welcome and Introductions

The meeting was opened by Katie Porter. Brief Introductions followed.

II. Housekeeping – Approval of Agenda, Discussion and Possible Adoption of By-Law Change

The agenda was approved without substantive changes.

The floor was opened to a discussion to adopt a by-law change that was proposed by Nicholas Richter during the last meeting. Katie Porter noted that the thrust of the amendment was to require regarding the location of where the meeting will be held. Ms. Porter asked the Committee to read the proposal in its entirety. The suggested working was as follows:

Original Text (Article VI, Section 4)- Section 4. Location: Swedish Medical Center shall arrange a suitable location for Advisory Committee meetings.

Proposed Amendment that would replace the prior text: (Article VI, Section 4) - Section 4. Location: The Advisory Committee public meetings shall take place on Cherry Hill Campus unless previously

approved by vote of the Advisory Committee at a prior meeting or if required by the Department of Neighborhoods of the City of Seattle. Swedish Medical Center shall arrange a suitable location for Advisory Committee meetings. The Education & Conference Center at James Tower will be the default location of all advisory committee meetings. If Swedish is unable to provide space at the Education & Conference Center at James Tower, then notification and clear signage from the Education & Conference Center at James Tower to the new location on the Cherry Hill

Marcia Peterson stated that she believed that this motion was unnecessary. The future meeting locations have already been scheduled. All future meetings are on the Cherry Hill Campus. Unfortunately the meeting location at Cherry Hill was unavailable on that one date due to schedule conflicts.

Mr. Richter mentioned that other locations on the Cherry Hill campus are suitable and appropriate location for these meetings and the amendment ensures that this would be the default location and that changes would have to be noted when meetings were rescheduled.

After brief further discussion the question was called. The vote was 7 in favor and 3 oppose to adopt the by-law change. A quorum being present and the majority in attendance having voted in the affirmative, the motion passes.

III. Public Comments

Katie Porter noted that public testimony is occurring at the start of this meeting.

Comment from Wimsey Cherrington: Ms. Charrington stated that she wished like to thank each Committee member for putting together the comments and also her appreciation for Swedish responses on those comments.

Comment from Linda Arkava: Ms. Arkava stated that she agreed with Committee comments concerning safe walking routes and pedestrian safety. She stated that she strongly advocated the idea of creating safe walkways and recreating 17th Avenue.

Comment from Ellen Sollod: Ms. Sollod stated that she too wished to thank the CAC for all the work that they have done to date. She stated that she was very pleased with the current CAC's comments and is anxious to see Swedish responses. She noted particular concern about the shadow impact, and impacts to the east - particularly between 18th and 19th. She asked how setbacks would be set and whether single family homes are sufficiently protected; she noted that alternative 9 appears to be moving towards a more positive direction.

Comment from Kent Toma: Mr. Toma stated that he would like to echo the sentiments of my neighbors here that Alternatives 8 and 9 are significant steps forward. I am looking forward to see more details at a more granular level. He stated that the consultants who presented the needs and goals analysis appeared to be presenting dates specifically to validate the Swedish need and not as an independent or fresh look. He stated that he supports CAC Dec 12 letter to Stephanie Haines commenting on the MIMP.

Comment from Alleta Van Pelt: Ms. Van Pelt noted that the architect had asked what the Community wanted from Swedish. She responded that as a practicing physician, she would like to see more emphasis on prevention, public health measures, exercise classes, and nutrition classes. I went to the website, there are clinics all over, 42 classes, and 3 are offered in this campus. The future of health care should be research on prevention. If the hospital wants to help this community, focus on prevention,

Comment from Abel Bradshaw: Ms. Bradshaw stated that while she appreciated the work on this, the new alternatives# 8 and 9 are still two massive. SMC still is proposing an increase from 1 million to 3.1 to 2.7 million sq. ft. of development on this campus. This level of development does not belong in this residential neighborhood. This amount of development will result in more pollution, stress, crime, traffic and parking impacts. This is not downtown. This is Squire Park, this is a neighborhood; do not need to build it here.

Comment from Cindy Thelen: Ms. Thelen thanked the CAC for the tone of their comment letter, and expressed surprise regarding the concessions the Swedish and Sabey made. She urged the CAC to keep a critical eye on these projects. There are still 200-240' tall buildings. These are still too tall and the building on 18th Avenue still stretches from Cherry to Jefferson; a 5 story building right behind our houses, no alleys.

Comment from Marlo Dowell: Ms. Dowel note that she is a resident and architect. She noted that as a patient she visited 5 different medical centers and campuses in Seattle and Tacoma. Most were high walled fortresses. She suggested that the Medical Center consider the edges of the campus and look for opportunities to build connections to the community, community retail, landscaping, retail opportunity among the community; and an overall make it more approachable feel to the campus.

Comment from Merlyn Rainwater: Ms. Rainwater stated that she would like to see a Seattle neighborhood greenway, north-south greenway included in the final plan. She expressed her hope that Swedish look beyond the exact edge, and find ways to provide amenities for the broader community, such as improve the bus stop on one side of the street, and do the other side of the street too.

Comment from Vicky Schantarelli' - Ms. Schanterelli thanked the CAC for their work and stated that she was curious concerning the 50 ft. along 18th Avenue. She expressed both doubt concerning the desirability of and concern over the effects of moving various uses to the 18th Avenue site. She noted that the original, 1994 MIMP, included hotels and any other very low-scale development there as a transition to preserve the residential look and feel. She suggested that any higher scale facilities remain on the central campus and not move to 18th Avenue.

Comment from Fred (Last name not given): The commenter noted that he was a neighbor on 19th Avenue. He thanked the CAC for their response to the Swedish plan Swedish for listening to these criticisms. He noted that he is still concerned about the 50' building along the whole length of the block; it cast a really big shadow to the residential neighborhood.

IV. Presentation of Need Calculations (Swedish)

Editor's Note: This presentation referred to a series of power point illustrations and was not easily transferred to written form. Copies of the slide presentation are attached.

Ms. Peterson introduced Terry Martin to make a brief presentation on needs. Ms. Peterson mentioned that she heard from CAC members that they desired more justification concerning the projected need for 3.1 million sq. ft.

Ms. Martin noted that she had been retained to further evaluate the need. She noted that her task was to determine if the 3.1 million square feet of development was valid. It is important to recognize that one of the major factors driving healthcare needs is our aging population. People are living longer, and as they age developing, more chronic illnesses which require complex treatment. We are already seeing the effects of this growing trend. People over 65 admitted to Swedish Medical Center at a rate that is 3.5 times more than people under 65. It requires longer stays in the hospital and more beds devoted to this need.

While King County is projected to grow by a relatively modest 25% between now and 2014, the over 65 populations, is projected to increase 127%. This will have a huge impact in our healthcare system.

Ms. Martin observed the Affordable Health Care Act (AHCA) will clearly affect the future of health care delivery in America. There will be a shift from in-patient to out-patient care as technologies changes, and federal guidelines focus on improves outcomes, integrated systems of care, hospital mergers, more efficiency in the healthcare systems.

Ms. Martin proceeded to go through a power point presentation on projected needs. She noted that the projected increase in the need for space is due to increased participation in the various programs provided by SMC, increased demand for patient beds, and increased demand for medical clinic and research space driven by an increase in the number of Doctors on Campus. In addition; there will be a need for more education space, and long term care. Within the Swedish/Providence System both the Cherry Hill and First Hill Campuses will continue as serve as specialty facilities where the more technically advanced care is provided, usually upon referral from other facilities. All of these factors require increases in available space. For example, education currently uses 73,000 sq. ft. and will have to increase to 150,000 sq. ft. in the future; long term care and assisted living will increase to 50 beds for acute rehab to support the sub specialty services. She stated that here research generally confirmed the Swedish needs projections.

The floor was opened to Committee questions concerning the needs assessment. Dylan Glosecki asked for clarification concerning long-term care. SMC staff responded that the Seattle Rehab Center leases space on campus to provide long term care. It is projected that this need will increase and be more closely integrated into overall hospital operations.

Several members noted that Seattle Children's, UW medicine have located their research facilities elsewhere and particularly in South Lake Union. They asked why this arrangement would not be better for SMC research spaces. SMC staff responded that the research done for Seattle Children's and UW are common bench research. This is basic scientific research and can be done offsite. The Swedish research is much more focused on specific patient evaluation and generally should be done in the hospital setting not a remote site.

V. Presentation of New Alternatives (Swedish)

Ms. Peterson mentioned that they heard the public and the Committees concern regarding the previously presented alternatives and have therefore developed new alternatives for consideration.

John Jex, from Callison Architecture stated that the preliminary draft master plan was resubmitted to the Committee on February 4 for another three week review period. That plan now contains two new alternatives (#8 and #9). He also noted that alternatives #5, 6, 7 are no longer being moved forward. The basic elements of these two alternatives are:

- no MIO boundary expansions
- no street vacation on 16th or 18th,
- less impact on neighborhood through mitigation of bulk and scale
- building setbacks.
- Movement of bulk and height to the center of the campus

In addition building width and depth limits are proposed as well as open space, landscaping. A complete setback package will be submitted.

Mr. Jex noted that for both alternatives #8 and #9 heights along the campus edges with the residential neighborhood have been reduced. No such edge has heights greater than 105 feet. The only exception is along the campus edge with Seattle University. He noted that alternative #8 retains all 3.1 million sq. ft. needed, but that alternative #9 further reduced height and achieves only 2.75 sq. ft. That level of development falls short of meeting SMC's projected long-term needs. There will be fewer long term care beds, fewer hotel beds on campus.

Mr. Jex also noted that various other community amenities are being proposed including improvements at key transit stop, possible community retail and green and open spaces He also noted that the 18th Avenue greenway will propose improvements to 18th including bike lanes

VI. CAC Comments

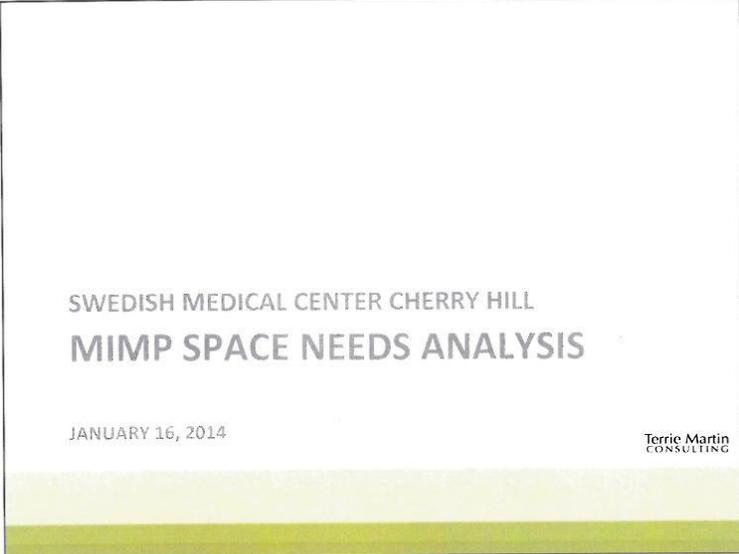
Several members stated that they appreciated the directions proposed in the new alternatives and that SMC reduces the requested sq. footage in alternative #9. Katie Porter observed that the he two sky bridges are still being proposed across 18th. She stated that she continues to look unfavorably upon them. She also stated that heights are still out of scale but that she appreciates Swedish and Sabey for doing this as it is a good place to start discussion about setbacks and boundaries

VIII. Adjournment

No further business introduced to the Committee. The meeting is adjourned.

Insert #1 - Power Point Needs Presentation.

1/16/14

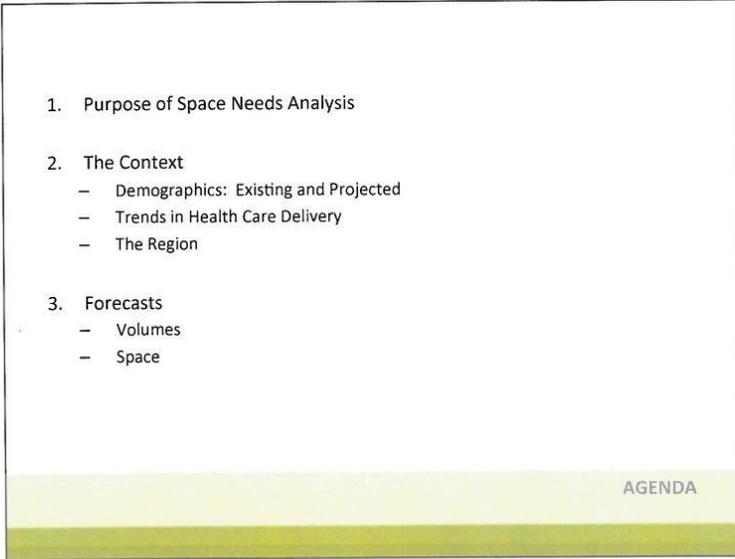


SWEDISH MEDICAL CENTER CHERRY HILL
MIMP SPACE NEEDS ANALYSIS

JANUARY 16, 2014

Terrie Martin
CONSULTING

The slide features a white background with a green gradient bar at the bottom. The title and date are centered, and the consultant's name is in the bottom right corner.



1. Purpose of Space Needs Analysis
2. The Context
 - Demographics: Existing and Projected
 - Trends in Health Care Delivery
 - The Region
3. Forecasts
 - Volumes
 - Space

AGENDA

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1/16/14

To validate and refine future space needs on the Campus by type of space

1. Hospital
2. Clinical/Research
3. Education
4. Hotel
5. Long Term Care/Assisted Living/ Skilled Nursing
6. Other Campus Support

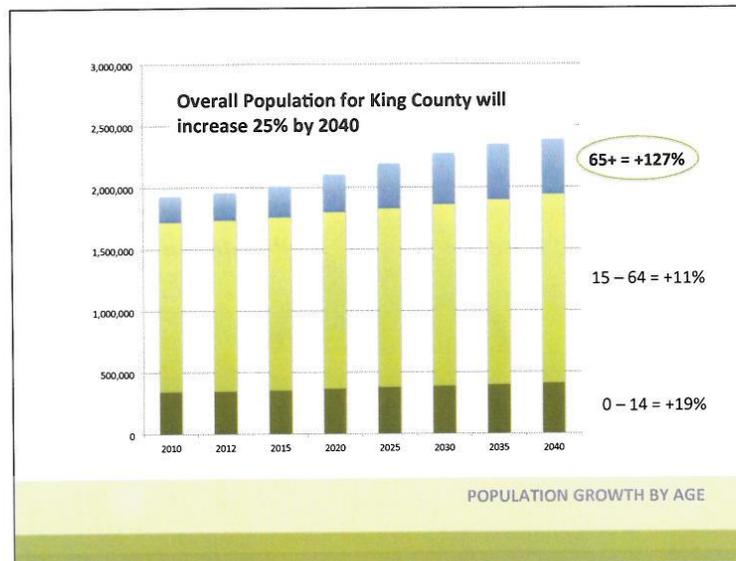
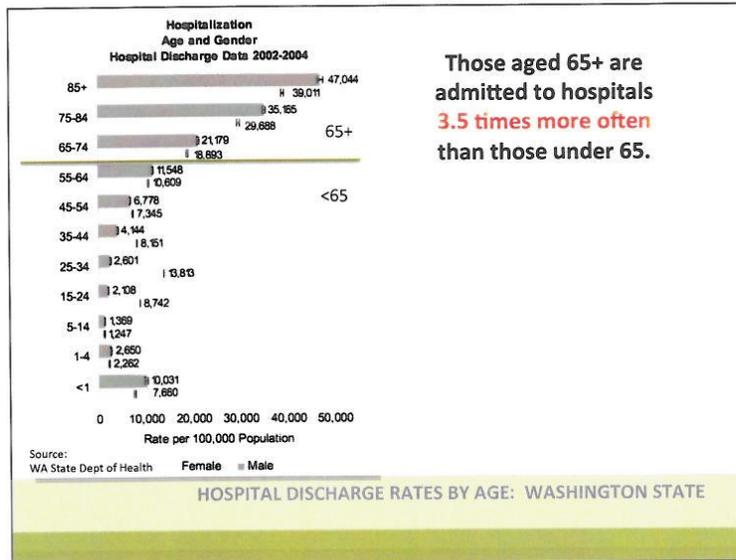
PURPOSE OF SPACE NEEDS ANALYSIS

Aging Population

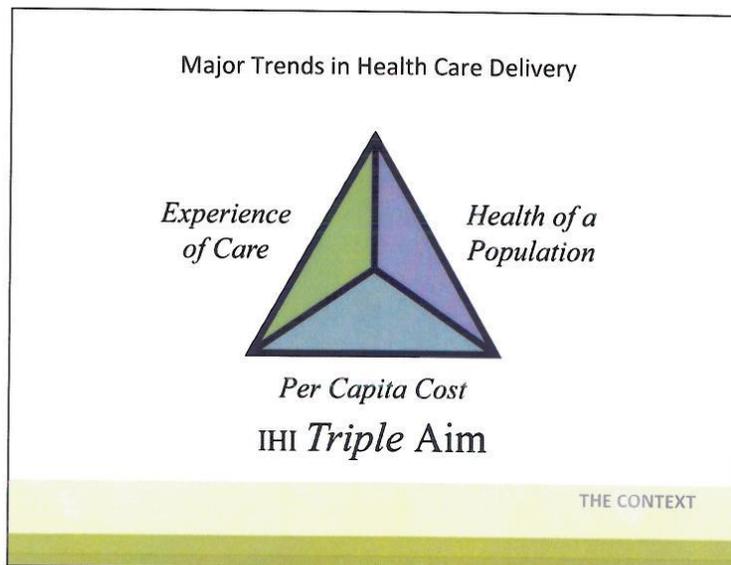
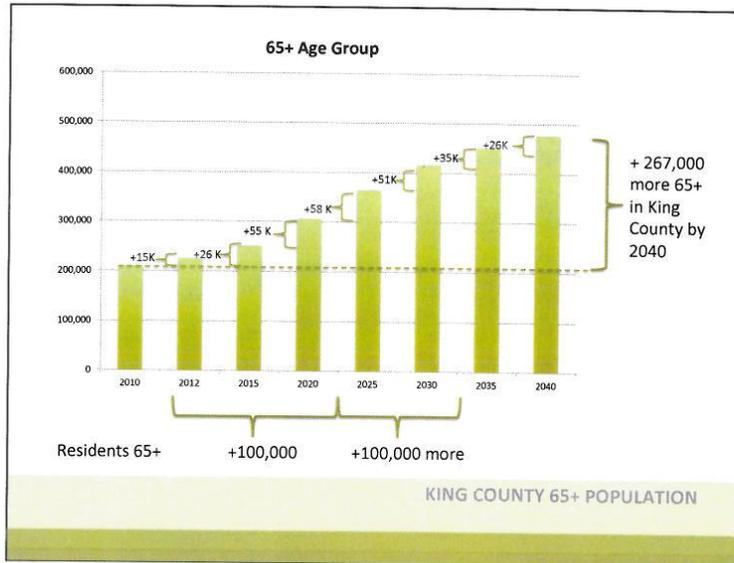
| year | 1910 | 2013 |
|---------------------|------|------|
| Ave Life Expectancy | 51.5 | 80.3 |

- People living longer means:
 - more elderly alive today because of medical interventions
 - more chronic disease
 - more complex medical conditions prevalent with the elderly
 - more support needed for elderly
 - Sicker inpatients
 - More fragile outpatients

THE CONTEXT



1/16/14

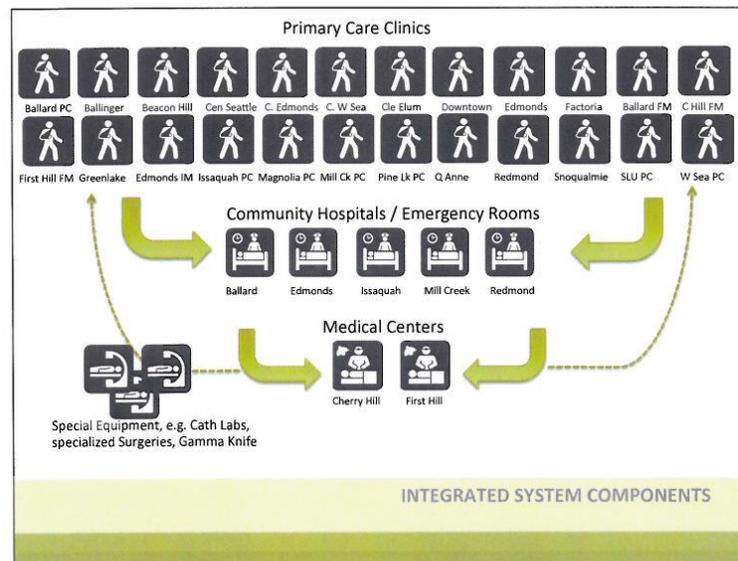




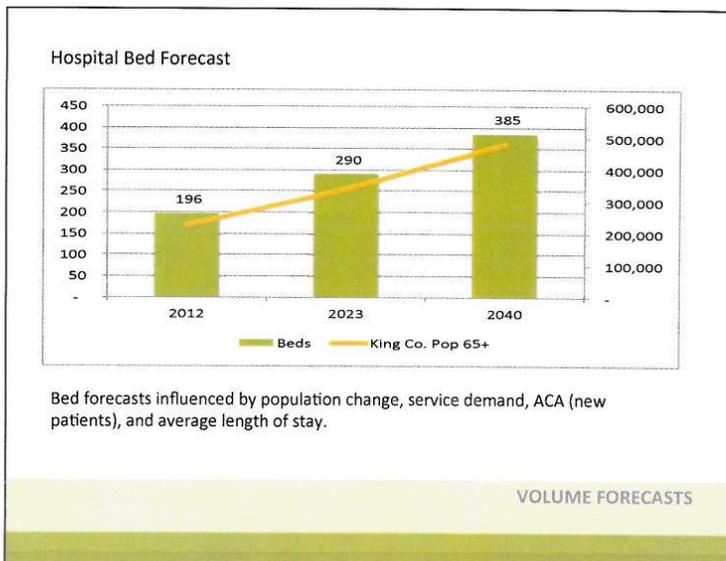
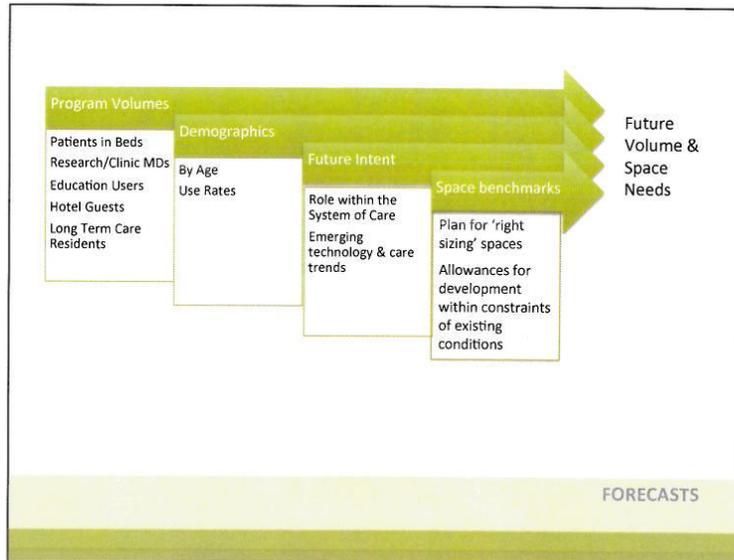
Experience of Care
Health of a Population
Per Capita Cost
IHI Triple Aim

- Improved access to the right care at the right time
- Shift from inpatient to outpatient
- Improved outcomes
- Integrated systems of care
 - Hospital mergers
- **Better care for lower cost**
- Prudent use of technologies
- Changing/evolving reimbursement systems
- **Breakthroughs in research**
 - Integration of clinical care and research
 - Innovative technologies
- **Challenges in medical professional staffing**
 - **Optimize precious resources**
- **Aging physical infrastructure**

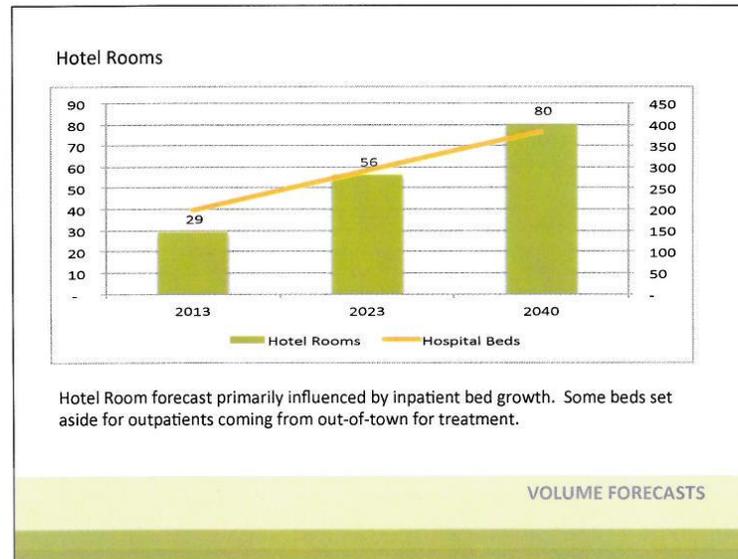
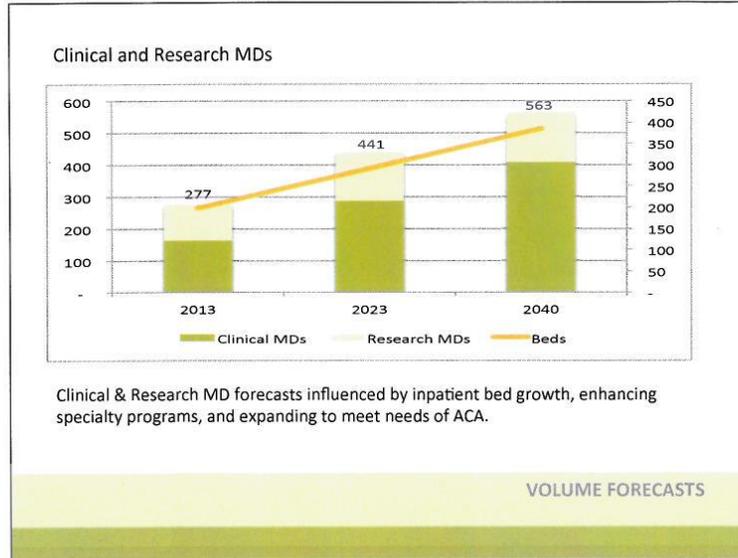
MAJOR HEALTH CARE TRENDS



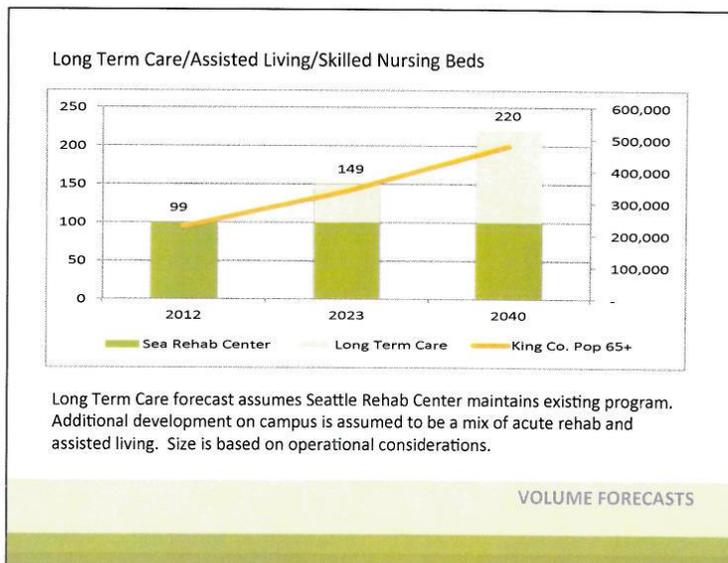
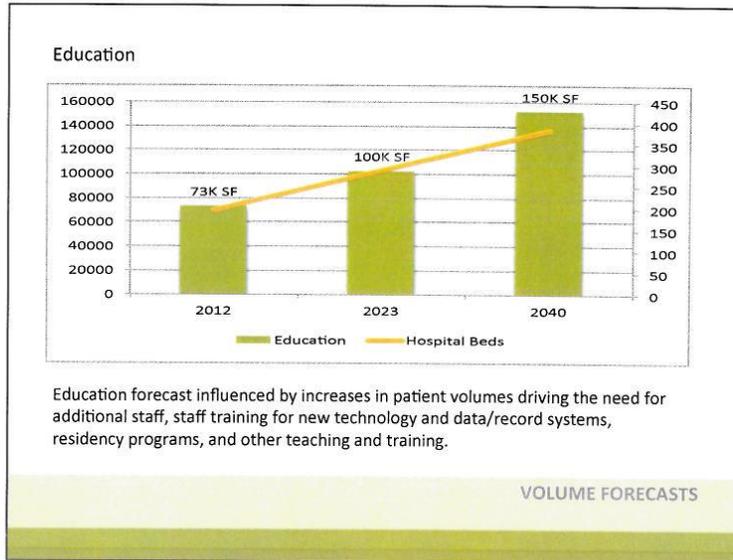
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| Building Gross Square Feet | | | |
|----------------------------|------------------|------------------|------------------|
| Year | Existing | 2023 | 2040 |
| Hospital | 541,300 | 1,014,000 | 1,350,000 |
| Clinical/Research | 427,000 | 1,014,000 | 1,250,000 |
| Education | 73,000 | 100,000 | 150,000 |
| Hotel | 12,500 | 40,000 | 80,000 |
| Long Term Care | 43,000 | 93,000 | 220,000 |
| Other Support | <u>50,000</u> | <u>50,000</u> | <u>50,000</u> |
| TOTAL | 1,146,800 | 2,311,000 | 3,100,000 |

CAMPUS SPACE NEED PROJECTIONS

