SWEDISH MEDICAL CENTER

Cherry Hill Campus

FEBRUARY 4, 2014

PRELIMINARY DRAFT MAJOR INSTITUTION MASTER PLAN

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CHERRY HILL CAMPUS

PRELIMINARY DRAFT

MAJOR INSTITUTION MASTER PLAN

(MIMP)

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This Preliminary Draft Major Institution Master Plan (MIMP) for the Swedish Medical Center has been prepared by Swedish, Callison, and Sabey for submittal to Seattle's Department of Planning and Development in compliance with Seattle Municipal Code (SMC) 23.69.032 D, Development of a Master Plan.

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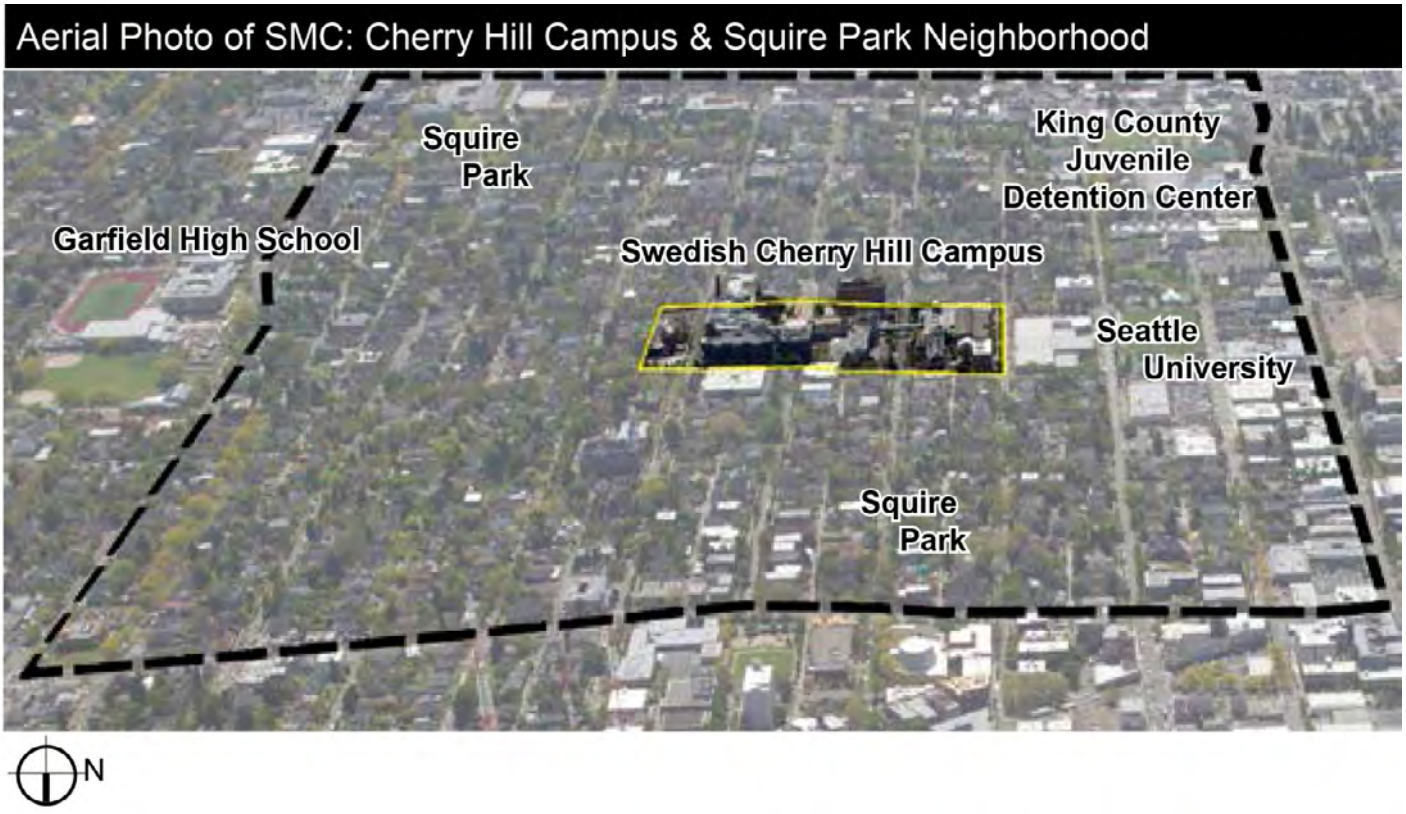
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1. Background, Purpose & Process

Swedish's prior Major Institution Master Plan (MIMP) for the Cherry Hill campus was adopted by Ordinance 117238, on August 2, 1994. The 1994 MIMP expired in 2009 and was extended by amendment to 2011. The 1994 MIMP allowed for development of up to 564,000 square feet of net new construction. When the MIMP expired in 2011, of the 564,000 square feet allowed, 248,498 square feet remained unused. This renewed MIMP is intended to replace the expired 1994 MIMP.

Swedish Medical Center is proceeding with a new major institutional Master Plan (MIMP) for the Cherry Hill campus, consistent with all applicable City of Seattle requirements. The purpose of the master planning entitlement work is to permit institutional growth while mitigating its impact on surrounding neighborhoods. The MIMP balances the institution's ability to change and the public benefit derived from change with the livability and vitality of adjacent neighborhoods.

Key milestones in the process to date include:

- A "Notice of Intent" to prepare a new Master Plan was submitted by Swedish to the City of Seattle Department of Planning and Development (DPD) on November 21, 2011.
- DON advised the CAC candidates of the recommended appointments. The recommended membership of the CAC was forwarded to the City Council by DON.
- The MIMP Application concept plan was submitted to DPD on February 7, 2013.
- DPD published the EIS Scoping Notice on March 7, 2013.
- The CAC submitted its comments on the scope of the draft EIS.
- The final scope of the EIS was submitted in August 2013.
- The preliminary draft Master Plan and EIS is being submitted in September 2013.

The Master Plan will be further refined during the remainder of the MIMP process. Swedish looks forward to working together with the City and the community to efficiently complete the new Master Plan that will support the organization's Strategic Plan.

2. Swedish Medical Center Mission

For more than a century, Swedish has been at the forefront of technology and innovation, providing world-class healthcare to those who live and work in Seattle and the surrounding Puget Sound region.

Swedish was founded in 1910 by Dr. Nils Johanson, a surgeon and Swedish immigrant who brought together doctors and nurses who shared his passion for being on the leading edge of medical practice and patient care. Dr. Johanson's legacy of constant innovation and compassionate care continues today. Swedish is recognized nationally for the safety and quality of the care it delivers to more than 100,000 patients each year.

True to the intent of its founder, Swedish has been dedicated to being the best community partner possible. It does this by providing a wide range of community benefits, strategies and solutions that meet people's healthcare needs. That means covering the cost of medical care for those who can't pay, offering free health screenings, assisting patients with their rent in times of healthcare crisis, and supporting research projects that help to create valuable medical advances, both here at home and across the world. In 2012, Swedish's community benefits and uncompensated care for all campuses totaled more than $140 million. At its Cherry Hill Campus, the uncompensated care totaled more than $35 million.

Today, Swedish continues as a non-profit healthcare System, and is now comprised of five hospitals, two ambulatory care centers, and over 108 medical clinics serving patients and communities across the Western Washington region.

The Cherry Hill campus was formerly the flagship hospital of the Sisters of Providence, with several of the buildings dating back to 1910. In the year 2000, Swedish acquired the campus and changed its purpose from a general community medical center to a specialized regional medical center focused on cardiovascular and neuroscience services. Now the home of the Swedish Heart and Vascular Institute and the Swedish Neurosciences Institute, these programs have grown into world-class centers for patients seeking care for treatment of some of the most complex heart, vascular and neurological diseases. In 2002, Swedish sold 40% of the campus, including most of the buildings that provide outpatient services and house our physician offices to the Sabey Corporation. Since then, the Sabey and Swedish partnership has invested over $100 million in capital improvements to build a world-class center for the treatment and research of cardiac and neurological diseases at Cherry Hill.

Some of the services provided at the campus include:

- Emergency Services
- Multiple Sclerosis Center

- Cardiovascular Wellness Services
- Heart & Vascular Institute
- Clinical Research Program
- Neuroscience Institute
- Rehabilitation Services
- Telehealth Center
- Ivy Brain Tumor Center
- Radiosurgery Center
- Inpatient Psychiatric Center
- Inn at Cherry Hill (providing overnight accommodations to families of patients from out of town)
- Seattle Science Foundation
- Swedish Central Seattle Primary Care Clinic: provides comprehensive primary care to patients of all ages including on-site lab services, mental health counseling and capabilities for non-scalpel vasectomies and other minor surgical procedures. The physicians in the central Seattle clinic have particular expertise in diabetes and have received national recognition for exceptional diabetes care
- Swedish Family Medicine Clinic at Cherry Hill: Offers a Patient-centered medical home model providing same-day appointments, after-hours access to an on-call physician, social workers, pregnancy and newborn care, chronic disease management, on-site pharmacists, free classes on nutrition and diabetes, and the ability to email questions to your physician via a secure electronic health record application
- Country Doctor After Hours Clinic at Cherry Hill: Offers a low-cost alternative to visiting the ER for primary care visits outside of office hours. It's located next to the Emergency Department at Cherry Hill and is open 6pm to 10pm weekdays and noon to 10pm on weekends

In addition, there are a number of public amenities on the campus:

- Cafeteria
- Starbucks
- Public Meeting Spaces
- Patient/Education Kiosks
- Community Pharmacy
- Retail
- Chapel/ Reflection Room
- Access to information about Public Transportation Routes

3. Cherry Hill Campus Needs

3a. Drivers of Campus Demand

Growth at the campus is constrained by the campus boundaries and by the fact that there is no space on the campus to place a new building without demolishing an existing, still functioning building. At some point in the foreseeable future, the inpatient facilities will require replacement and possibly, expansion. In addition, the increasing demand for space for outpatient services, research space and educational facilities will require additional facilities to be built. A number of external factors are driving the need for replacement and expansion of the facilities, including the following:

Regional Demand

The Puget Sound region in general has seen significant population growth in the last 20 years, a trend that is reflected in the growth within Seattle's city center. This growing local and regional population will place a greater demand on the services offered at Cherry Hill, imposing requirements for growth of campus services.

Population Aging

The aging of the baby boom cohort will result in an increased need for specialty services of the type offered at the Cherry Hill campus, particularly cardiac and neurological care. We are forecasting the need for additional inpatient beds within King County to serve this population. The Cherry Hill campus has a license for beds that are not currently in use, but will likely be needed due to this increased demand. Additional space will be required to accommodate the bed needs of the population over the foreseeable future.

Healthcare Reform

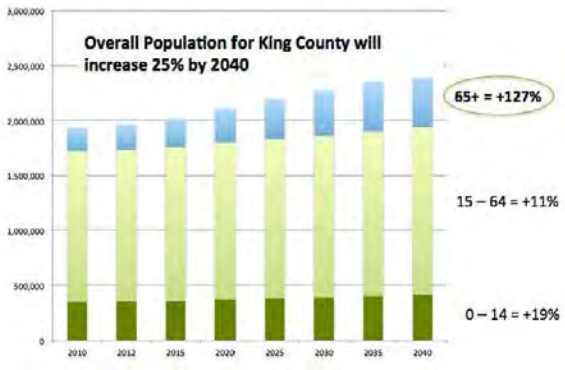
The Patient Protection and Affordable Care Act will likely result in an increased volume of patients to the campus starting in 2014 as over half a million previously uninsured residents of Washington state become insured through the expansion of Medicaid and the establishment of the Exchanges under the Act.

Technological & Patient Care Changes

Innovations in healthcare techniques, such as the use of robots in surgery, require larger operating rooms. In addition, market demands, health care regulations and building code requirements tend to require significantly larger patient rooms than in previous years. Consequently, future replacement of a patient tower would likely result in a larger footprint for the same number of beds.

Cost Pressures

Given all of these pressures, healthcare providers will be challenged to continue to provide quality care to the additional people seeking care at a cost that is affordable and sustainable. Swedish will be looking to reduce the cost of care through efficiency and cutting out waste. Our current campus configuration and aged facilities create inefficiency in the delivery of care. Replacement and remodeling of older, inefficient buildings is required to obtain these efficiency gains and to ensure the optimal use of resources.



Safety & Quality

Over ten years ago a movement started in the healthcare industry to focus on improvements in patient safety and quality care based on research. Studies of the physical environment show that safety and quality issues are impacted by facility strategies. Specifically, reductions in medical errors, reduced hospital acquired infections, and decreased staff stress and fatigue levels can be linked to facility design. Studies also show that facility design can promote patient healing, reduce the need for pain medications, and shorten the length of stay in the hospital. The development of new and replacement facilities at Cherry Hill will need to focus on this approach.

3b. Outpatient Research and Related Requirements

Outpatient services and related long term and post-acute services are increasingly important for the coordination of clinical care and Cherry Hill is currently limited in its ability to grow these types of services.

All prestigious health care delivery systems have research functions on the premises. When individuals in the community are ill, they want to know that the institution where they receive care is leading edge and up to date. Clinical research on the premises is a sign of a high quality, state of the art organization.

A lab service on site not only provides essential assistance to Cherry Hill patients, but also serves a number of providers. Specialized lab equipment is costly and highly trained staff needed to operate the equipment, like other areas in healthcare, is in high demand. Labs that serve the larger community, like at Cherry Hill, offer greater accuracy, efficiency, and the ability to provide a wider range of services.

3c. Required Facility Upgrades

The current campus footprint has reached its capacity limiting our ability to provide additional services to meet the growth needs. We will need to expand and replace our inpatient beds in order to meet the needs of the population, improve our efficiency, and maintain our state of the art services for the region. Upgrading hospital facilities to meet seismic requirements is of special concern in the Seattle area as it sits on a significant fault line and may be at risk in the event of an earthquake. Capacity of the central utility plant is also at its current limits. In the future; the upgrading, replacing and expanding of the central plant and utilities is needed as new square footage is added to the campus. Sustainable building is a desirable aspect of any new building project. The growth of healthcare through sustainable practices is essential for the future of the campus.

3d. Programmatic Needs

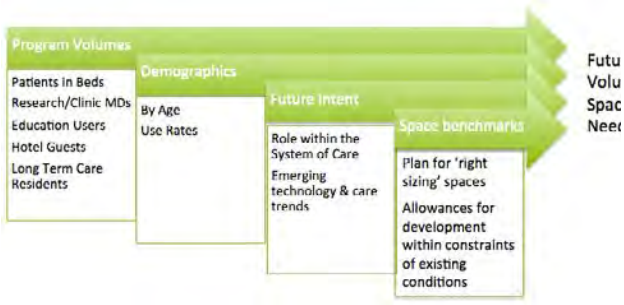
As explained, Swedish Medical Center has established the Cherry Hill Campus as its location for its Cardiac & Vascular and Neuro specialties. The acclaimed Swedish Neuroscience Institute (SNI) provides advanced, progressive treatment for a wide range of brain, spine and central nervous system conditions. It has built a roster of world-class neurologists and neurosurgeons and leading-edge facilities including the most technologically advanced operating rooms and services. Swedish serves patients outside the area with TeleHealth access and conducts physician and surgeon education in the latest noninvasive medical techniques using the broadcasting capabilities established on the campus. A specially-trained Inpatient Neurology Team provides a high level of care and compassion focused on improving outcomes and renewing hope.

The development and growth of these specialty programs will continue on the Cherry Hill Campus and contribute to future space and facility needs along with replacing buildings and infrastructure that have outlived their useful lives.

Projections of needs are aligned with major categories of programs present on the Cherry Hill campus that require different types of facilities, namely:

- Hospital
- Clinical/Research
- Education
- Hotel
- Long Term Care/Assisted Living/Skilled Nursing
- Other Campus Support

The projection methodology is depicted in the following graphic and discussed in more detail in Appendix G: Volume and Space Projections.



Read more:
http://www.swedish.org/Services/Neuroscience-Institute#axzz2JONXwWWF

4. Cherry Hill Campus Vision

4a. Consolidation of Services

In 2012 Swedish entered into an affiliation agreement with Providence Health Services to provide better, more affordable care to the residents of western Washington. Planning is underway to consolidate and coordinate services where appropriate in order to avoid the costly duplication of services. Swedish, with its advanced treatment facilities located on First Hill and Cherry Hill, is well positioned to become the Regional Referral Center for the Providence Health System.

4b. Research & Education

Our vision calls for increasing the research and educational capabilities of the Cherry Hill campus and for collaboration with Seattle University around clinical education, particularly in nursing.

5. Neighborhood Context and Existing Campus

5a. Neighborhood Description

The Swedish Medical Center Cherry Hill Campus is located at the east edge of First Hill, specifically within the Squire Park Neighborhood. It is located is within a half mile of a number of other major institutions and campuses including SMC First Hill, UW/ Harborview Medical Center, Seattle University, King County Juvenile Detention Center, and Garfield High School. The Squire Park neighborhood is bounded by East Union Street to the north, South Jackson Street to the south, on the west side 12th Avenue and on the east by 23rd Avenue.

Although Squire Park is a residential neighborhood, it has always coexisted with a considerable number of institutions and businesses. After World War II pent-up demand for housing and access to the automobile led to the growth of suburban developments surrounding Seattle, which drew many residents from the Central Area and Squire Park. The Boeing recession of the 1970's led to a population decline in Seattle and the Central Area suffered from decreased services and disinvestment for two decades. In the early 1990's the technology boom in the Northwest led to an increase in population in the region and a growing realization, for some, of the value of living within the city center, with its diversity, arts and culture. The Central Area and Squire Park have continued to grow and the transformation is marked by general economic prosperity, community efforts, and greater investment in housing and businesses in the area. Squire Park and the larger Central Area have developed in to a diverse residential neighborhood.

A significant commercial and light-industrial district developed between the early 1900's and into the 1950's on the western side of the Squire Park neighborhood in the vicinity of 12th Avenue and East Cherry Street. Lower middle-class and elderly populations remained in the Central Area. The western areas of Squire Park, just east of 12th Avenue, were re-platted several years ago to form smaller blocks. The re-platting allowed more intense development and re-development. This commercial area is thriving today due to the vision and hard work of community groups working with the City and with Seattle University to create a retail and service-friendly 12th Avenue. Swedish Medical Center—Cherry Hill Campus generally serves as the boundary of commercial and institutional activity along E. Cherry and E. Jefferson Streets.

The King County Youth Service Center (which includes juvenile court), is located in the southern section of Squire Park, occupying six acres between 12th and 14th Avenues at East Alder Street. The building was constructed in 1951 and has been expanded and remodeled several times since its construction. The

County has recently issued a Request for Proposal to redevelop this campus.

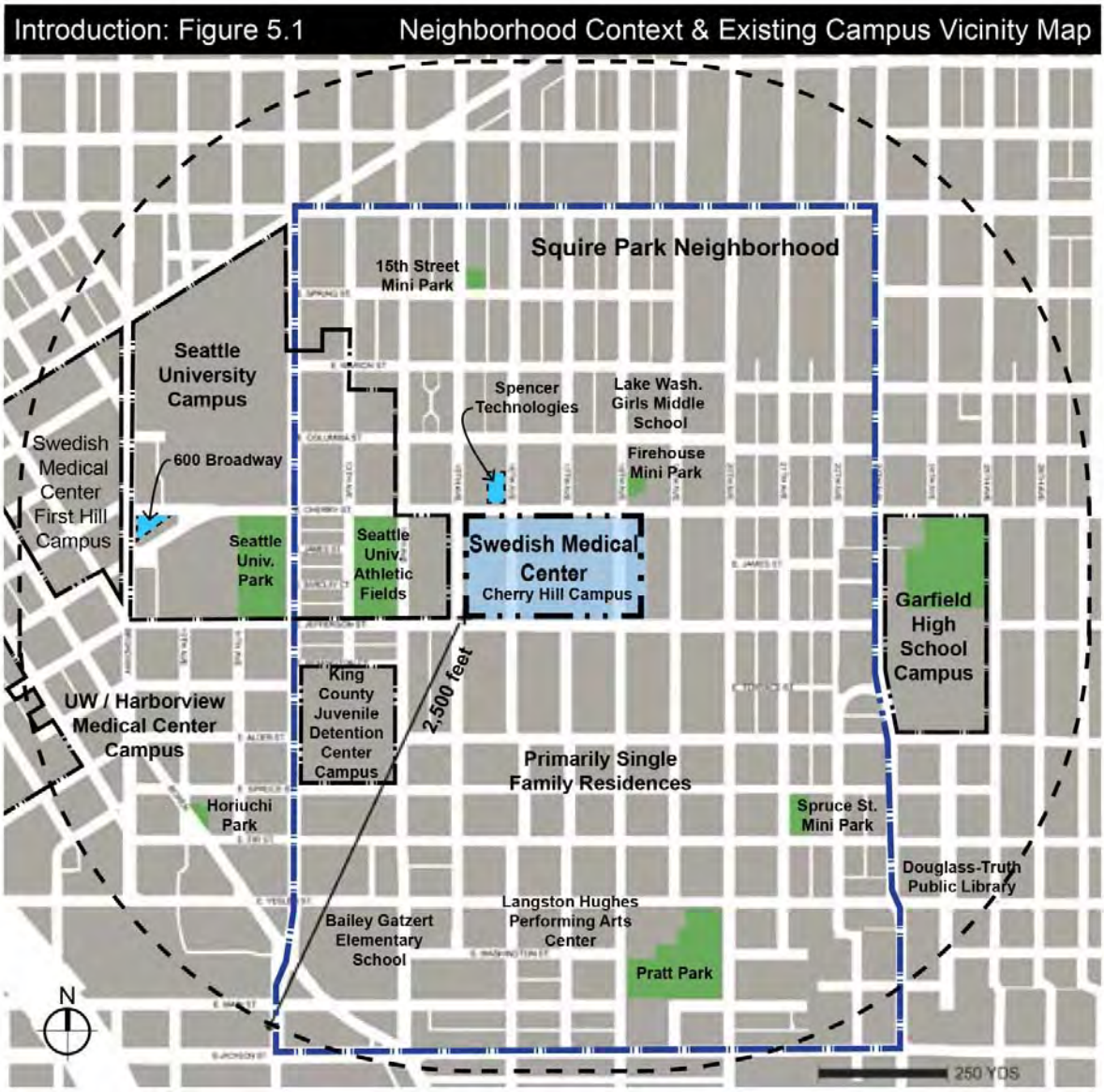
Many of the blocks to the north, south and east of the Cherry Hill campus are residential connector streets. Most have sidewalks on both sides of the right-of-way and street trees in the parking strip. This makes them very walk-able streets allowing the residents to access the local commercial districts and variety of institutions in the neighborhood. E. Cherry Street acts as one of the main automobile arterials through Squire Park, with E. Union Street to the north and Yesler Way to the south as arterials. E. Jefferson Street has lower speeds and contains the bus routes.

Transit options in the neighborhood include bus routes on E. Jefferson Street, for east-west connections. For north-south connections pedestrians must travel to 23rd. Avenue or Broadway which are on the edges of the neighborhood.

Facilities providing services that support Swedish Medical Center Cherry Hill campus that are within 2,500 ft of the campus but outside the MIO include the following:

- 600 Broadway Office Building
- Spencer Technologies
- Swedish Medical Center First Hill Campus

Introduction: Figure 5.1 Neighborhood Context & Existing Campus Vicinity Map



5b. Existing Campus Buildings

The Cherry Hill campus includes the 1910 **Providence Hospital, now known as the James Tower**, one of the original buildings on the campus. This building was renovated in 2003 to become a state-of-the-art medical office building and now houses physician offices, education, and research facilities.

The **West Tower** built in 1964 for inpatients now houses outpatient hospital-related services including physical and occupational therapy, and the Cherry Hill Inn, a low-cost temporary housing option for families of patients undergoing surgery and treatment at the facility.

In 1978 the **Center Building** was added, and now includes the state of the art operating rooms, imaging services, and intensive care units for both the Neuro and Cardiac units (expansion and remodel in 2008 as part of the main entry plaza south addition).

The **East Tower** was opened in 1989 and, along with the ICU units, is the only building on the campus where patient beds are still operating.

The **Cherry Hill Professional Building** and **Jefferson Tower** house outpatient services including Advanced Imaging (MRI/CT), physician offices, ambulatory surgery, and the MS Center.

A parking garage is located on the west side of the campus, and an underground parking structure is located beneath the front entrance and was expanded in 2008.

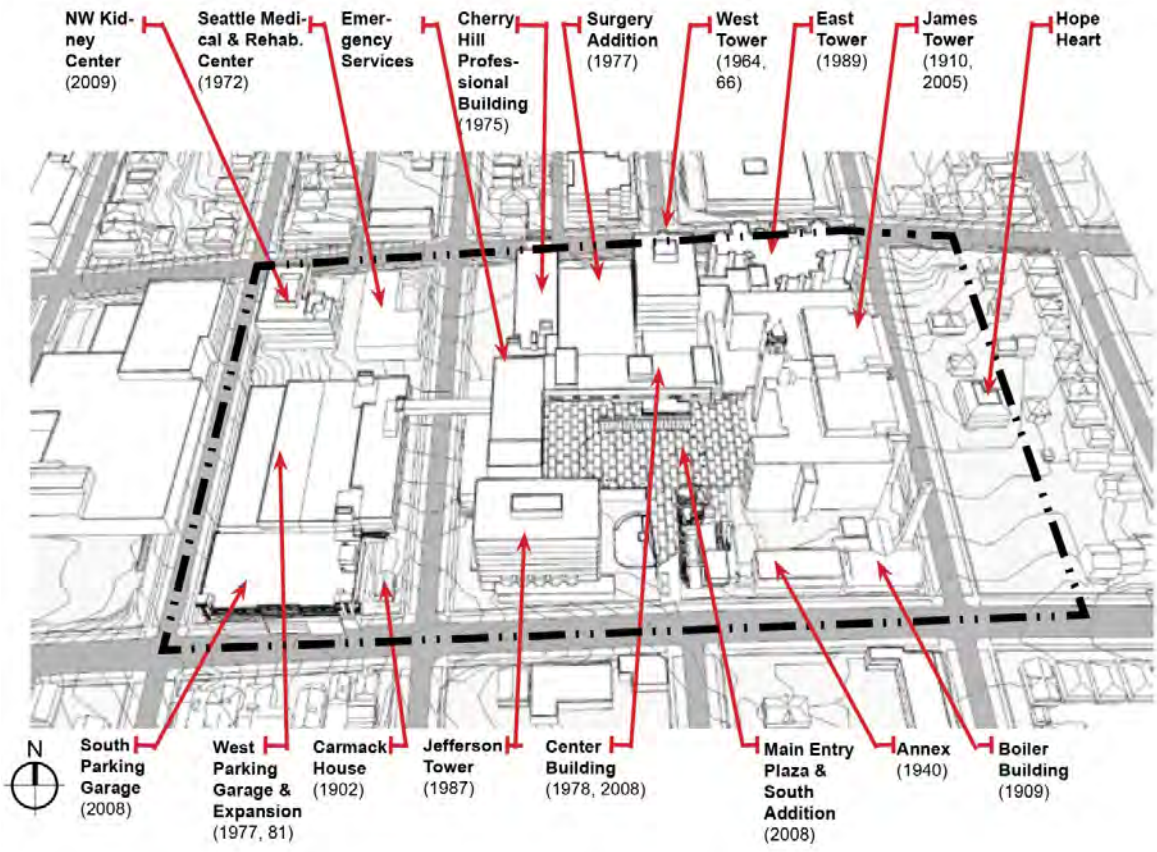
NW Kidney Center provides dialysis and related kidney services for people with chronic kidney disease.

Seattle Medical & Rehabilitation Center provides short post acute care and long term services.

The Carmack House is unoccupied. The Medical Center does not have a current intent for the Carmack House site.

Neither Seattle Medical & Rehabilitation Center or The Carmack House are owned by Swedish or Sabey. They are included because they fall inside the Major Institution Overlay (MIO).

Introduction: Figure 5.2 Existing Cherry Hill Campus



5c. Current Circulation / Access

The current circulation and access to the campus of the different Swedish functions are depicted in the following Figure 5.c.1. Currently E. Cherry and E. Jefferson streets act as main circulation routes for campus access of automobile, ambulance, support service and transit transportation from First Hill, Downtown and the Central District. The north-south streets (15th, 16th and 18th avenues) act as distribution points onto campus for the different functions.

Inpatient (hospital) circulation (see Intro Fig. 5.c.1) uses the main entry drive/ plaza from of E. Jefferson St. at 17th Ave. Valet service can be used at the front entry plaza or parking can be entered from this point to structured parking under the plaza or off of 16th Ave. (mid-block) into the west-side parking garage (accessing the 16th Ave. sky-bridge to the hospital). Staff uses the controlled employee entrance to structured parking on 15th Ave.

Outpatient (clinical) circulation (see Intro Fig. 5.c.2l) uses the main entry drive/ plaza from of E. Jefferson St. at 17th Ave. Valet service can be used at the front entry plaza or parking can be entered from this point to structured parking under the plaza or off of 16th Ave. (mid-block) into the west-side parking garage (accessing the 16th Ave. sky-bridge / main circulation hallway to the James Tower, Jefferson Tower and Cherry Hill Professional Building). Valet service is also located at the Jefferson Tower entry on 16th Ave. The James Tower has an additional drop-off entry on 18th Ave. midblock. The NW Kidney Center has its main entry / drop-off on 15th Ave.

Emergency Services (see Intro Fig. 5.c.3) all come off 16th Ave. at a midblock entrance. The ambulances and walk-in traffic use the same drive and temporary parking area and thus creates congestion at high-use times. The congested circulation patterns are not ideal and future planning will separate the ambulance from the walk-in patient, thus bringing clarity and safety to the area.

Service and loading docks (see Intro Fig. 5.c.4) come to two locations on campus. Kitchen and James Tower service come to the dock at the north end of 18th Ave. Hospital service comes through the dock at the north end of 16th Ave. Congestion and mixing with other services brings confusion and lack of maneuvering space for the service docks. Moving them away from emergency services and allowing more room to manipulate trucks and creating a separation from patient services will be high on the goals of future service areas.

Transit access (see Intro Fig.5.c.5) all comes off of E. Jefferson St. with stops next to the main entry at 17th Ave. and stops west down the hill near 15th Ave. The current service levels are limited to routes 3 &4 by Metro. Swedish has shuttle service from the main plaza that circulates between First Hill, Cherry Hill and Met Park campuses.

Pedestrian circulation (see Intro Fig. 5.c.6) occurs on two levels; internal within and external around the Swedish Cherry Hill campus. Being an urban campus, the street grid sidewalk system defines how the campus relates to the surrounding community. The Master Plan's intent is to maintain and enhance this system with all future projects in the MIO district. Maintaining the north/south pedestrian and bicycle routes within the street R.O.W.'s will be a priority component within the plans. The enhancements recently approved by DPD of the 17th Avenue internal/ external corridor will be added to the standards (clear pathway signage and public access, public amenities, sufficient pathway lighting and places for rest along the accessible route).

The Institution will work with the City for pedestrian-oriented capital improvements: painted cross walks, curb bulbs, special paving, new signals, bus stop plazas, street trees and other landscaping, bicycle routes.

The underlying zones don't have pedestrian circulation requirements.

Bike circulation (see Intro Fig. 3.d.1 and Intro Fig. 5.c.6) occurs currently within the street R.O.W. since there are no dedicated bike lanes in the direct surrounding neighborhood or MIO. The City of Seattle Neighborhood Greenway Plan is proposing 18th Ave to be a Greenway street. Again similar to the pedestrian circulation system, the Master Plan will work to maintain these current connections through the campus in the north-south direction.

Introduction: Figure 5.c.1 Existing Inpatient Circulation

0' 50' 100' 200'

N

Building Key

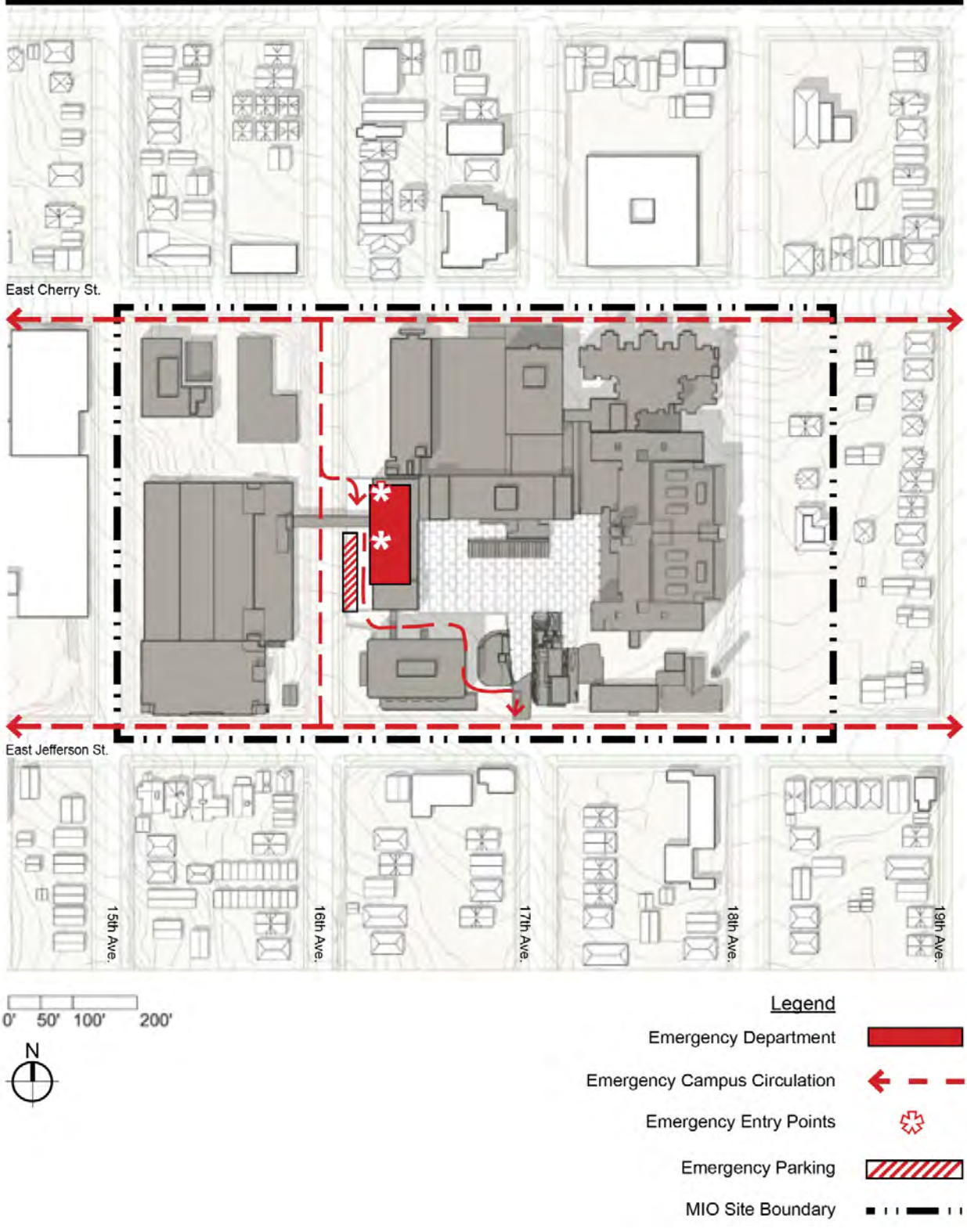
1. NW Kidney Center
2. West Parking Garage
3. Jefferson Tower
4. Cherry Hill Professional Building
5. Center Building
6. Surgery Addition
7. West Tower
8. East Tower
9. James Tower
10. Boiler Building
11. Annex
12. Staff Parking
13. Emergency Entry

Legend

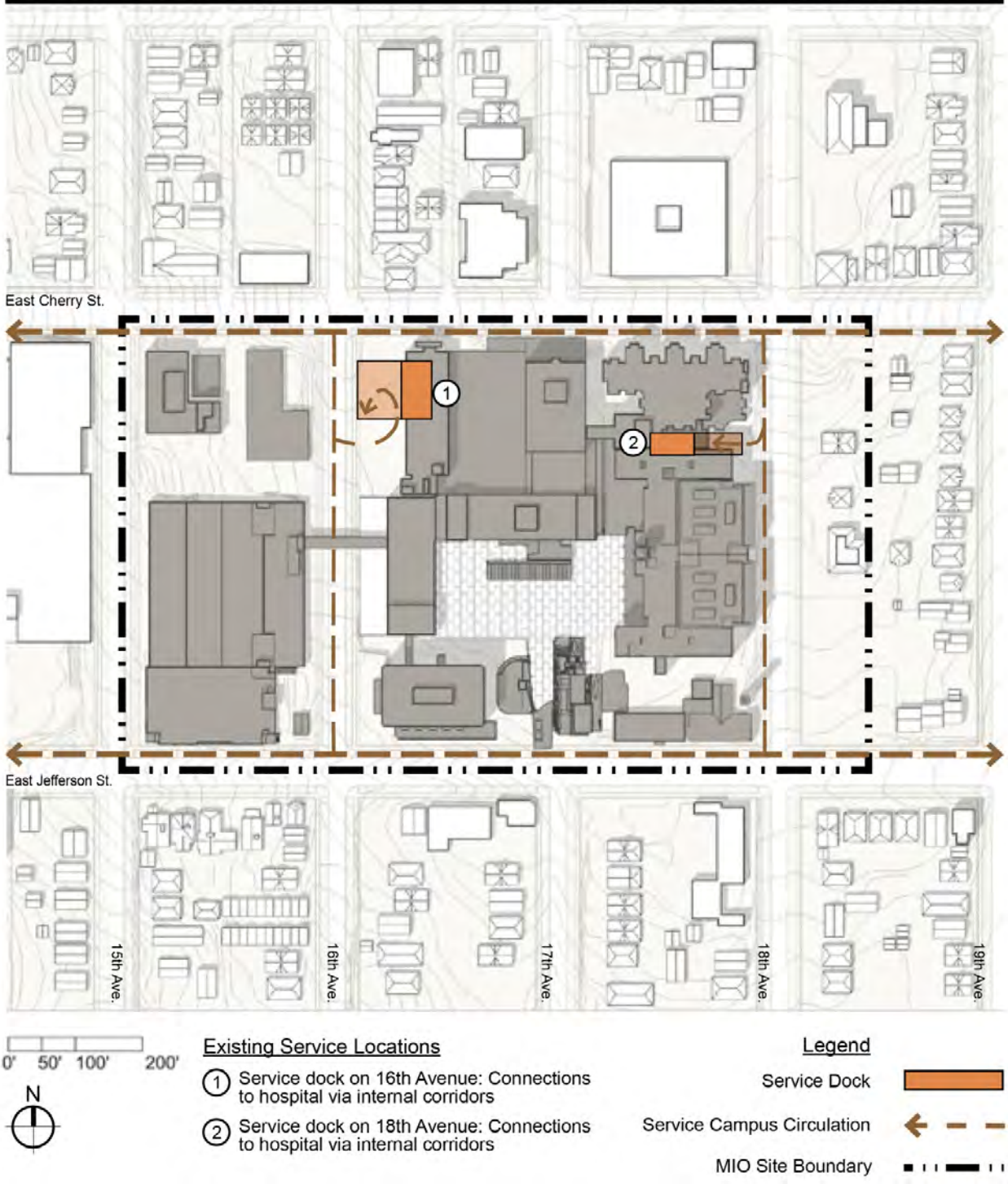
- Internal Inpatient Circulation
- Neighborhood Vicinity Inpatient Circulation
- Inpatient Buildings
- Inpatient Entry Points
- Inpatient Parking
- Under-Plaza Parking
- MIO Site Boundary

Introduction: Figure 5.c.2 Existing Outpatient Circulation

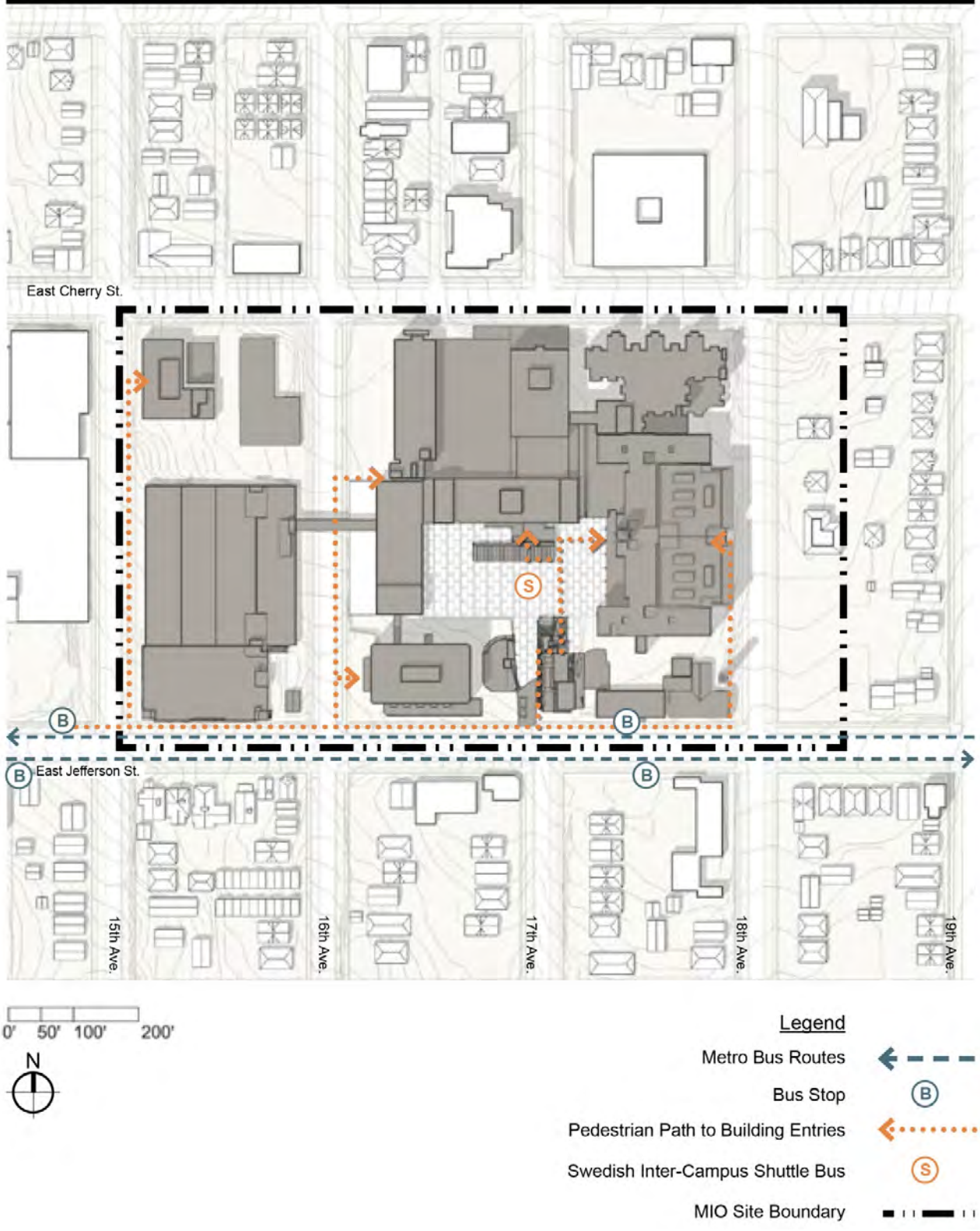
Introduction: Figure 5.c.3 Existing Emergency Circulation



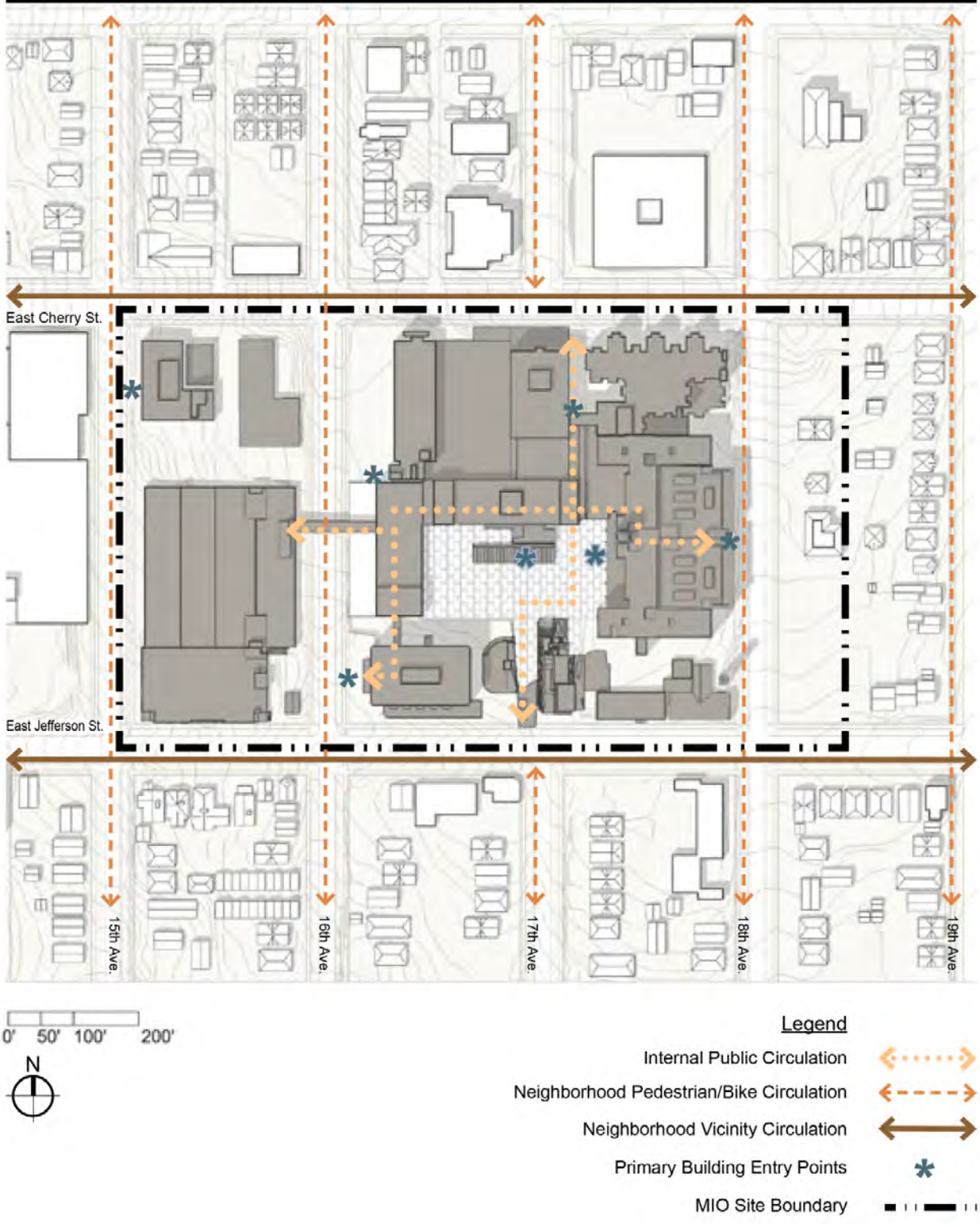
Introduction: Figure 5.c.4 Existing Service/Loading Dock Circulation



Introduction: Figure 5.c.5 Existing Transit Access



Introduction: Figure 5.c.6 Existing Pedestrian/Bike Circulation



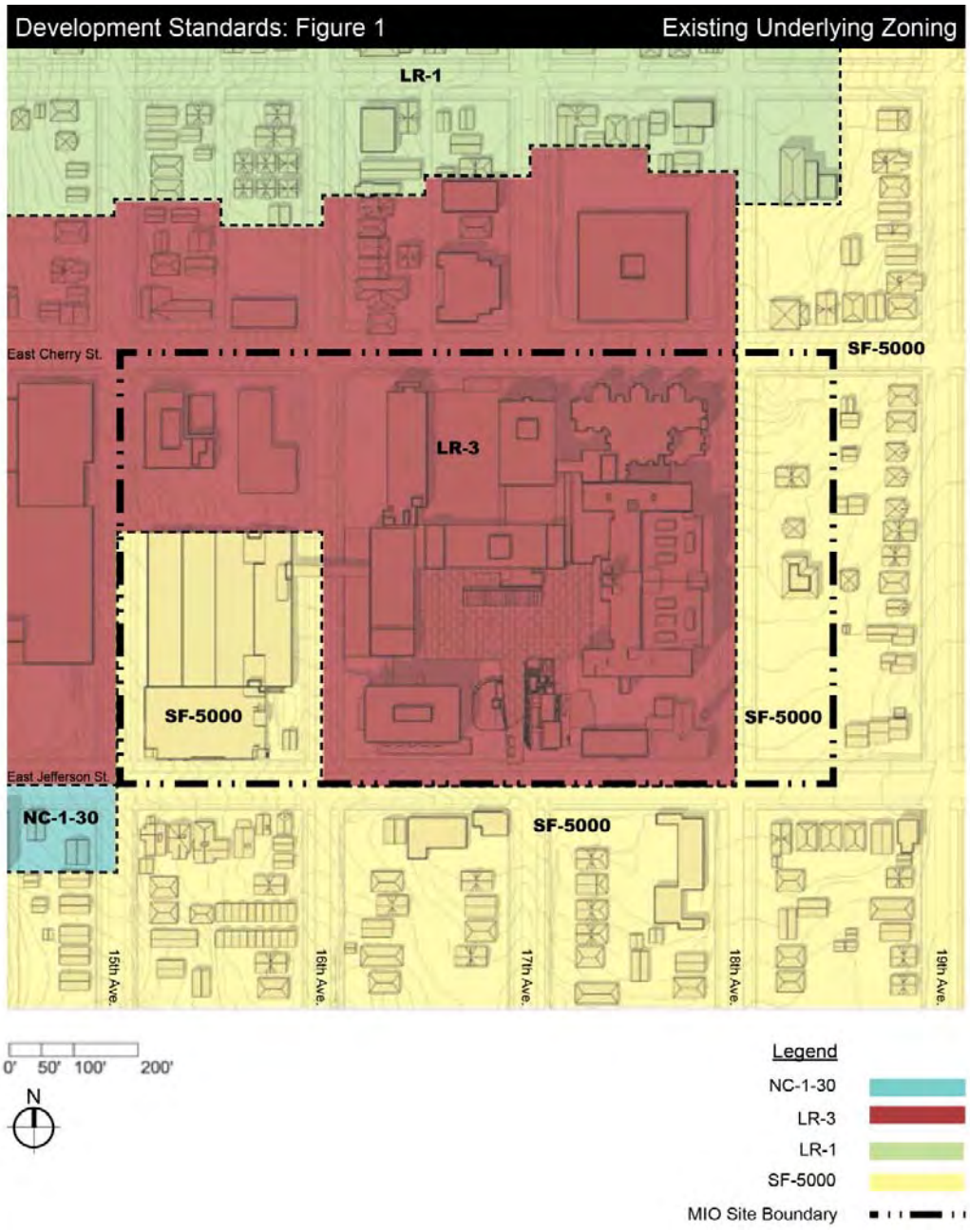
B. Development Standards Component

Development Standards Introduction

The proposed Master Plan replaces all expired 1994 MIMP zoning standards with the following standards developed for the Swedish Medical Center Cherry Hill campus. The new development standards are tailored to Development Program Alternatives.

1. Existing Underlying Zoning

Swedish Medical Center's Cherry Hill campus includes two existing underlying zone districts: Single-Family Residential 5000 (SF-5000) and Multi-Family Low-rise 3 (LR-3). The SF-5000 districts include the half block bounded by E. Cherry Street, 18th Ave and E. Jefferson Street; and the southern 2/3's of the block bounded by 15th / 16th Avenues and E. Jefferson Street. The LR-3 districts include the full block bounded by E. Cherry Street, 18th / 16th Avenues and E. Jefferson Street; and the northern 1/3 block bounded by 15th / 16th Avenues and E. Cherry Street.



2. Modifications to Underlying Zoning

Swedish has requested modification to some of the underlying development standards as described in Design Standards Table 2. These include new setbacks, heights, lot coverage, landscaping, and open space requirements.

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
The following zoning code standards apply to single-family residential 5.000 (SF-5,000) underlying zoning		
23.44.022.B Residential, Single Family Major Institutions B. Major Institutions. Existing major institutions and major institution uses within an existing Major Institution overlay district shall be permitted in accordance with the provisions of Chapter 23.69, Major Institution Overlay Districts, and the provisions of this section.	***Yes, consistent***	***No Modification Requested***
23.44.022.D General Provisions - MI 1. New or expanding institutions in single-family zones shall meet the development standards for uses permitted outright in Sections 23.44.008 through 23.44.016 unless modified elsewhere in this subsection or in a Major Institution Master Plan.	***Yes, consistent; Swedish is not a new institution; and modifications are requested below***	***See requested modifications below***
23.44.008 Development standards for uses permitted outright - SF H. Exterior lighting shall be shielded and directed away from residentially zoned lots. The Director may require that the intensity of illumination be limited and that the location of the lighting be changed.	***Yes, consistent***	***No Modification Requested***
23.44.010 Lot Requirements - SF **A. Minimum Lot Area – 5,000 sf** **D. Maximum Lot Coverage of 35% of lot area**	***Consistent with minimum lot area, but not consistent with maximum lot coverage***	***Yes,*** *Swedish is requesting a modification to remove the maximum lot coverage of 35%*
23.44.012 Height Limits - SF **A. Maximum Height Established** 1. The maximum permitted height for any structure not located in a required yard is 30 feet. **23.69.020 Development Standards - MI** C. Maximum structure heights for structures containing Major Institution uses may be allowed up to the limits established pursuant to Section 23.69.004 through the adoption of a Master Plan for the Major Institution. A rezone shall be required to increase maximum structure height limits above levels established pursuant to Section 23.69.004	***Inconsistent with SF height limits but consistent with Land Use Code provisions allowing for higher heights through the adoption of a Master Plan***	*Swedish is requesting to establish heights pursuant to MIO zones listed in 23.69.004 Major Institution Overlay District established*

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
23.44.013 Transportation concurrency level-of-service standards - SF Proposed uses in single-family zones shall meet the transportation concurrency level-of-service standards prescribed in Chapter 23.52. **23.52.004 Requirements to meet transportation concurrency level-of-service standards.** A proposed use or development must demonstrate that the traffic forecasted to be generated by the use or development will not cause the transportation concurrency level-of-service (LOS) at an applicable screenline, measured as the volume-to-capacity ratio (v/c), to exceed the LOS standard for that screenline. Screenlines are shown in Exhibit 23.52.004 A. LOS standards for those screenlines are shown in Exhibit 23.52.004 B. "Applicable screenlines" means up to four (4) of the screenlines shown in Exhibit 23.52.004 A as specified for a particular proposed use or development by the Director. **23.52.006 Effect of not meeting transportation concurrency LOS standards.** If a proposed use or development does not meet the LOS standards at one (1) or more applicable screenline(s), the proposed use or development may be approved if the Director concludes that an improvement(s) will be completed and/or a strategy(ies) will be implemented that will result in the proposed use or development meeting the LOS standard(s) at all applicable screenline(s) at the time of development, or that a financial commitment is in place to complete the improvement(s) and/or implement the strategy(ies) within six (6) years. Eligible improvements or strategies may be funded by the City, by other government agencies, by the applicant, or by another person or entity.	*Yes,* a concurrency level-of-service analysis is included in the Draft EIS and demonstrates that the proposal meets the City's transportation concurrency level-of-service standards.	*No modification is requested.*
23.44.014 Yards - SF Yards are required for every lot in a single-family zone. Front Yards – Average of front yards of SF structures on either side or 20 feet, whichever is less Rear Yard – 25 feet Side Yard – 5 feet	*Partially consistent; Swedish is proposing setbacks that in some places meet or exceed SF development standards*	***Yes,** Swedish is requesting a modification to allow the establishment of building setbacks in lieu of yards*

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
23.44.022 Institutions K. Bulk and Siting. b. For lots with large street frontage in relationship to their size, the proposed institution reflect design and architectural features associated with adjacent residentially zoned block faces in order to provide continuity of the block front and to integrate the proposed structures with residential structures and uses in the immediate area. 2. Yards. Yards of institutions shall be as required for uses permitted outright pursuant to Section 23.44.014, provided that no structure other than freestanding walls, fences, bulkheads or similar structures shall be closer than 10 feet to the side lot line. If the Director finds that a reduced setback will not significantly increase project impacts, including but not limited to noise, odor, and the scale of the structure in relation to nearby buildings, the sideyard setback may be reduced to 5 feet. Fences and freestanding walls of utility services uses, regulated under this Section 23.44.022 pursuant to Section 23.51A.002, shall be set back from the street lot line a minimum of 10 feet, and landscaping shall be provided between the fence or wall and the right-of-way. The Director may reduce this setback after finding that the reduced setback will not significantly increase project impacts, including but not limited to noise, odor, and the scale of the fence, wall, or structure in relation to nearby buildings. Acceptable methods to reduce fence or wall impacts include changes in the height, design or construction of the fence or wall, including the use of materials, architectural detailing, artwork, vegetated trellises, decorative fencing, or similar features to provide visual interest facing the street lot line. Fences and walls may obstruct or allow views to the interior of a site. Where site dimensions and conditions allow, applicants are encouraged to provide both a landscaped setback between the fence or wall and the right-of-way, and a fence or wall that provides visual interest facing the street lot line, through the height, design or construction of the fence or wall, including the use of materials, architectural detailing, artwork, vegetated trellises, decorative fencing, or similar features.	*Yes, proposed setbacks vary and landscaping is proposed.*	*No*
23.44.016 Parking and Garages – SF **A. Parking Quantity.** Off-street parking is required pursuant to Section	***Partially,*** *Swedish is proposing off-street parking in conformance with the Major Institution Master Plan parking requirements;*	***Yes,*** *Swedish is requesting modification to the SF requirements for garage*

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
23.54.015. **B. Access to Parking.** 1. Vehicular access to parking from an improved street. Alley or easement is required if parking is required pursuant to Section 23.54.015. **C. Location of Parking.** 1. Parking shall be located on the same lot as the principal use, except as provided in this subsection. **D. Parking and Garages in Required Yards** **In general, parking is not permitted in required yards.** **E. Standards for Garages if Allowed in Required Yards.** **F. Appearance of Garage Entrances.** 1. Garage Setback. No portion of a garage that is part of a principal structure may be closer to the street lot line than 80% of the remaining non-garage street-level facade (see Exhibit 23.44.016 A). If the entire street-level facade is garage, no portion of the garage may be closer to the street lot line than 80% of the facade of the story above the street-level facade. 2. Garage Entrance Width. The total combined horizontal width of all garage entrances located on the front facade may be up to 50 percent of the horizontal width of the front facade or 10 feet, whichever is greater. On corner lots, a garage entrance shall be allowed on only one street-facing facade.	*access will be from improved streets; and will be located on the same lot as the principal use.*	*setbacks and entrance widths,*
The following zoning code standards apply to multi-family low rise 3 (LR-3) underlying zoning		
23.45.570 Institutions (in Multi-Family zones) **A. General Provisions** **4. The provisions of this Chapter 23.45 apply to Major Institution uses as provided in Chapter 23.69, Major Institution Overlay District** **B. Institutions located in LR zones shall meet the development standards of this Section 23.45.570.**	*See responses below*	*See responses below*
23.45.508 General provisions E. Assisted living facilities, congregate housing, and nursing homes shall meet the development standards for apartments unless otherwise specified.	***Swedish is proposing to include long-term care facilities within the campus.***	***Yes, Swedish is requesting that a modification to this provision be allowed to enable long-term care facilities to be constructed within the overall development standards of the MIMP.***

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
23.45.508 General provisions G. Proposed uses in all multifamily zones are subject to the transportation concurrency level-of-service standards prescribed in Chapter 23.52	*Yes,* a concurrency level-of-service analysis is included in the Draft EIS and demonstrates that the proposal meets the City's transportation concurrency level-of-service standards.	*No modification is requested*
23.45.510 Floor area ratio (FAR) limits B. Table A for 23.45.510 Floor Area Ratios in Lowrise Zones contains FAR limits of 1.1 to 1.5 for residential development in LR3 zones outside of Urban Centers or Urban Villages.	***Code is silent on FAR limits for non-residential uses in LR3 zone.***	***No modification requested. Swedish has proposed FAR limits for its development.***
23.45.512 Density limits—Lowrise zones Table A for 23.45.512: Density Limits in Lowrise Zones establishes minimum lot area per dwelling unit for residential development.	***Not applicable to Major Institution uses***	***Not applicable to Major Institution uses***
23.45.514 Structure height Table A for 23.45.514: Structure Height for Lowrise Zones in Feet sets maximum structure height for residential development. The height limit is 30' for apartments in LR3 outside of Urban Villages or Urban Centers. **23.45.570 Institutions** **C. Height limits in Lowrise zones.** **1. The height limit for institutions shall be the height limit for apartments in the applicable zone, except as provided in this subsection 23.45.570.C.** **3. In LR3 zones, pitched roofs on an auditorium, gymnasium, or wood shop with a slope of not less than 4:12 may extend 10 feet above the height limit, except that no portion of a shed roof is permitted to extend beyond the height limit.**	***No, Swedish is proposing MIO heights varying from 50 to 240'.***	***Yes, Swedish is proposing MIO heights in conformance with SMC 23.69.020.C***
23.45.518 Setbacks and Separations **A. LR zones. Required setbacks for the LR zones are shown in Table A for 23.45.518** Table A sets required setbacks in LR zones for residential uses.	***Not applicable to Major Institution uses***	***Not applicable to Major Institution uses***
23.45.518 Setbacks and Separations **F. Separations between multiple structures.** **1. In LR and MR zones, the minimum required separation between principal structures at any two points on different interior facades is 10 feet, except for cottage housing developments, and principal structures separated by a driveway or parking aisle.**	***Yes, consistent; the minimum separation between principal structures at any two points on different interior facades will be a minimum of 10 feet.***	***No modification requested***

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
23.45.522 Amenity area Applicable only to residential uses in LR zones.	***Not applicable to Major Institution uses***	***Not applicable to Major Institution uses***
23.45.524 Landscaping standards **A. Landscaping requirements.** **1. Standards. All landscaping provided to meet requirements under this Section 23.45.524 shall meet standards promulgated by the Director to provide for the long-term health, viability, and coverage of plantings. These standards may include, but are not limited to, the type and size of plants, number of plants, spacing of plants, depth and quality of soil, use of drought-tolerant plants, and access to light and air for plants.** **2. Green Factor requirement.** **a. Landscaping that achieves a Green Factor score of 0.6 or greater, determined as set forth in Section 23.86.019, is required for any lot with development containing more than one dwelling unit in Lowrise zones. Vegetated walls may not count towards more than 25 percent of a lot's Green Factor score.** **B. Street tree requirements.** **1. Street trees are required if any type of development is proposed, except as provided in subsection 23.45.524.B.2 and B.3 below and Section 23.53.015. Existing street trees shall be retained unless the Director of the Seattle Department of Transportation approves their removal.**	***Yes, consistent***	***No modification requested***
23.45.527 Structure width and facade length limits in LR zones **A. Structure width in LR zones may not exceed the width indicated on Table A for 23.45.527** Table A for 23.45.527: Maximum Structure Width in LR zones in feet establishes a maxim structure width of 120 feet for residential development in LR3 outside of Urban Villages and Urban Centers. **23.45.570 Institutions** **D. Structure width in Lowrise zones.** **1. The maximum permitted width for structures in institutional use in Lowrise zones is as shown in**	***Partially consistent; the green factor requirements will be met on a project by project basis; unmodulated facades to be limited to a maximum width of 150 feet.***	***See requested modification; Development Standards 4b. Width and Depth Limits***

Development Standards Table 2: Consistency of Modification with Applicable Land Use Code Standards

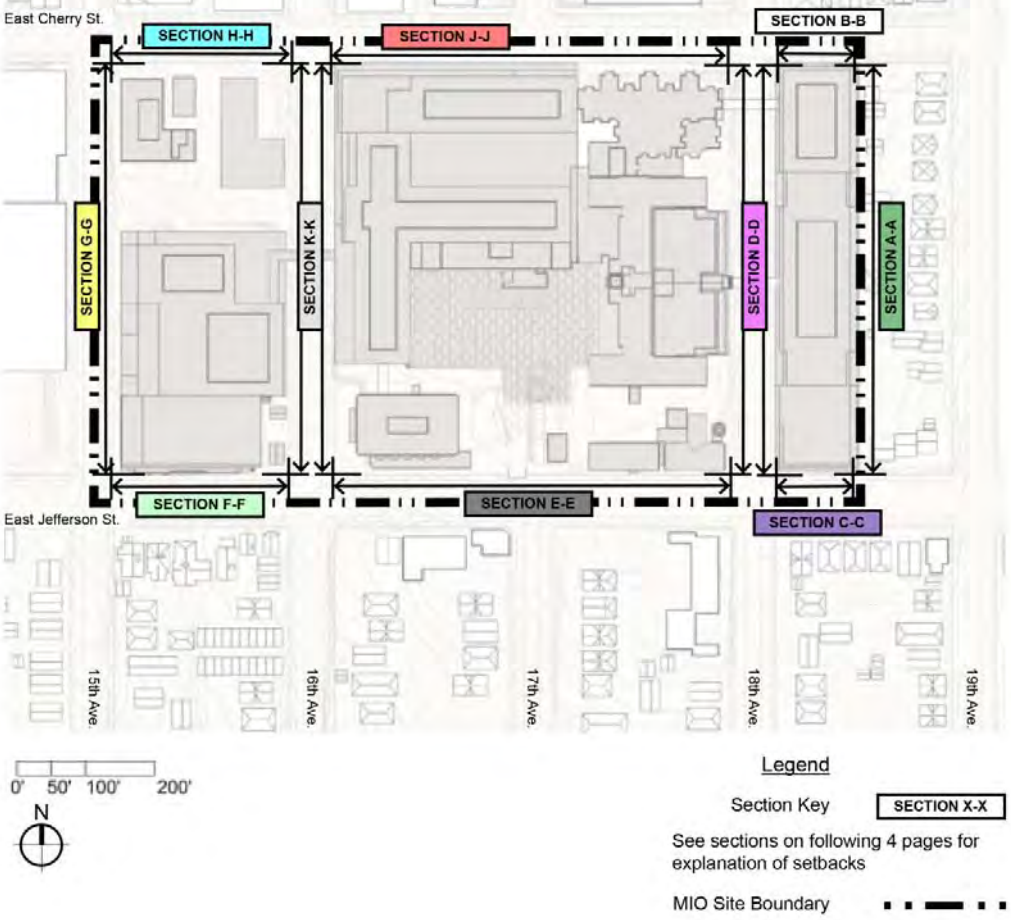
Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
23.45.570 Institutions **D. Structure Width in Lowrise Zones** **Table A for 23.45.570: Width Limits for Institutions in Lowrise zones.** In LR3, the maximum structure width without green factor is 60 feet; with green factor the maximum width is 150 feet.	***No***	***Yes, Swedish is proposing unmodulated facades be limited to a max façade width of 150 ft.***
E. Structure Depth in Lowrise zones. The maximum permitted depth of institutional structures is 65 percent of lot depth.	*No*	*Yes, Swedish is proposing that structure depth be limited by adjacent setbacks.*
23.45.570 Institutions **G. Parking**. 1. Parking Quantity. Parking and loading is required pursuant to Section 23.54.015 2. Location of Parking. Parking areas and facilities may be located anywhere on the lot except in the required front setback or side street side setback. 3. Screening of Surface Parking Areas. Surface parking areas for more than five vehicles shall be screened in accordance with the following requirements and the provisions of Section 23.45.524 a. Screening shall be provided on each side of the parking area which abuts, or faces across a street, alley or access easement, a lot in a residential zone. b. Screening shall consist of a fence, solid evergreen hedge or wall between 4 and 6 feet in height. Sight triangles must be provided. Fences surrounding sports fields/recreation areas may be 8 feet high. The Director may permit higher fencing when necessary for sports fields. The height of the visual barrier created by the screen required in subsection 23.45.570.G.3 shall be measured from street level. If the elevation of the lot line is different from the finished elevation of the parking surface, the difference in elevation may be measured as a portion of the required height of the screen, so long as the screen itself is a minimum of 3 feet in height.	**Yes**, proposed parking is within the quantities allowed by the Land Use Code for institutions. New parking is proposed to be underground.	***No modification is requested.***
23.45.529 Design standards This section of the Code is applicable only to residential development in Lowrise zones.	***Not applicable to Major Institution uses***	***Not applicable to Major Institution uses***

3. Standards

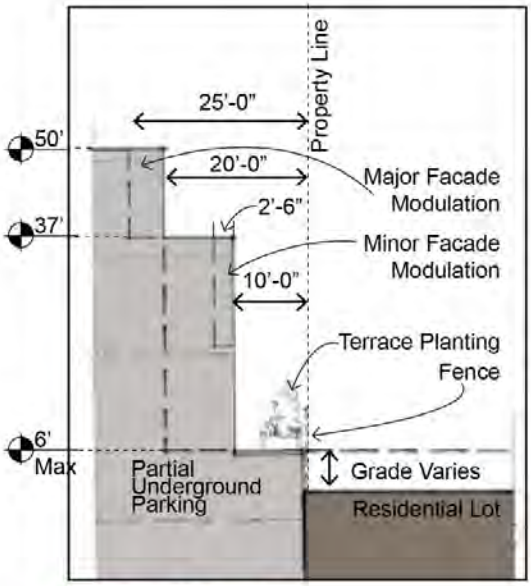
3a. Structure Setbacks

Swedish is proposing structure setbacks along public rights-of-way and boundary of the MIO District and are defined in this standard. Setbacks are categorized into different types (Internal Streets, External Streets and Adjacent Properties) with the intent to establish an appropriate pedestrian scale and transition to surrounding neighborhood. Any existing encroachments into the setbacks would be allowed to remain. Landscaping would be provided within setback areas as described in this section.

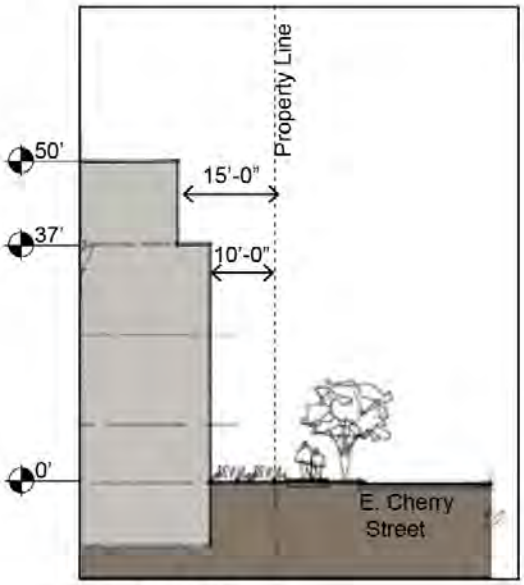
Development Standards: Figure 3.a Building Setback: Sections Key



Development Standards: Figure.3.a.1 Building Setback Sections



Section A-A

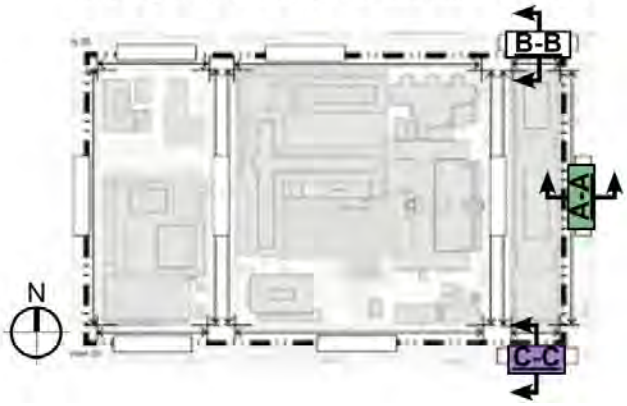


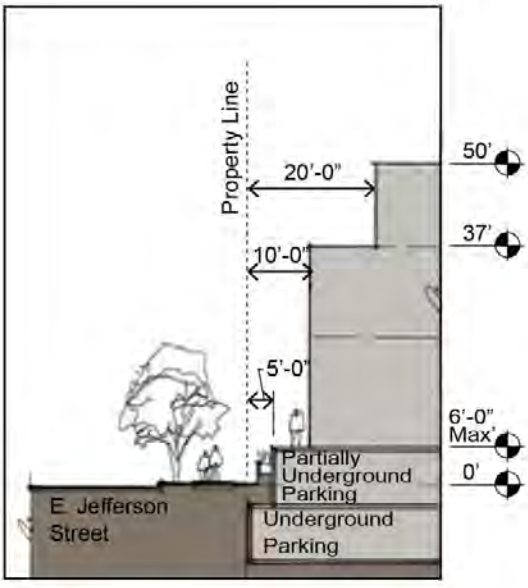
Section B-B

Setback A-A
New proposed setbacks of 0 feet from property line up to 6'-0" high for partial underground parking. 10 feet setback to 37'-0" high and another 20'-0" set-back to maximum height (reference similar condition of commercial to residential, SLUC 23.47A.014.B.2). This landscape setback will be designed to promote security and privacy for the residential property to the east

Setback B-B
New proposed 10 feet setback from property line up to 37'-0" high. And a setback of 15 feet up to 50'-0" high.

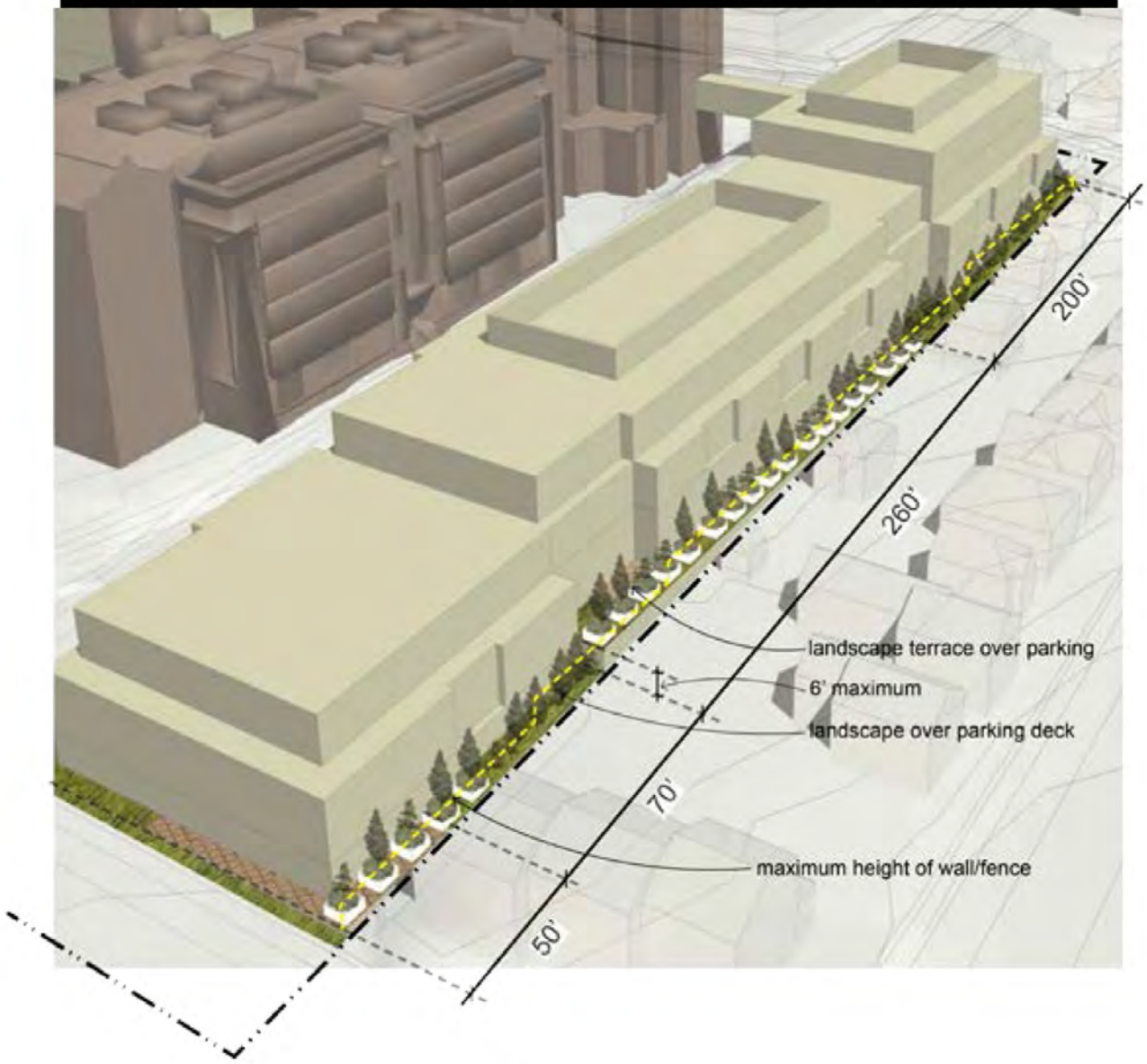
Setback C-C
New proposed setbacks of 5 feet for partial under-ground parking from property line with planter in front of parking. The building is setback 10 feet up to 37'-0" high and setback 20 additional feet above this

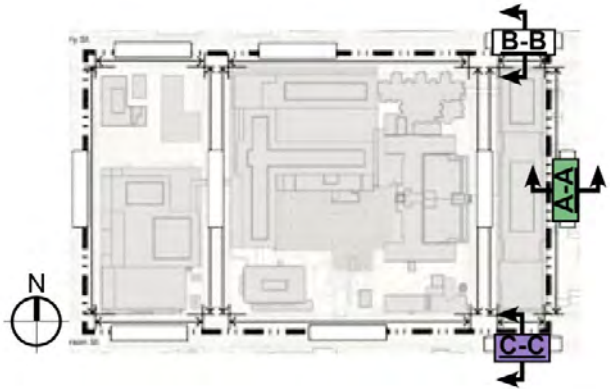




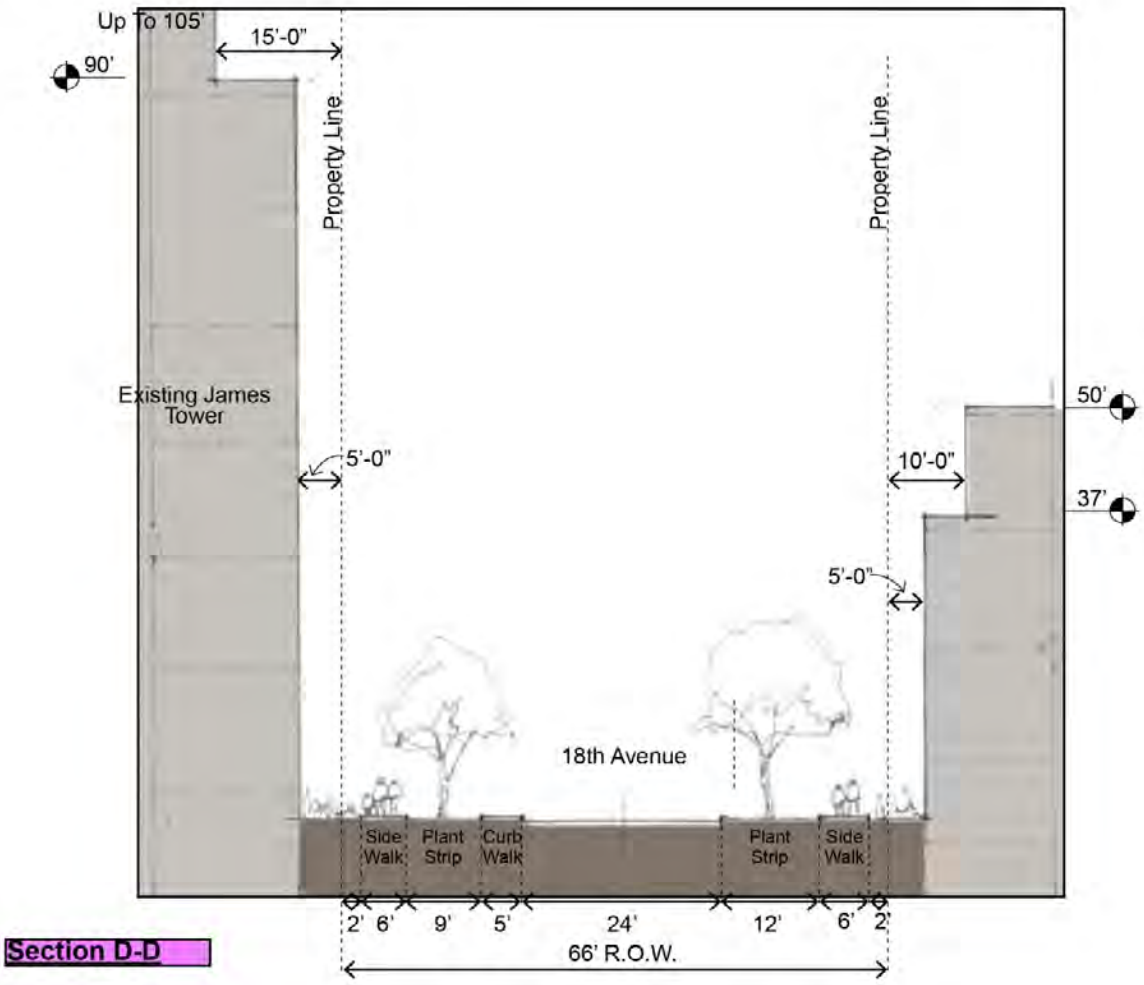
Section C-C

Development Standards: Figure.3.a.2 Building Setback Section A-A Aerial



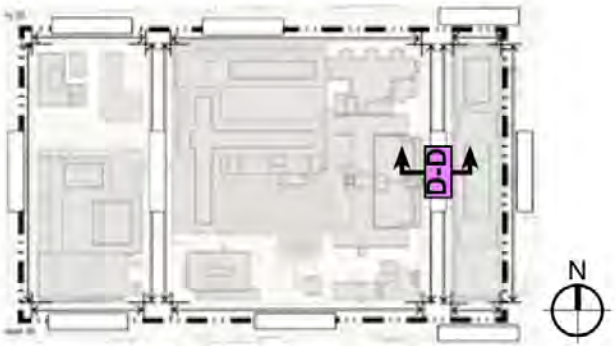


Development Standards: Figure.3.a.3 Building Setback Sections

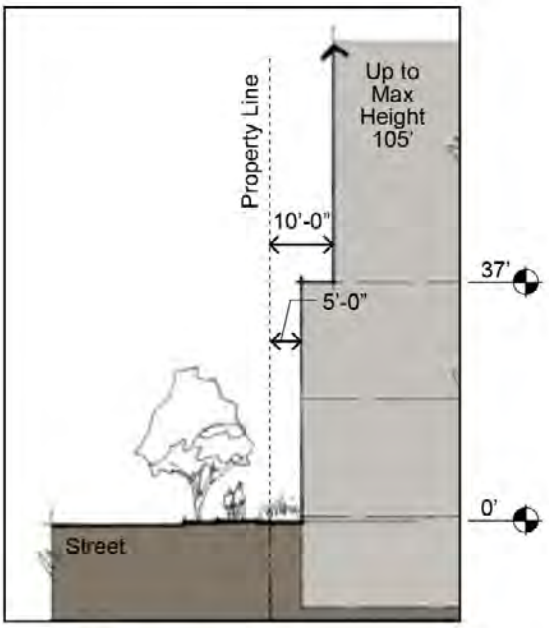


Section D-D

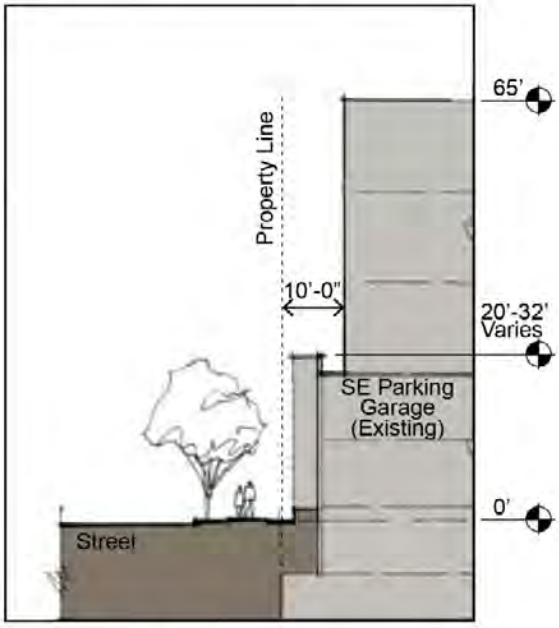
Setback D-D.
West side of 18th avenue is an existing 5'-0" set-back up to 90' high. Mechanical screen is set back 15'-0" up to 105' high. East side of 18th avenue is a setcack 5'-0" from property line up to 37'-0" (existing 1994 MIMp). And 10' above 37'-0" to maximum height of 50'-0".
Within the existing 18th avenue street width, bike lanes will share the street with the car lanes, this block is a continuation of the neighborhood greenway street north and south of the MIO boundry. No parking lane will occur in this block.



Development Standards: Figure.3.a.4 Building Setback Sections



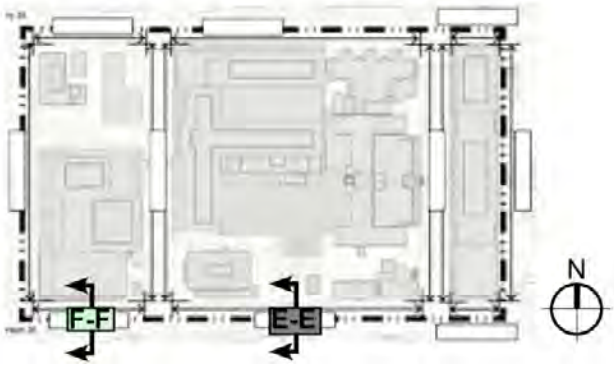
Section E-E



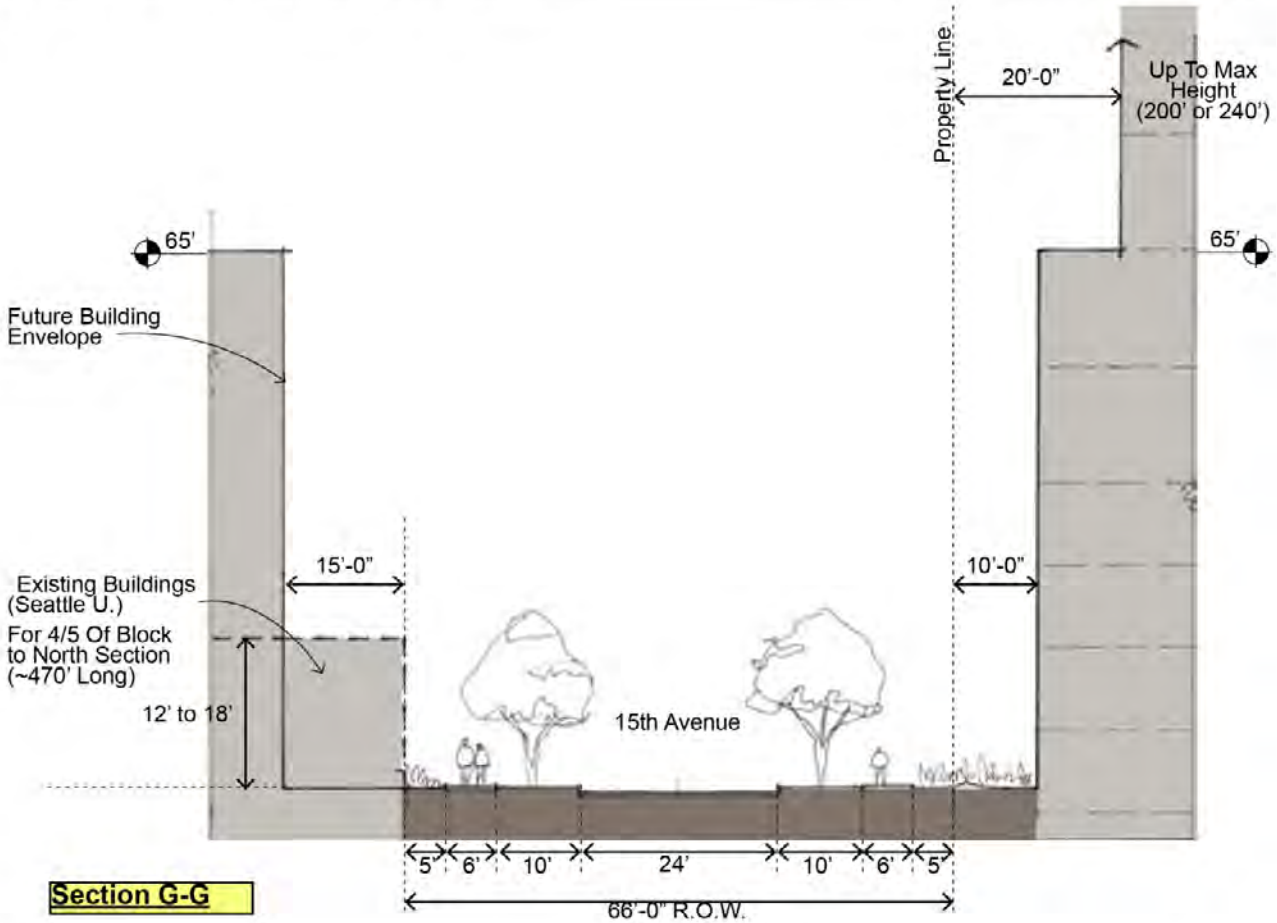
Section F-F

Setback E-E
New proposed setbacks of 5 feet from property line up to 37'-0" high and setback 10 feet more above this point up to the maximum height (reference similar to development standards for Yesler Terrace 23.75.140 Exhibit A).

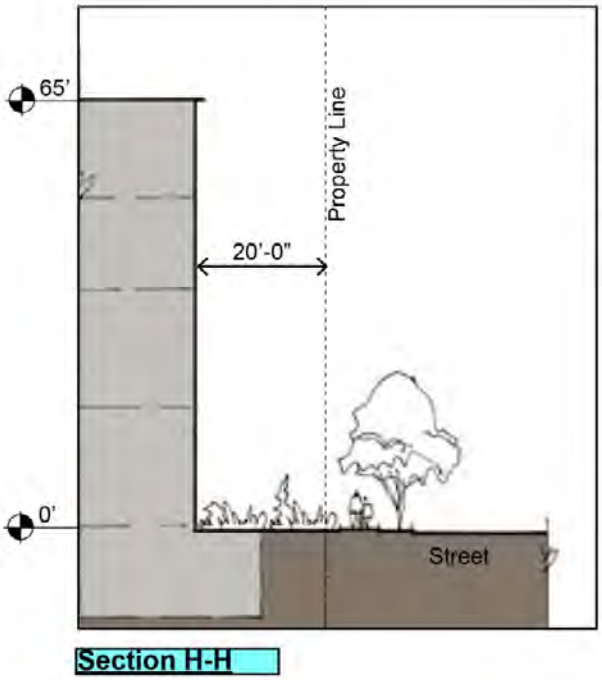
Setback F-F
New proposed setbacks of 10 feet from property above the parking garage (up to 65' high).



Development Standards: Figure.3.a.5 Building Setback Sections



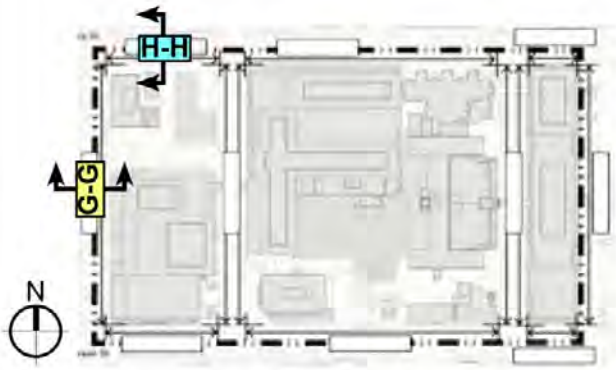
Section G-G



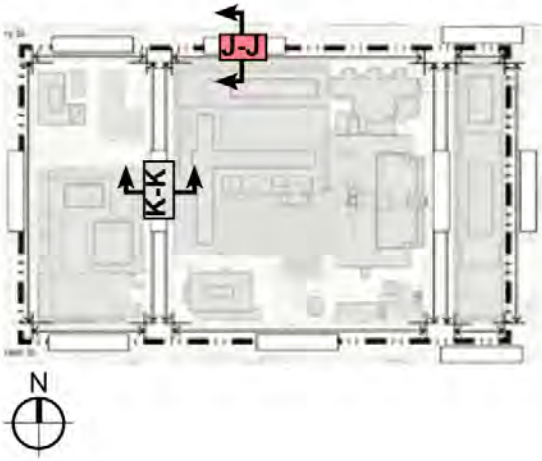
Section H-H

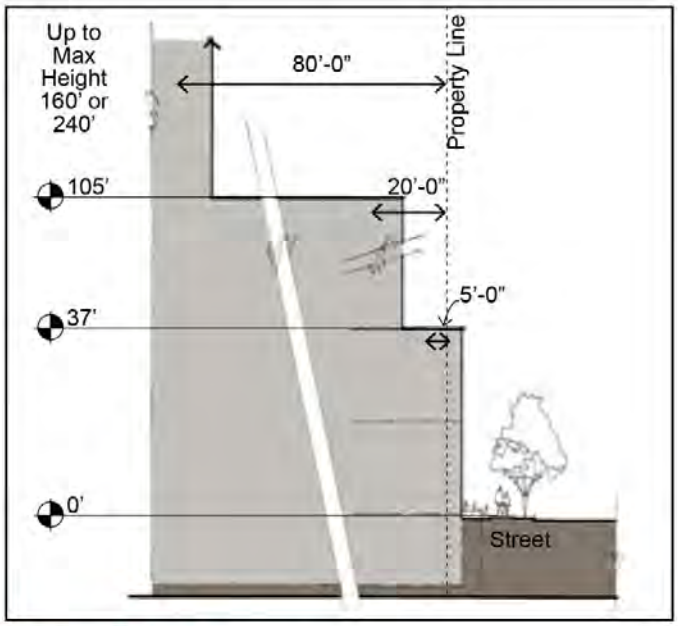
Setback G-G
Existing 1994 MIMP setback of 10 feet from property line up to 65'-0" height (reference similar to development standards for Yesler Terrace 23.75.140 Exhibit A) 20' up to maximum (200' or 240')

Setback H-H
Existing 1994 MIMP setback of 20'-0" from property line up to the maximum height of 65'-0" high.



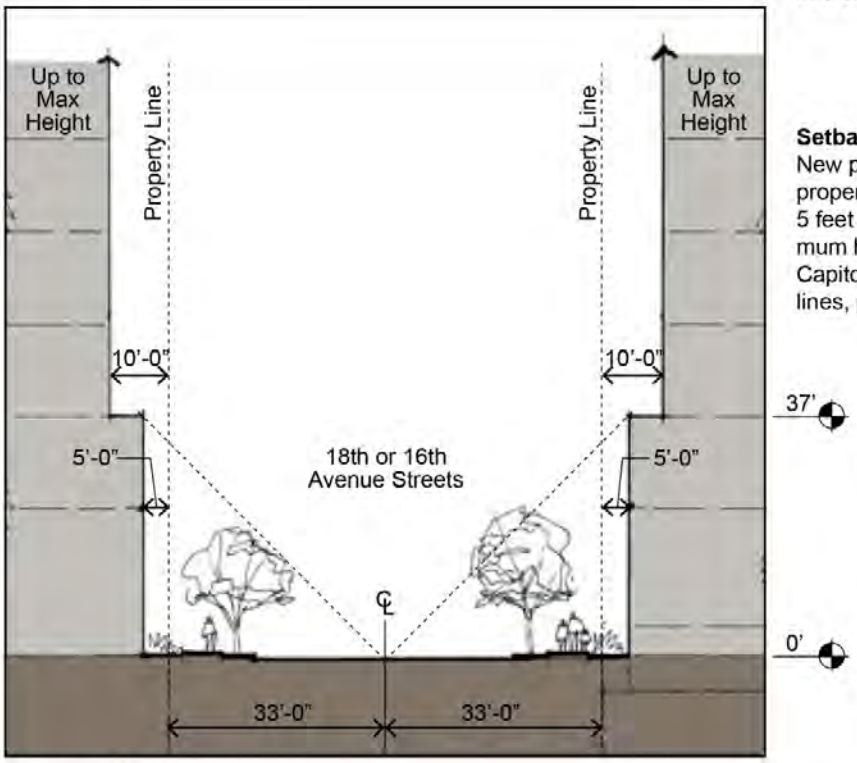
Development Standards: Figure.3.a.6 Building Setback Sections





Section J-J

Setback J-J
New proposed setbacks of 5 feet from property line up to 37'-0" high and setback of 20 feet up to 105'-0" high. Above 105'-0" high an 80'-0" feet setback up to the maximum height.



Section K-K

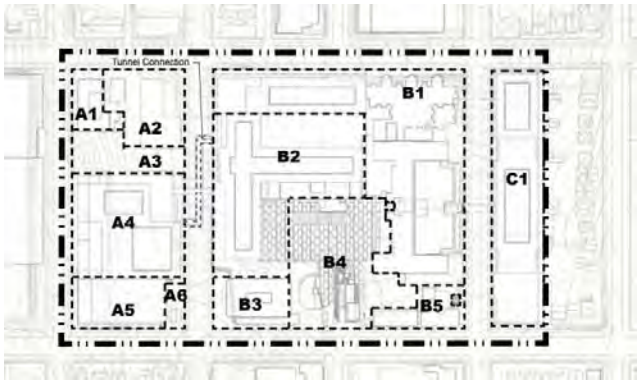
Setback K-K
New proposed setbacks of 5 feet from property line up to 37'-0" high and setback 5 feet more above this point up to the maximum height (reference similar condition of Capitol Hill Neighborhood: Design Guidelines, page 13).

Development Standards Table 3.a: Comparison of Proposed Modifications to Underlying Zoning Setbacks

	Underlying Zone		Alternatives 8 & 9 Height Modifications		Reason For Proposed Modifications
	Underlying Zoning	Setbacks	Setbacks	Building Height	
Section A-A	SF 5,000	25'	0'	up to 6' Underground Parking	Setbacks are proposed to provide an appropriate pedestrian scale and transition to the surrounding neighborhood while accommodating MIO uses.
			10' / 20'	up to 37" High	
			20' / 25'	up to 50' High	
Section B-B	SF 5,000	10'	10'	up to 37' High	
			15'	up to 50' High	
Section C-C	SF 5,000	10'	5'	up to 6' Underground Parking	
			10'	up to 37' High	
			20'	up to 50'	
Section D-D	SF 5,000	Average of Front Yards on either side or 20'	15''	Existing up to 105'	
			5'	up to 37' High existing up to 90'	
	LR-3	5'	10'	up to maximum height 50'	
Section E-E	LR-3	5' Min	5'	up to 37' High	
			10'	up to 105'	
Section F-F	SF 5,000	Average of Front Yards on either side or 20'	10'	above existing parking garage to 65'	
Section G-G	SF 5,000	Average of Front Yards on either side or 20'	15'	Up to 65' at Seattle U	
			10'	up to Height 65'	
	LR-3	5'	20'	Up to maximum height 200', 240'	
Section H-H	LR-3	5'	20'	up to maximum height 65'	
Section J-J	LR-3	5'	5'	up to 37'	
			20'	up to 105'	
			80'	up to maximum height of 160', 240'	
Section K-K	SF-5,000	Average of Front Yards on either side or 20'	5'	Up to 37'	
	LR-3	5'	10'	Up to maximum height of 65', 105', 160', 200', 240'	

3b. Height Limits

The existing MIO district has heights of 105' for the main hospital block, 65' for the western garage block and 37' for the eastern half-block. The existing underlying heights of low-rise and single family limits are 30' which doesn't accommodate the scale of institutional buildings. Proposed height zones correspond to the internal functional relationships, intentional concentration of higher heights away from surrounding residential areas toward the MIO district center / Seattle University, and the use of the topographic slopes to step the new buildings. Zones at the perimeters of the MIO District are proposed to step down from the greater internal heights to be a transition to the surrounding blocks. See the following chart to list the heights of the alternative concepts. The base height limit is 30' in both the SF-5000 and L-3 districts.



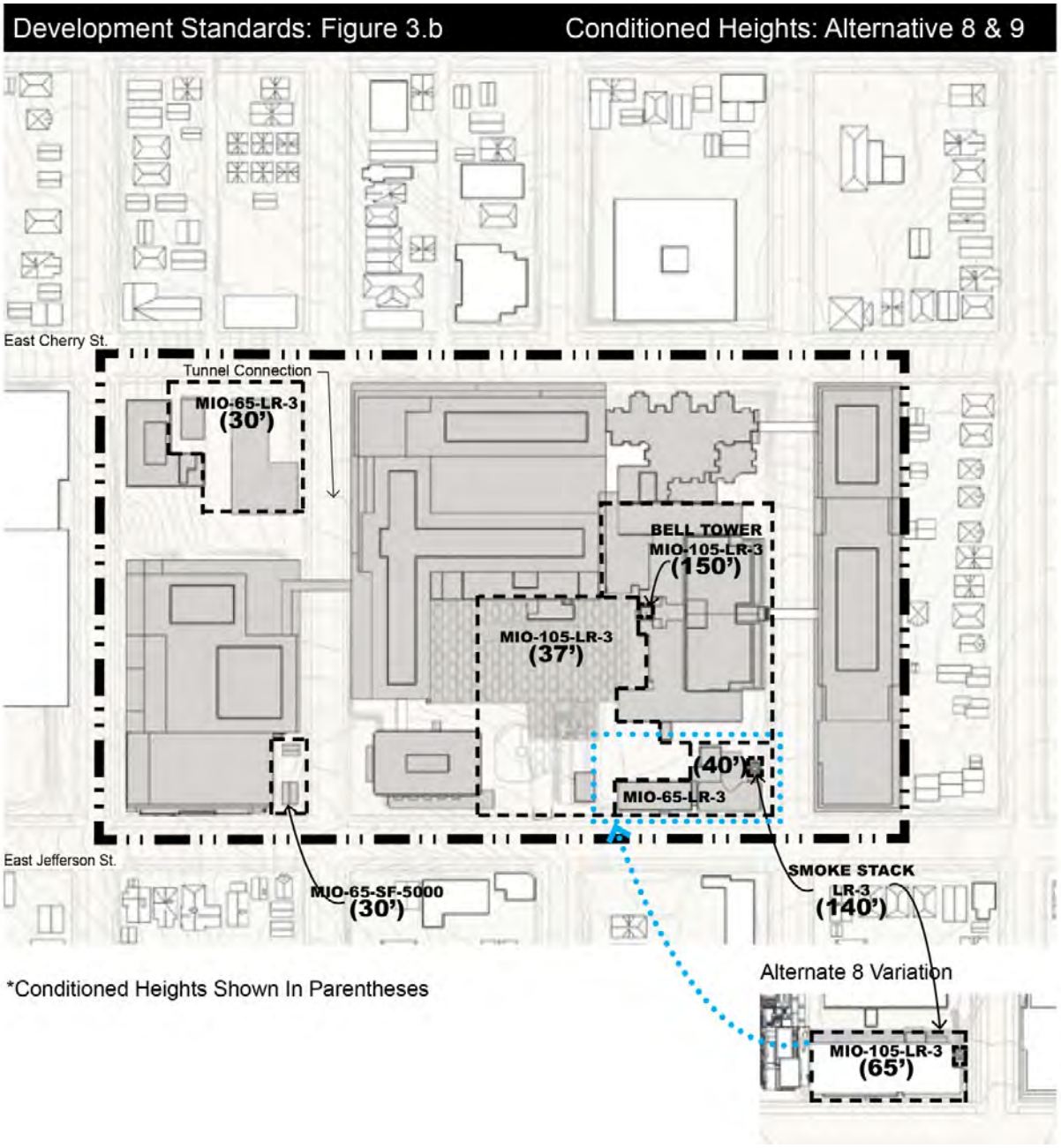
Key Plan

Development Standards Table 3.b: Comparison of Proposed Modifications to Underlying Zoning Heights

SMC Cherry Hill Locations	Underlying Zoning Heights	Existing MIO Heights	Alternative 8 Heights	Alternative 9 Heights
15th/16th Block **A1**: NW Quad.	30'	65'	MIO 65'	65'
A2: NE Quad.	30'	65'	30'	30'
A3: Center N Quad.	30'	65'	65'	65'
A4: Center S Quad	30'	65'	240'	200'
A5: SW Quad	30'	65'	65'	65'
A6: Carmack House	30'	65'	30'	30'
16th/18th Block **B1:** N Quad.	30'	105'	105'	105'
B2: Center Quad.	30'	105'	240'	160'
B3: SW Quad.	30'	105'	105'	105'
B4: S Quad	30'	105'	37'	37'
B5: SE Quad.	30'	105'	65'	40'
C: 18th half block	30'	37'	50'	50'

Existing buildings not intended to change within the MIO district under the Master Plan are indicated on the plan below. The intent is to condition the zoning heights of these buildings to the current underlying zoning for the Seattle Medical Rehab Center, the Carmack House and the 1910 Power House / Annex buildings. The NW Kidney Center, the James Tower and the Jefferson Tower buildings would stay at the expired 1994 MIO heights because of their current existing heights. The James Tower bell tower and the Power House smoke stack both exceed the MIO heights, but will remain as is.

The center plaza area at 17th Avenue will be to the lowest MIO height of 37 feet. All the conditioned areas are the same between Alternatives 8 and 9 except in Alternative 8; the Power Plant site would also stay at the MIO 105; height to allow further development to reach 3.1M SF.



3c. Lot Coverage

"Lot Coverage" is defined in the Seattle Land Use Code (23.84A.024) as: that portion of a lot occupied by structures, expressed as a percentage of the total lot area.

The total existing MIO site area is 580,569 square feet. Lot coverage is summarized in Table DS.3.c and Figure DS.3.c.

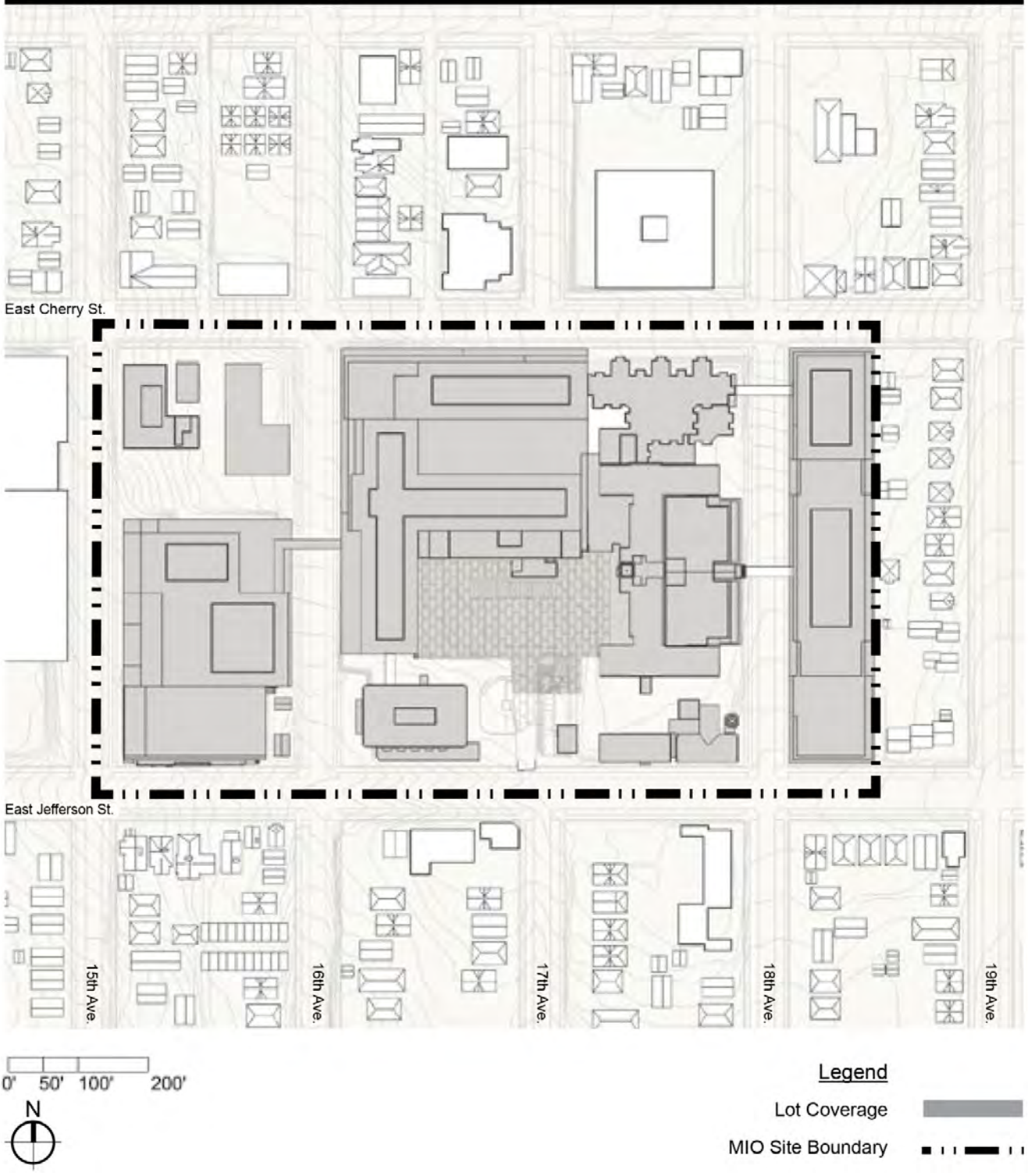
The existing expired MIO district lot coverage is approximately 65% coverage of the MIO area within the boundary. The new MIO Master Plan lot coverage will be more than 65%. Details of the MIO projects are not known at this time and so exact lot coverages are also not known at this time.

Since projects have not yet been designed, the exact building structure "footprints" and resulting lot coverage is not known. The estimated lot coverage will likely change as the projects are defined. Because planning flexibility is necessary, a lot coverage standard is proposed somewhat higher (+ 7% or about 39,600 square feet of structure lot coverage) than the estimated amount. The variation is necessary to accommodate project designs, such as if buildings should be reduced in height. The proposed maximum lot coverage development standard for the MIO is 76%. The basis for this calculation is the entire MIO and not for individual future project sites.

Development Standards Table 3.c: Lot Coverage

Existing MIO Site Area	Existing Lot Coverage	Total Proposed Estimated Lot Coverage	398,500 SF divided by 580,569 SF	Proposed Lot Coverage Maximum = estimated + 7%	Reason for Proposed Lot Coverage
580,569 SF	304,728 SF	398,500 SF	69%	76%	The underlying zoning lot coverages are insufficient for institutional buildings. The prior 1994 MIMP acknowledged the need for an increase in lot coverage.

Development Standards: Figure.3.c Planned Future Lot Coverage



3d. Landscaping

"Landscaping" is defined in the Seattle Land Use Code (23.84A.024) as: live planning materials, including but not limited to, trees, shrubs, vegetables, fruits, grass, vices, ground cover or other growing horticultural material. Landscaping may also include features intended to enhance a landscaped area, including water features, pathways or materials such as wood chips, stone, permeable paving or decorative rock.

Priority will be to maintain existing landscape patterns in the street level landscape areas. Landscaping will be provided in structural setbacks and roof top gardens when practical. Street trees shall be provided in planning strips. Trees, shrubs, groundcover, grass and flowers would reinforce the open space concept and existing vegetation. The Seattle DPD Green Factor guidelines will be used in directing the quantity and quality of new landscaping and the Green Factor score sheets will be completed during the MUP process for individual Master Plan projects.

The Swedish Cherry Hill campus transitioned to an organic, sustainable maintenance program in 2012 and received a 5-star EnviroStar award from King County. This change eliminated the use of pesticides for the health and safety of our patients, visitors, staff and community, as well as that of the environment. Sustainable maintenance practices include mulching landscape beds with leaves/wood chips to help build healthy soil, suppress weeds and retain moisture. Swedish has developed a 5-year plan to address areas of landscape renovation for the aesthetic enhancement of the campus, which will benefit the entire community.

MIO Community Amenities within Landscaping

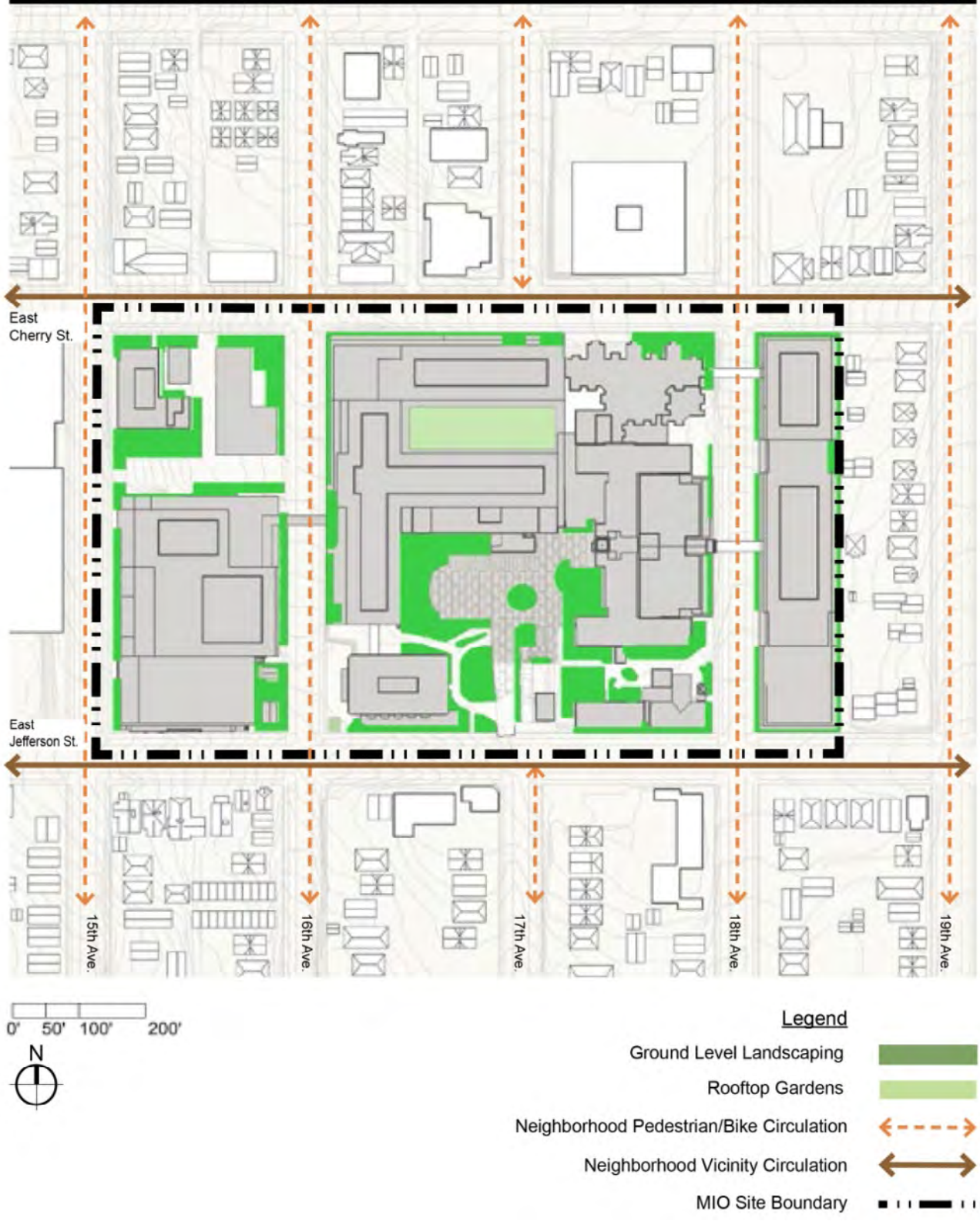
The plan below represents campus amenities draft proposal for review by the community, facilitated through the CAC (Community Advisory Committee).

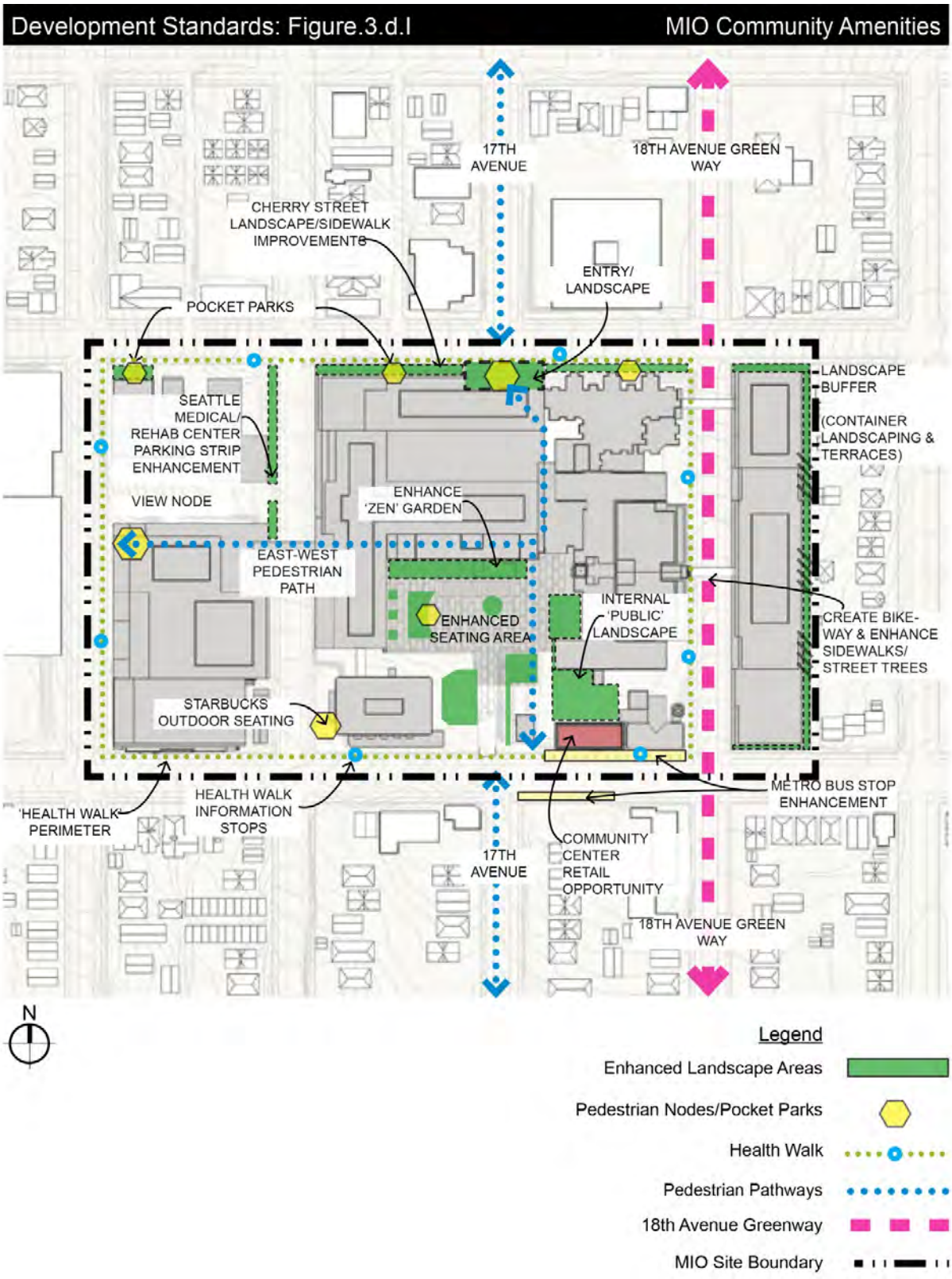
The proposal contains the areas at the campus perimeter (landscape and sidewalks) plus the cross campus connectors and open space areas. With the purpose of adding community amenities to increase safety, provide increased aesthetic enjoyment, include education markers for the health and exercise, provide respite and contemplation areas, clarify the pedestrian pathways and bicycle routes through the campus.

Through the enhancement, replacement, creation and renovations of:

- The perimeter pedestrian sidewalk and landscaping. Included aspects: widen sidewalks to SDOT standards, replace street trees that create sidewalk problems with new smaller scaled trees (from SDOT approved street tree list), infill missing street trees, added pedestrian lighting, create landscaping that will remain low and meet the CPTED (Crime prevention through environmental design) guidelines, add pedestrian respite areas on the hill climb areas of E. Cherry and E. Jefferson Streets, add dog waste bag dispensers / waste receptacles.
- The 17th Avenue pedestrian (internal / external) connector with a new entry / landscaped area at 17th Avenue and E. Cherry Street.
- The perimeter *Health Walk* path on E. Cherry Street, 15th Avenue, E. Jefferson Street and 18th Avenue through sidewalk markers and information stops.
- The Providence Annex into a community center and/or retail storefront on E. Jefferson Street.
- The Metro bus stop on E. Jefferson Street.
- The east-west interior pedestrian path extension to a new view node / lookout above 15th Avenue.
- The internal public gardens (at the Annex and plaza Zen Garden).
- The eastern campus edge (18th Avenue half-block) with landscape, privacy walls, building modulation and landscape terraces.

Development Standards: Figure.3.d Proposed Landscaping




Development Standards: Figure.3.d.I
MIO Community Amenities
17TH AVENUE
18TH AVENUE GREEN WAY
CHERRY STREET LANDSCAPE/SIDEWALK IMPROVEMENTS
ENTRY/ LANDSCAPE
POCKET PARKS
LANDSCAPE BUFFER
(CONTAINER LANDSCAPING & TERRACES)
SEATTLE MEDICAL/ REHAB CENTER PARKING STRIP ENHANCEMENT
VIEW NODE
ENHANCE 'ZEN' GARDEN
EAST-WEST PEDESTRIAN PATH
ENHANCED SEATING AREA
INTERNAL 'PUBLIC' LANDSCAPE
CREATE BIKE-WAY & ENHANCE SIDEWALKS/ STREET TREES
STARBUCKS OUTDOOR SEATING
METRO BUS STOP ENHANCEMENT
'HEALTH WALK' PERIMETER
HEALTH WALK INFORMATION STOPS
17TH AVENUE
COMMUNITY CENTER RETAIL OPPORTUNITY
18TH AVENUE GREEN WAY
N
Legend
Enhanced Landscape Areas
Pedestrian Nodes/Pocket Parks
Health Walk
Pedestrian Pathways
18th Avenue Greenway
MIO Site Boundary

3e. Open Space Usable

"Open Space Usable" is defined in the Seattle Land Use Code (23.84A.028) as: an open space that is of appropriate size, shape, location, and topographic siting so that it provides landscaping, pedestrian access or opportunity for outdoor recreational activity. Parking areas and driveways are not usable open spaces.

The MIO open space reflects the urbanized character of the Cherry Hill campus which is dispersed and generally smaller varied spaces in the perimeter setbacks and building separation spaces. The exception is the designated open space which is the central plaza and main hospital entrance off of East Jefferson Street. The Seattle Land Use Code defines designated open space as: Open Space within the MIO District that is significant and serves as a focal point for users of the major institution. Future open space will continue to be provided at structural setbacks and at building separations.

The landscaped and designated open space area of the MIO was estimated. It was defined to include lawns, groundcover, tree plantings and designated open space. Paved areas that are open, such as parking lots, drives, service areas, and sidewalks were not included. The proposed development would affect the amount and location of landscaped open space. Since the landscaped open space plan is conceptual, the actual designed landscaped open spaces will likely differ in detail, but be consistent with the overall concept. The concept envisions places to eat lunch outdoors, flowering plants all year, overlooks and plantings consistent with the residential neighborhood.

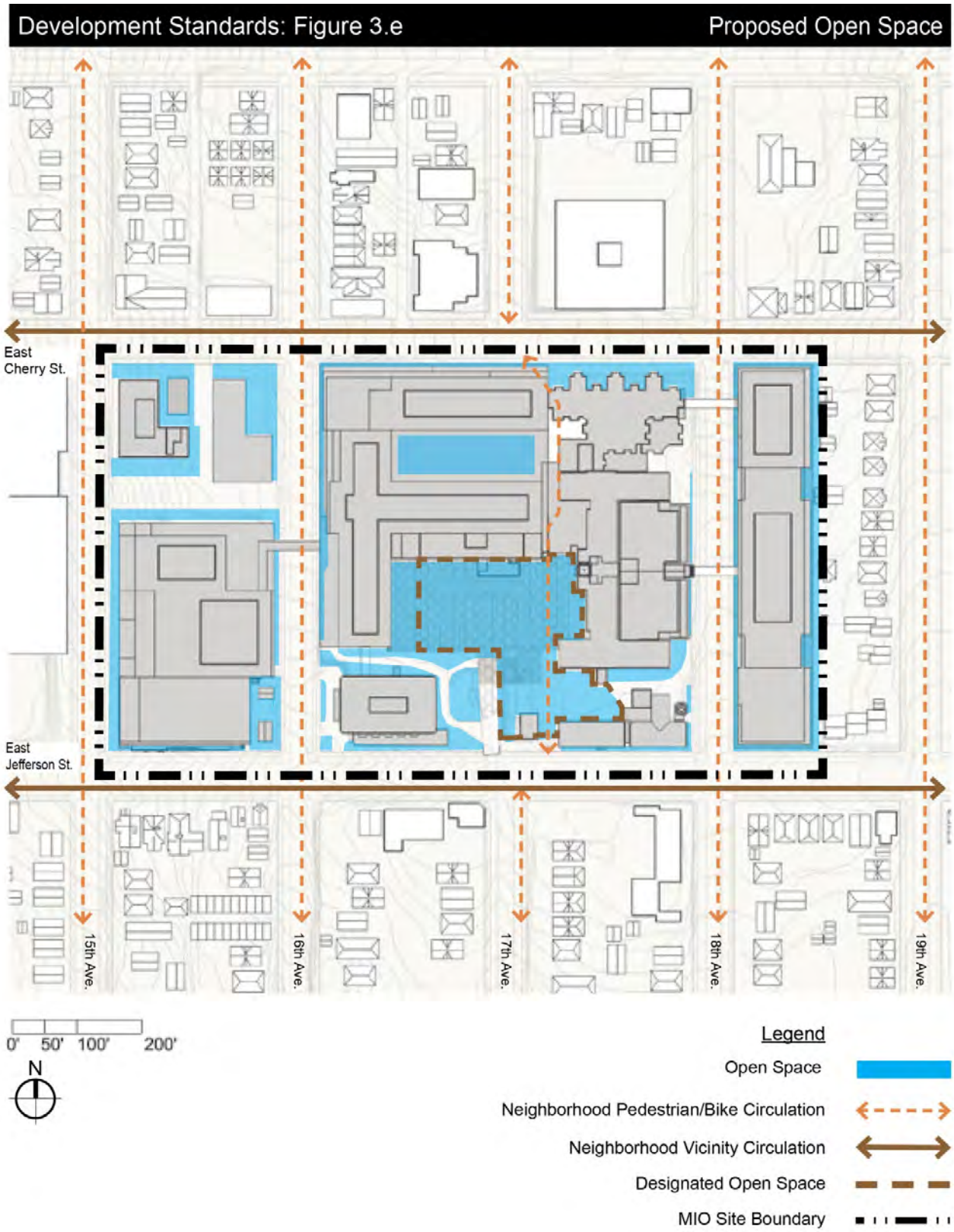
The minimum percentage of open space provides flexibility for the individual projects which will comprise the proposed future development of the MIO. The landscaped open space calculation applies to the entire MIO campus and not to individual project site.

Development Standards Table 3.e: Landscaped and Designated Open Space within MIO Boundaries

Existing MIO Site Area	Existing Landscaped Open Space	Existing Landscaped Open Space Percentage 102,410 divided by 580,569 SF	Proposed Total Future Landscaped Open Space Area	Proposed Total Future Landscaped Open Space Percentage 106,636 SF divided by 580,569 SF
580,569 SF	102,410 SF	18%	106,636 SF	18%

Designated Open Space

The main entry plaza with its integrated landscaped areas plus the landscaped courtyard between the Annex and James Tower will be set aside as designated open space and not future building footprints. The drop-off zone on the plaza is included in this area because it can be closed to auto traffic for campus events. The western +/-60 feet of the plaza is not included in the designated area because it has the structural capacity for a future two-story building on top of it.


Development Standards: Figure 3.e
Proposed Open Space
East Cherry St.
East Jefferson St.
15th Ave.
16th Ave.
17th Ave.
18th Ave.
19th Ave.
0' 50' 100' 200'
N
Legend
Open Space
Neighborhood Pedestrian/Bike Circulation
Neighborhood Vicinity Circulation
Designated Open Space
MIO Site Boundary

4. Elements required by the Director

4a. Transition in height and scale between MIO and surrounding area

Swedish is proposing to provide accepted Seattle urban standards for the mitigation of building massing (see Structural Setback sections). The intent is to concentrate the majority of the height and mass toward the center of campus and west facing Seattle University. The use of building façade modulation and street trees will transition the scale of each future project to its residential neighbors (see Development Standards 3.a.Structure Setbacks).

4b. Building width and depth limits

Swedish is requesting a modification to the provisions in LR-3 zones that limit building façade widths and depths to allow major medical institution development to occur to the maximum space available with configurations found efficient for health care delivery within the proposed setbacks.

- Elimination of the LR-3 requirement to limit width to 60 feet without a Green Factor and 150 feet with a Green Factor of .5 or greater. In keeping with the intent of the LR-3 requirement, Swedish is proposing that un-modulated facades be limited to a maximum façade width of 150 feet.
- Elimination of the LR-3 requirement that the maximum permitted depth is 65 percent of lot depth. The combination of other standards is sufficient to mitigate the depth of the new buildings such as medical industry standards, building code requirements, façade articulation, façade modulation, architectural detailing , street level landscaping and ground level modulation.

4c. Setbacks between structures

Buildings will be designed to take best advantage of natural light. Therefore, setbacks between structures will be provided to enable natural light to enter the buildings. Building fire separations required by the Seattle Building Code will be provided. No underlying zone restrictions apply.

4d. Preservation of Historic Structures

The MIO has two designated City Landmarks within its boundary, the James Tower and Carmack House. The Carmck House is not owned by SMC or Sabey and there are no plans to develop this property. The Landmarks Preservation Board approved placing no controls on the Carmack House, and therefore no Certificate of Approval would be required for changes proposed for the Carmack House. The Landmarks Preservation Board approved placing controls on the James Tower, which are contained in City Ordinance 121588. The James Tower Ordinance is located in the MIMP Appendix. Future projects adjacent to the James Tower will be brought to the attention of the City Historic Preservation Officer for possible review. Proposed demolition or substantial alteration to buildings that are 50 years old or older will be referred to the Department of Neighborhood's Historic Preservation Program as per SMC 25.05.675H on a project by project basis.

4e. View corridors or other specific measures intended to mitigate impact of MIO

There are no regulated scenic view routes in the vicinity. There are no views of water or mountains in this area that new construction will block. The MIMP maintains some neighborhood views from the east to the historic James Tower bell tower. No specific view standards are provided.

Opportunities exist to use public art as focal points. Banners, kiosks and/or signage for key neighborhood identity/landmarks will be studied as a supplement.

4f. Pedestrian Circulation within or through the MIO District

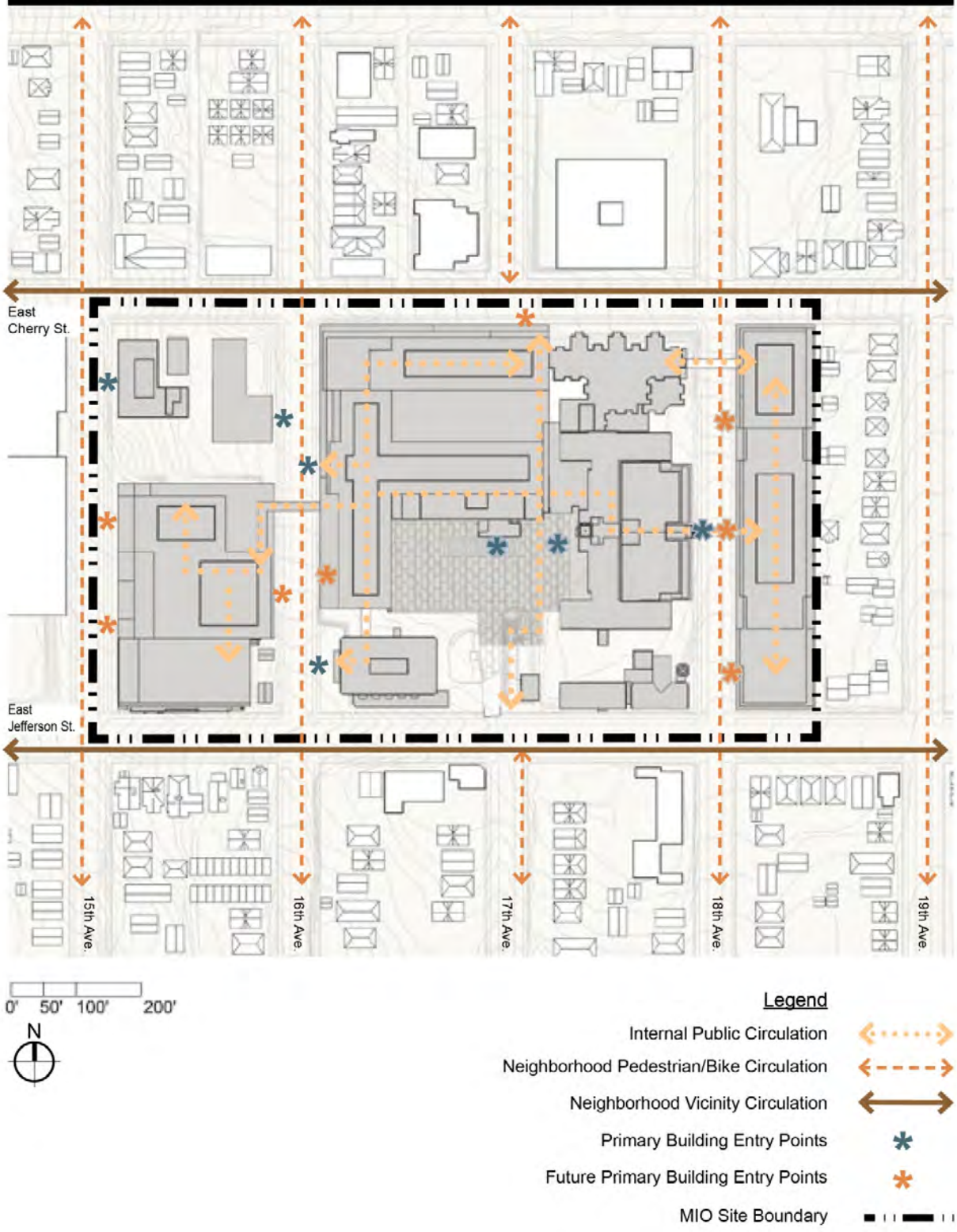
With all future projects in the MIO district, maintaining the north/south pedestrian routes within the street R.O.W.'s will be a priority component within the plans. The enhancements recently approved by DPD of the 17th Avenue internal/ external corridor will be added to the standards (clear pathway signage and public access, public amenities, sufficient pathway lighting and places for rest along the accessible route).

See Figure DS.4.f for Pedestrian and Bicycle Circulation Routes

Swedish will work with the City for pedestrian-oriented capital improvements: painted cross walks, curb bulbs, special paving, new signals, bus stop plazas, street trees, bicycle routes.

The underlying zones don't have pedestrian circulation requirements.

Development Standards: Figure.4.f Planned Future Pedestrian Entry



C. Development Program Component

1. Alternative Proposals for Physical Development

The Development Program component of this Master Plan is advancing two (2) of nine (9) alternative proposals for physical development. Each proposal includes reasons for considering each alternative.

The alternative proposals look to place the appropriate hospital functions around the current operating theater and existing core functions. Some of the current envelope heights are maintained where appropriate. Where possible, new, higher vertical envelopes are placed toward the center of campus and downhill toward Seattle University. Concentrating development in the center of campus and stepping the heights down toward the edges was one way of transitioning to the surrounding properties. The objective of the Master Plan proposals is to provide flexibility as the medical center plans for the future while accommodating best medical practices and the needs of the neighborhood. The Swedish Cherry Hill campus is projected to need the following (Table DP.1) new square footage over the next thirty (30) years. The ability of the proposed alternatives to meet these square footage goals is fundamental to the medical center meeting its needs. The projection methodology is discussed in more detail in Appendix G: Volume and Space Projections.

Development Program Table 1: Needs Projection for the Next 30 Years

	2012 EXISTING SF	NEW SF	2040 Need
Hospital *	**541,300**	**808,700**	**1,350,000**
Clinical / Research	**427,000**	**823,000**	**1,250,000**
Education	**73,000**	**77,000**	**150,000**
Hotel	**12,500**	**67,500**	**80,000**
Long Term Care	**43,000**	**177,000**	**220,000**
Other Support	**50,000**		**50,000**
TOTAL SF			**3,100,000**

*** Hospital area includes any medical retail space for the campus, ie. Retail Pharmacy**

Status of Alternative Proposals for Development

Existing MIO: Existing MIO District
See Figures:
Development Program.1.1 Existing MIO: Height, Bulk and Form
Development Program.1.2 Existing MIO: Heights

Alternative 8: No expansion of MIO Boundaries / no street vacations / compressed growth / concentration of development towards center of MIO / transition to lower heights at MIO perimeter

See Figures:
Development Program.1.3 Alternative 8: Height, Bulk and Form
Development Program.1.4 Alternative 8: Heights

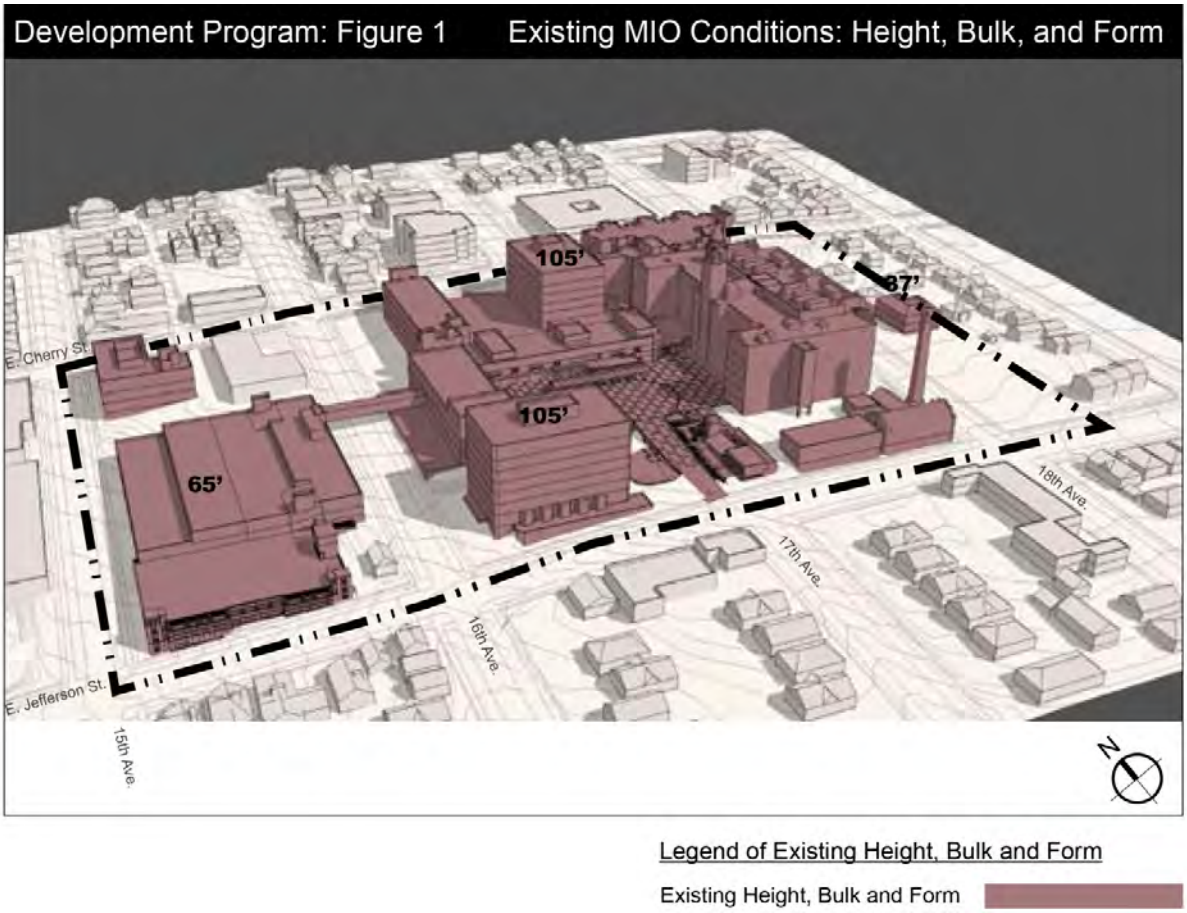
Alternative 9: No expansion of MIO Boundaries / no street vacations / compressed growth / concentration of development towards center of MIO / transition to lower heights at MIO perimeter

Provides only 2.75 MSF which is less the stated need of 3.1MSF

See Figures:

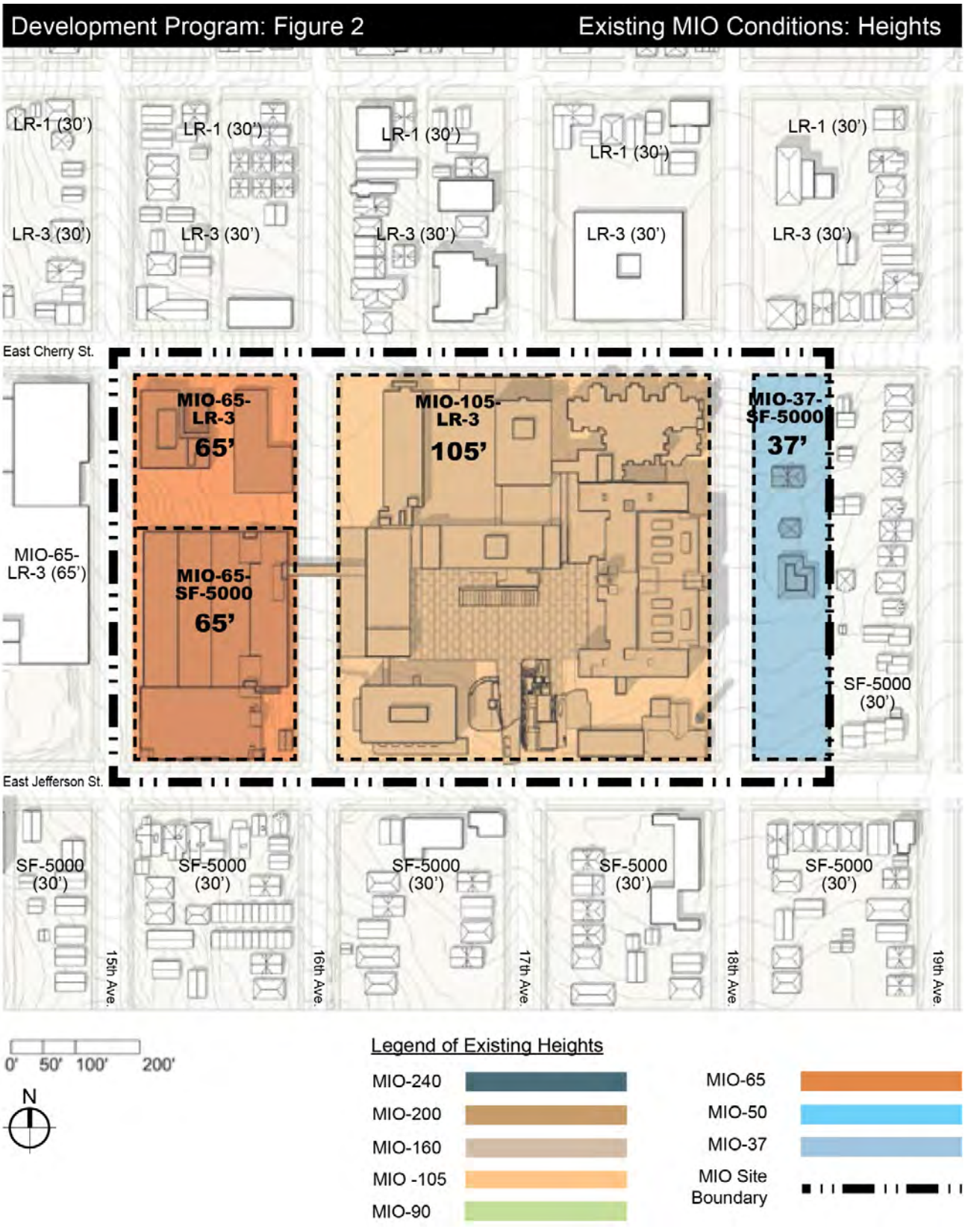
Development Program.1.5 Alternative 9: Height, Bulk and Form
Development Program.1.6 Alternative 9: Heights

EXISTING MIO

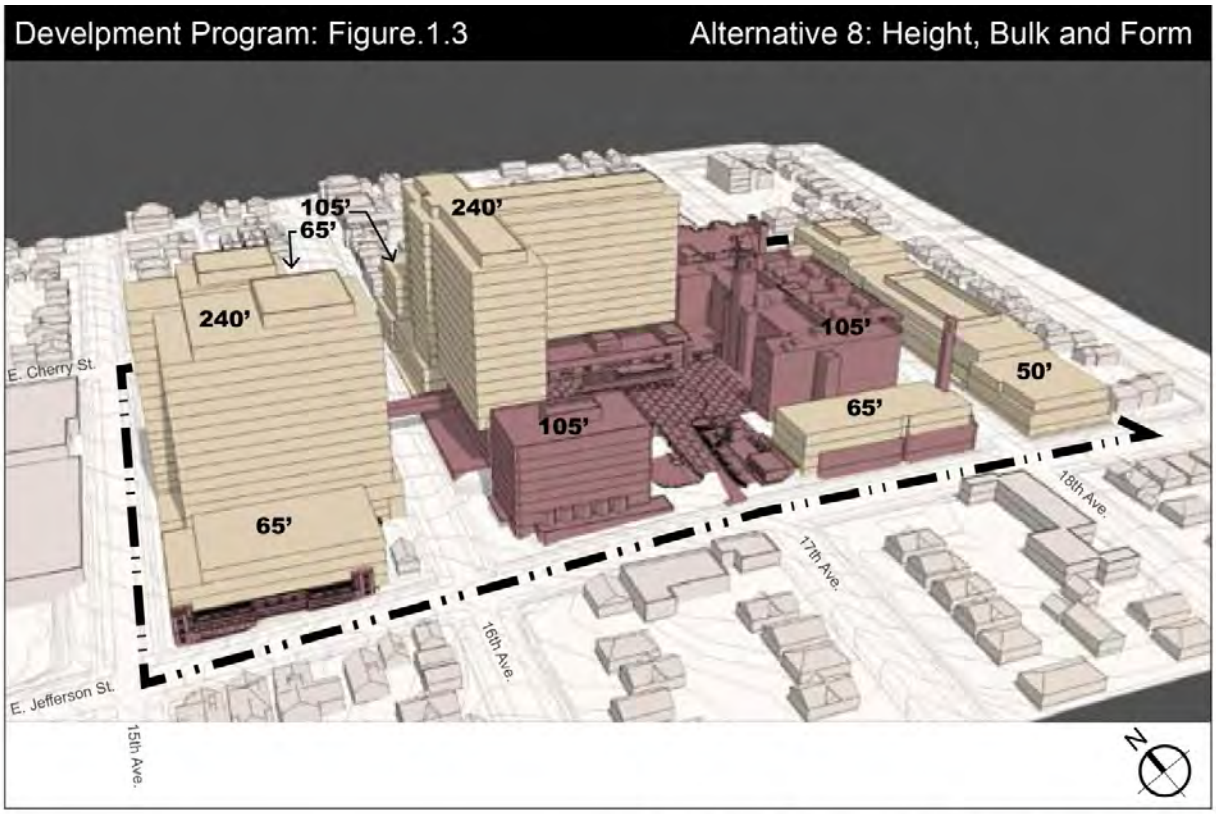


Existing MIO District

- Swedish Medical Center: This alternative does not expand gross square feet or the Major Institutional Overlay (MIO) boundaries. The current gross MIO square fee is 1.2 M.
- The MIO heights on the site plan indicate the existing height limits.


Development Program: Figure 2
Existing MIO Conditions: Heights
LR-1 (30')
LR-3 (30')
East Cherry St.
MIO-65-LR-3 65'
MIO-105-LR-3 105'
MIO-37-SF-5000 37'
MIO-65-LR-3 (65')
MIO-65-SF-5000 65'
SF-5000 (30')
East Jefferson St.
15th Ave.
16th Ave.
17th Ave.
18th Ave.
19th Ave.
0' 50' 100' 200'
N
Legend of Existing Heights
MIO-240
MIO-200
MIO-160
MIO -105
MIO-90
MIO-65
MIO-50
MIO-37
MIO Site Boundary

ALTERNATIVE 8

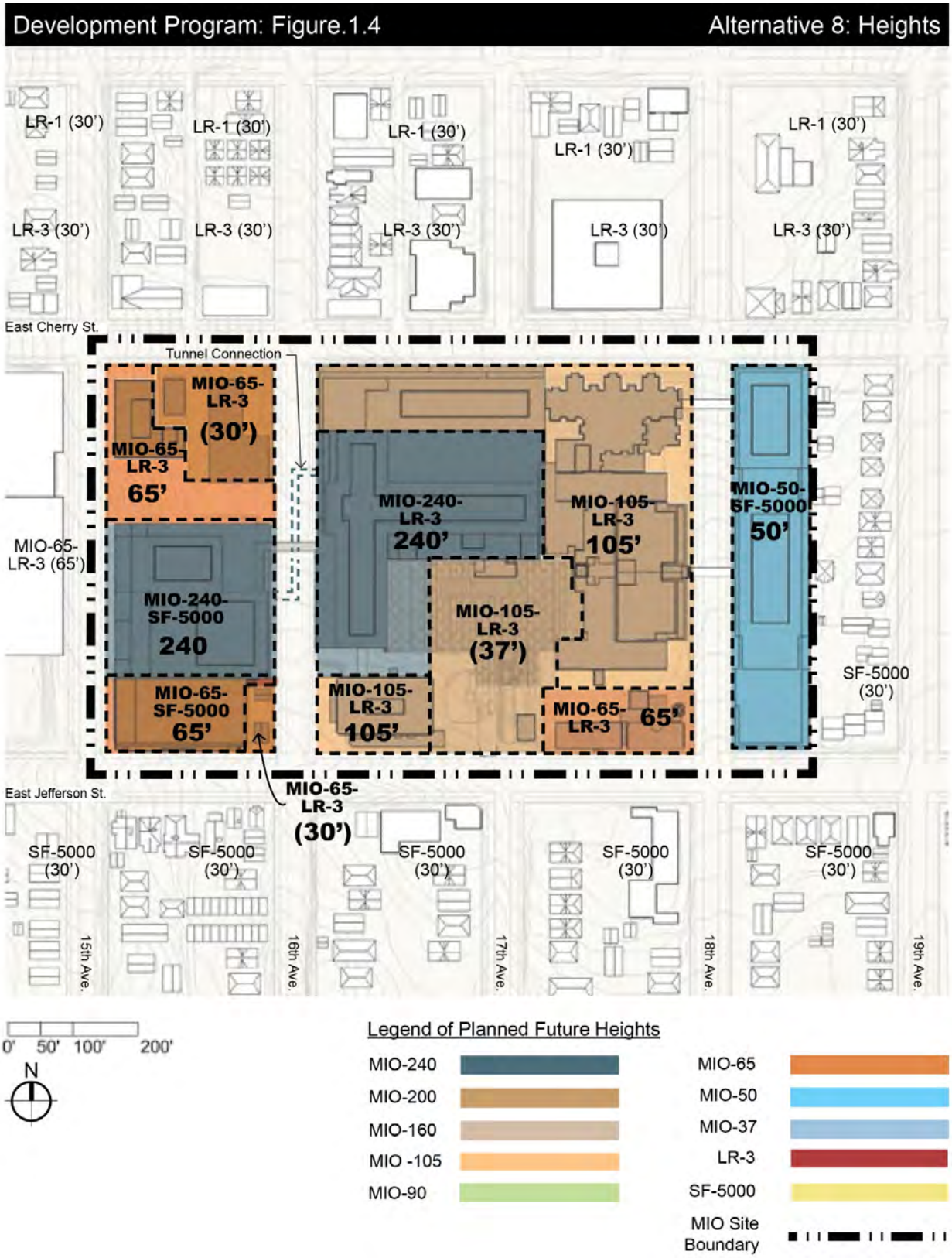


Alternative 8:

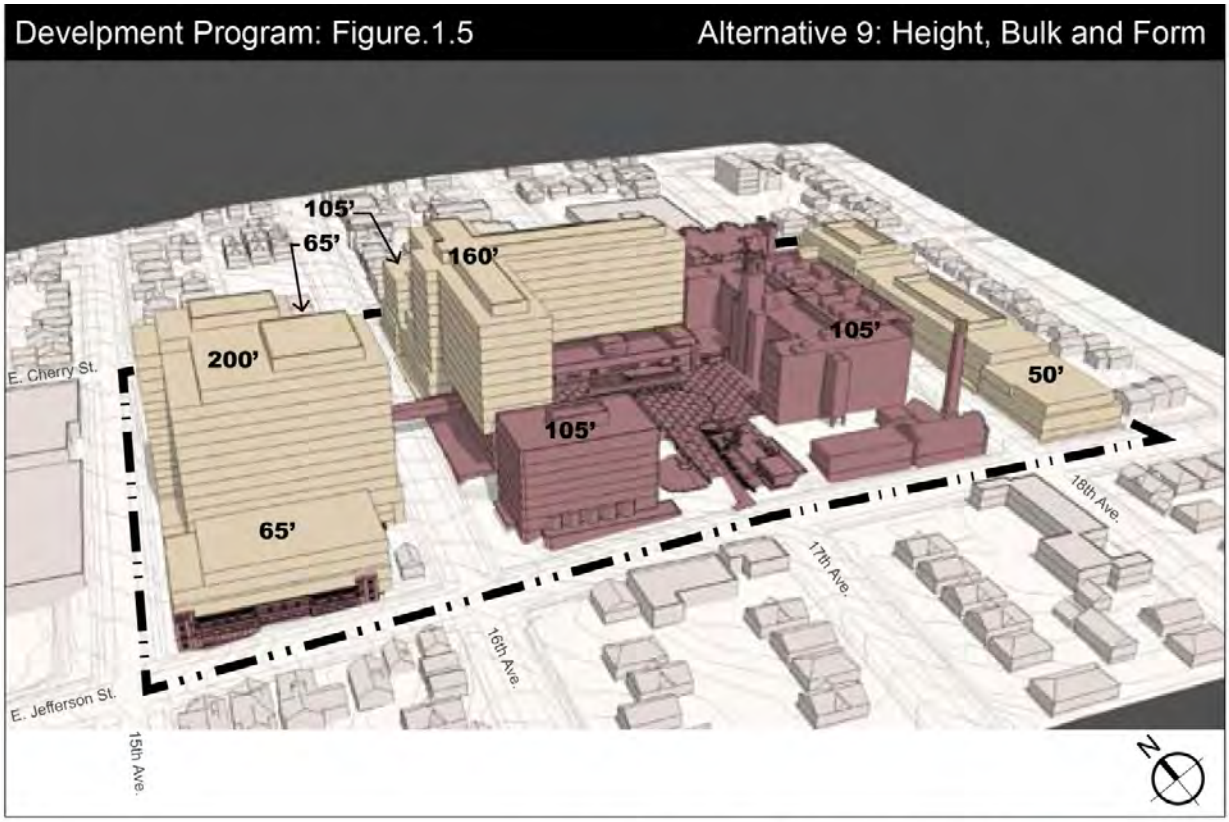
- Maintains the existing campus MIO boundaries
- Expands vertical capacity from MIO 37 ', 65' and 105' to MIO 50', 65', 105' and 240'.
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF.

Qualities of the alternative:

- Allows adequate vertical growth capabilities & compresses growth towards center of campus.
- Increases FAR by amount needed for identified needs (Table DP.2).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter


Development Program: Figure.1.4
Alternative 8: Heights
LR-1 (30')
LR-3 (30')
East Cherry St.
Tunnel Connection
MIO-65-LR-3 (30')
MIO-65-LR-3 65'
MIO-65-LR-3 (65')
MIO-240-SF-5000 240
MIO-65-SF-5000 65'
MIO-240-LR-3 240'
MIO-105-LR-3 105'
MIO-105-LR-3 (37')
MIO-105-LR-3 105'
MIO-65-LR-3 65'
MIO-50-SF-5000 50'
SF-5000 (30')
East Jefferson St.
MIO-65-LR-3 (30')
SF-5000 (30')
15th Ave.
16th Ave.
17th Ave.
18th Ave.
19th Ave.
0' 50' 100' 200'
N
Legend of Planned Future Heights
MIO-240
MIO-200
MIO-160
MIO -105
MIO-90
MIO-65
MIO-50
MIO-37
LR-3
SF-5000
MIO Site Boundary

ALTERNATIVE 9



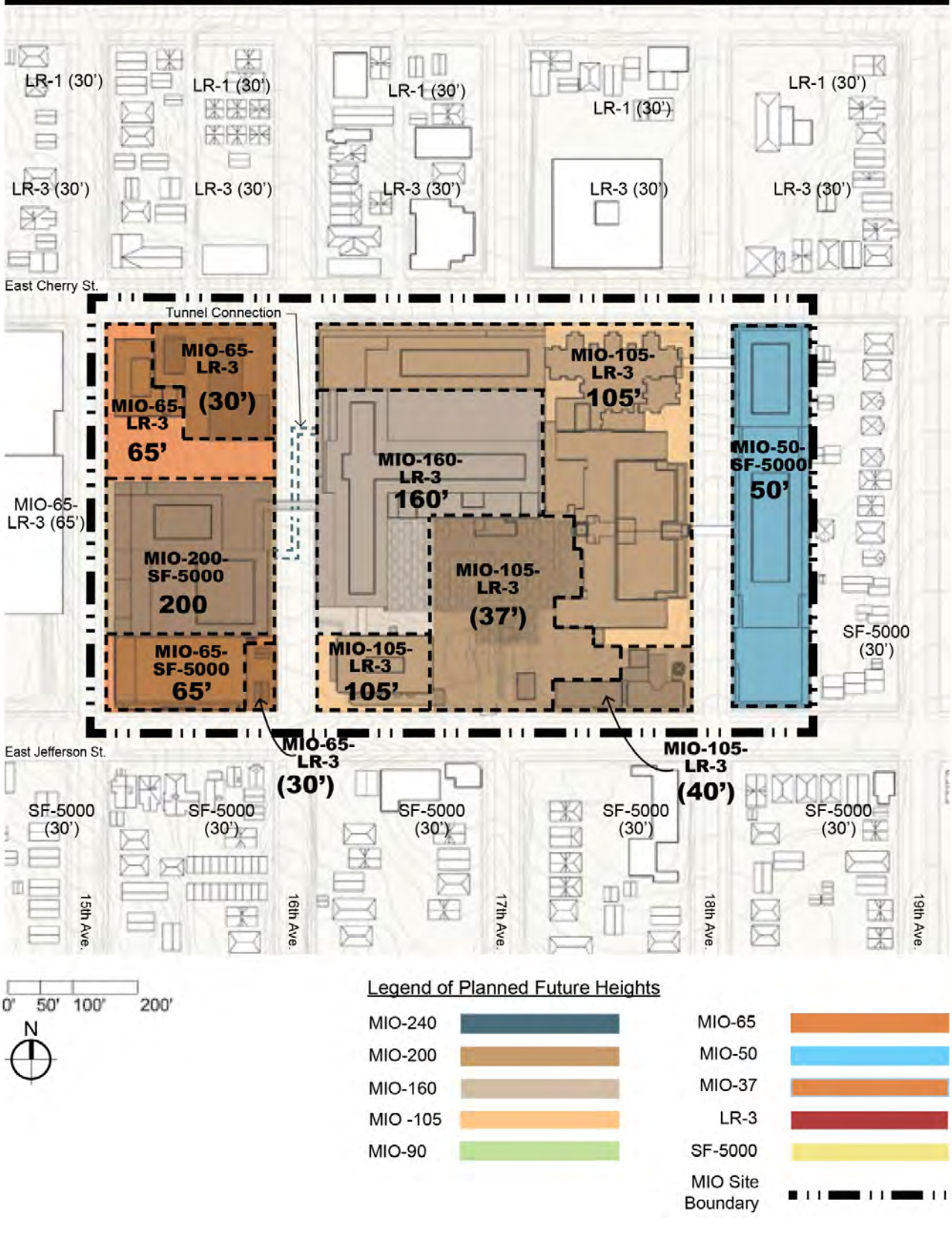
Alternative 9:

- Maintains the existing campus MIO boundaries.
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 50', 65', 105', 160', and 200'
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.55 million GSF of building area, for a total of approximately 2.75 million GSF.

Qualities of the alternative:

- Allows adequate vertical growth capabilities & compresses growth towards center of campus.
- Increases FAR by amount needed for identified needs (Table DP.2).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter

Develpment Program: Figure.1.6 — Alternative 9: Heights



Alternative 9

In an effort to study additional bulk and scale reduction, Alternative 9 illustrates an area reduction of 347,000 sf from the stated need of 3.1 million sf. This potential area reduction could impact the stated need as follows:

- Patient Family Hotel reduced by 24 guestrooms
- Long Term Care services reduced by 71 beds
- Clinical and Research services would provide for the needs of 100 fewer physicians and their staff

Development Program Table 1.Alternative 9: Gross Square Footage

	2012 EXISTING SF	2040 Need	Alternative 9
Hospital	541,300	1,350,000	1,350,000
Clinical / Research	427,000	1,250,000	1,070,000
Education	73,000	150,000	150,000
Hotel	12,500	80,000	40,000
Long Term Care	43,000	220,000	93,000
Other Support	50,000	50,000	50,000
TOTAL SF	1,146,800	3,100,000	2,753,000

2. Density of Alternatives (defined in terms of FAR)

The following is the density for each alternative as defined by total maximum developable gross floor area for the major institutional overlay (MIO) and an overall floor area ratio (FAR) for the MIO. FAR means a ratio expressing the relationship between the amount of gross floor area permitted in one or more structures and the area of the lot on which the structures are located.

Development Program Table 2: Density: Gross Floor Area and Floor Area Ratio (FAR)

Alternative	Land Basis	Total Gross Square Feet	Floor Area Ratio (FAR)	Remarks
Existing MIO	**580,569SF No Change**	**1.2M SF No change**	**2.07M SF No change**	**Used for comparing existing campus with proposed Alternatives 8 & 9**
Alternative 8	**580,569 SF 13.33 AC**	**3.1M SF**	**5. 34**	
Alternative 9	**580,569 SF 13.33 AC**	**2.75M SF**	**4.74**	

Exemptions from FAR

Swedish is requesting exemption from FAR consistent with other MIMPs.

The calculation of gross floor area has exclusions and exemptions in the calculation of floor area ratio (FAR). Area that is completely below grade and parking (above or below grade) are typically not included in the gross floor area for calculations. Swedish Medical Center requested the exemptions of the following areas from the gross floor area.

- Below grade areas
- Parking
- Mechanical Areas (floors, levels, penthouses, closets, interstitial) unoccupiable areas
- Electrical Areas (generators, transformers, closets, servers) unoccupiable areas

The existing expired MIO District had a maximum FAR of 2.3. The proposed alternatives need to be more than double the maximum FAR and up to 5.34 in one alternative. See table above for comparison of new alternatives.

3. Maximum Number of Allowed Parking Spaces

The minimum and maximum number of parking spaces required for the MIO District will be determined with the analysis of the transportation management plan. The existing expired MIO District had an approved minimum of 1,540 stalls and a maximum of 2,079 stalls. Currently on campus there are 1,560 stalls. Using the Seattle Land Use Code, the new Master Plan's square footage needs generate the following maximum number of parking stalls. For further detail, refer to Section D: Transportation Management Program

Development Program Table 3: Parking Requirement Based on 2012 Staff Population and Patient Visits

Zoning Code Category	Unit	Code Requirement[1]	Parking Stall Requirement
Long-term Parking			
Hospital Based Doctors	165	0.80 stalls	132
Staff Doctors	115	0.25 stalls	29
Other Employees Present During Peak	2,123	0.30 stalls	637
Short-term Parking			
Hospital Beds	295[2]	1 stall per 6 beds	50
Average Daily Outpatients	470	1 per five outpatient	94
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			956
Maximum Allowed Parking Spaces (1.35 x Minimum)			1,291
Existing Parking Supply			1,547

1. Seattle Municipal Code 23.54.016.
2. There are 196 hospital beds and 99 beds in the Seattle Medical and Rehabilitation Center.

Development Program Table 4: Future Parking Requirement – Alternative 8

Zoning Code Category	Unit	Code Requirement[1]	Parking Stall Requirement
Long-term Parking			
Hospital Based Doctors	410	0.80 stalls	328
Staff Doctors	155	0.25 stalls	39
Other Employees Present During Peak	4,246	0.30 stalls	1,274
Short-term Parking			
# of Hospital Beds	605	1 stall per 6 beds	103
Average Daily Outpatients[2]	995	1 per five outpatient	199
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			1,957
Maximum Allowed Parking Spaces (1.35 x Minimum)			2,642

Development Program Table 5: Future Parking Requirement – Alternative 9

Zoning Code Category	Unit	Code Requirement[1]	Parking Stall Requirement
Long-term Parking			
Hospital Based Doctors	385	0.80 stalls	308
Staff Doctors	155	0.25 stalls	39
Other Employees Present During Peak	4,154	0.30 stalls	1,246
Short-term Parking			
# of Hospital Beds	534	1 stall per 6 beds	91
Average Daily Outpatients[2]	995	1 per five outpatient	199
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			1,897
Maximum Allowed Parking Spaces (1.35 x Minimum)			2,561

4. Existing and Planned Future Development

a. Height, description, gross floor area and location of planned physical development

See Development Standards Program Section 1: Alternative Proposals for Physical Development
See Development Program: Section 2: Density of Alternatives (Defines in terms of FAR)

b. Location of existing open space and designated open space

See Development Standards Section 3e: Open Space

c. The existing SMC CH Campus is defined by the two arterials of East Cherry St. as the north boundary and East Jefferson St. as the southern boundary. 15th Avenue and the back of SU athletic buildings are the west boundary. The mid-block between 18th and 19th Avenues is the eastern boundary.

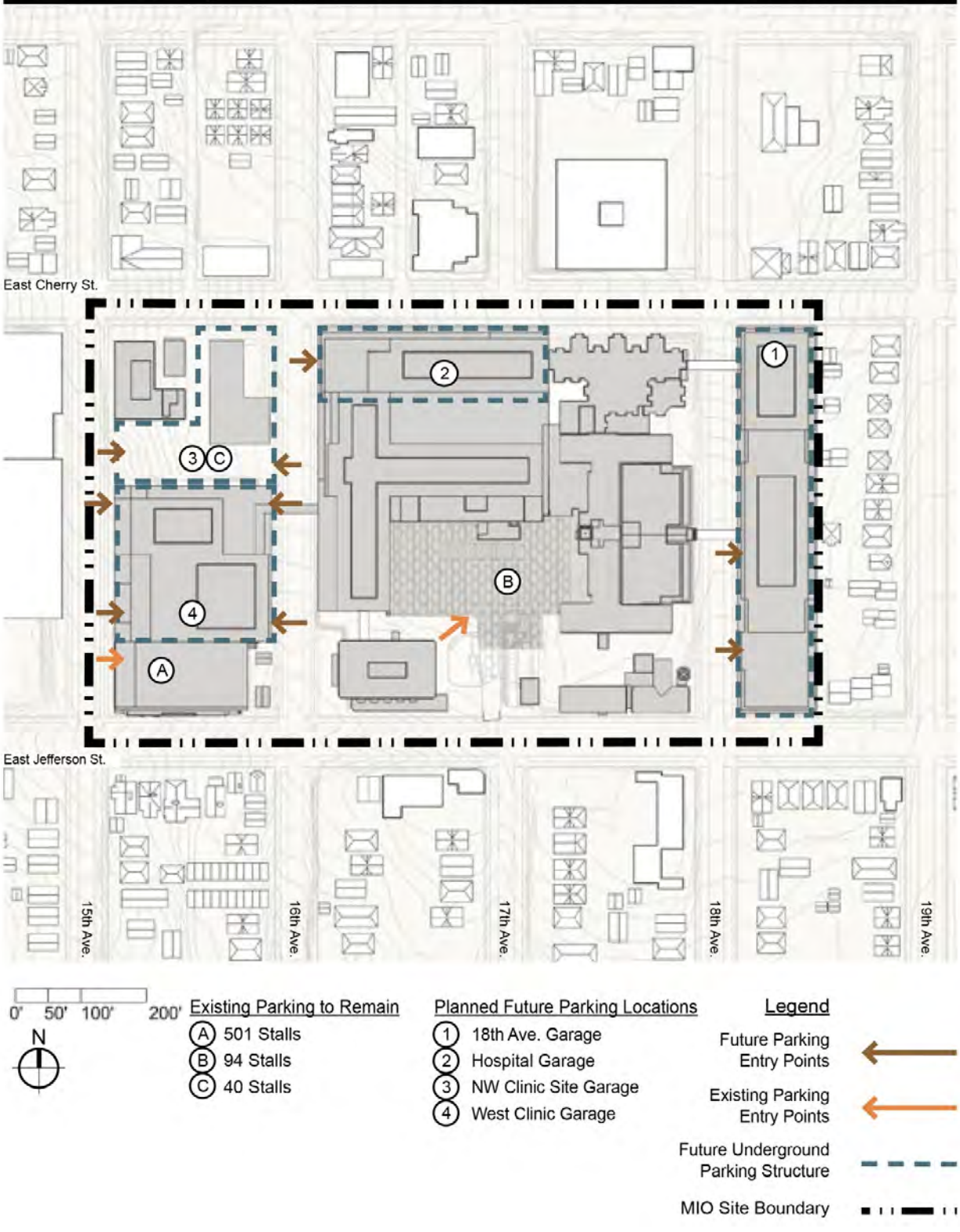
For Public streets, see Introduction Figure: INTRO.5.I Vicinity Map.

The MIO has no private streets

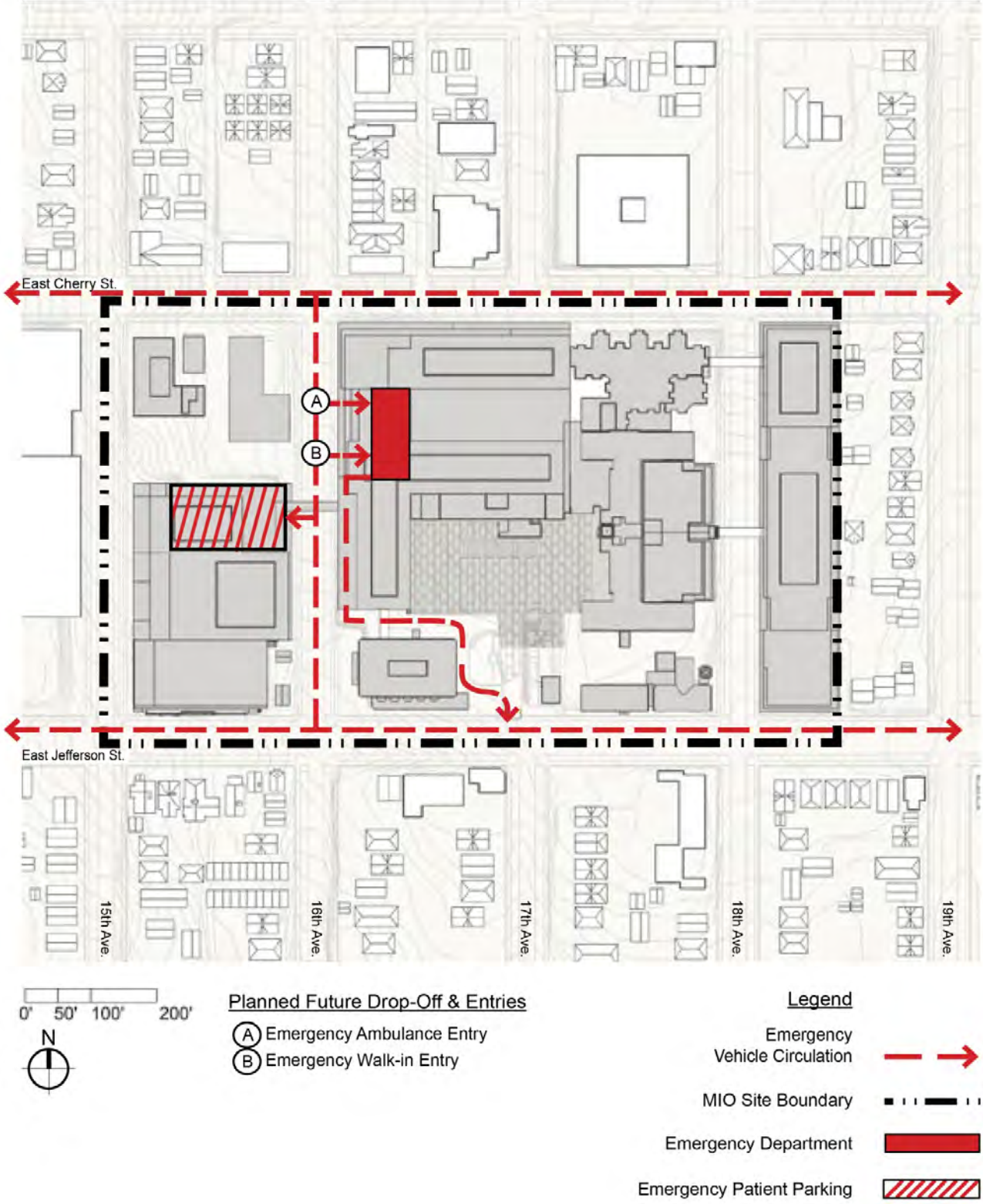
d. Existing and planned parking areas and structures

See Development Program Figure DP.4.d.I. For planned parking areas and structures.

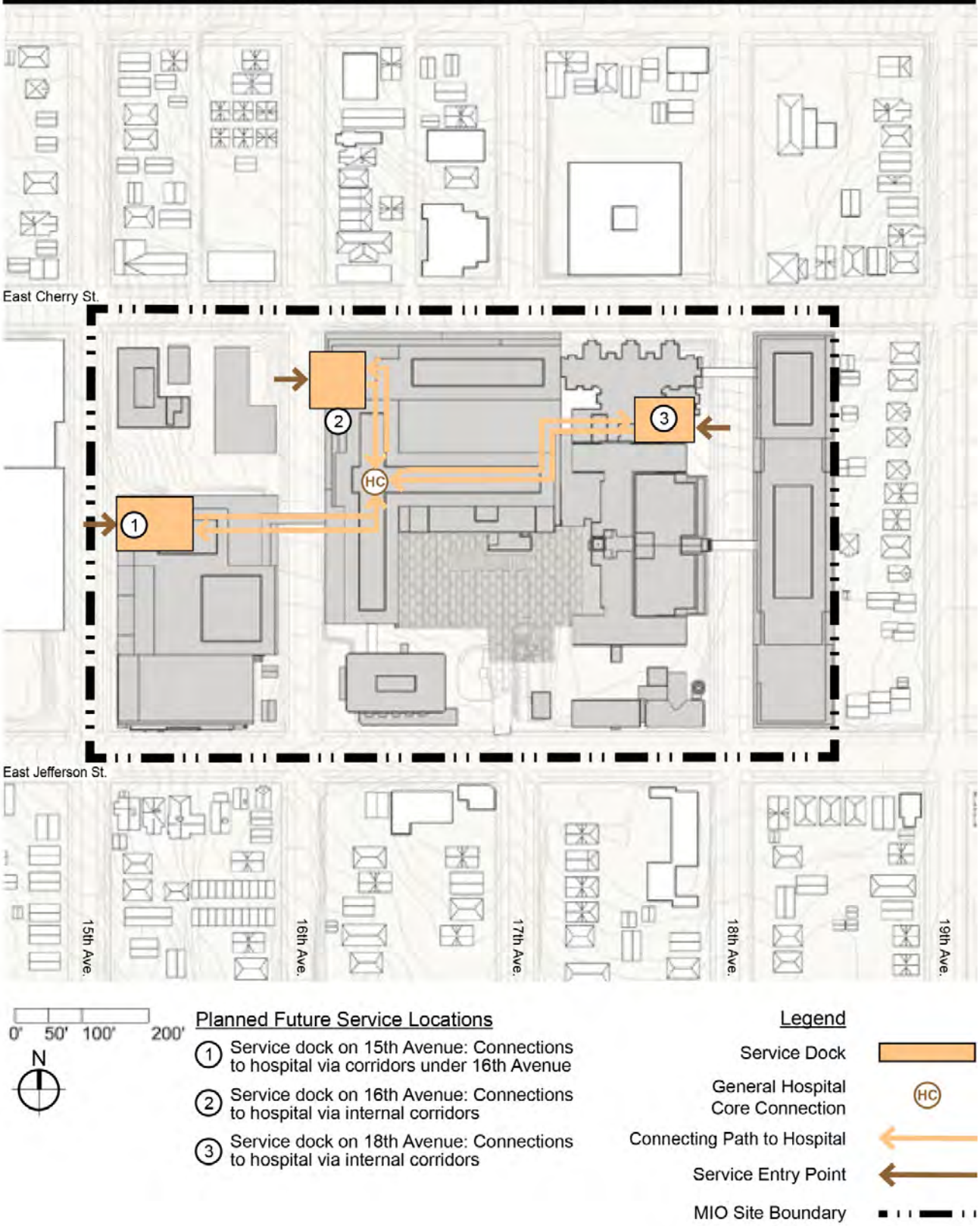
Development Program: Figure.4.d.1 Existing & Planned Future Parking and Access



Development Program: Figure.4.d.2 Planned Future Emergency Vehicle Access



Development Program: Figure.4.d.3 Planned Future Loading & Service Facilities



5. Property Ownership

See Figures:

INTRO.5.I
INTRO.5.II
DP.5.I
DP.5.II

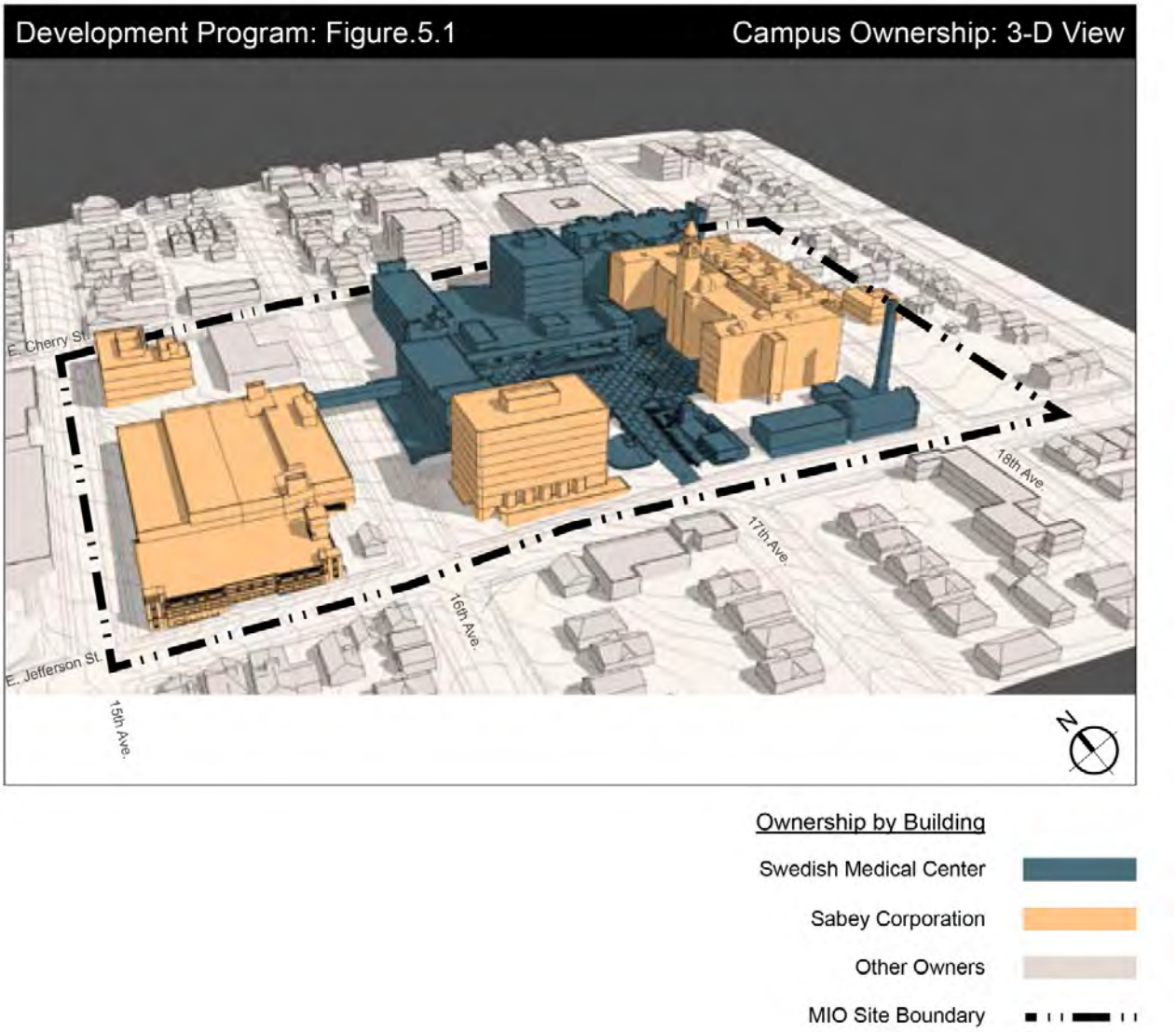
5a. Swedish Property Ownership

Swedish owns the majority of the central block of the campus that contains all the core hospital components and facility support buildings. The James Tower (Providence 1910 building) and the Jefferson Tower are owned by Sabey Corporation, a campus partner, but Swedish and their clinical partners lease the majority of the space within the buildings.

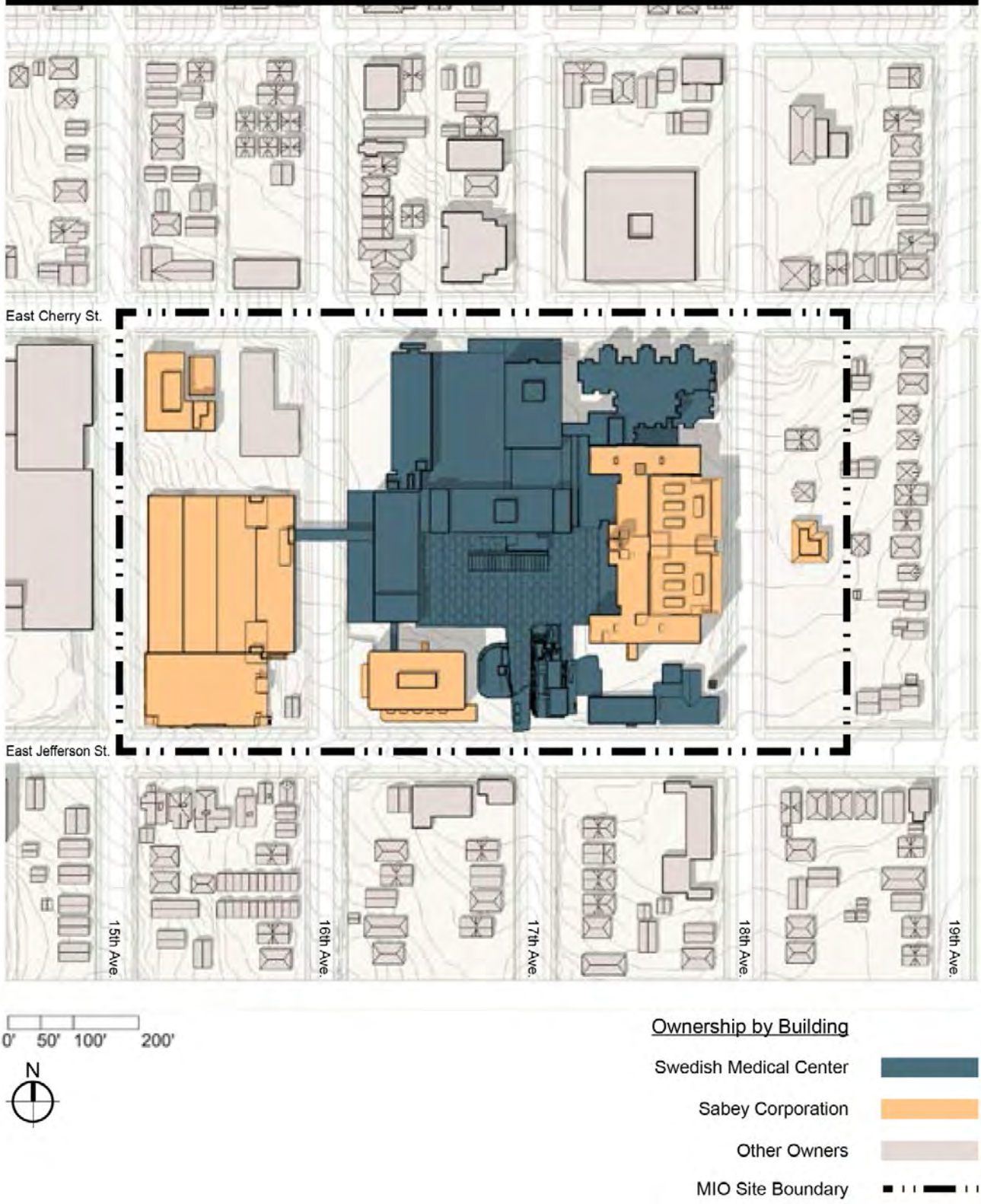
Other properties owned by Swedish within the area include the First Hill Campus (majority just beyond the 2,500 feet from Cherry Hill) and the parcel that contains the 600 Broadway building.

5b. Sabey Property Ownership

Sabey owns about 40% of the properties located within the campus boundaries. Along with the James and Jefferson Towers, they own the property in the west block (bounded by 15th / 16th Avenues and E. Cherry / E. Jefferson Streets) that contains the structured parking garages and the NW Kidney Center. The balance of the block has property owned by others (Seattle Medical and Rehab Building and the Carmack House). The half block (bounded by 18th Avenue and E. Cherry / E. Jefferson Streets) is also owned by Sabey.



Development Program: Figure.5.2 Campus Ownership: Site Plan



6. Height, Bulk and Form of Existing and Planned Future Physical Development

See the following:

Figure DP.1 Existing MIO: Height, bulk & form
Figure DP.1 Existing MIO: Heights
Figure DP.1 Alternative 8: Height, bulk & form
Figure DP.1 Alternative 8: Heights
Figure DP.1 Alternative 9: Height, bulk & form
Figure DP.1 Alternative 9: Heights

7. Planned Infrastructure Improvements

All public services and utilities are currently available at the site. Existing service providers are:

Electricity	Seattle City Light
Natural Gas	Washington Natural Gas
Water	City of Seattle
Refuse Service	City of Seattle
Sanitary Sewer	Metro / City of Seattle
Police and Fire	City of Seattle

Swedish intends to replace, expand and/or upgrade its boiler plant and emergency power plant. Utility improvements will be completed as required for each project.

8. Planned Development Phases and Plans

The timing of projects on the Cherry Hill Campus is subject to extreme variability due to the uncertainty of funding and the rapid changes in the healthcare environment. Planned and potential development projects will occur over the life time of the Master Plan and will proceed in a way to accommodate the need for replacement, renovation and expansion of the inpatient hospital, the supporting medical clinics, research/educational facilities and parking. The timing of the first projects in this section is an estimate and will be driven by market/ facility needs, funding sources and the availability of the "open chair" on campus. The titles of A, B, C, D are not intended to convey a particular order. Each project will be undertaken in response to demand and financial feasibility.

Phase A: The 18th Avenue half-block is the only "empty chair" to begin the process of replacing aging buildings and parking structures. The project, a medical office building (similar to the James and Jefferson Towers), would allow clinical / administration uses to move out of the existing Cherry Hill Professional Building (CHPB) and West Tower. Also additional campus demands for clinical / research / education could be the balance of the project. Underground parking is an essential component of the phase to maintain the campus parking supply during future phases. Hours of operations will be similar to the hours of James and Jefferson Towers (not 24/7).

Phase B: The renovation and repurposing of the old Providence Annex on E. Jefferson Street into a community amenity. Potential uses and improvements could include: improvement of access to E. Jefferson Street and the metro bus stop, community meeting space, street-side small scaled retail space for service retail (i.e. bicycle repair shop) or food & beverage establishment.

Phase C: Would involve the new hospital replacement tower on the corner of 16th Ave. and E. Cherry St. (to replace space occupied by the CHPB / West Tower and expand hospital need). Also under building parking would need to be included in this phase to help satisfy the parking supply needs. Scope and/or additional sub-phases of this project would depend on funding, timing of need and constructability issues.

Phase D: The demolition of the 1977/81 west parking garage and replaced with more structured parking, clinical / research / education space, and long term care facilities. The size of each use would depend on the demand needs of the medical center. Scope and/or additional sub-phases of this project would depend on funding, timing of need and constructability issues.

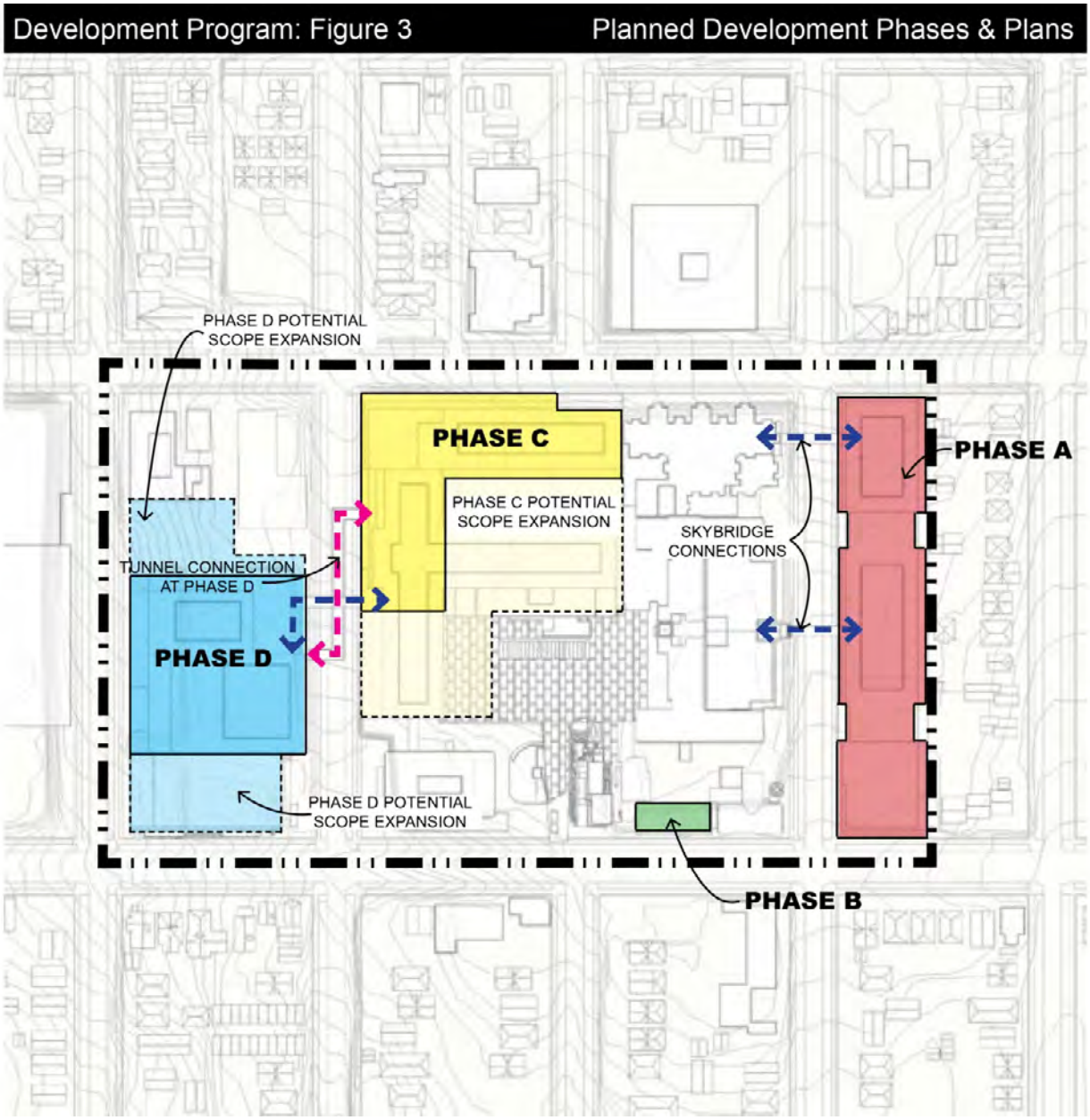
Potential scheduling of the first project: 18th Ave. Medical Office Building / Under-building parking garage

July 2015: Swedish Cherry Hill Campus Master Plan approvals

August 2015 – July 2016: Design and city permit approvals

August 2016 – January 2018: Construction

February 2018: Move in and begin operations


Development Program: Figure 3
Planned Development Phases & Plans
PHASE D POTENTIAL SCOPE EXPANSION
PHASE C
PHASE C POTENTIAL SCOPE EXPANSION
PHASE A
SKYBRIDGE CONNECTIONS
TUNNEL CONNECTION AT PHASE D
PHASE D
PHASE D POTENTIAL SCOPE EXPANSION
PHASE B

9. Information about Potential Projects

See Development Program Section 8 – Planned Development Phases and Plans

10. MIMP consistency with the Purpose and Intent of Seattle Land Use Code

An analysis of the proposed Master Plan's consistency with the purpose and intent of this chapter as described in Section 23.69.002;

23.69.002 Purpose and Intent. The purposed of this chapter is to regulate Seattle's major education and medical institutions in order to:

Development Program Table 10: MIMP Consistency with the Purpose and Intent of Seattle Land Use Code

Purpose and Intent Statements (Seattle Land Use Code 23.69.002)	Discussion and Analysis of Consistency of Swedish Proposed Master Plan
A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion	Swedish Cherry Hill has requested an increase in overall space within the existing campus boundaries to a total of 3.1 million square feet. The Master Plan minimizes the adverse impacts associated with development with the use of Development Standards that transition the height and scale between the MIO and the surrounding area.
B. Balance a Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;	The Master Plan protects the livability and vitality of adjacent neighborhoods by providing open space, landscaping and site amenities.
C. Encourage the concentration of Major Institution development on existing campuses, or alternatively, the decentralization of such uses to locations more than two thousand five hundred (2,500) feet from campus boundaries	Swedish Cherry Hill is requesting a further concentration of existing uses on its Cherry Hill campus, while also continuing its existing decentralization program which improves accessibility by the neighborhood (see Development Program Section 12). The proposed Master Plan is consistent with this purpose and intent statement.
D. Provide for the coordinated growth of major institutions through major institution conceptual master plans and the establishment of major institutions overlay zones	The prior MIMP has expired. To allow for coordinated future growth on its Cherry Hill campus, Swedish has submitted a conceptual master plan and is seeking the establishment of new major institution overlay zones Development Standards. The proposed Master Plan is consistent with this purpose and intent statement.
E. Discourage the expansion of established major institution boundaries	Swedish Cherry Hill is not proposing any expansion of existing major institution boundaries. The proposed Master Plan is consistent with this purpose and intent statement.
F. Encourage significant community involvement in the development, monitoring, implementation and amendment of major institution master plans, including the establishment of citizen's advisory committees containing community and major institution representatives	The Medical Center has encouraged significant community involvement by meeting with the Citizen's Advisory Committee (CAC) and taking their recommendations into consideration. See Appendix E for a list of CAC public meetings held at the Swedish Medical Center.
G. Locate new institutions in areas where such activities are compatible with the surrounding land uses and where	Not applicable – Swedish Cherry Hill is an existing established Major Institution.

Development Program Table 10: MIMP Consistency with the Purpose and Intent of Seattle Land Use Code

Purpose and Intent Statements (Seattle Land Use Code 23.69.002)	Discussion and Analysis of Consistency of Swedish Proposed Master Plan
the impacts associated with existing and future development can be appropriately mitigated	
H. Accommodate the changing needs of major institutions, provide flexibility for development and encourage a high quality environment through modifications of use restrictions and parking requirements of the underlying zoning	The Master Plan accommodates the changing needs of the Medical Center and provides both flexible and a high quality environment through modification to the underlying zoning. See Requested Modifications to Underlying Zoning Requirements in the Development Standards Component of this MIMP.
I. Make the need for appropriate transition primary considerations in determining setbacks. Also setbacks may be appropriate to achieve proper scale, building modulation, or view corridors	The Master Plan's proposed setbacks provide appropriate transition to the surrounding area. The Master Plan addresses building scale, building modulation and view corridors. See the Development Standards Component of this MIMP.
J. Allow an increase to the number of permitted parking spaces only when it is 1) necessary to reduce parking demand on streets in surrounding areas, and 2) compatible with goals to minimize traffic congestion in the area	Swedish Cherry Hill is not requesting an increase to the number of permitted parking spaces. The proposed Master Plan is consistent with this purpose statement.
K. Use the TMP to reduce the number of vehicle trips to the major institution, minimize the adverse impacts of traffic on the streets surrounding the institution, minimize demand for parking on nearby streets, especially residential streets, and minimize the adverse impacts of institution-related parking on nearby streets. To meet these objectives, seek to reduce the number of SOVs used by employees and students at peak time and destined for the campus	The proposed TMP (included in Section XX) is intended to reduce SOV trips to 50 percent, reduce parking demand, and increase the use of alternative modes of transportation (transit, walking and bicycling).
L. Through the Master Plan: 1) give clear guidelines and development standards on which the major institutions can rely for long-term planning and development; 2) provide the neighborhood advance notice of the development plans of the major institution; 3) allow the city to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and 4) provide the basis for determining appropriate mitigating actions to avoid or reduce adverse impacts from major institution growth	Swedish's intent in requesting approval of a new Master Plan is to do just as this purpose and intent statement states. If approved by the City Council, the Master Plan will include: 1) clear guidelines and development standards on which the major institutions can rely for long-term planning and development; 2) means of providing the neighborhood advance notice of the development plans of the major institution; 3) allowing the city to anticipate and plan for public capital or programmatic actions that will be needed to accommodate development; and 4) providing the basis for determining appropriate mitigating actions to avoid or reduce adverse impacts from major institution growth
M. Encourage the preservation, restoration and reuse of designated historic buildings.	There are two designated City Landmarks within the existing Swedish Cherry Hill boundaries, the James Tower and the Carmack House. The City's Landmark Preservation Board has approved controls for the James Tower and Swedish would comply with those controls, including review of future adjacent construction. The Board approved placing no controls on the Carmack House and therefore no Certification of Approval would be required for changes. At this time, there are no specific plans for changes to the

Development Program Table 10: MIMP Consistency with the Purpose and Intent of Seattle Land Use Code

Purpose and Intent Statements (Seattle Land Use Code 23.69.002)	Discussion and Analysis of Consistency of Swedish Proposed Master Plan
	Carmack House. In addition, any proposed demolition or substantial alternations of a building that is 50 years old and older would be referred to the Department of Neighborhoods' Historic Preservation Program for consideration of landmark status and controls prior to action. The proposed Master Plan is consistent with this purpose and intent statement.

11. Swedish System of Healthcare

The Swedish Cherry Hill campus and the Swedish First Hill campus, located half a mile apart, together offer the most advanced care within the Swedish Health System and to some degree, within the region. The Swedish Cherry Hill campus houses the Swedish Heart and Vascular Institute as well as the Swedish Neuroscience Institute, two of the most advanced specialty care institutes in the region. These tertiary and quaternary services are not available within a community hospital and so are vital to a growing and aging population with increasingly advanced healthcare needs. Cherry Hill also houses at least two primary care clinics, providing access to primary care for local residents.

The Swedish Health System provides more than 55,000 inpatient visits and performs more than 39,000 surgeries a year, a portion of which take place within the Swedish Cherry Hill campus. In the last decade Swedish has endeavored to provide "care close to home", opening clinics, ambulatory care centers, and a community hospital within the outlying communities so that people do not have to drive to central Seattle in order to receive care. This has resulted in a system of care covering King and Snohomish Counties and includes:

- **21 primary care clinics** (Ballard, Ballinger, Beacon Hill, Central Seattle, Cle Elum, Downtown Seattle, Factoria, Cherry Hill, Edmonds Birth, and Family, First Hill, Greenlake, Issaquah, Magnolia, Mill Creek, Pine Lake, Queen Anne, Community Medical Home, Redmond, Snoqualmie, South Lake Union, West Seattle Children's Clinic)
- **5 community hospitals and emergency/urgent care centers** (Ballard, Edmonds, Issaquah, Mill Creek and Redmond)
- **2 Medical Centers** (Cherry Hill and First Hill)
- **Minor & James - specialty and internal medicine physicians** (Bellevue, Seattle, Issaquah, Mercer Island)

The purpose of providing a decentralized network of primary care clinics is to make the first step that patients take in accessing health care a convenient, personal and efficient one. This helps reduce the unnecessary burden on emergency and urgent care facilities, and encourages patients to engage with a primary health provider, who can then refer them for the most appropriate type of care. This also allows Swedish to concentrate its most expensive health services – such as brain and heart surgery, emergency care and others – in order to make those services as effective and efficient as possible. Ultimately, this model helps achieve better health outcomes and reduced the cost of care.

Providing access to primary health care, as well as effective, efficient and appropriate access to specialized care is a key portion of the current U.S. health reform effort.

Approved development under the proposed MIMP will allow Swedish Cherry Hill to continue building out its world-class cardiac and neuroscience care, as well as its many other health services, for the benefit of the immediate community and greater Seattle region.

12. Applicable goals, policies and public benefits of institution

The purpose and public benefit of the proposed new development and the ways in which the development will serve Swedish's public purpose mission.

Also refer to Appendix C: Consistency with City's Comprehensive Plan Goals and Policies.

Development enabled by the MIMP will allow Swedish Cherry Hill to continue providing excellent care to the region and allow it to meet the expanding health needs of a growing and aging population.

The Swedish Cherry Hill campus provides a significant benefit to the surrounding community beyond the world-class care it provides patients. Swedish believes being a good community steward is a critical element to accomplishing its mission of improving the health and wellbeing of everyone it serves.

As a nonprofit organization, Swedish is required to re-invest income beyond its costs to support its mission and achieve a true benefit to the surrounding community. Swedish Cherry Hill provides this support through community outreach efforts, free and subsidized health care, direct services for local residents and nonprofit organizations and several other strategies.

Direct Community Benefit

Swedish Medical Center's mission is to improve the health and wellbeing of every person it serves. The Swedish Cherry Hill campus advances this mission every day by providing world class patient care and direct benefit to its surrounding community. In 2013, Swedish provided more than $545,000 system wide in community sponsorships and donations. Donation and sponsorships specific to the Cherry Hill, Capitol Hill, Squire Park, Yesler Terrace , Central District and Greater Seattle Communities support the Swedish Cherry Hill Community Health Needs Assessment . Organizations that have received recent support include:

- Girls on the Run
- American Heart Association
- American Diabetes Association
- Lifelong AIDS
- Capitol Hill Chamber
- Garfield High School Athletic department
- Capitol Hill Housing
- Northwest African American Museum
- Seattle University Youth Initiative
- Compass Housing
- 12th Ave Stewards
- Madrona K-8 school nurse
- NW Kidney Health Feast for **African American Families**
- United Negro College Fund
- YWCA
- PEPS
- Kids in Medicine

In addition to these donations, Swedish is a standing member on the Squire Park Community Council and sponsor of the Summer Squire Park Quarterly meeting and Barbeque. Swedish Cherry Hill campus has provided space at its James Tower and Casey Room space for Squire Park quarterly meetings.

Patient Care

The Swedish Cherry Hill campus is a regional specialty center for neurological and vascular care that employs 500 physicians and serves 380,000 patients each year. Since the Cherry Hill campus was acquired in 2000, Swedish and its development partner Sabey Corp. have invested in excess of $100 million to update facilities and upgrade the hospital's ability to deliver world class care. Cherry Hill is now one of the most modern and technologically advanced medical facilities in our region.

In addition to the Swedish Neuroscience Institute and the Swedish Heart & Vascular Institute, the Cherry Hill campus houses an Emergency Department, a comprehensive family care clinic booking more than 32,000 visits a year and a medical training residency program for family physicians that in 2012 cared for 20,000 patients. In partnership with Swedish Medical Group, Swedish Cherry Hill provides residency staff time to the newly opened Country Doctor after-hours community health center located next to the Cherry Hill Emergency Department. In 2013, Swedish Cherry Hill provided $44,000 in physician and resident salary dedicated to providing free care directly to community athletes in the form of back to school physicals and concussion education.

Other patient care services provided Cherry Hill campus include:

- Audiology
- Behavioral Health
- Cardiovascular Wellness Program

- Physiatry & Sports Medicine
- Radiosurgery Center
- Sleep Center
- Spine Program
- Swedish Central Seattle Primary Care
- Swedish Family Medicine Residency Clinic
- Wound Healing Center
- CyberKnife & GammaKnife
- Kidney Dialysis and Patient Education

Overall, Swedish is working to reverse negative health trends in the local population such as obesity, diabetes, low birth rates, cancer, HIV and AIDS, hypertension, and cholesterol. Swedish is addressing these trends by offering community classes, professional education, easy access to health screenings and culturally specific outreach programs.

Charity and Subsidized Care

As a nonprofit health system, a crucial part of the Swedish mission is providing charity and subsidized health care to the communities we serve. In 2012, the Swedish system provided more than $35 million in free charity care and more than $61 million in Medicaid subsidized care. This financial support plays a crucial role in improving the health and wellbeing of a particularly vulnerable segment of our local community. Including education, research and community health services, Swedish provided $130 million in total community benefit in 2012.

In addition to its charity and subsidized health efforts, Swedish has played a leading role in implementing national health reform at the grassroots level by informing Swedish patients of their new health care options and hosting open houses to assist local residents signing up for health insurance or expanded Medicaid services.

Community Outreach

Improving the health and wellbeing of the community we serve extends beyond the care provided at Swedish Cherry Hill. Engaging in our local community is a key part of working together to improve health. Swedish' s community outreach efforts provide mobile blood drives, mammography screenings, blood pressure monitoring, reassurance calls to homebound patients, and scholarships for volunteers. Other key achievements include:

- In 2013, Cherry Hill volunteers contributed nearly 26,500 hours of service
- In 2013, More than 700 patients received hats and scarves through the Knit for Life program
- More than 1,000 local residents receive food items donated at Cherry Hill

Economic Impact

More than 1,700 people are directly employed at the Swedish Cherry Hill campus. In addition to medical residency and training programs, Swedish Cherry Hill supports internship and job development programs assisting local residents through the following organizations:

- Seattle Public Schools (skills training for disabled students)
- YWCA
- WorkSource

Environmental Services

Swedish Cherry Hill supports a culture of transportation efficiency for its employees. The campus houses ZipCars so employees don't need to drive to work if they have meetings off campus, parking for Metro van pools, expanded bike racks (2013) for commuters and hosts an annual bike to work fair to encourage a healthy commuting alternative.

Community Space

Under the proposed MIMP, the expanded Cherry Hill campus will feature enhanced public green space and a neighborhood health walk that encourages residents, staff, patients and visitors to seek health through activity. The MIMP also proposes new bus shelters along Jefferson Street (Swedish currently cleans and maintains the bus shelter on both North and South side of Jefferson). The new MIMP also proposes a One Bus Away kiosk for bus commuters, a summer months farmers market, a quarterly transportation and commuter fair and a Swedish community transportation liaison.

Last year, Swedish Cherry Hill donated more than $37,000 worth of meeting space for nonprofit and community meetings. Meeting space is available to groups through the Cherry Hill conference room services. The hospital offers a bus and transportation services board, a gift shop, two Starbucks coffee shops, a retail pharmacy, a community dining room, cafeteria and a chapel for spiritual services.

Community Education

Cherry Hill also hosts and offers support groups, health education and training including epilepsy and brain injury support groups, MS and LGTB, CPR/First Aid training, First Responder training and newborn and breastfeeding classes. Swedish Health Watch brochure provides a variety of community health information, classes and resources and is mailed to more than 9,000 households in the communities surrounding Cherry Hill.

D. Transportation Management Program Component

1. Existing Transportation Management Plan (TMP)

The Swedish Medical Center continues to work towards improving its transportation management program (TMP) This section of the Preliminary Draft Master Plan (PDMP) summarizes the existing transportation management program, provides a review of the transportation system elements of the Cherry Hill campus, summarizes the overall goals and objectives of the proposed TMP, outlines additional program elements being proposed as part of this PDMP as well as provides information about several pilot programs.

The TMP is conducted under the auspices of Swedish Medical Center with responsibility for its implementation undertaken jointly by Swedish, Sabey and LabCorp, each of which conducts independent commute trip reduction (CTR) surveys.

CTR surveys are required of companies with 100 or more full-time employees in the most congested areas of the state. In 2014, Swedish, LabCorp and Sabey will co-ordinate their respective CTR surveys in the same time period to provide more consistent tracking of the TMP performance.

For its Cherry Hill campus, Swedish Cherry Hill Medical Center will continue to target an employee single occupancy vehicle (SOV) rate of 50 percent. The most recent CTR surveys indicated an average SOV (single occupancy vehicle) rate of approximately 57 percent for affected employees.

The elements that are required as part of the existing approved TMP as well as program enhancements that Swedish Cherry Hill currently provides beyond those required include the following (see Table 4 for additional detail):

- Establish and continuously maintain a Building Transportation Coordinator
- Provide a transit subsidy equal to 50 percent of the cost of an Orca Passport for both bus and ferry
- Provide preferential parking for vanpool and carpools; carpools of three or more people or vanpools park on campus at no cost
- Provide off-street parking for SOV at a monthly fee equal to or greater than the market rate for peak period one-zone monthly transit passes
- Provide weather protected and secured bicycle parking
- Subsidize the cost of the restricted parking zone (RPZ) stickers for areas surrounding the campus
- Encourage and support alternative work schedules, where possible
- Participate in the guaranteed ride home program
- Conduct one to three transportation fairs per year on-campus to promote the trip reduction programs
- Provide a flex-car on campus
- Operate an inter-campus shuttle

2. Existing Transportation Systems

The overview of the existing and proposed PDMP transportation system includes a review of parking, bicycle and pedestrian facilities and circulation, and vehicle access and circulation needs.

2A. Parking Supply/Code Analysis

Parking on-campus serves the hospital and clinic facilities. The existing on-campus off-street parking supply consists of 1,547 parking spaces with 1,293 garage spaces and 247 surface spaces. All of the off-street parking is paid parking whether through monthly permits, leasing, or hourly/daily pay by use. The utilization of the on-campus parking is generally low with a peak demand of approximately 54 percent.

The Seattle Municipal Code (SMC) establishes a minimum and maximum number of parking stalls allowed for Major Institutions.[1] Development Program Table 3 summarizes the parking requirements based on the 2012/2013 staff population and patient visits. The calculation of parking code requirements is based on 100% of the hospital doctors and staff and 71 percent of all other employees. The 71% adjustment factor for non-doctors is based on clinic and hospital shift times. As shown in the table, the existing parking supply of 1,547 spaces is outside the range of the minimum and maximum allowable parking supply based on the current Seattle Municipal Code (SMC). However, those stalls were approved and built under the 1994 MIMP at which time SMC allowed a maximum of 2,079 cars.

[1] Seattle Municipal Code 23.54.016.

Transportation Program Table 2 Parking Requirement Based on 2012 Staff Population and Patient Visits

Zoning Code Category	Unit	Code Requirement[1]	Parking Stall Requirement
Long-term Parking			
Hospital Based Doctors	165	0.80 stalls	132
Staff Doctors	115	0.25 stalls	29
Other Employees Present During Peak	2,123	0.30 stalls	637
Short-term Parking			
Hospital Beds	295[2]	1 stall per 6 beds	50
Average Daily Outpatients	470	1 per five outpatient	94
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			956
Maximum Allowed Parking Spaces (1.35 x Minimum)			1,291
Existing Parking Supply			1,547

3. Seattle Municipal Code 23.54.016.
4. There are 196 hospital beds and 99 beds in the Seattle Medical and Rehabilitation Center.

The SMC parking requirements are summarized below in Tables 2 and 3 for Alternatives 8 and 9. Projections for staff and patient population used in this analysis are based on staffing projections identified previously in this MIMP (Appendix G). Assumptions regarding population present during the peak period for the analysis of Alternative 8 and Alternative 9 were consistent the analysis of the existing parking code analysis.

The future parking supply proposed in this MIMP for Alternatives 8 (Table 2) and 9 (Table 3) would be within the range of the minimum and maximum parking supply defined by the SMC. An evaluation of the parking demand and associated supply for Alternative 8 and Alternative 9 will be included in the Swedish Cherry Hill Environmental Impact Statement (EIS). The proposed supply will be informed by the proposed TMP measures to be implemented under the proposed MIMP.

Transportation Program Table 2 Future Parking Requirement – Alternative 8

Zoning Code Category	Unit	Code Requirement[1]	Parking Stall Requirement
Long-term Parking			
Hospital Based Doctors	410	0.80 stalls	328
Staff Doctors	155	0.25 stalls	39
Other Employees Present During Peak	4,246	0.30 stalls	1,274
Short-term Parking			
# of Hospital Beds	605	1 stall per 6 beds	103
Average Daily Outpatients[2]	995	1 per five outpatient	199
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			1,957
Maximum Allowed Parking Spaces (1.35 x Minimum)			2,642

1. Seattle Municipal Code 23.54.016.
2. There are 385 hospital beds and 220 beds in the Seattle Medical and Rehabilitation Center.

Transportation Program Table 3 Future Parking Requirement – Alternative 9

Zoning Code Category	Unit	Code Requirement[1]	Parking Stall Requirement
Long-term Parking			
Hospital Based Doctors	385	0.80 stalls	308
Staff Doctors	155	0.25 stalls	39
Other Employees Present During Peak	4,154	0.30 stalls	1,246
Short-term Parking			
# of Hospital Beds	534	1 stall per 6 beds	91
Average Daily Outpatients[2]	995	1 per five outpatient	199
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			1,897
Maximum Allowed Parking Spaces (1.35 x Minimum)			2,561

1. Seattle Municipal Code 23.54.016.
2. There are 385 hospital beds and 149 beds in the Seattle Medical and Rehabilitation Center.

2B. Bicycle

Introduction Figure 5.c.6 illustrates the bicycle connections in the immediate vicinity of the campus. East-west bicycle connections in the study area are provided via E Cherry Street and E Jefferson Street, and predominantly identified by sharrows. Sharrows are pavement markings used to delineate and identify a share vehicle/bike travel lane. Bicycle lanes are provided along portions of E Cherry Street traveling in the uphill direction, E Jefferson Street west of 19th Avenue, and E Yesler Way. Union Street, a signed bike route, has a combination of sharrows and bicycle lanes.

Future bicycle facilities on the arterials adjacent to the campus under the new MIMP would be similar to existing conditions. No modification to the adjacent street system is anticipated with the proposed development. The 2013 Recommended Bicycle Master Plan[2] identified 18th Avenue as a neighborhood greenway. Greenways are facilities where signs and pavement markings are used to guide people along the route while speed and volume management techniques are used to discourage vehicular traffic, making the greenway a more desirable travel route for bicyclist and pedestrians. The MIMP would provide enhancements along the 18th Avenue corridor frontage consistent with the City's Greenway standards.

The campus currently provides 132 bicycle parking spaces for visitors and employees. In addition, lockers and showers are provided for employees. These amenities would continue with the MIMP. The SMC requires medical institutions to provide bicycle parking equivalent to two percent of the employees, including doctors. Based on the 2012/2013 population outlined in Table 1, there are a total of 3,270 employees under existing conditions, requiring 65 bicycle parking spaces. Based on future population projections presented previously in this MIMP for Alternative 8 and Alternative 9, the plan would require 131 to 128 bicycle parking spaces, respectively.

[2] In 2012, SDOT started on an update of the Bicycle Master Plan (BMP) to include fast-evolving best practices and new thinking in bicycle facilities, safety, and design. The City's goal is to create a new BMP that will result in an even more connected bicycle network for all Seattle residents wishing to bicycle as a viable form of transportation. The Recommended BMP was issued by SDOT in 2013, and is currently being reviewed with the public. Additional deliberations by the City Council will occur in 2014.

2C. Pedestrian

Introduction Figure 5.c.6 illustrates the existing pedestrian connections in the vicinity of the Cherry Hill campus. All of the streets within the vicinity of the campus generally have five-foot wide sidewalks on both sides. There are a limited number of pedestrian crossings along E Cherry Street and E Jefferson Street. Signalized pedestrian crossings are provided at the E Cherry Street/ 18th Avenue intersection. Unsignalized pedestrian crosswalks are also provided across E Cherry Street at 16th Avenue and across E Jefferson Street at 16th, 17th, and 18th Avenues.

Development Standards Figures 3.d.1 and Development Standards 4.f illustrate the pedestrian amenities and circulation proposed with the PDMP. As noted in the discussion of bicycle facilities, 18th Avenue has been identified as a potential neighborhood greenway, providing enhancements for bicyclists as well as pedestrians. A "health walk" or walking path would be created around the Cherry Hill campus along 15th Avenue, E Cherry Street, 18th Avenue, and E Jefferson Street. A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and Jefferson Streets. In addition to these improvements, the pedestrian environment would be enhanced along the E Cherry Street frontage with improved sidewalks and landscaping as well as public pocket parks and green spaces with seating areas.

2D. Local Circulation

Swedish Cherry Hill is surrounded by residential neighborhoods to the north, east, and south. West of the Swedish Cherry Hill campus lies the Seattle University campus. The neighborhoods located adjacent to the campus are served by residential streets, which include on-street parking and sidewalks. Access to and from the regional roadways such as I-5 to the west is provided via E Cherry Street and E Jefferson Street, which are minor and collector arterials, respectively (Comprehensive Plan – Seattle Arterial Classification). Access to the campus north and south of the local neighborhoods is provided via collector arterials such as E Madison Street, Rainier Avenue, and Broadway Avenue. No major changes to the local circulation patterns are proposed as part of this PDMP. With changes in the location and density of off-street parking to support the campus, traffic volumes on the streets surrounding the campus will increase.

In particular, the additional parking to be constructed as part of the 18th Avenue development will increase traffic along 18th Avenue at its intersections with E Cherry Street and Jefferson Street.[3]

2E. Site Access

There are several parking areas within the Cherry Hill campus that are available to staff, patients, and visitors. Access points to the Swedish Cherry Hill parking garages and surface lots are located primarily on 15th Avenue, 16th Avenue, and 18th Avenue between E Cherry Street and E Jefferson Street. Designated parking is provided for patients of the Northwest Kidney Center within a separated portion of the 16th Garage with vehicular access along 15th Avenue.

The primary access to the emergency department is provided via 16th Avenue. The entry to the emergency department is located south of E Cherry Street at the second driveway, which is one-way inbound only. Ambulances, other emergency vehicles, and patients enter the same driveway. In front of the emergency entrance, there are two parking spaces for ambulances and seven parking spaces for emergency room visitors. North of the emergency department entrance is the service delivery area. This area includes multiple truck docks, parking for funeral home use, postal service, twelve general parking spaces, and four ADA accessible spaces. There are two exits for vehicles in this area, one to the north, which connects to 16th Avenue and one to the south exiting on to E Jefferson Street at 17th Avenue.

Development Program Figure 4.d.1 shows the intended parking layout and vehicular access for Alternatives 8 and 9. Access to parking would occur along 15th and 16th Avenues similar to what exists today as well as along 18th Avenue into a new parking garage. Emergency vehicular access would continue to be as it is today with the emergency department located along 16th Avenue; however, emergency patient parking could expand to the 15th/16th Avenue garage (see Development Program Figure 4.d.1).

[3] An analysis of the impacts of the increased traffic volumes caused by the project in addition to background traffic volume changes caused by changes in neighborhood development is included in the EIS.

2F. Impacts on Traffic and Parking in the Surrounding Area

Impacts of Alternatives 8 and 9 will be assessed in the EIS including consideration of mitigated conditions with the enhanced TMP.

3. Proposed Transportation Management Plan (TMP)

The overriding goal of the TMP is to decrease the number of vehicles accessing the Swedish Cherry Hill campus. As noted above, the existing SOV goal is 50 percent, and the current SOV rate is 57 percent. The proposed TMP incorporates both elements from the existing TMP and proposed enhancements designed to achieve a reduction in the SOV percentage to the 50 percent goal. The TMP is designed to address issues that have been identified by the neighbors, specifically, parking by Cherry Hill Campus staff in the neighborhood.

The program elements are intended to adjust the transportation patterns and habits of the larger employee groups on campus as well as those of the auxiliary uses that operate there. In general the program elements that are currently utilized and proposed as part of the updated TMP include:

- Transit Incentives - Increased levels of incentives, communication regarding schedules, and enhanced facilities
- Alternative Modes – promote the use of alternative travel modes, such as bicycle and walking through improved on-site facilities and incentive programs
- HOV Incentives – promote HOV programs through incentives for carpools/vanpools, preferred parking, and utilization of rideshare programs
- Parking Management Programs – consider alternative payment technologies, parking policies, review of RPZ designations, and other programs to reduce spillover into the adjacent neighborhoods.

Transportation Program Table 4 summarizes the existing and the proposed TMP inclusive of proposed enhancements. In addition to the additional TMP elements identified in the proposed TMP, there are several pilot programs that have been identified and will be tested. Depending on the overall effectiveness, these programs may be considered for ongoing

implementation. . The following provides an overview of the pilot projects, focusing on transit incentives, alternative transit modes, and parking management policies to better utilize the off-street parking supply and minimize impacts to the surrounding neighborhood.

- **Transit Incentives** – The intent of this pilot project is to increase transit usage at the Cherry Hill campus by working with King County Metro Transit to expand the ORCA passport program to all campus employees. The ORCA business passport program is a comprehensive, annual transportation pass program for employers. The passport program allows employers to manage their transportation benefits and gives employees access to bus, light rail, and ferry as well as subsidizes vanpool and vanshares and provides guaranteed rides homes.
- **Commuter Incentive** – The intent of this pilot would be to explore the potential of providing incentives to all employees to encourage alternative commuting as well as enhancing commuter incentives for the overall campus. The pilot would evaluate commuter incentive options campus-wide which could overlap with the Transit pilot's evaluation of the ORCA passport program. In addition, an evaluation of campus-wide biking and walking incentives including benefits such as stipends for bicycle and walking equipment and free tune-ups for bicycles will be conducted. Lastly, contact will occur with the on-site retailers (e.g., Starbucks, gift shop, cafeteria) to see if benefits such as discounts on products could be offered for bicycle commuters.
- **Off-street Parking Management** – The current parking program offers monthly passes to encourage pass holders to drive to work once the pass is purchased. There is little signage to direct drivers to available off-street parking. The intent of the parking pilot project would be to develop a more flexible system that would allow commuters to make travel mode choices daily, as well as to evaluate parking rates for employees and visitors/patients, and review technology to provide drivers with information on parking availability and location. Working with the parking garage operators, this pilot project would explore a campus-wide flexible daily parking program with benefits such as on-demand carpool discounts and Smartcard access tied to parking debit accounts for employees. Parking policies would be reviewed for employees and visitors/patients and recommendations would be made to potential adjustments to encourage employees to use alternative modes while minimizing parking along neighborhood streets.
- **Neighborhood Parking** – Some of the parking associated with the Cherry Hill campus currently occurs in the neighborhood. There are several potential causes for this including the cost of off-street parking vs cost-free on-street parking. Another potential reason may be the relative convenience for commuters traveling to the east end of the campus since most public parking is at the west side. The neighborhood parking pilot would aim to reduce the amount of parking by Cherry Hill employees, visitors and vendors occurring on neighborhood streets. A program would be designed in consultation with campus employers to encourage off-street parking within the Swedish Cherry Hill garages as well as the use of non-SOV modes. This would include items considered as part of the Parking Pilot (described above) where parking policy is evaluated to encourage employees to park within the garages. In addition, Swedish would work with the City to address the significant misuse of handicapped parking placards as well as discuss potential enhancements of the RPZ program with the neighborhood.
- **Coordination w/ Residential Properties** – Data indicates that employees living closer to campus are more likely to walk and bike to work. This program will create a partnership with local apartment and condominium owners to determine the feasibility of offering incentives to employees who choose to live close to campus.

These pilot projects would be implemented incrementally so the effectiveness of each pilot project can be evaluated. Projects that are feasible and show merit in reducing the SOV rate, encouraging alternative modes, and meeting the overall intent of the specific pilot would likely be adopted into the enhanced TMP. An update on each project will be included in the annual report to the City.

Transportation Program Table 4 Comparison of Current and Proposed TMP

Element	Current TMP	Proposed TMP	Pilot Projects with Commute Seattle
Transit	• Subsidize 50 percent of transit pass cost including ferry, rail	• Provide all tenants with access to a 50 percent subsidy of transit pass cost including ferry, rail • Engage with tenants to inform about employee transportation benefits and options.	• **Transit Pilot:** Work with King County Metro Transit to expand eligibility to provide access to all campus employees
High Occupancy Vehicle (HOV)	• Preferred parking carpool/vanpool • Parking cost for carpools for two people subsidized 50% • Carpools of three or more and Vanpools subsidized 100% • Rideshare Online Network	• Preferred location for carpool and vanpool parking • Create a parking rate structure that incentivizes vanpools and carpools • Provide free vanpool parking for tenants • Facilitate rideshare match-ups for car pool and vanpool. • Encourage cooperation among tenant companies to promote vanpools and carpools.	• **Parking Pilot:** Work with parking operator to explore a campus-wide flexible daily carpool program
Bicycle	• Weather-protected, secure bicycle racks at no charge to Cherry Hill employees at preferred locations. • Shower accessibility in most cases • Bike lockers for a fee	• Weather-protected, secure bicycle racks at no charge to Cherry Hill employees at preferred locations • Shower accessibility • Bike lockers for a fee • Promote bicycle amenities • Signage indicating bike parking locations • Provide access to basic bike tools. Provide access to a bikeshare system when available	• **Commuter Incentive Pilot:** Work on a biking and walking incentive program. Work with onsite retail to offer bicycle benefits or other commuter incentives (e.g., Starbucks, gift shop, cafeteria)
Parking	• Monthly parking rate set equal to or greater than the current King County Metro rate for peak period one-zone transit passes. • Monthly parking is currently available only to employees hired since 1990 or if the vehicle is needed for work.	• Monthly parking rate set equal to or greater than the current King County Metro rate for peak period one-zone transit passes. • Monthly parking restricted to key employees	• **Parking Pilot:** Work with parking operator to explore parking rates and flexible alternatives to encourage greater use of alternative transportation modes including: • Flexible on-demand (daily) parking accounts

Transportation Program Table 4 Comparison of Current and Proposed TMP

Element	Current TMP	Proposed TMP	Pilot Projects with Commute Seattle
Neighborhood Parking Reduction	• Subsidize the cost of the RPZ stickers for areas surrounding the campus	• Subsidize the cost of the RPZ stickers for areas surrounding the campus • Improve wayfinding signs to direct to on-campus parking • Engage with employees to discourage neighborhood parking • Regular contact with parking enforcement to encourage patrolling • Regular meetings with community representatives to evaluate progress, communicate issues, consider solutions	• **Neighborhood Parking Pilot:** Meet with employers to consult on designing solutions that get employees out of SOVs and the neighborhood • Evaluate parking policy to encourage employees away from neighborhood parking • Consider a hotline to alert institution to violations • Discuss Enhanced RPZ with neighborhood
Other	• Building Transportation Coordinator • Intercampus shuttle between Cherry Hill, First Hill, and Metropolitan Park office buildings • Guaranteed ride home • Provide flex-car on campus • Telecommuting for some employees • Special taxi service for 10-12 hour shift employees that use transit • Encourage and promote alternative work schedules, where possible • Free taxi service to physicians that travel between First Hill and Cherry campuses	• Building Transportation Coordinator • Intercampus shuttle between Cherry Hill, First Hill, and Metropolitan Park office buildings • Guaranteed ride home • Provide car-sharing options on campus (e.g., ZipCar) • Telecommuting for some employees • Special taxi service for 10-12 hour shift employees that use transit • Encourage and promote alternative work schedules, where possible • Continue to work with City to address misuse of handicapped parking placards	• **Residential Pilot:** Partner with local apartment and condo building owners to explore partnership with employees who choose to live close to campus
Marketing	• Conduct one to three transportation fairs per year on-campus to promote trip reduction programs	• Actively engage and promote alternatives through transportation fairs and other promotional opportunities to promote trip reduction programs	• Transportation Policy Roll-out Fair • Promote bike to work month and host activities including seminar, kick-off fair, organize teams

APPENDIX

APPENDIX A: Legal Description of MIO

Lots 4 through 19, inclusive, of Block 2 of Squire Park Addition to the City of Seattle as recorded in Volume 8 of Plats, Page 6, Records of King County, Washington;

TOGETHER WITH ALL of Blocks 3 and 4 of said plat AND vacated 17th Avenue adjoining said blocks;

ALSO TOGETHER WITH ALL of Block 5 said plat.

APPENDIX B: 1910 Building (aka James Tower) Landmark Ordinance

AN ORDINANCE relating to historic preservation, imposing controls upon the Providence 1910 Building, a Landmark designated by the Landmarks Preservation Board under Chapter 25.12 of the Seattle Municipal Code, and adding it to the Table of Historical Landmarks contained in Chapter 25.32 of the Seattle Municipal Code.

WHEREAS, the Landmarks Ordinance, Chapter 25.12 of the Seattle Municipal Code (SMC), establishes a procedure for the designation and preservation of structures and areas having historical, cultural, architectural, engineering or geographic importance; and

WHEREAS, the Landmarks Preservation Board, after a public meeting on February 5, 2003, voted to approve the nomination of Providence 1910 Building at 528 17th Avenue, in Seattle, as a Landmark under SMC Chapter 25.12; and

WHEREAS, after a public meeting on March 19, 2003, the Board voted to approve the designation of the Providence 1910 Building and the site as a Landmark under SMC Chapter 25.12; and

WHEREAS, on October 1, 2003, the Board and the owners of the designated property agreed to controls and incentives; and

WHEREAS, the Board recommends to the City Council approval of controls and incentives; NOW, THEREFORE,

BE IT ORDAINED BY THE CITY OF SEATTLE AS FOLLOWS:

Section 1. DESIGNATION: The designation by the Landmarks Preservation Board of Providence 1910 Building, and its site described as:

That portion of Lots 8 through 16, inclusive, more particularly described as follows:

COMMENCING at the southwesterly corner of Lot 17 of said Block 3; THENCE along the westerly line of said Block 3, N 00(00'00" E, 130.00 feet; THENCE N 90(00'00" E, 48.00 feet to the TRUE POINT OF BEGINNING; THENCE continuing N 90(00'00" E, 43.16 feet; THENCE S 00(00'00" E, 1.12 feet; THENCE N 90(00'00" E, 14.50 feet; THENCE S 00(00'00" E, 26.00 feet; THENCE N 90(00'00" E, 17.50 feet; THENCE N 00(00'00" E, 26.00 feet; THENCE N 90(00'00" E, 14.50 feet; THENCE N 00(00'00" E, 1.12 feet; THENCE N 90(00'00" E, 84.37 feet; THENCE N 00(00'00" E, 18.27 feet; THENCE N 90(00'00" E, 24.92 feet; THENCE N 00(00'00" E, 9.47 feet; THENCE N 90(00'00" W, 24.92 feet; THENCE N 00(00'00" E, 18.76 feet; THENCE N 90(00'00" W, 74.71 feet; THENCE N 00(00'00" E, 24.17 feet; THENCE N 90(00'00" E, 17.17 feet; THENCE N 00(00'00" E, 19.17 feet; THENCE N 90(00'00" W, 17.17 feet; THENCE N 00(00'00" E, 44.26 feet; THENCE N 90(00'00" E, 3.42 feet; THENCE S 00(00'00" E, 3.00 feet; THENCE N 90(00'00" E, 28.82 feet; THENCE S 00(00'00" E, 7.75 feet; THENCE N 90(00'00" E, 27.32 feet; THENCE S 00(00'00" E, 20.13 feet; THENCE N 90(00'00" E, 40.82 feet; THENCE N 00(00'00" E, 98.42 feet; THENCE N 90(00'00" W, 40.82 feet; THENCE S 00(00'00" W, 27.88 feet; THENCE N 90(00'00" W, 56.14 feet; THENCE S 00(00'00" W, 3.00 feet; THENCE N 90(00'00" W, 3.17 feet; THENCE N 00(00'00" E, 28.51 feet; THENCE N 90(00'00" E, 16.92 feet; THENCE N 00(00'00" E, 34.91 feet; THENCE N 90(00'00" W, 23.75 feet; THENCE N 00'00'00" E, 12.17 feet; THENCE N 90(00'00" W, 10.08 feet; THENCE N 00(00'00" E, 12.00 feet; THENCE N 90(00'00" E, 91.37 feet; THENCE N 00(00'00" E, 19.20 feet; THENCE N 90(00'00" E, 3.43 feet; THENCE S 00(00'00" E, 1.20 feet;

THENCE N 90(00'00" E, 22.00 feet; THENCE N 00(00'00" E, 10.40 feet; THENCE S 90(00'00" W, 22.00 feet; THENCE S 00(00'00" W, 1.20 feet; THENCE S 90(00'00" W, 3.43 feet; THENCE N 00(00'00" E, 19.30 feet; THENCE N 90(00'00" W, 84.37 feet; THENCE N 00(00'00" E, 1.12 feet; THENCE N 90(00'00" W, 46.50 feet; THENCE S 00(00'00" W, 1.12 feet; THENCE N 90(00'00" W, 43.16 feet; THENCE S 00(00'00" W, 46.50 feet; THENCE N 90(00'00" E, 48.04 feet; THENCE S 00(00'00" W, 10.00 feet; THENCE N 90(00'00" W, 6.00 feet; THENCE S 00(00'00 W, 62.13 feet; THENCE N 90(00'00" W, 13.00 feet; THENCE S 00(00'00" W, 67.58 feet; THENCE N 90(00'00" E, 13.00 feet; THENCE S 00(00'00" E, 62.13 feet; THENCE N 90(00'00" E, 6.00 feet; THENCE S 00(00'00" E, 10.00 feet; THENCE N 90(00'00" W, 48.04 feet; THENCE S 00(00'00" W, 46.50 feet to the TRUE POINT OF BEGINNING, and Lots 23 through 31, inclusive, in Block 3 of Squire Park Addition to the City of Seattle, as per Plat recorded in Volume 8 of Plats, page 6, Records of King County, Washington,

as a Landmark based upon satisfaction of the following standards of SMC Section 25.12.350:

D. It embodies the distinctive visible characteristics of an architectural style, or period, or of a method of construction;

E. It is an outstanding work of a designer or builder;

F. Because of its prominence of spatial location, contrasts of siting, age, or scale, it is an easily identifiable visual feature of its neighborhood or the City and contributes to the distinctive quality or identity of such neighborhood or the City; is hereby acknowledged.

Section 2. CONTROLS: The following controls are hereby imposed on the features and characteristics of the Providence 1910 Building and its site that were designated by the Board for preservation:

A. CERTIFICATE OF APPROVAL PROCESS

1. A Certificate of Approval, issued by the City of Seattle's Landmarks Preservation Board pursuant to Seattle Municipal Code, 25.12, must be obtained, or the time for denying a Certificate of Approval application must have expired, before the owner may make alterations or significant changes to:

a. The exterior of the 1910 building and the 1927 solarium addition on the south side of the 1910 building;

b. The site of the 1910 building and of the 1927 solarium addition on the south side of the 1910 building.

2. A Certificate of Approval is not required for the following:

a. Any in-kind maintenance or repairs of the features listed in Section 2 A.1.

b. Minor landscaping including the removal or addition of the following: trees under 6 inches caliper, shrubs, perennials and annuals.

c. Alterations to or demolition of the additions built in 1964, 1969, 1978 and 1988.

B. ADMINISTRATIVE REVIEW

1. Administrative review and approval may be provided for the items listed in subsection 3 according to the following procedures: The Owner shall submit to the City Historic Preservation Officer (CHPO) a written request for these alterations, including applicable drawings and/or specifications. If the CHPO, upon examination of submitted plans and specifications, determines that such alterations are consistent with the purposes of SMC 25.12, the alterations shall be approved without the need for any further action by the Board. If the CHPO does not approve such alterations, the Owner may submit revised materials to the CHPO, or submit in accordance with the Certificate of Approval process set forth in SMC 25.12.

2. The CHPO shall submit his or her written decision on the Owner's submittal to the Owner. Failure of the CHPO to approve or disapprove the request shall constitute approval of the request.

3. Administrative review is available for the following:

For the designated areas of the building, the addition or elimination of duct conduits, HVAC vents, grilles, fire escapes, pipes, wiring, and other similar mechanical elements necessary for the normal operation of the building.

Section 3. INCENTIVES

A. Seattle Municipal Code Title 23 provides for authorization of uses in a designated Landmark that are not normally permitted in a particular zoning classification by means of an administrative conditional use.

B. The Building and Energy Codes provide for exceptions on an application basis. Historic Preservation Special Tax Valuation (Chapter 84.26 RCW) is available to all Seattle landmarks subject to controls imposed by designation ordinance, upon application.

Section 4. Enforcement of this Ordinance and penalties for its violation shall be as provided in SMC 25.12.910.

Section 5. Providence 1910 Building and the site at 528 17th Avenue, in Seattle are hereby added to the Table of Historical Landmarks contained in SMC Chapter 25.32.

Section 6. The City Clerk is directed to record this Ordinance with the King County Director of Records and Elections, deliver two copies to the City Historic Preservation Officer, and deliver one copy to the Director of the Department of Planning and Development.

Section 7. This ordinance shall take effect and be in force thirty (30) days from and after its approval by the Mayor, but if not approved and returned by the Mayor within ten (10) days after presentation, it shall take effect as provided by Municipal Code Section 1.04.020.

APPENDIX C: Consistency with City's Comprehensive Plan Goals and Policies

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
Human Development Goals and Policies	
Vision Statement The City of Seattle invests in people so that all families and individuals can meet their basic needs, share in our economic prosperity, and participate in building a safe, healthy, educated, just and caring community.	**Our Nonprofit Mission** Improve the health and well-being of each person we serve. **Our Vision** Demonstrate the highest-quality, best-value health care to all we serve. **Caring for Our Communities** As a nonprofit health-care provider, Swedish takes seriously our responsibility to provide access to the services, expertise and facilities needed by our communities. Our commitment to improving the health of our region extends beyond normal patient care. Whether through physician clinics, health education, charity care, our mobile mammography program or other means of outreach, we're committed to caring for the people of our region and beyond. We are a pioneer in healthcare service and in contributing to dialogue around health care reform. We provide access to information for our community and for our industry about everything from economic challenges to how to handle changing care needs. We host symposiums on healthcare issues and connect thought leaders with evolving information. Healthcare impacts everyone, and it is our responsibility to lead the healthcare discussion in our community. It's a responsibility we take seriously.
C The Education & Job Skills to Lead an Independent Life	
Goal	
HDG4 Promote an excellent education system and opportunities for life-long learning for all Seattle residents.	The First Hill and Cherry Hill Major institutions, including Swedish Cherry Hill, train a significant percentage of the health care and research practitioners in the Puget Sound and WAMI region. In their partnerships with the University of Washington, Seattle Pacific University, Seattle University and Seattle Community College, they provide a substantial role in the development and retention of the intellectual capital of the region. This focus on education has generated a workforce that is very highly educated, with nearly 30% of Downtown

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
	residents having attained a bachelor's degree or higher.[4] The Major Institution's ability to attract national and international talent, grants, research funding and venture capital places Seattle at the top of regional centers of innovation in the nation. Seattle was named Fast Company Magazine's "City of the Year" based on its high rate of creativity and innovation (Fast Company, 2009).[5]
Policy	
HD15 Strive to support families so their children can be ready to learn as they enter school. Help coordinate service delivery to families and their children through school-linked programs and support services.	One example of Swedish's support to families is the Ballard Teen Health Center, a partnership between Swedish and Ballard High School to provide students at the school with physical and mental-health services. Teens visit the center for treatments ranging from illnesses and injuries to confidential family-planning services, STD testing and mental-health counseling. The center, which was started by Swedish in 2002, also provides smoking-cessation programs, nutrition and exercise counseling, general health information and school-wide health promotion and classroom presentations. The center targets adolescents who are uninsured or underinsured and those who have no other options for medical care and counseling.
HD20 Work with schools and other educational institutions, community-based organizations, businesses and other governments to develop strong linkages between education and training programs and employability development resources.	Swedish has a long history of working collaboratively with other local health organizations to assess and address community needs through programs and activities that provide treatment and promote health and healing. The Swedish Community Health Needs Assessment (CHNA) was first developed in 2006 as a tool to manage the resources of Swedish in accordance with our mission, while meeting the specific health needs of our communities. In 2012, each Swedish campus customized the assessment to meet the needs of its respective community. Campus assessments can be found here. http://www.swedish.org/about/overview/mission-outreach/community-engagement/community-needs-assessment/assessments-site-list

[4] Downtown Seattle Association 2012 State of Downtown Economic Report
[5] Downtown Seattle Association 2012 State of Downtown Economic Report

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
	Each assessment is shaped by geography, demographics, environmental exposure, health-related issues and socioeconomic factors. These reports are formed by an inventory of existing services and a survey of community health indicators, measuring levels of chronic disease, mental illness, maternal child health, and more. We've developed a plan to prioritize needs based upon the results, and we're diligent about monitoring and evaluating the plan regularly. The merging of community need with Swedish's strategic business and clinical goals supports best practices in our decision making process.
D Effective Disease Prevention, Access to Health Care, Physical and Mental Fitness for Everyone	
Goal	
HDG6 Create a healthy environment where community members are able to practice healthy living, are well nourished, and have good access to affordable health care.	Since 1910, Swedish has been a partner for health in the community. We've resolved to improve the health of the region beyond normal patient care. This translates to our commitment to charity care, research, community health and education. We see this service as our responsibility to our community and we take it seriously. Today that responsibility to community also includes additional access to information. The healthcare industry is undergoing substantial changes. We believe as the community's leading healthcare provider, it is our responsibility to also provide information and leadership on these changes.
Policies	
HD21 Encourage Seattle residents to adopt healthy and active lifestyles to improve their general health and well-being. Provide opportunities for people to participate in fitness and recreational activities and to enjoy available open space.	As a charitable, nonprofit 501(c) (3) organization, Swedish invests its resources in programs and services that improve the health of the community and region, from building partnerships with community clinics that serve the underprivileged to providing free and low-cost health-education classes to the public. From newly arrived immigrants and at-risk teenagers to low-income seniors and families, Swedish reaches out to those who might not otherwise get the health care services that they need. Community programs and services available through Swedish include.

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
	• Bereavement Support Groups • Community Specialty Clinic • Family Violence Fund • Global to Local • Health Education Services • Healthcare Services at Ballard High School • Job Training for Developmentally Disabled Students • Mobile Mammography Program • Patient Assistance Fund • Residency Program Clinics for the Economically Disadvantaged • Services for Chemically Using Pregnant Women (CUPS) • Services for Low-Income Mothers and Newborns • Social and Health Justice Program • Spiritual Care • Sponsorships
HD22 Work toward the reduction of health risks and behaviors leading to chronic and infectious diseases and infant mortality, with particular emphasis on populations disproportionately affected by these conditions.	Swedish's Health Education Services Program offers hundreds of classes a year and is committed to helping patients, families and the communities make informed choices about their health. The program offers classes and support groups on topics such as cancer, childbirth, diabetes, orthopedics, nutrition, safety and injury prevention, stress management and more. Arming patients with health information they need allows them to make informed decisions and to be advocates in their care.
HD23 Work to reduce environmental threats and hazards to health. Make use of the City's building and fire codes, food licensing and permit processes, and hazardous materials and smoking regulations for fire and life safety protection. Collaborate through joint efforts among City agencies, such as fire, police, and construction and land use to address health and safety issues in a more efficient manner.	Swedish Cherry Hill is an integral part of the regional disaster-response team. Swedish practices a variety of disaster drills, and participates in larger community drills, and stands ready to respond to regional needs, in collaboration with regional First Responders. The majority of Swedish's existing buildings proposed to be redeveloped within this Master Plan no longer meet evolving seismic and other building codes. The cost to upgrade exceeds the cost to replace. Their aging infrastructure will soon be unable to meet the significant technical requirements for the provision of health care services, or more efficient care delivery models, and will need to be replaced. Swedish Cherry Hill is a smoke-free campus and offers smoking cessation programs to all employees.

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
HD24 Seek to improve the quality of, and access to, health care, including physical and mental health, emergency medical, and addiction services. Collaborate with community organizations and health providers to advocate for quality health care and broader accessibility to services. Pursue co-location of programs and services, particularly in under-served areas and in urban village areas.	Swedish's mission is to improve the health and well-being of each person we serve. A crucial part of fulfilling this mission is Swedish's charity care program. In 2012, Swedish provided more than $35 million in direct charity care alone. **Swedish's charity care program:** • Offers free or discounted hospital services for those who cannot afford care, many of whom are underinsured or have no insurance at all • Provides financial assistance in cases where annual family income is between zero and 400 percent of the federal poverty level • Ensures that financial constraints are not a barrier to the provision of care
HD25 Work with other jurisdictions, institutions and community organizations to develop a strong continuum of community-based long-term care services.	As a nonprofit organization, Swedish relies heavily on community partnerships and the support of those who believe in our nonprofit mission of providing the very best care to every person we serve — regardless of their ability to pay. Our commitment to the community extends beyond our doors as well. Through our partnership with state leaders, we are able to provide community health activities and outreach, education and subsidies for Medicare. Combined, these community benefits exceeded $134 million in 2011 and include specific programs such as Global to Local and African-American Community Outreach.

APPENDIX D: Consistency with City's Transportation Strategic Plans, Transit Plan, Pedestrian Plan and Bicycle Plan

The City of Seattle has four transportation-related plans that are intended for form the long range planning and short range work programs of the City's Department of Transportation:

- Transportation Strategic Plan (adopted October 21, 2005)
- Transit Master Plan (presented as a summary to the Seattle City Council on September 27, 2011)
- Seattle Pedestrian Master Plan - The Seattle Pedestrian Master Plan is a long-term action plan to make Seattle the most walkable city in the nation. The plan establishes the policies, programs, design criteria, and projects that will further enhance pedestrian safety, comfort, and access in all of Seattle's neighborhoods. Through the Pedestrian Master Plan, Seattle will make its transportation system more environmentally, economically, and socially sustainable.
- Seattle Bicycle Master Plan (2007) - The Seattle Bicycle Master Plan defines a set of actions, to be completed within 10 years, to make Seattle the best community for bicycling in the United States. By increasing support for bicycling, the city will make its transportation system more environmentally, economically, and socially sustainable.

Only plan elements that are directly applicable to major institutions or to Swedish Medical Center's location on Cherry Hill are included in the consistency analysis below.

Appendix D.1 Transportation Strategic Plan

The Transportation Strategic Plan (TSP) is the 20-year functional work plan for the Seattle Department of Transportation (SDOT). The TSP describes the actions SDOT will take to accomplish the goals and policies in the Comprehensive Plan over the next twenty years.

Chapter 3 of the Transportation Strategic Plan includes the seven plan elements: 3.1 Building Urban Villages; 3.2 Make the Best Use of the Streets We Have to Move People, Goods and Services: 3.3 Increase Transportation Choices; 3.4 Promoting the Economy: Moving Goods and Services; 3.5 Improving the Environment; 3.6 Connecting to the Region; and 3.7 Protect Our Infrastructure – Operations and Maintenance. Plan elements that are application to the Swedish Cherry Hill Master Plan are found in Elements 3.2 and 3.3.

Appendix D Table 1: Consistency of Swedish's MIMP with Transportation Strategic Plan

Transportation Strategic Plan Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
3.2 Make the Best Use of the Streets We Have to Move People, Goods and Services	
Applicable Goals	
TG3 Promote safe and convenient bicycle and pedestrian access throughout the transportation system.	The proposed PDMP would maintain the current urban street and sidewalk grid system that surrounds the campus. This grid system provides for improved connectivity and circulation patterns for all transportation modes. 18th Avenue has been identified as a potential neighborhood greenway in the 2013 Recommended Bicycle Master Plan, providing enhancements for bicyclists as well as pedestrians. A "health walk" or walking path would be created around the Cherry Hill campus along 15th Avenue, E Cherry Street, 18th Avenue, and E Jefferson Street. A direct pedestrian connection is proposed through the campus that would

Appendix D Table 1: Consistency of Swedish's MIMP with Transportation Strategic Plan

Transportation Strategic Plan Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
	connect 17th Avenue between E Cherry and Jefferson Streets with clear pathways signage and public access, public amenities, sufficient pathway lighting, and places for rest along the accessible route. In addition to these improvements, the pedestrian environment would be enhanced along the E Cherry Street frontage with improved sidewalks and landscaping as well as public pocket parks and green spaces with seating areas.
TG7 Protect neighborhood streets from through traffic.	As noted in response to TG3, the proposed MIMP would maintain the urban transportation grid surrounding the campus. This helps to protect the neighborhood streets from through traffic by: (1) allowing direct access to the MIMP parking facilities from the primary arterials (E Cherry and E Jefferson Streets) surrounding the campus; and (2) and minimizing circuitous travel on streets by neighborhood (non-MIMP) traffic. In addition, a wayfinding program has been proposed and will be pursued with SDOT to direct visitors to the off-street parking areas, minimizing circulation and encouraging usage of designated parking areas.
Applicable Policies	
T6 Allocate street space among various uses (e.g.,, traffic, transit, trucks, carpools, bicycles, parking and pedestrians) to enhance the key function(s) of a street as described in the Transportation Strategic Plan.	As discussed above, 18th Avenue has been identified as a potential neighborhood greenway. Swedish would provide pedestrian and bicycle enhancements along the site frontage consistent with the greenway designation. In addition, Swedish will work with the City to provide pedestrian-oriented improvements such as painted crosswalks, curb bulbs, special paving, bus stop plazas, street trees, and bicycle routes, where applicable.
T14 Use neighborhood traffic control devices and strategies to protect local streets from through traffic, high volumes, high speeds, and pedestrian/vehicle conflicts. Use these devices and strategies on collector arterials where they are compatible with the basic function of collector arterials.	See response to TG7
3.3 Increase Transportation Choices	
Applicable Goals	
TG9 Provide programs and services to promote transit, bicycling, walking, and carpooling to help reduce car use and SOV trips.	Swedish currently has a transportation management program (TMP) in place, which encourages use of alternative modes and has a goal of a 50% SOV rate. The proposal includes

Appendix D Table 1: Consistency of Swedish's MIMP with Transportation Strategic Plan

Transportation Strategic Plan Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
	enhancements to the TMP to further encourage transit, bicycling, walk, and carpooling and reduce SOV trips. See page 71 for a description of the existing and proposed TMP.
TG14 Increase transit ridership, and thereby reduce use of single-occupant vehicles to reduce environmental degradation and the societal costs associated with their use.	See response to TG9.
TG15 Increase walking and bicycling to help achieve City transportation, environmental, community and public health goals	See response to TG3 and TG9.
TG16 Create and enhance safe, accessible, attractive and convenient street and trail networks that are desirable for walking and bicycling.	See response to TG3
TG17 Manage the parking supply to achieve vitality of urban centers and villages, auto trip reduction, and improved air quality.	As discussed above, the proposal includes enhancements to the TMP to encourage use of alternative modes. In addition, a parking pilot project is proposed to test different parking management strategies such as daily parking passes, parking rate structure.
TG21 Promote health neighborhoods with a transportation system that protects and improves environmental quality.	See response to TG3.
Applicable Policies	
T17 Provide, support, and promote programs and strategies aimed at reducing the number of car trips and miles driven (for work and non-work purposes) to increase the efficiency of the transportation system.	See response to TG9.
T20 Work with transit providers to provide transit service that is accessible to most of the city's residences and businesses. Pursue strategies that make transit safe, secure, comfortable, and affordable.	See response to TG9 and T24.
T24 Work with transit providers to design and operate transit facilities and services to make connections within the transit system and other modes safe and convenient. Integrate transit stops, stations, and hubs into existing communities and business districts to make it easy for people to ride transit and reach local businesses. Minimize negative environmental and economic impacts of transit service and facilities on surrounding areas.	Transit stops currently exist along E Jefferson Street between 17th and 18th Avenues. The MIMP includes enhancements to the transit stops including improved facilities and additional rider information systems. In addition to the public transportation systems, there would continue to be an intercampus shuttle between Cherry Hill, First Hill, and Metropolitan Park.
T25 Work with transit providers to ensure that the design of stations and alignments will improve how people move through and perceive the city, contribute positively to Seattle's	See response to T24.

Appendix D Table 1: Consistency of Swedish's MIMP with Transportation Strategic Plan

Transportation Strategic Plan Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
civic identity and reflect the cultural identity of the communities in which they are located.	
T30 Improve mobility and safe access for walking and bicycling, and create incentives to promote non-motorized travel to employment centers, commercial districts, transit stations, schools and major institutions, and recreational destinations.	See response to TG3 and TG9.
T33 Accelerate the maintenance, development, and improvement of existing pedestrian facilities, including public stairways. Give special consideration to access to recommended school walking routes; access to transit, public facilities, social services and community centers; and access within and between urban villages for people with disabilities and special needs.	See response to TG3.
T34 Provide and maintain a direct and comprehensive bicycle network connecting urban centers, urban villages and other key locations. Provide bicycle facilities and work to eliminate system gap.	With the maintenance of the existing urban grid through the campus, the existing bicycle connections would be maintained. This includes E Cherry Street bicycle routes identified by sharrows and bicycle lanes in the uphill direction and E Jefferson Street shared bicycle lanes. Enhancements would be provided along the 18th Avenue neighborhood greenway as development of the campus to the east occurs.
T36 Promote safe walking, bicycling and driving behavior so as to provide public health benefits and to reinforce pedestrian, bicycle and motorists' rights and responsibilities.	See responses to TG3 and TG9.
T39 Restrict on-street parking when necessary to address safety, operational or mobility problems. In urban centers and urban villages where such restriction is being considered, the pedestrian environment and transit operations are of primary concern, but decisions should also balance the use of the street by high-occupancy vehicles, bicycles and motor vehicles; access to local businesses; control of parking spillover into residential areas; and truck access and loading.	An EIS is being prepared that includes an evaluation of the environmental impacts of the MIMP proposal. This includes a review of intersection performance focusing on safety and capacity, as well as site circulation and parking demands. Potential mitigation measures will be identified for identified impacts.
T41 In residential districts, prioritize curb space in the following order: 1) transit stops and layovers; 2) passenger and commercial vehicle loading; 3) parking for local residents and shared vehicles; and 4) vehicular capacity.	Curb use as defined in T41 has been implemented on the street surrounding the campus. Minor modifications in the curb use are envisioned as access points are added or reconstructed. In general the MIMP, including the TMP, acknowledges the importance of transit and does not propose any reductions in space allocated for those uses.
T43 Use paid on-street parking to encourage parking turnover, customer access, and efficient allocation of parking	There is currently on-street paid parking adjacent to the campus along E Jefferson Street between 17th and 18th Avenues, 18th Avenue between E Cherry and E Jefferson

Appendix D Table 1: Consistency of Swedish's MIMP with Transportation Strategic Plan

Transportation Strategic Plan Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
among diverse users.	Streets, and E Cherry Street between 16th and 17th Avenues on the south side and 17th and 18th Avenues on both sides. No changes a proposed. A pilot project is proposed as part of the TMP to address and explore measures to reduce the use of on-street public parking by Swedish employees. Actions implemented around this pilot project would be taken with a goal of balancing the needs of all parking users,
T44 Consider installing longer-term paid on-street parking along edges of commercial districts or in office and institutional zones to regulate curb space where short-term parking demand is low.	There is no existing longer-term paid on-street parking in the vicinity and the proposal would not add on-street paid parking. Long-term parking for the campus would continue to be accommodated within the on-site parking facilities. Implementation of longer-term parking surrounding the campus would potentially increase the amount of institution parking in the neighborhoods and have a negative effect on the surrounding area.
T45 Strive to allocate adequate parking enforcement resources to encourage voluntary compliance with on-street parking regulations.	The TMP elements include on-going review and monitoring of the RPZ's surrounding the campus. Additional elements of the TMP include developing campus policies regarding neighborhood parking enforcement.
T52 Design and operate streets to promote health urban environments while keeping safety, accessibility and aesthetics in balance.	See responses to TG3 and TG9.

Appendix D.2 Transit Master Plan

The City of Seattle Transit Master Plan is a 20-year plan that identifies the types of transit facilities, services, programs, and system features that will be required to meet Seattle's transit needs through 2030. The Transit Master Plan identifies capital investment priorities needed to establish a network of top quality, frequent transit services that meets the travel needs of most Seattle residents and workers. The TMP evaluates and recommends preferred transit modes for high priority corridors and sets a framework for implementing corridor-based transit improvements in close coordination with other modal needs.

Consistent with broader transportation system goals, the Transit Master Plan will guide the City of Seattle in developing a Complete Transit System that:

- Makes riding transit easier and more desirable, bringing more people to transit for more types of trips
- Uses transit to create a transportation system responsive to the needs of people for whom transit is a necessity (e.g., youth, seniors, people with disabilities, low income populations, people without autos)
- Uses transit as a tool to meet Seattle's sustainability, growth management, and economic development goals
- Creates great places at locations in neighborhoods where modes connect to facilitate seamless integration of the pedestrian, bicycle, and transit networks
- Balances system implementation with fiscal, operational, and policy constraints

- The TMP directs the Seattle Department of Transportation (SDOT) to make capital and service investments to help achieve this vision and goals. A strong set of policies will ensure that capital investments are optimized to create a more sustainable, economically resilient, and equitable city.

The Swedish Cherry Hill Master Plan is supportive of a number of strategies found in Chapter 2 of the Transit Master Plan as described in Appendix D Table 2. Only those strategies that are applicable to Swedish Cherry Hill or its location on Cherry Hill are included in Appendix D Table 2.

Appendix D Table 2: Consistency of Swedish Cherry Hill's MIMP with Transit Master Plan Strategies

Transit Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
Strategy: Invest in Programs that Build Transit Ridership	
Strategy PP1: Develop a Safe Routes to Transit (SR2T) Program: The goal of a SR2T program is to reduce physical barriers to transit use, making access to public transit easier and more convenient. The program should be designed to improve pedestrian, bicycle, and motor vehicle movement around high volume transit stops and stations. SR2T could also provide an opportunity for neighborhoods to submit projects for funding consideration each year. Funding for a SR2T program could leverage local match funds from neighborhood groups or private developers interested in improving transit access around station areas or in priority bus corridors. A SR2T program could be structured to complement development incentives in transit station areas or priority corridors. Activities could include the following: • Secure bicycle storage at transit stations and stops • Safety enhancements for pedestrian and bicycle access to transit hubs, stations, and stops	Page 71 describes the existing and proposed TMP for Swedish. Swedish encourages transit and provides bicycle storage. The proposal would include an enhanced pedestrian network including a more visible pathway through the campus connecting from E Cherry Street to E Jefferson Street near the existing transit stop. Enhancements are also identified at the existing transit stop along E Jefferson Street between 17th and 18th Avenues. A vehicular and pedestrian wayfinding program has been identfieid to help minimize campus related traffic in the neighborhoods. A similar program, but on a pedestrian, scale has been identified relative to enhancing the transit riders experiencing when accessing the campus. The proposed PDMP maintains the complete urban grid and would thus continue to provide direct pedestrian and bicycle connections to key transit corridors such as E Jefferson Street.
Strategy PP2: Develop Transit Information and Wayfinding Standards: Challenging topography, multiple transit providers, and recently introduced rail transit modes have created significant variability in public information for accessing transit and navigating a complex network of services in Seattle. The TMP (see Chapter 5) identifies guidelines and design standards for enhancing public information and wayfinding. SDOT should build on the work of the TMP and develop a detailed set of standards to govern transit wayfinding in Seattle and to coordinate with other modal and neighborhood-specific wayfinding programs. This effort would: • Develop design standards and specifications for wayfinding improvements, including simplified maps and signs to help orient transit users and others toward facilities in specific areas (e.g., Center City, near a rail station, in an urban village commercial district) • Facilitate coordination between Sound Transit, Metro,	See response to PP1

Appendix D Table 2: Consistency of Swedish Cherry Hill's MIMP with Transit Master Plan Strategies

Transit Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
and other transit operators regarding public information provided at intermodal hubs such as King Street Station, Downtown Seattle Transit Tunnel stations, and transfer points • Develop standards for coordination of pedestrian and bicycle wayfinding • Develop standards to ensure transit information is included in neighborhood wayfinding programs	
Strategy PP3: Invest in Transportation Demand Management Programs that Increase Transit Use: The City of Seattle, King County, and Seattle businesses and institutions already support a strong suite of transportation demand management (TDM) programs. Still, further investment in TDM remains among the most cost effective ways to support growth in transit ridership and encourage Seattle residents and workers to get out of their cars and try walking, biking, and transit. TDM programs that could be particularly effective in Seattle and would add to the suite of programs already in place, include the following: Develop programs that help employees realize the true cost of parking by making transit more price-competitive with driving: Parking cash out is an effective employer-based strategy that allows an employer to charge employees for parking while giving employees a bonus or pay increase to offset the cost of parking. Employees may use this increase to pay for parking or may choose an alternative mode and "pocket" the difference. Other similar employer-based financial incentive programs include: allowing employees to purchase individual days of parking on a pro-rated basis comparable to monthly rates; providing a few free days of parking each month for employees who usually commute using a non-SOV mode; offering lower parking rates to carpools and vanpools; and offering cash in lieu of free parking to provide a choice for employees.	See response to Strategy PP1 and TG 9 above. Page 71 describes the existing and proposed TMP for the Swedish Cherry Hill PDMP.

Appendix D.3 Seattle Pedestrian Master Plan

The Seattle Pedestrian Master Plan is a long-term action plan to make Seattle the most walk-able city in the nation. The plan establishes the policies, programs, design criteria, and projects that will further enhance pedestrian safety, comfort, and access in all of Seattle's neighborhoods. Through the Pedestrian Master Plan, Seattle will make its transportation system more environmentally, economically, and socially sustainable.

In order to do this, the plan identifies actions, projects, and programs to achieve the goals of safety, equity, vibrancy, and health. These four goals and their relationship to the MIMP are described below.

Appendix D Table 3: Consistency of Swedish's MIMP with Seattle Pedestrian Master Plan Strategies

Pedestrian Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
Safety: Reduce the number and severity of crashes involving pedestrians	Swedish will work with the City to provide pedestrian-oriented improvements such as painted crosswalks, curb bulbs, special paving, bus stop plazas, street trees, and bicycle routes, where applicable.
Equity: Make Seattle a more walkable city for all through equity in public engagement, service delivery, accessibility, and capital investments	A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and Jefferson Streets with clearly visible pathways using signage and providing public access, public amenities, sufficient pathway lighting, and places for rest along the accessible route.
Vibrancy: Develop a pedestrian environment that sustains healthy communities and supports a vibrant economy	18th Avenue has been identified as a potential neighborhood greenway, providing enhancements for bicyclists as well as pedestrians. A "health walk" or walking path would be created around the Cherry Hill campus along 15th Avenue, E Cherry Street, 18th Avenue, and E Jefferson Street. A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and Jefferson Streets with clearly visible pathways using signage and providing public access, public amenities, sufficient pathway lighting, and places for rest along the accessible route. In addition to these improvements, the pedestrian environment would be enhanced along the E Cherry Street frontage with improved sidewalks and landscaping as well as public pocket parks and green spaces with seating areas.
Health: Raise awareness of the important role of walking in promoting health and preventing disease	See above response to vibrancy strategy.

Appendix D.4 Seattle Bicycle Master Plan

Adopted in 2007, The Seattle Bicycle Master Plan defines a set of actions, to be completed within 10 years, to make Seattle the best community for bicycling in the United States. By increasing support for bicycling, the city will make its transportation system more environmentally, economically, and socially sustainable. Those actions that are applicable to Swedish Cherry Hill are included in Appendix D Table 4.

Appendix D Table 4: Consistency of Swedish Cherry Hill's MIMP with Seattle Bicycle Master Plan Strategies

Bicycle Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
Goal 1: Increase use of bicycling in Seattle for all trip purposes.	See discussion of the existing and proposed TMP on page 71.
Goal 2. Improve safety of bicyclists throughout Seattle. Reduce the rate of bicycle crashes by one third between 2007 and 2017	See response to TG3.

Appendix D Table 4: Consistency of Swedish Cherry Hill's MIMP with Seattle Bicycle Master Plan Strategies

Bicycle Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
Goal 2, Objective 2: Provide supporting facilities to make bicycle transportation more convenient. In order for bicycling to be a fully viable form of transportation in Seattle, other programs and facilities are needed to complement the Bicycle Facility Network. This includes integrated bicycle and transit services, adequate bicycle parking at all destinations, showers at employment centers, convenient repair services, and coordination with a variety of other essential components of a multi-modal transportation system.	18th Avenue has been identified as a potential Greenway, providing enhancements for bicyclists as well as pedestrians. A direct pathway is proposed through the campus that would connect 17th Avenue between E Cherry and Jefferson Streets where transit is located. See discussion of the existing and proposed TMP on page 71, which defines the amenities provided including weather protected parking, showers, lockers as well as enhancements such as maps, repair kits, signage, etc.

Appendix D.5 Consistency of Swedish Cherry Hill's MIMP with Seattle 2013 Recommended Updates to Bicycle Master Plan Strategies

Appendix D Table 5: Consistency of Swedish Cherry Hill's MIMP with Seattle 2013 Recommended Updates to Bicycle Master Plan Strategies

Bicycle Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
Applicable Goals	
Ridership: Increase the amount and mode share of bicycle in Seattle for all trip purposes.	See response to TG3.
Safety. Improve safety for bicycle riders.	See response to TG3.
Connectivity: Create a bicycle network that connects to places that people want to go, and provides for a time-efficient travel option.	See response to TG3
Equity: Provide equal bicycling access for all through public engagement, program delivery, and capital investment.	See response to TG3
Livability: Build vibrant and healthy communities by creating a welcoming environment for bicycle riding.	See response to TG3
Applicable Objectives	
Objective 1: Complete and maintain a safe, high-quality bicycle network of on-street and trail facilities throughout the city.	See response to TG3
Objective 2: Integrate planning for bicycle facilities with all travel modes and complete streets principles.	See response to TG3

Appendix D Table 5: Consistency of Swedish Cherry Hill's MIMP with Seattle 2013 Recommended Updates to Bicycle Master Plan Strategies

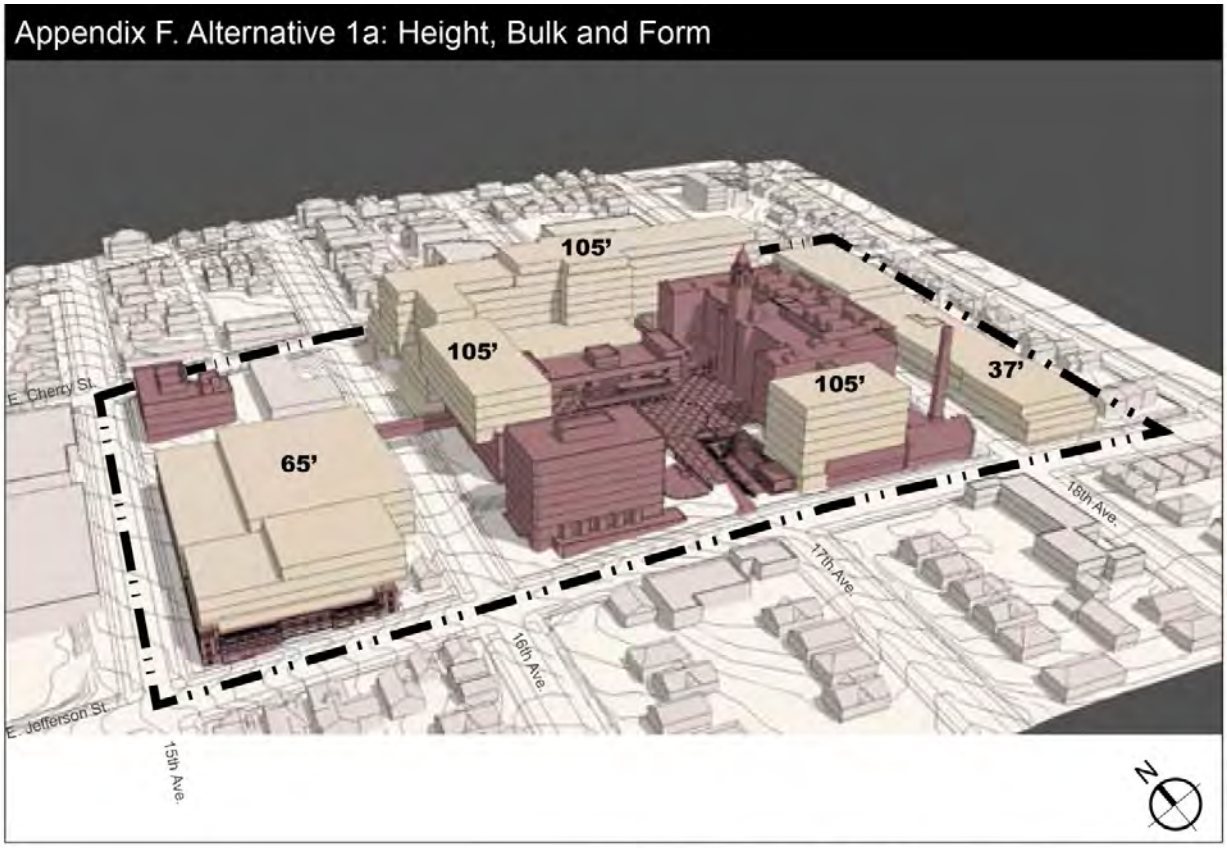
Bicycle Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
Objective 3: Employ best practices and context sensitivity to design facilities for optimum levels of bicycling comfort.	See response to TG3
Objective 4: Build leading-edge bicycle facilities, including on-street separated facilities, multi-use trails, and neighborhood greenways.	See response to TG3
Objective 6: Identify and implement actions to support and promote bicycle riding.	See response to TG3

APPENDIX E: In Compliance with the Seattle Land Use Code, the Master Plan Process Public Meetings were Held on the following days at the Swedish Medical Center

January 16, 2014
December 5, 2013
November 7, 2013
August 15, 2013
July 18, 2013
June 20, 2013
March 28, 2013
February 21, 2013
January 31, 2013
January 10, 2013
December 13, 2012

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 1a



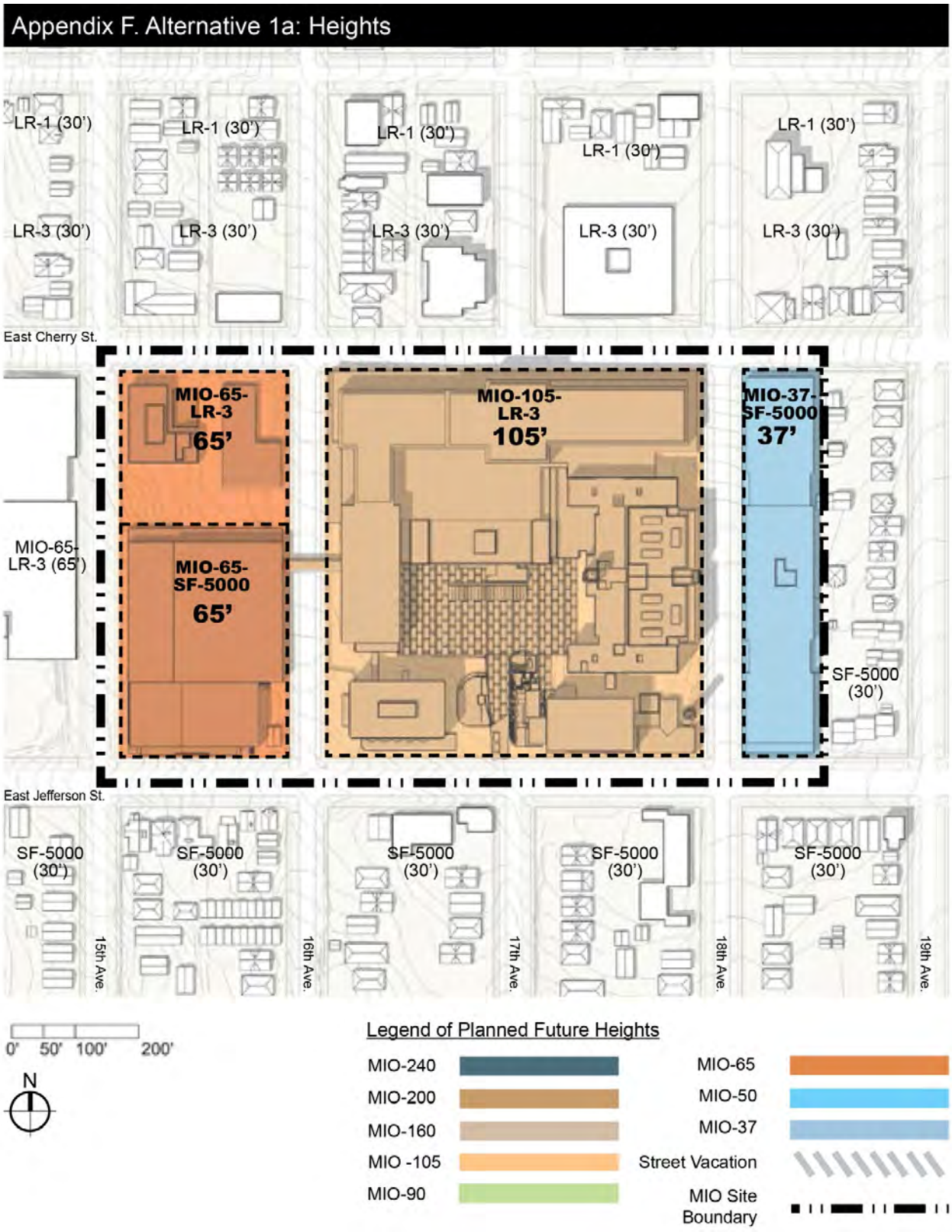
Alternative 1a:

- Maintain the existing campus Major Institutional Overlay (MIO) boundaries on the west, south and east.
- Maintains vertical capacity of MIO 37, 65', and 105'.
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations of 16th and 18th Avenues between E. Jefferson and E. Cherry Streets.
- Add approximately 800,000 GSF of building area, for a total of approximately 2 million GSF

Qualities of the alternative:

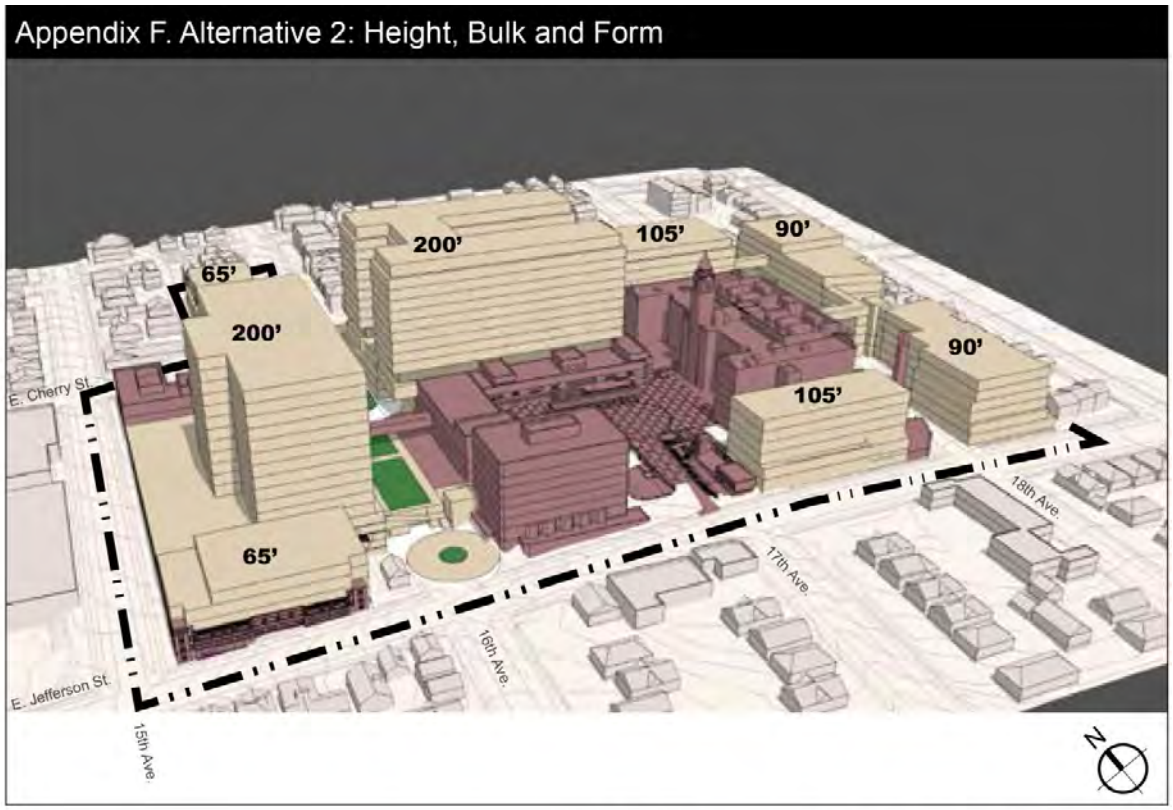
- The alternative does not meet the program objectives for growth.

APPENDIX F: Alternatives Considered but not Advanced



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 2



Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain

Planned Future Height, Bulk and Form

Alternative 2: Compressed Growth

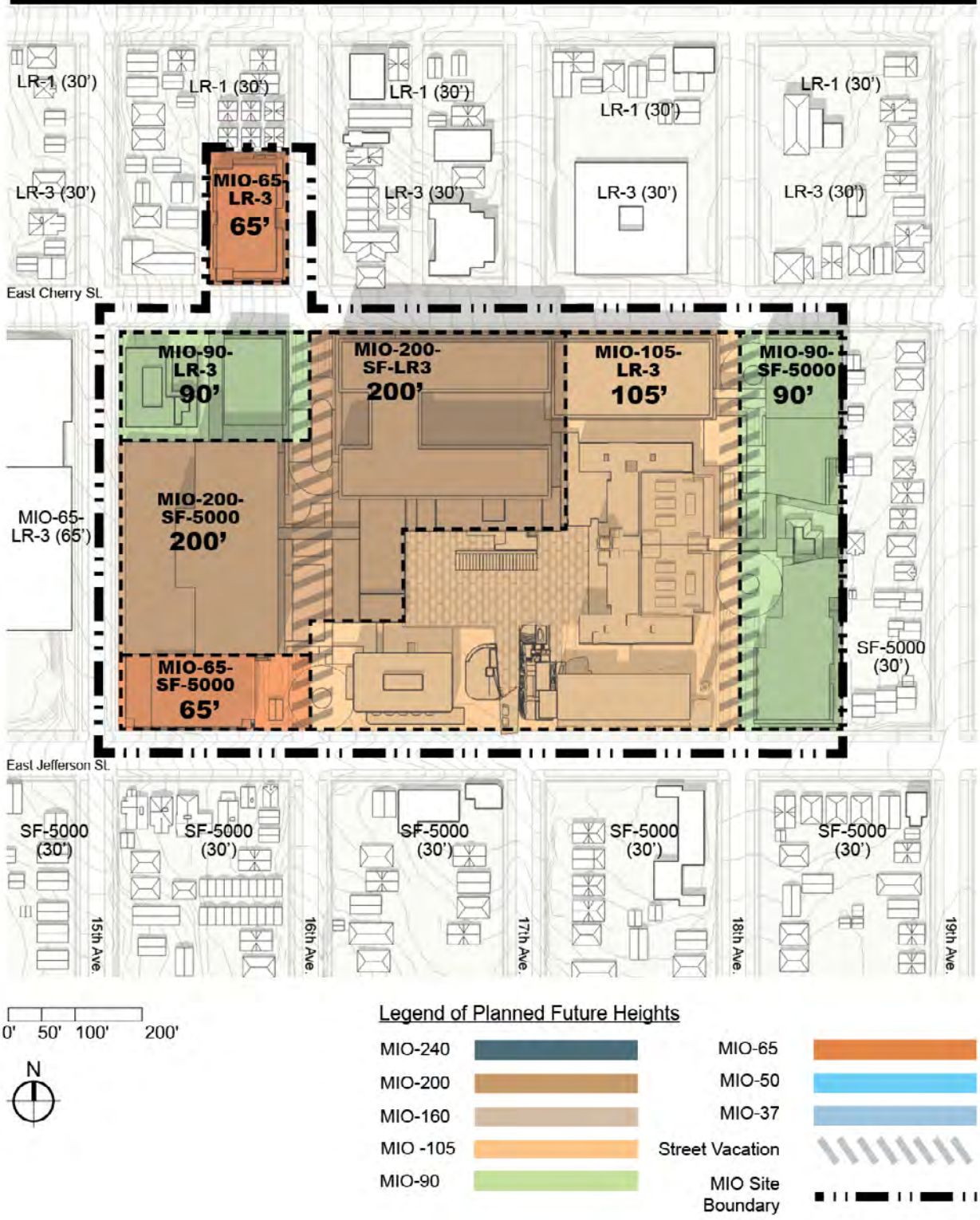
- Maintain the existing campus Major Institutional Overlay (MIO) boundaries on the west, south and east.
- Expand boundary to the north to add "Spencer Technologies" property (located on the northwest corner of Cherry Street/16th Avenue).
- Expand vertical capacity from MIO 37, 65' and 105 'to MIO 65', 90', 105' and 200'.
- Assumes the demolition and rebuilding of aging medical buildings.
- Vacate 16th and 18th Avenues between E. Jefferson and E. Cherry Streets.
- Add approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF

Qualities of the alternative:

- Allows adequate vertical growth capabilities & concentrates growth
- Creates greater height transitions to neighboring properties
- Limits boundary expansion to Spencer Technologies Site (currently MOB)
- Increases FAR by amount needed for identified needs
- Improves internal connections & circulation by vacating streets
- Provides for future flexibility

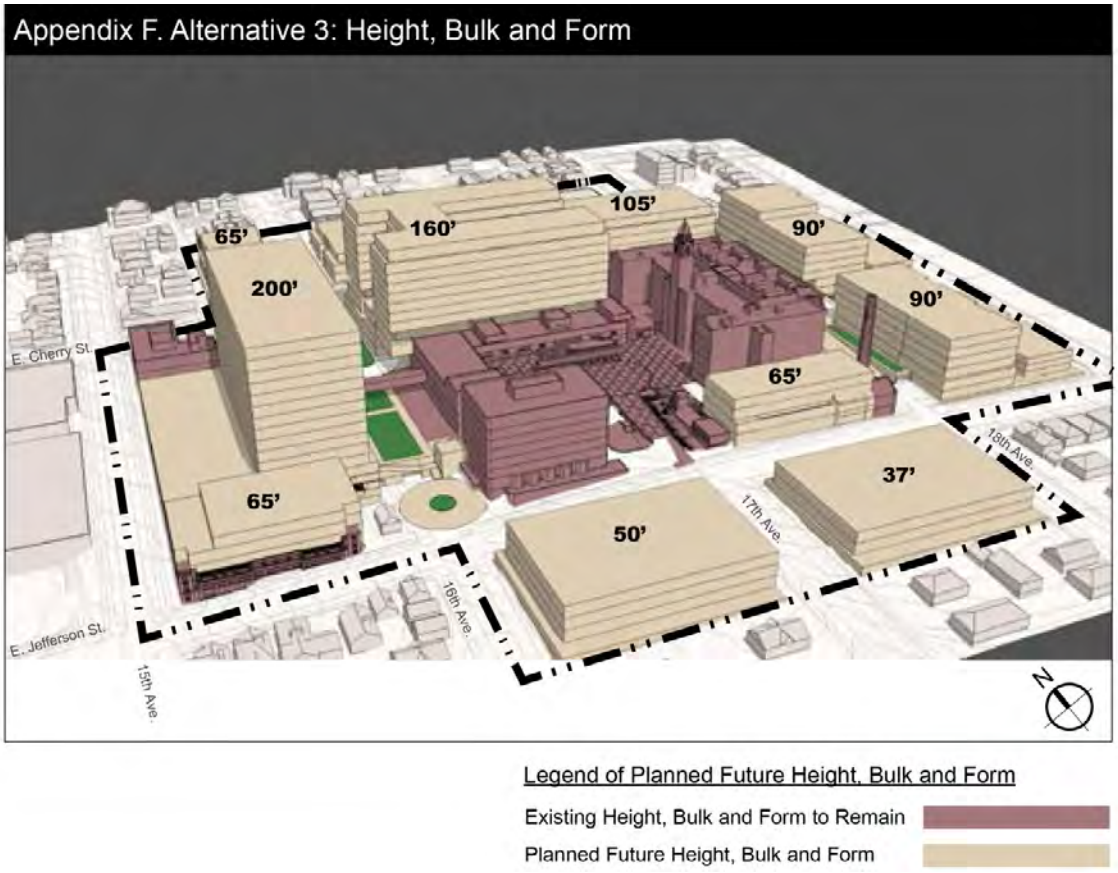
APPENDIX F: Alternatives Considered but not Advanced

Figure Appendix F. Alternative 2: Heights



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 3



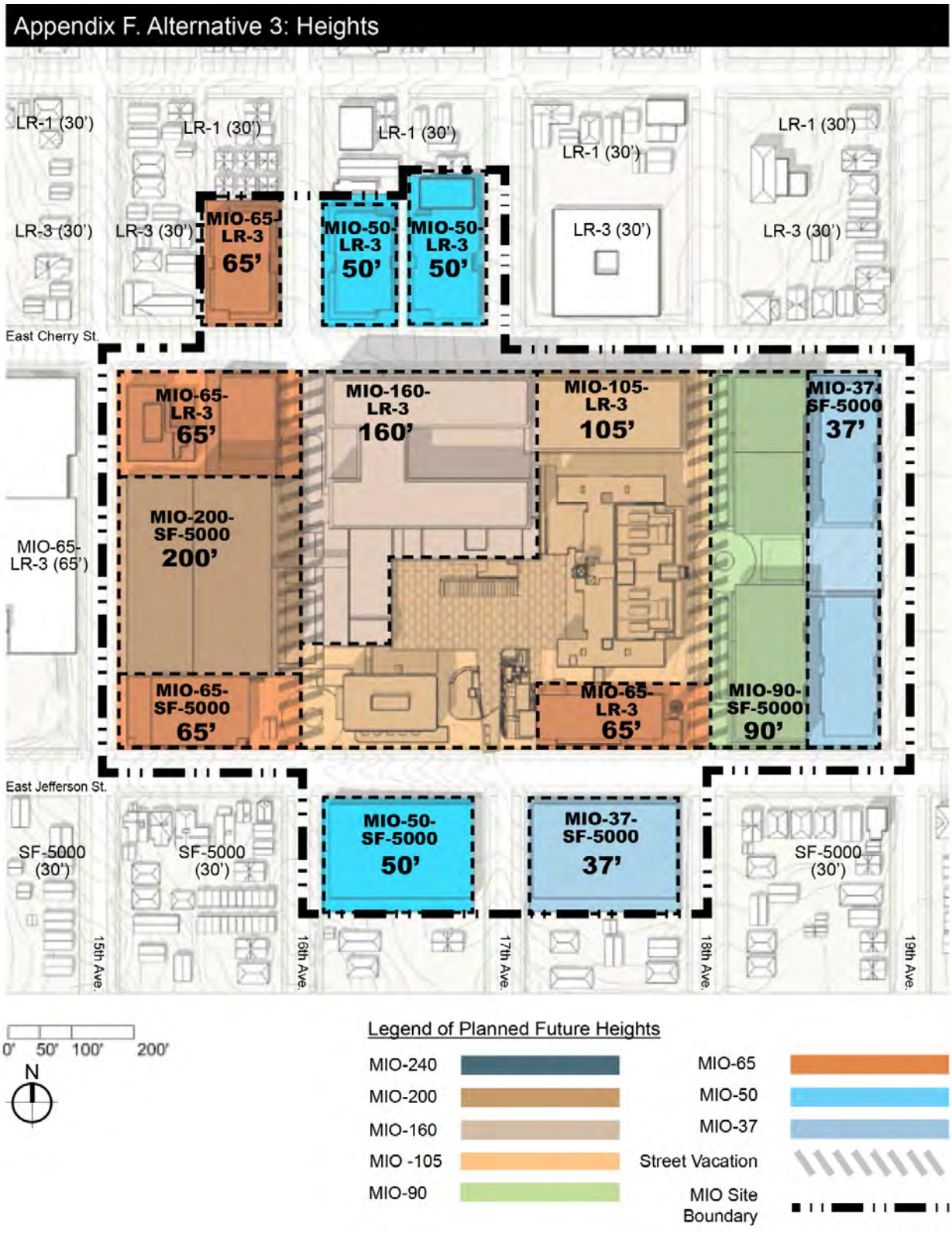
Alternative 3: De-Compressed Growth

- Maintains the existing campus MIO boundary on the west.
- Expands boundary to the north to add "Spencer Technologies" property (located on the northwest corner of Cherry Street/16th Avenue) and properties north of E. Cherry Street between 16th and 17th Avenues.
- Expands boundary to the east to add half-block along 19th Avenue located between E. Jefferson and E/ Cherry Streets.
- Expands boundary to the south to add properties south of E. Jefferson Street between 16th and 18th Avenues.
- Expands vertical capacity from MIO 37, 65', and 105' to MIO 37', 50', 65', 90', 105' and 200'.
- Assumes the demolition and rebuilding of aging medical buildings.
- Vacates 16th and 18th Avenues between E. Jefferson and E. Cherry Streets.
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF

Qualities of the alternative:

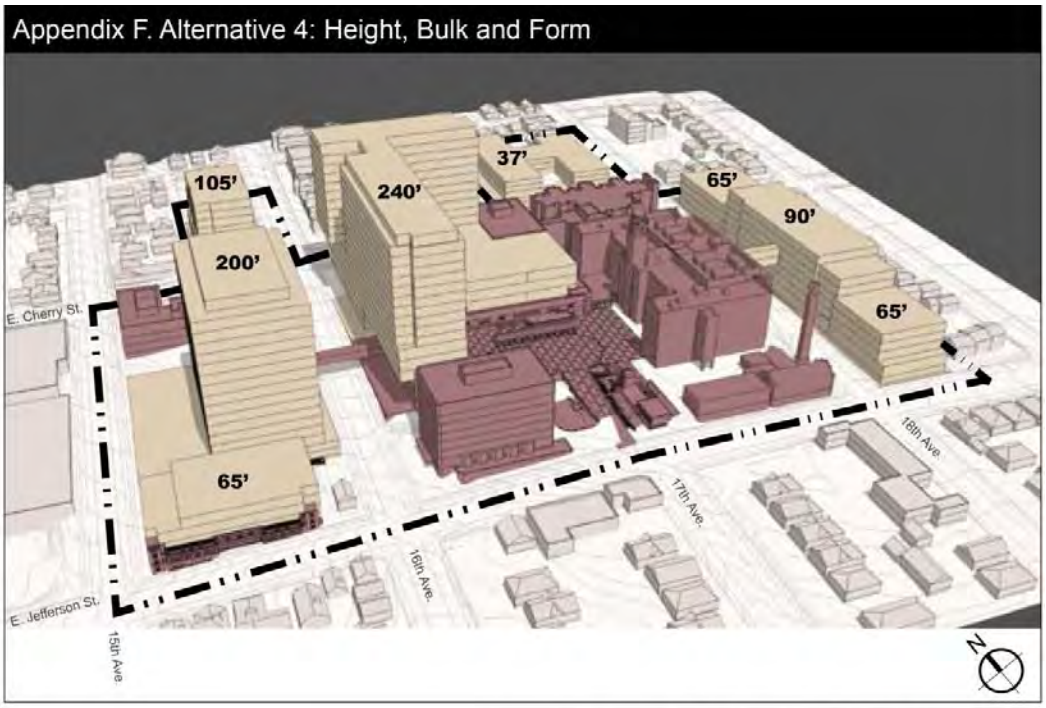
- Allows adequate vertical growth capabilities & concentrates growth in some areas which allows a mix of high, mid and low rise.
- Creates more steps in height transitions to neighboring properties
- Boundary expansion to neighboring blocks
- Increases FAR by amount needed for identified drivers
- Development density is dispersed over campus which provides opportunities for open space
- Improves internal connections & circulation by vacating streets
- Provides for future flexibility

APPENDIX F: Alternatives Considered but not Advanced



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 4



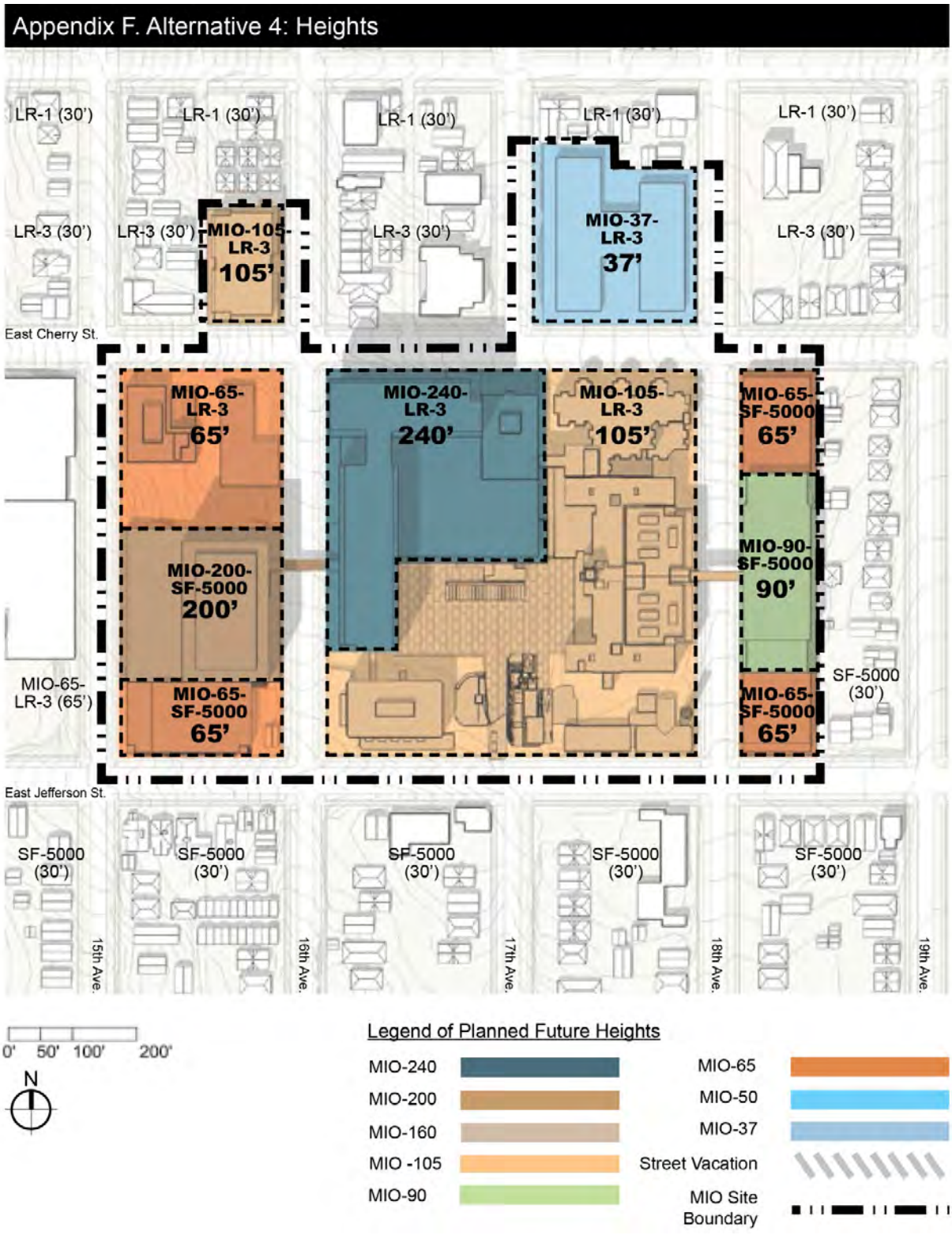
Alternative 4: Compressed Growth

- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add "Spencer Technologies" property (located on the northwest corner of Cherry Street/16th Avenue) and properties north of E. Cherry Street between 17th and 18th Avenues (DSHS site).
- Expands vertical capacity from MIO 37, 65', and 105' to MIO 37', 65', 90', 105', 200' and 240'.
- Assumes the demolition and rebuilding of aging medical buildings.
- No vacations of 16th and 18th Avenues between E. Jefferson and E. Cherry Streets.
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF

Qualities of the alternative:

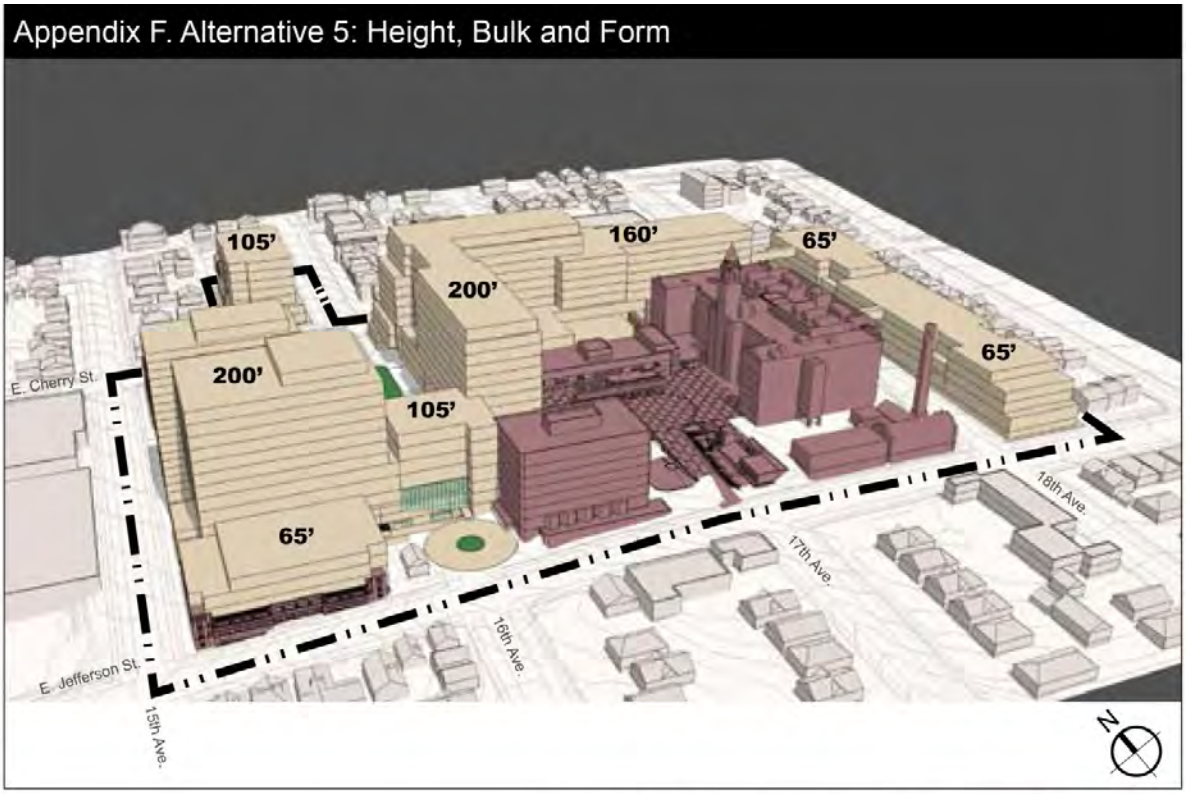
- Allows adequate vertical growth capabilities & concentrates growth in some areas which allows a mix of high, mid and low rise.
- Creates more steps in height transitions to neighboring properties.
- Boundary expansion to only neighboring north blocks.
- Increases FAR by amount needed for identified drivers.
- Development density is concentrated in west campus with some reduction of the eastern half-block by transferring area to Spencer and DSHS sites.
- Improves internal connections & circulation by vacating streets
- Provides for future flexibility.

APPENDIX F: Alternatives Considered but not Advanced



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 5



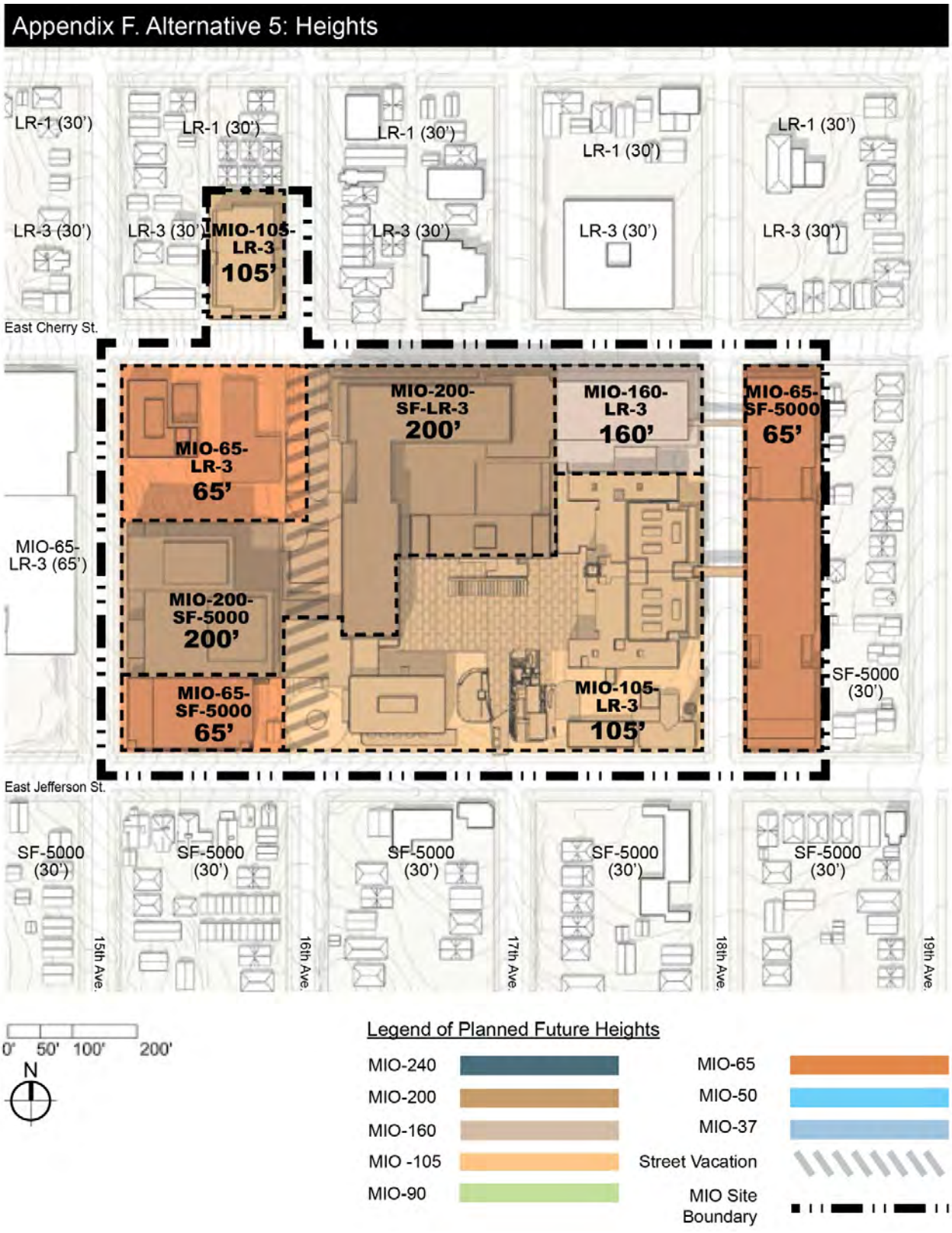
Alternative 5: Compressed Growth

- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add "Spencer Technologies" property (located on the northwest corner of Cherry Street/16th Avenue).
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 65', 105', 160' and 200'.
- Assumes the demolition and rebuilding of aging medical buildings.
- Vacates 16th Avenue allowing less concentrated development of the half-block East of 18th Avenue.
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF.

Qualities of the alternative:

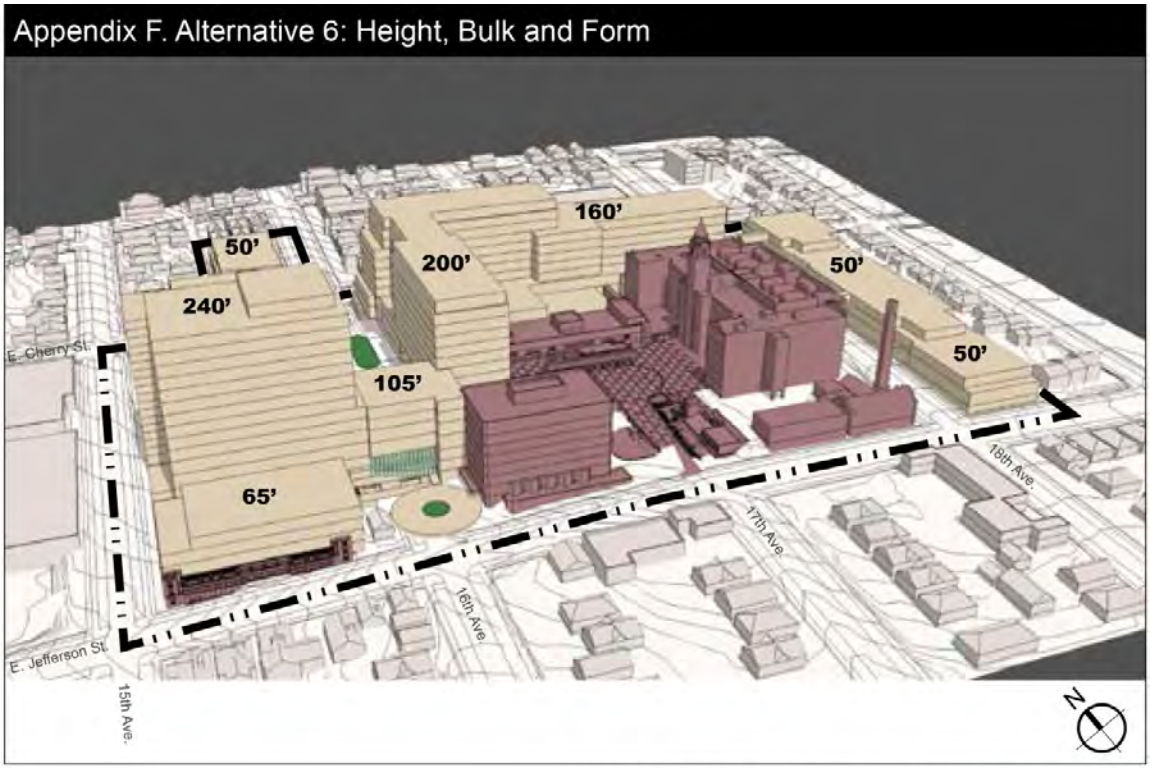
- Allows adequate vertical growth capabilities & concentrates growth.
- Vacates 16th Avenue to shift area from 18th Ave half-block.
- Boundary expansion to Spencer Technologies Site (currently MOB).
- Increases FAR by amount needed for identified drivers.
- Improves internal connections & circulation by vacating streets
- Provides for future flexibility.

APPENDIX F: Alternatives Considered but not Advanced



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 6



Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain

Planned Future Height, Bulk and Form

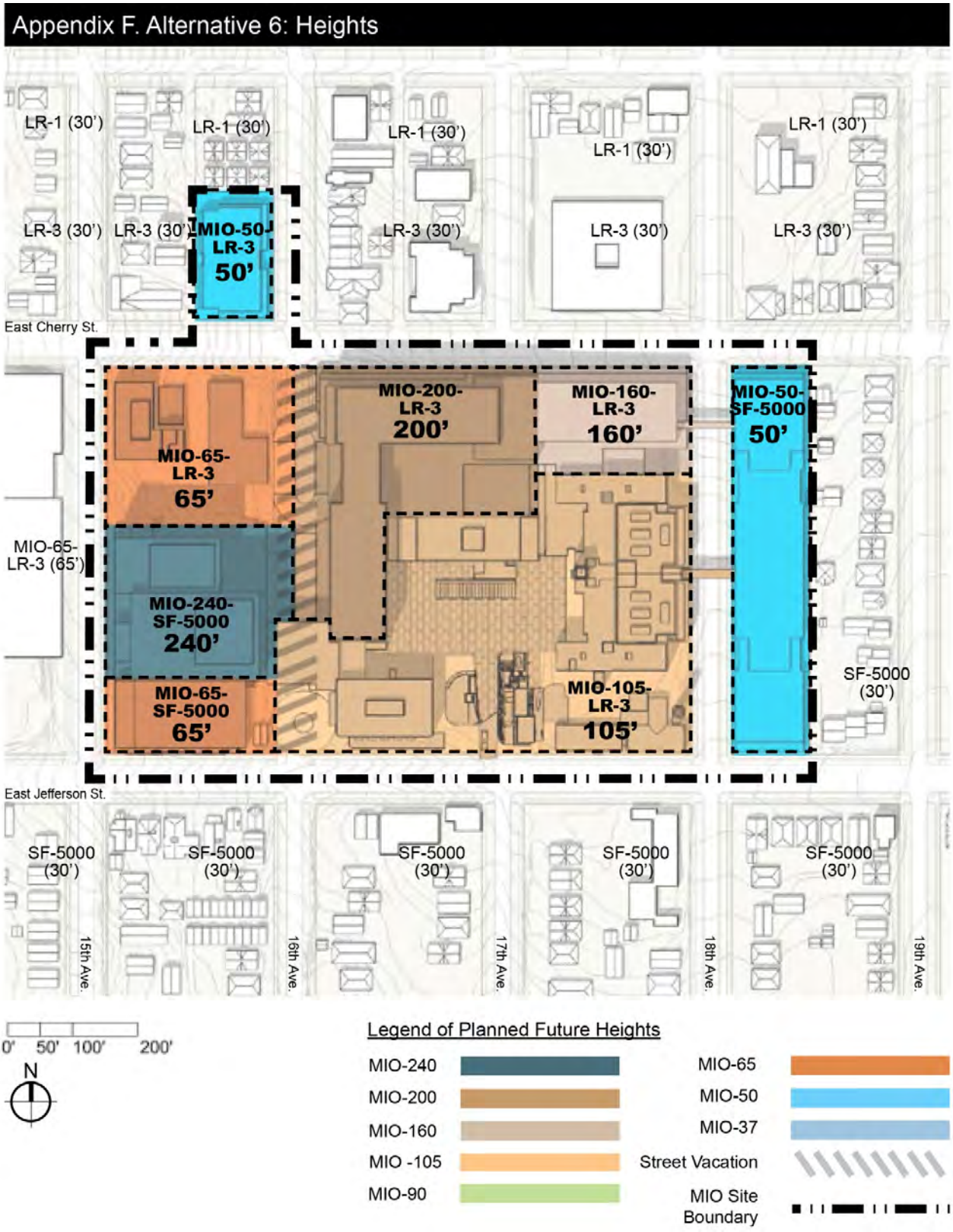
Alternative 6: Compressed Growth

- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add "Spencer Technologies" property (located on the northwest corner of Cherry Street/16th Avenue).
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 50', 65', 105', 160',200' and 240'.
- Assumes the demolition and rebuilding of aging medical buildings.
- Vacates 16th Avenue between E. Jefferson and E. Cherry Streets.
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF.

Qualities of the alternative:

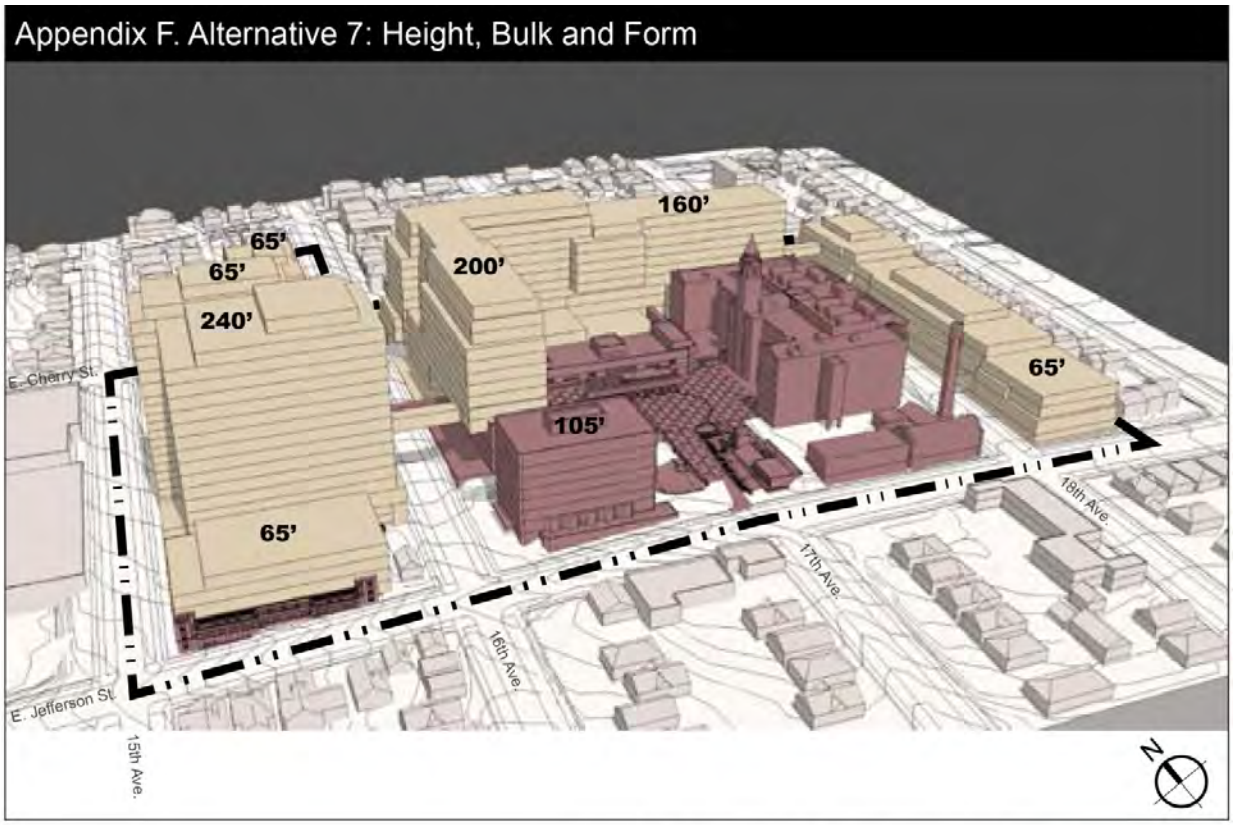
- Allows adequate vertical growth capabilities & concentrates growth.
- Vacates 16th Avenue to shift area from 18th Ave half-block.
- Boundary expansion to Spencer Technologies Site (currently MOB).
- Increases FAR by amount needed for identified drivers.
- Improves internal connections & circulation by vacating street
- Provides for future flexibility.

APPENDIX F: Alternatives Considered but not Advanced



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 7



Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain

Planned Future Height, Bulk and Form

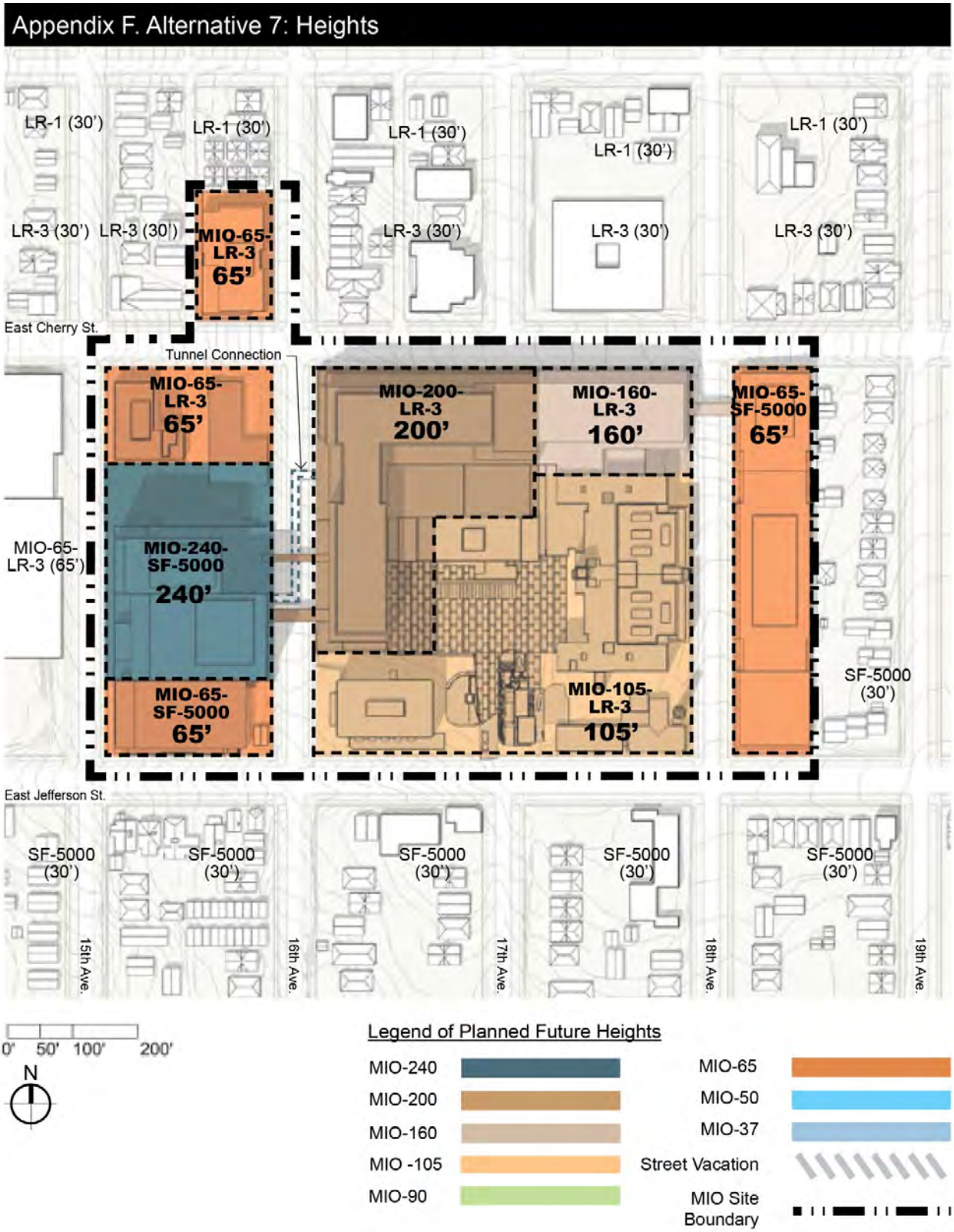
Alternative 7: Compressed Growth

- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add "Spencer Technologies" property (located on the northwest corner of Cherry Street/16th Avenue).
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 65', 105', 160', 200' and 240'.
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF.

Qualities of the alternative:

- Allows adequate vertical growth capabilities & concentrates growth.
- Boundary expansion to Spencer Technologies Site (currently MOB).
- Increases FAR by amount needed for identified drivers.
- Improves internal connections & circulation by adding new service tunnel under 16th Ave. & sky bridges over 16th/18th Avenue.
- Provides for future flexibility.

APPENDIX F: Alternatives Considered but not Advanced



APPENDIX G: Volume and Space Projections

The projected volume and space needs supports the Cherry Hill campus role within the Swedish Health Care system by providing patient care and research in Cardiac & Vascular, Neuroscience and other specialties. Requirements by type of space are as follows:

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

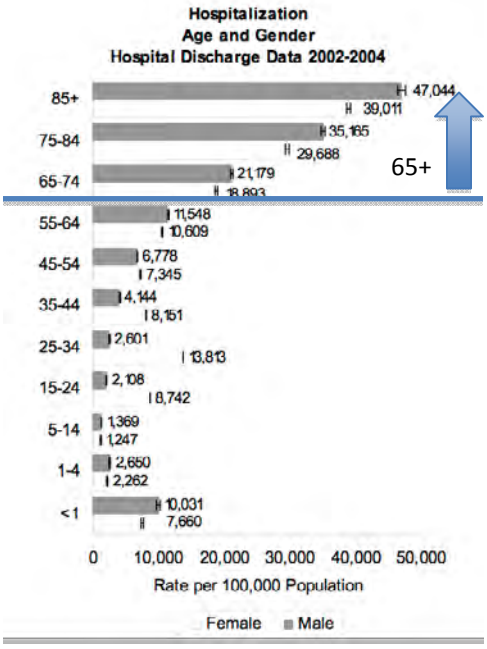
In projecting future needs, it is important to understand the major factors that influence future demand for health services.

Aging Population

When the James Tower on the Providence Hospital campus was built in 1910, the average life expectancy was 51.5 years. Today the average life expectancy in Washington is 80.3 years.

Living longer means:

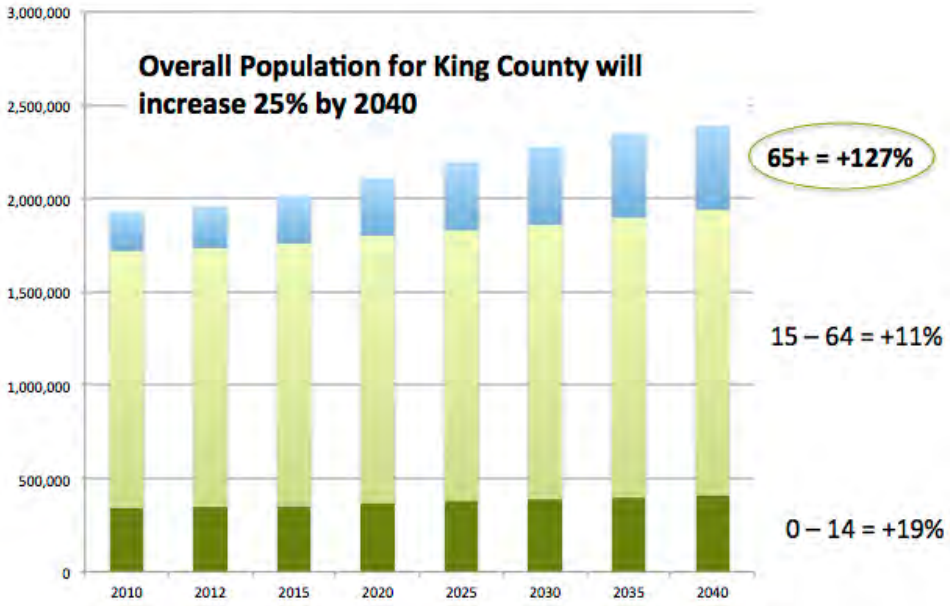
- more elderly are alive today because of medical interventions
- there is a greater incidence of chronic disease
- more complex medical conditions prevalent with the elderly exist today
- more support is needed for the elderly
- inpatients tend to be sicker
- there are greater numbers of fragile outpatients



Why the elderly segment of the population is important for healthcare planning relates to their higher rates of use of healthcare resources.

For example, hospital utilization by those 65+ is **3.5 times** higher than those under 65 as shown in this graphic.

While overall the population for King County is expected to increase by 25% by 2040, those 65+ will increase by 127%.

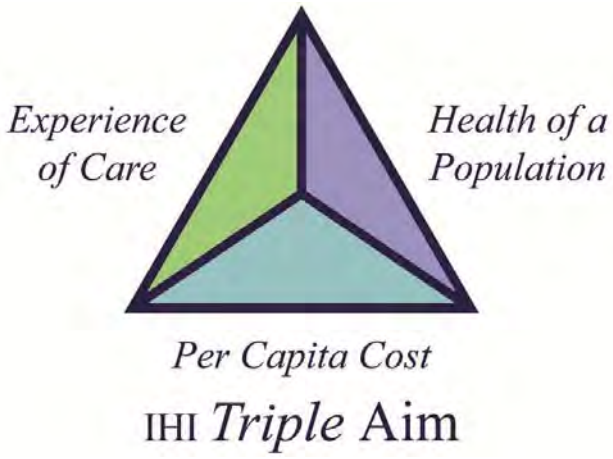


The following graphic shows how the 65+ age group is expected to increase over the next 25 years in King County. The high demand for health care services this segment generates will stress the area's health care resources if preparations are not made.

The Triple Aim

The Institute for Healthcare Improvement (IHI) developed a framework called the Triple Aim to describe an approach to optimize health system performance. They believe initiatives must be developed to simultaneously pursue three dimensions:

1. Improving the patient experience of care (including quality and satisfaction)
2. Improving the health of populations
3. Reducing the per capita cost of health care



The Federal and many State and local governments along with health systems and providers across the country have embraced this framework. It is within this context that healthcare systems are planning for the future.

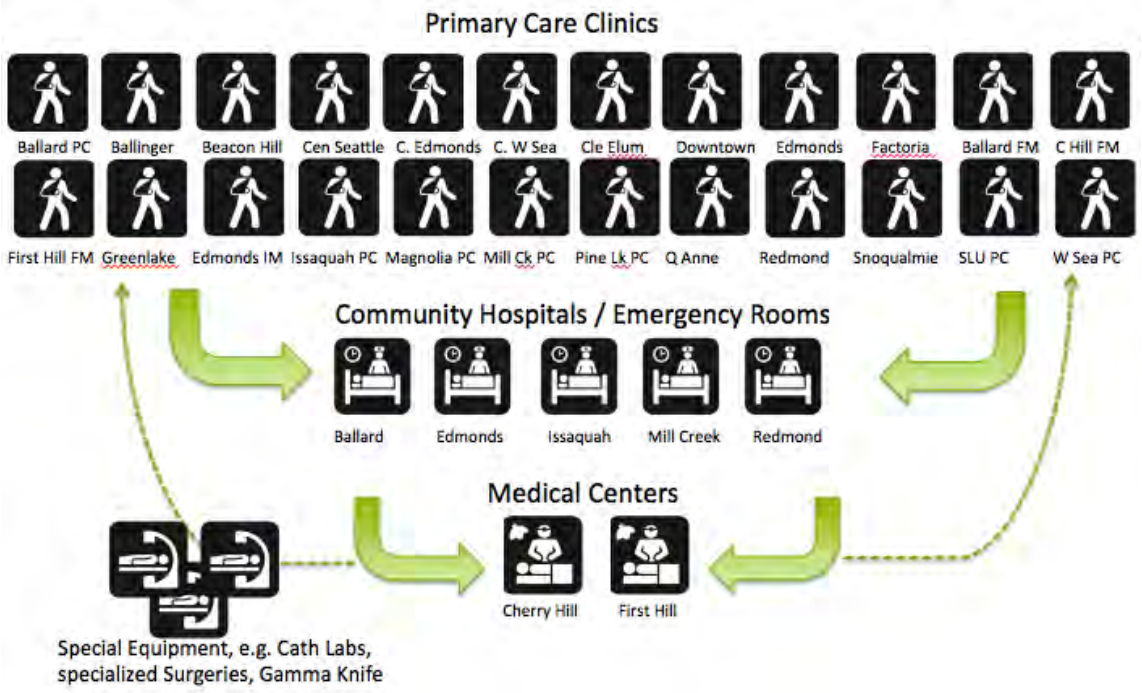
The following list summarizes the major issues facing healthcare providers today and as they look to the future. The ones shown in bold are those that are particularly pertinent to the SMC Cherry Hill MIMP.

- 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**

Integrated Health Systems

The Swedish mission is to improve the health and well being of each person they serve while demonstrating the highest quality and best-value health care. The Swedish integrated system is made up of multiple locations, services and providers that range from health and wellness programs based in the community to acute and intensive hospital services to post-hospital rehabilitation care. Effective integration occurs when systems are coordinated and information flows back and forth, hand-offs are efficient and done well, logjams are removed and care settings are 'right-sized'. The ultimate goal is to improve health and allow successful transition back home.

The following graphic depicts the Swedish system and the relationship between the components. The system's 24 primary care clinics are located in communities throughout Western Washington providing easy access to primary care services. If a patient needs hospitalization or specialized care, they are referred, depending on need, to one of the community hospitals or medical centers in Seattle. A community hospital may refer patients that require specialty care to the appropriate medical center. Once a patient is treated at the hospital or medical center, they are then referred back to their primary care provider for follow-up. This integrated system allows more efficient use of costly equipment and scarce resources such as highly specialized physicians and staff.



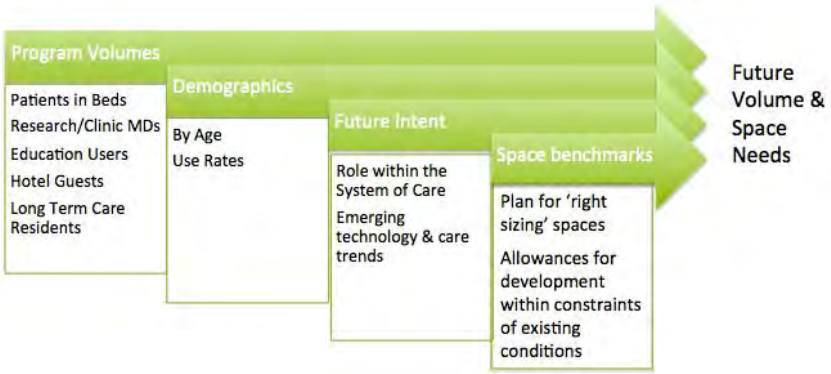
Inpatient and outpatient hospital services, long-term care and community programs are present on the SMC CH campus, allowing smooth transitions and a better patient experience. The long-range plan will enhance and expand programs and services to meet the needs of the community.

Forecast Methodology

The following graphic summarizes the methodology for forecasting volume and space needs. The development and growth of current specialty programs will continue on the Cherry Hill Campus and contribute to future space and facility needs along with building and infrastructure replacement that have outlived their useful lives and are functionally obsolete.

Projections of needs are aligned with major categories of programs present on the Cherry Hill campus that require different types facilities, namely:

- Hospital
- Clinical/Research
- Education
- Hotel
- Long Term Care/Assisted Living/Skilled Nursing
- Other Campus Support



HOSPITAL FORECAST

Population change, service demand, The Affordable Care Act (ACA), and average length of stay all influence hospital and bed forecasts.

Population Change

Specialty services at SMC CH are forecast to draw from a service area that encompasses sixteen Northwest Washington counties. King and Kitsap Counties, the Core Service area contributes over 50% of the volume. The total service area includes more than 5 million residents, of which nearly 13% are over 65. There is predicted to be over 6.5 million by 2040 with 21% of the total population over 65. Projections for the service area are shown in the following table.

Service Area Population Forecasts[6]

Population - all ages	2012	2023	2040	% increase '12 - '23	% increase '12 - '40
King County	1,961,706	2,158,706	2,418,850	10%	23%
Puget Sound Co (exc KC)	1,791,795	2,023,118	2,360,450	13%	32%
Other Mkt Op Counties	1,372,516	1,527,095	1,769,809	11%	29%
Total Mkt Area	5,126,016	5,708,919	6,549,109	11%	28%
Population <65+					
King County	1,735,691	1,818,447	1,941,096	5%	12%
Puget Sound Co (exc KC)	1,565,780	1,682,860	1,882,696	7%	20%
Other Mkt Op Counties	1,151,953	1,206,799	1,363,145	5%	18%
Total Mkt Area	4,453,424	4,708,106	5,186,937	6%	16%
Population 65+					
King County	226,015	340,258	477,754	51%	111%
Puget Sound Co (exc KC)	210,108	338,879	508,601	61%	142%
Other Mkt Op Counties	220,563	320,296	406,664	45%	84%
Total Mkt Area	656,685	999,433	1,393,019	52%	112%
% 65+	13%	18%	21%		

Service Demand

Service demand for the specialty services represent about 13% of the total service area market. With planned recruitment and enhanced services, by 2023, it is expected to represent 18% of the demand. By 2040, the share is projected to be 20%.

Currently about 6% of inpatients in specialty service beds are from outside the service area. As the programs gain expertise and improve outcomes, that number is expected to increase to represent about 13% of the total patients.

Affordable Care Act (ACA)

Impacts from the ACA will likely be far greater in primary care and other outpatient services than inpatient specialty care on the Cherry Hill campus. Inpatient care for 150,000 newly insured in King County will be spread across the 20 or so hospitals in the greater Seattle area. It is also likely that some of those newly insured patients already get hospital care coming through the emergency room as uninsured patients. While the ACA may increase the number of insured, if the newly insured have access to medical care before their issues become serious enough to require hospitalization then one would expect service demand to stay about the same once the big influx of newly insured occurs in the next few years.

[6] Source: State of Washington Office of Financial Management

Average Length of Stay

Once a patient is admitted to a bed at SMC Cherry Hill, on average the stay is 4.8 days before discharge. The forecasts assume this average length of stay remains at 4.8 days over the forecast horizon. This may be a conservative assumption given the increase in 65+ patients and continued shift from the inpatient to outpatient setting may likely result in sicker inpatients, but it is assumed advances in medical protocols and technology will offset these factors.

Bed Need

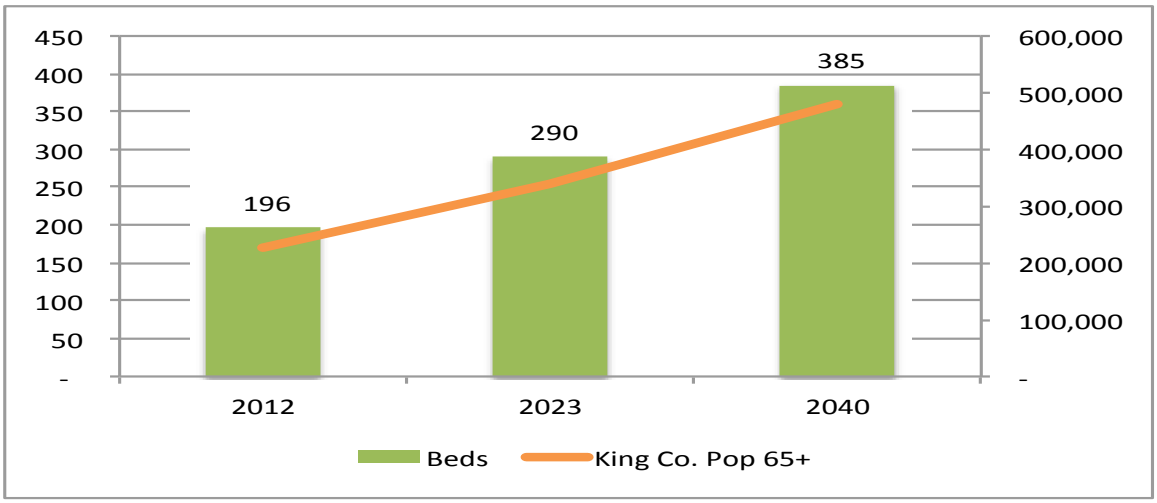
Population growth applied to current service area admits, plus additional admits due to increase in the share of service demand, plus patients that come from outside the service area, plus newly insured ACA patients provides total projected admits. Total admits are multiplied by the average length of stay to arrive at total patient days. Dividing total patient days by 365 gives the average number of beds filled by patients for that year, which is called average daily census (ADC). A hospital requires time to turn over a bed for the next patient and because of the different types of beds patients need (e.g. critical care, acute surgical, acute medical, pediatric, psychiatric, rehab, etc.) there needs to be more beds than the ADC. Therefore, an occupancy rate is applied to ADC to arrive at a bed forecast. As ADC increases, a higher occupancy rate is achievable. The forecast is shown below.

Bed Need

	2012	2023	2040
Population Mkt Growth inpact: ADC			
<65 Pop growth	43	45	50
65+ Pop growth	58	88	123
Total w pop growth	100	133	172
Mkt Share Incr for specialty svcs: ADC	-	36	58
ACA Impact: ADC	-	2.7	-
Total w/ ACA	100	172	230
Inmigration ADC	7	17	36
Total ADC	**107**	**188**	**266**
Occupancy Rate	55%	65%	69%
Beds	**196**	**290**	**385**

This chart shows the bed forecast, along the left axis, compared to the growth in the over 65 population for King County, along the right axis. Not surprisingly, the trends are similar.

Bed Need



Space Needs

SMC Cherry Hill maintains a license with the State Department of Health for 385 beds. Like many hospitals and medical centers around the State, they do not operate to their full licensed capacity, but rather set up and staff their beds based on current demand. The Cherry Hill campus currently has 196 set up and staffed beds. The facilities that house those beds were built in 1960's, 1970's and 1980's. Since then, the amount of square feet per bed in new bed units has increased significantly due to changes in code, shifting from predominately semi-private rooms to all private rooms thereby diminishing cross contamination, accommodating family and visitor space within the patient room, and provisions for technology in the room. As those bed areas reach the end of their useful lives for inpatient care, replacement in new facilities on campus will result in bringing the new hospital spaces up to modern standards.

Identifying and applying an appropriate space benchmark to forecast beds provides hospital space needs. Square feet per bed can vary based on a number of conditions. For example, hospitals that have a number of specialty bed types like SMC Cherry Hill tend to have higher square feet per bed than those with typical medical and surgical beds. Also, when redeveloping facilities on an existing campus where there are a number of constraints such as connecting physically and functionally to older buildings, and constructing facilities on available building sites, which typically creates compromises in efficiency and layout, space per bed tends to be higher. New construction on a 'greenfield' site can be more efficient in square feet per bed because the difficulties of working with an existing campus are lifted.

Recent planning benchmarks were considered in this analysis that ranged from 2,500 to 4,500 building gross square feet[7] (BGSF) per bed. For the reasons stated above, 3,500 BGSF per bed was used in this study.

Hospital Space Needs

	2012 Existing	2023	2040
Beds	196	290	385
BGSF	541,300	1,014,000	1,350,000

[7] Building Gross Square Feet represents all square feet within a building including useable medical and public space, mechanical and electrical needs, internal horizontal and vertical circulation, internal and external wall widths.

CLINICAL AND RESEARCH NEEDS

Physicians providing clinical care and research require facilities to carry out their work. The numbers of physicians needed to support future volumes and program growth are key in forecasting the space needs for this type of facility. Those providing clinical care see patients who are admitted to the hospital and also see patients who come as outpatients to their clinics. Inpatient bed growth, changes in specialty programs, and expanding to meet the needs of the Affordable Care Act (ACA) all influence future clinical and research needs.

Inpatient Bed Growth

Currently there are 164 MDs on campus providing clinical care. They see patients in their clinics as outpatients and when their patients need inpatient care, they admit them to hospital beds. Future growth in inpatient beds is expected to require a proportional number of clinical MDs.

Specialty Programs

Specialty programs affect both clinical and research needs. The Swedish Neurological Institute, the primary specialty program on the campus currently, is poised to enhance their current services and increase their focus on spinal issues. Shifting their focus for new areas of research and accommodating growth in current services due to the significant increases in the elderly who represent the majority of the patients, will increase the need for clinical and research MDs.

Affordable Care Act (ACA)

As stated earlier, impacts from the ACA will likely be far greater in primary care and other outpatient services than inpatient specialty care on the Cherry Hill campus. Opening up access to medical care will create an influx of patients seeking routine medical care. Many of the physicians on the Cherry Hill campus are, and will continue to be primary care practices. Additional MDs will be required to provide care for these newly insured patients.

Clinical and Research MDs

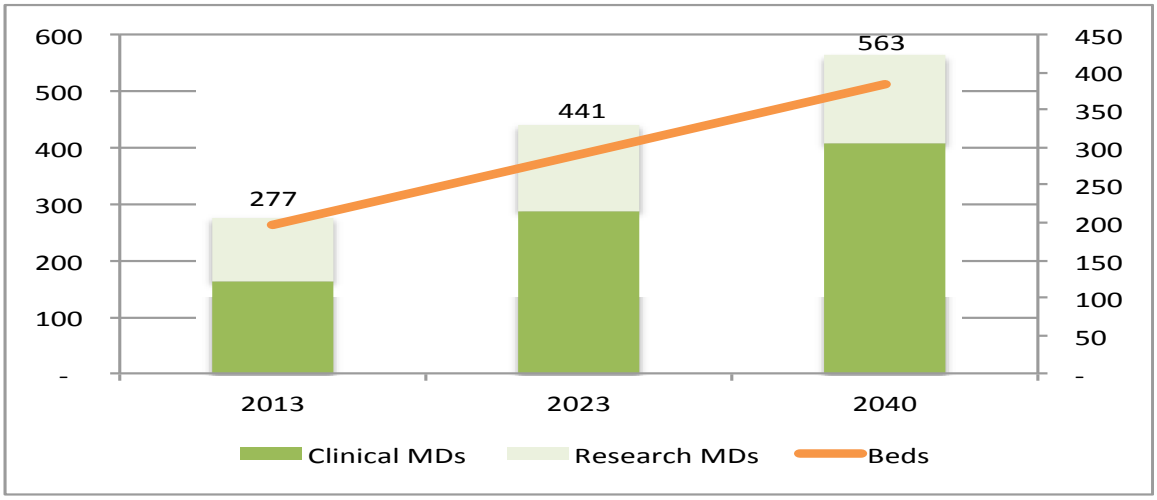
Growth in hospital beds due to changing demographics and continued enhancement of specialty programs coupled with meeting additional clinical care of newly insured as a result of implementing the ACA results in the following physician forecast.

Physician Forecast

	2013	2023	2040
Clinical	164	289	408
Research	113	152	155
Total	**277**	**441**	**563**

The following chart displays the change in the number of physicians (left axis) compared to the forecast beds (right axis) showing how the two relate.

Physician Forecast: Clinical and Research



Space Needs

Clinical and Research physicians require space to do their work. The SMC Cherry Hill campus accommodates many physician practices that provide office and clinic space for the physicians to see their patients. In addition to providing patient care, some physicians do research which require different types of space. Enhancing specialty care programs is anticipated to bring more physicians that do different types of clinical research than currently exists. For example, a greater focus on spine care and research will likely require biomedical research labs using new types of equipment and different types of therapy needed to support it. Because of the evolving research and clinical needs, the exiting building gross square feet (BGSF) per MD of 1,542 is increased to 2,200 for this plan.

Clinical and Research Space Needs

	2012 Existing	2023	2040
MDs	277	441	563
BGSF	427,000	970,000	1,250,000

HOTEL ROOMS

The Inn at Cherry Hill provides 'hotel' rooms for the convenience of inpatients and their families. The Inn offers family members comfortable and reasonably priced accommodations on the Cherry Hill campus so they can be close by to their loved ones while they are treated at the Medical Center. It is also used by patients arriving early for their inpatient stay, as some procedures and admits occur in the early morning. The accommodations, repurposed from former patient rooms, lack the types of space one would expect in a typical hotel. There are currently 29 beds available in mostly semiprivate rooms.

The hotel forecast is primarily influenced by inpatient bed growth since the majority of the users are family members of inpatients. Some beds are used for early arriving inpatients and for outpatients coming from out-of-town for treatment.

Inpatient Bed Growth

Inpatients are forecast to increase significantly in the future. As technology and changing medical practices allow the continued the shift from inpatient to outpatient settings, remaining inpatients are sicker and more fragile. Family members are more likely to choose to be nearby their loved ones for their intensive and shorter hospital stays, so it stands to reason that demand for hotel/Inn beds in will increase along with inpatient bed growth.

In addition, as more and more procedures are performed on an outpatient basis, allowing a place for those outpatients who might be coming from out of town to spend the night before a procedure will likely increase.

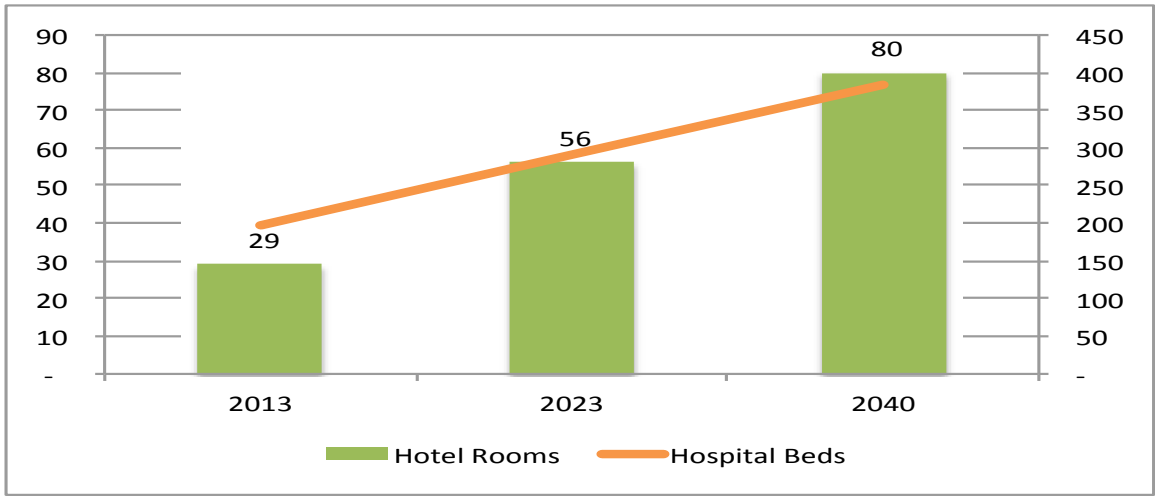
Hotel Room Projections

The hotel bed projections understandably follow the same general increases as the inpatient bed projections.

Hotel Bed Forecasts

	2012	2023	2040
Beds required	29	51	72
Beds for Outpatients		5	8
Total Beds		56	80

Hotel Bed Forecasts Compared to Hospital Bed Change



Space Needs

Because the Inn at Cherry Hill is a converted former hospital bed floor, the current square feet per bed is about half of what would be expected for a hotel. The space benchmark for a modest hotel, as envisioned for the Cherry Hill Campus, is 1,000 Building Gross Square Feet (BGSF) per bed. Space needs are shown in the following table.

Hotel Bed Needs

	2012 Existing	2023	2040
Beds	29	56	80
BGSF	12,500	56,000	80,000

EDUCATION

Education functions are a vital to a medical center. Education activities include staff orientation, in-service continuing education, training on new technology and data/record systems, training in simulation labs where mechanical devises/robots simulate real patient situations, residency programs, medical conferences, “hands-on” type training, Seattle University nursing education space, and education programs for the community. The highly specialized staff and

equipment needed in for staff education requires some education programs to be a centralized resource for the Swedish system.

Education Needs

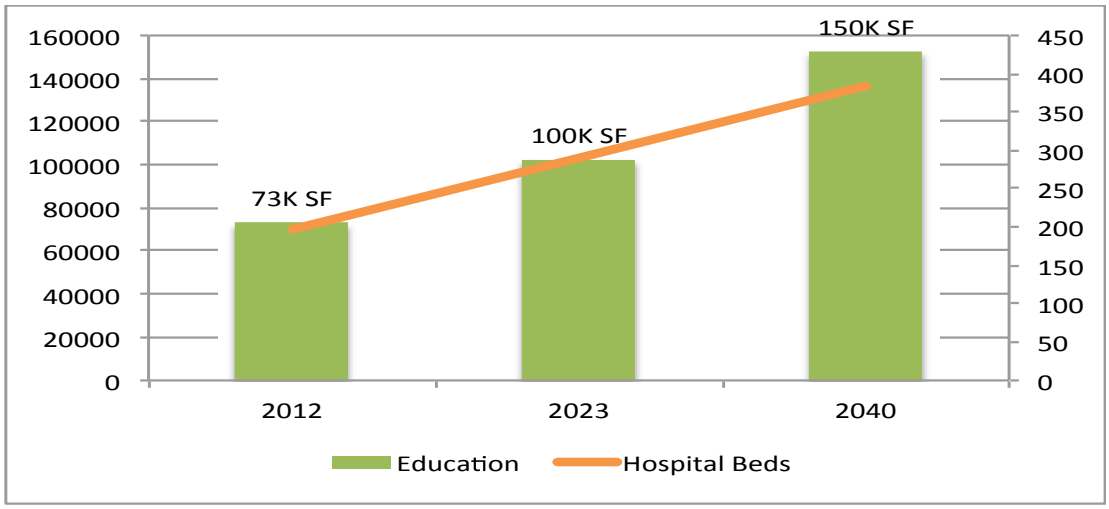
Currently, education space is in short supply. The medical center needs more conference rooms and sim labs to meet demand. The Family Medicine residency clinic and offices are looking for additional space. In three years, a rural training track will be added, but currently there is no location has been identified for that program. There will soon be an accredited neurosurgery residency program that needs space. These needs are shown in the table below.

Education Space Needs (BGSF)

	2012	2023	2040
Education SF	73,000	102,300	152,300
incremental sf for:		29,300	50,000
- continuing medical education		10,000	5,000
- family medicine residency		10,000	5,000
- nursing sim lab		6,300	5,000
- nursing conference rms		3,000	3,000
- classrooms for orientation			12,000
- other (Sea U, Sea Foundation)			20,000

The following graphic shows education space (left axis) compared to hospital bed growth (right axis) since the two are highly correlated.

Education Needs



LONG TERM CARE/ASSISTED LIVING/SKILLED NURSING BEDS

As the demand for acute hospital care increases, having facilities where inpatients can be transferred so they can continue their recovery becomes that much more important. This category of beds provides programs that add to the care continuum. Assisted living is a type of long term care where residents live but can be provided assistance with chore services, meals, medical assistance appropriate to be provided in their home, and assistance with some activities of daily living such as bathing. Skilled nursing is another type of long term care that can be of comparative short duration, such as recovery periods for joint replacement or stoke rehab, or for longer duration where, for example, a patient with severe medical problems or dementia requires around the clock care.

Operational considerations

The need for this category of care is based largely on operational considerations. For example, a 50-bed rehab unit would be a more efficiently sized program for specialized equipment and staff as opposed to a unit half that size.

With the aging population, there will be a greater demand for assisted living facilities. Determining the size of an assisted living facility depends on the pricing and product offerings. For purposes of this study, it is assumed that the total number of long term care beds would top out at 220 given the campus and site.

Long Term Care Needs

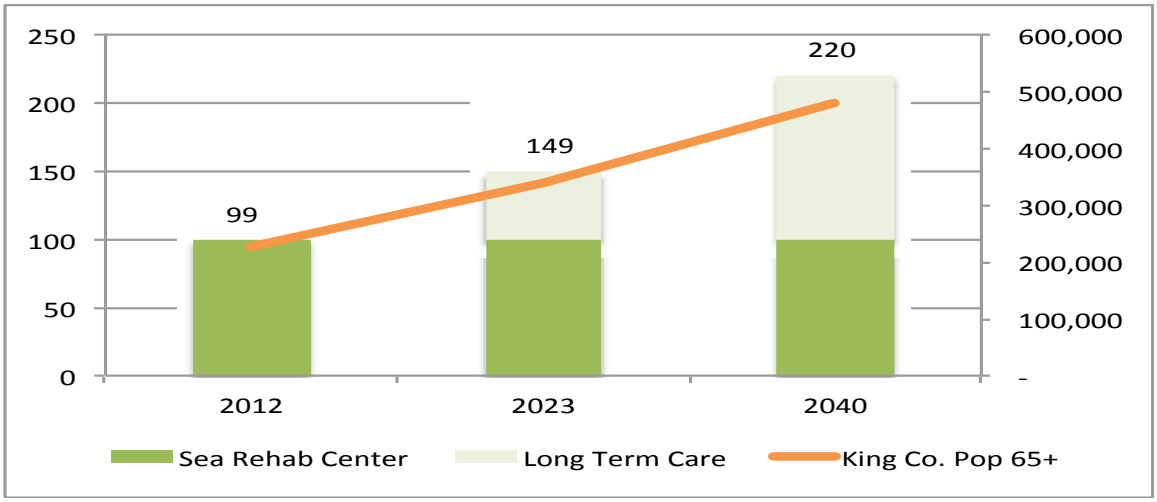
Long Term Care forecast assumes Seattle Rehab Center maintains their existing program of accommodating 99 beds. Additional development on campus is assumed to be a mix of acute rehab and assisted living with size based on operational considerations.

Long Term Care Needs

	2012	2023	2040
Sea Rehab Center	99	99	99
Long Term Care		50	121
Total beds	99	149	220

This graphic shows long term care needs (left axis) compared to the population 65+ change in King County (right axis).

Long Term Care Needs compared to Population 65+



Space Needs

A benchmark of 1,000 Building Gross Square Feet (BGSF) per bed translates long term care/rehab bed needs to space. This is applied only to the SMC portion of the need as the Seattle Rehab Center beds and space (not owned by Swedish) is assumed to stay the same. The benchmark allows not only space for beds, but also, in the case of rebab, space for rehab gyms, offices for staff, and other therapy areas. A 1,500 BGSF benchmark is applied to assisted living facilities in the 2040 timeframe allowing space for modest apartments and amenities typically experienced in an assisted living facility.

Long Term Care Needs

	2012 Existing	2023	2040
Beds	99	149	220
BGSF	43,000	93,000	220,000

SUMMARY OF TOTAL SPACE NEEDS

The following table shows a summary of space needs for all the types of space on the campus.

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	50,000	50,000	50,000
TOTAL	**1,146,800**	**2,311,000**	**3,100,000**

Note: "Other Support" is the Central Plant building, which will remain at its current size.