Facilities Update
May 24, 2016

Citizens’ Standing Advisory Committee
Todd Johnson
Jamie Cheney
Agenda

- Transportation Bicycle/Pedestrian Updates
- Infrastructure Updates
- Strategic Plan Update
- Development Update
Highlights

- Link Light Rail U-Link Results
- 40th Avenue Improvements
  - Metro bus stop shelter
  - Intersection safety improvements
  - Secure bike parking
- 44th Avenue Connection Improvements
- Bike Everywhere Day Celebration
U-Link and Children’s Gold Line Shuttle

- **U-Link**
  - Ridership exceeding expectation
  - Beating 2017 ridership targets
  - Added a third train at peak

- **Children’s Gold Line Shuttle**
  - Exceeding ridership targets
  - 80 more riders per day than the Green Line to downtown (before Link)
Metro Transit Improvements

- All day frequent service to NE Seattle
  - 10-15 minute frequency at peak
- More service on Sand Point Way
  - 65, 75 and 78
- Better, closer bus stops to Link and the Hospital
- Results
  - 40-50 more Children’s riders in AM peak
40th Avenue Transportation Improvements

Metro has proposed installing a bus shelter at new bus stop on 40th Avenue.

Children’s proposing to build new secure bike shelter.

Children’s requesting permission to add safety improvements to 40th Avenue NE and NE 45th Street.
Metro has proposed adding a bus stop shelter

Children’s supports this and has asked Metro for the following:

- A large shelter to accommodate peak loads of waiting passengers (17 ft. long with two benches)
- Locate where bus stop will have good visibility and lighting for safety
- Children’s is interested in adding artwork to shelter
Metro Bus Stop on 40th Ave NE
Goal: Improve safety for all users and improve access for pedestrians

Current conditions:

- Frequent speeding on NE 45th Street
- Uncontrolled intersection
- High percentage of vehicles turning onto 40th Avenue NE
- In March, Metro began operating up to 10 buses per hour on NE 45th Street and most turn onto 40th Avenue
- Intersection is challenging for pedestrians to cross. Recently, a woman was injured when hit by a car turning onto 40th Avenue

Safety improvements to crossings on 45th were high on the list for Livable Streets Initiative but didn’t make it into phase-1
40th Avenue and 45th St Intersection

40th Ave NE & NE 45th St Intersection Improvements

Seattle Children's Hospital
40th Ave Bike Shelter

Conceptual drawing for bike shelter

- Shelter will hold 50 bikes
- Shelter will not displace any vegetation such as existing trees on edge of property
- New screening foliage will be added around structure.
44th Avenue Connector

44th Ave. NE

NE 47th St.
Any path would be constructed to retain the foliage buffer that screens the parking lot and facilities west of 44th Ave. from the residents on 44th Ave.
Bike Everywhere Celebration Station

May 20, 2016
Burke-Gilman Trail, NE Seattle

Presented by Seattle Children's
In partnership with metropolitanmarket
Questions
Infrastructure Updates

Todd Johnson
1. Fuel tank replacement
2. Transformer replacement in new vault
3. Seismic upgrades
4. MRI addition
Strategic Planning at Children’s
Goals and Objectives: System-Wide

- Provide the safest, most effective care possible
- Control and reduce the cost of providing care
- Find cures and educate clinicians and researchers
- Grow responsibly and provide access to every child who needs us

Source: Seattle Children’s Strategic Plan.
Goals and Objectives: Real Estate/Facilities

SAFE & EFFICIENT SPACE
- Consolidate, renovate, and upgrade existing facilities to optimize operational efficiency.
- Replace aging infrastructure that has reached the end of useful life and may pose risks of system failure.

CONTROL & REDUCE SPACE COSTS
- Phase the approach to space consolidation, interior fit-outs, and expansion.
- Identify and select real estate and facilities alternatives to minimize long-term capital costs.
- Invest in infrastructure to reduce long-term operating costs and operate more sustainably.

RESEARCH SPACE
- Expand highly specialized research and lab space that meets growth projections for attracting and retaining leading clinicians, faculty, and researchers.
- Invest in growing clinical trial/immunotherapy manufacturing space (GMP space) to expand programs that lead to cures.

RESPONSIBLE SPACE GROWTH
- Expand to support patient growth projections and provide a bed to every child who needs one.
- Establish new regional facilities to improve access.
- Renovate and repurpose sustainably, where possible, to provide backfill space to grow strategic programs.

Provide the safest, most effective care possible

Find cures and educate clinicians and researchers

Grow responsibly and provide access to every child who needs us
Overview of 2017 – 2021 Strategic Initiatives

**Mission, Vision and Values**

**Growth & Integration**
- Leverage combined strengths of SCRI and SCH, e.g., immunotherapy
- Dedicate resource to coordinate clinical-research integration activities
- Focus growth on selected and prioritized clinical and research areas

**Population Health**
- Move with the market in piloting new care coordination models, population health and value-based contracts
- Deepen our PCP relationships

**Digital Health**
- Deliver SC care to patients virtually and enable self-care
- Enhance the family and physician experience

**Partnerships**
- Partner to deliver select services closer to patients and ensure access to SC for high-end care
- Dedicate resources to manage relationships, ensure SC quality & safety

**Community Health**
- Centralize SC approach to community health
- Transform OBCC into an "innovation center" and "learning lab"
- Invest in Mental & Behavioral Health
2030 Master Plan

Master Plan
600 Beds
2.25m SF
2,875 Cars
Main Campus Planning Process

- **Define Goals**
  - Program Needs
  - Project Timeline

- **Assess Current State**
  - Department Tours
  - Space Analysis
  - Infrastructure Analysis

- **Visioning with Leadership**
  - Report Findings
  - Confirm Direction
  - Strategic Plan Alignment

- **Create and Assess Master Plan Options**
  - Study multiple master plan scenarios to understand phasing realities and overall cost and benefit for operations and facilities

- **Visioning with Clinical Users**
  - Integrated Design Event to brainstorm ideal departmental flows and look for operational synergies

- **Begin Immediate Work and Plan Long Term Work**
  - Project-by-project scope definition and phasing to match with Master Plan assessment

- **Prepare Final Report**
  - Prepare Master Plan Document for approval and to verify priorities with Finance Committee

**Timeline:**
- 2012
- 2013
- 2014 - 2016
Campus Needs

- **Cancer and Blood Disorders Center**
  - Clarity of Entry, Arrival and Identity
  - Daylighting
  - Variety of Private and Open Infusion Bays for Patient and Family
  - Views of Outdoors and Nature
  - Connection to Inpatient Hematology Oncology Unit

- **Rehab / OT/PT**
  - Daylighting Opportunities in Treatment Areas
  - Convenient Access to Entry
  - Proximity to Parking
  - Access to Rehab Inpatient Unit and/or Ortho Clinic
  - Adjacency to Inpatient and Outpatient Services
  - Flexibility and Team Building
  - Some Proximity to Staff Entry
  - "New Breakthrough Work Space Design"

- **Faculty Work Space**
  - Proximity to Parking
  - Access to Rehab Inpatient Unit and/or Ortho Clinic
  - Adjacency to Inpatient and Outpatient Services
  - Flexibility and Team Building
  - Some Proximity to Staff Entry
  - "New Breakthrough Work Space Design"

- **PACU / Recovery**
  - Create Efficiency, Flexibility and Collaboration
  - Proximity to Sedation Sites
  - Location: Near Other Family Amenity Programs and Easy to Locate

- **Hybrid Cath Lab**
  - Flexibility with Imaging Preparation/Recovery
  - Regional Growth Strategy

- **Support Services**
  - Medical Records etc.
  - Pharmacy
  - Clarity of Entry and Arrival
  - Adjacency to Operating Rooms and Recovery
  - Flexibility with Infusion

- **Day Surgery / GI Procedure**
  - Flexibility with Imaging Preparation/Recovery
  - Regional Growth Strategy

- **Family Services**
  - Access to Rehab Inpatient Unit and/or Ortho Clinic
  - Adjacency to Inpatient and Outpatient Services
  - Flexibility and Team Building
  - Some Proximity to Staff Entry
  - "New Breakthrough Work Space Design"

- **Research Integration**
  - Flexibility and Team Building
  - "New Breakthrough Work Space Design"

- **Clinics**
  - Dental Clinic
  - Ophthalmology
  - Easy Access, Clarity of Entry
  - Meet capacity for Certificate of Need

- **Simulation**
  - Flexibility in Clinic Configuration

- **Clinical Laboratory**
  - Flexibility in Clinic Configuration

- **Dialysis**
  - Medical Records etc.
  - Pharmacy
  - Clarity of Entry and Arrival
  - Adjacency to Operating Rooms and Recovery
  - Flexibility with Infusion
The Drivers for Space Growth

• With growth in patient visits, clinical laboratory volumes have increased every year since 1989 when the lab opened in its current location. Lab test menu has grown from 943 to 1869. Staff has risen from 90 to 179. The lab no longer has enough space, power, or chilled water to support growth.

• Operating Rooms are utilized well above 90%, with the peer-benchmarked ideal at approximately 80%. OR’s are small in size for the complex cases performed in them.

• Cancer patient volumes are growing and we expect more even patients due to advancements in immunotherapy treatments. We are out of capacity to treat patients in the Hem/Onc Clinic

• We have seen year over year growth in Faculty/Physicians and now have no office space to support them.
## Master Plan Option Overview

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
<th>Option 5</th>
<th>Option 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab in Current Location</td>
<td>Lab in Ocean A5</td>
<td>Lab in River B/C2</td>
<td>Lab in South Addition</td>
<td>Lab in West Addition</td>
<td>Lab in North Addition</td>
</tr>
</tbody>
</table>

![Map of Options](image-url)
2030 Master Plan

Master Plan
600 Beds
2.25m SF
2,875 Cars
Proposed Solution: Forest B

Forest B Phase I
Main Campus – Forest B
## Approved MIMP Schedule

<table>
<thead>
<tr>
<th>Construction Timeline*</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3A &amp; 3B</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3rd Qtr 2010 - 4th Qtr 2012</td>
<td>4th Qtr 2013 - 4th Qtr 2016</td>
<td>(3A) 2nd Qtr 2017 - 4th Qtr 2019 (3B) 1st Qtr 2022 - 4th Qtr 2024</td>
<td>2nd Qtr 2025 - 4th Qtr 2027</td>
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<tr>
<td>Building Square Footage</td>
<td>592,000 GSF</td>
<td>177,000 GSF</td>
<td>592,000 GSF</td>
<td>65,000 GSF (plus 54,000 GSF from current MIMP)</td>
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<tr>
<td>Existing Campus Demolition Square Footage</td>
<td>0 GSF</td>
<td>65,000 GSF (D Wing 47,000) (F Wing 18,000)</td>
<td>136,000 GSF (Train 3B)</td>
<td>0 GSF (Giraffe Garage demolition 728 stalls and 126 surface stalls)</td>
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<tr>
<td>Parking Spaces Added</td>
<td>300 surface stalls on campus</td>
<td>1,100 spaces Southwest Garage</td>
<td>0 spaces</td>
<td>1,392 spaces North Garage expansion</td>
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<tr>
<td>Total Parking Spaces (cumulative)</td>
<td>1,762 spaces</td>
<td>2,562 spaces</td>
<td>2,562 spaces</td>
<td>3,100 spaces (includes spaces previously targeted for Hartmann)</td>
</tr>
<tr>
<td>Total Campus Square Footage (cumulative)</td>
<td>1,492,000 GSF</td>
<td>1,604,000 GSF</td>
<td>2,080,000 GSF</td>
<td>2,125,000 GSF</td>
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* Demolition, excavation, shoring and building exterior envelope construction comprises 60% to 70% of the construction timeline duration for each phase.
Proposed Project Schedule

FOREST B - Preliminary Schedule*
May 8, 2016

<table>
<thead>
<tr>
<th>Phase</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>Launch Phase**</td>
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<tr>
<td>Initiate &amp; Organize Phase</td>
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<td>Conceptual Design &amp; Programming</td>
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<td>Master Use Permit (MUP) &amp; EIS Addendum</td>
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<tr>
<td>Phased Design &amp; Building Permit Process</td>
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<td>Excavation, Grading, Foundation Design</td>
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<tr>
<td>Excavation, Grading, Foundation Permit</td>
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<td>Core &amp; Shell Design</td>
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<tr>
<td>Core &amp; Shell Permit</td>
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<tr>
<td>Tenant Improvement Design</td>
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<td>Tenant Improvement Permit</td>
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<td>Construction</td>
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<tr>
<td>Commissioning</td>
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<tr>
<td>Clean and Outfit (FF&amp;E &amp; IT)</td>
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<tr>
<td>Operational Readiness Planning</td>
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<tr>
<td>Train Staff and Move In</td>
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</table>

* Assumes alignment with MIMP EIS and approval of an option submitted
** Assumes Business Case complete with Board Strategic Plan approval
Next Steps

• Board Approval
• SAC Series
  • MIMP Refresher
  • Design Guidelines Review, Preview of Preliminary Design
  • Review Program Need, Tours of Existing Facilities
  • Review Construction Management Plan
  • Synthesize Input
OBJECTIVES

PURPOSE AND INTENT
WHO ARE THE MAJOR INSTITUTIONS?
CAC VS SAC
WHAT DOES THE MIMP DO?
SAC RESPONSIBILITIES
CITY DEPARTMENT ROLES
PURPOSE AND INTENT (SMC 23.69.002)

Including, but not limited to:

A. Permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion;

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;

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;
13 MAJOR INSTITUTIONS

Group Health  
Harborview Medical Center  
North Seattle College  
Northwest Hospital and Medical Center  
Seattle Central College  
Seattle Children’s  
Seattle Pacific University  
Seattle University  
South Seattle College  
Swedish Medical Center Cherry Hill Campus  
Swedish Medical Center First Hill Campus  
University of Washington  
Virginia Mason Medical Center
CITIZENS ADVISORY COMMITTEE (CAC) vs. STANDING ADVISORY COMMITTEE (SAC)

**CAC**

It is formed as part of the process of preparing a master plan.

The City Council officially appoints the CAC.

The CAC may recommend changes to the plan or possible mitigation of impacts to maintain the health and livability of the surrounding communities.

Duration of approx. 2 years

**SAC**

The role of the SAC is to monitor compliance with the provisions of the adopted master plan.

The SAC meets as needed, but no less than annually.
WHAT DOES THE MIMP DO?

The intent of the **Major Institution Master Plan** shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.

1. **Identifies a boundary (Major Institution Overlay District) within which the revised rules applies; and**

2. Identifies the specific rules that will apply to development within this boundary.
Approved MIO boundary

MIMP Page 12
WHAT DOES THE MIMP DO?

The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.

1. Identifies a boundary (Major Institution Overlay District) within which the revised rules applies; and

2. Identifies the specific rules that will apply to development within this boundary.
DEVELOPMENT STANDARDS (SMC 23.69.20)

A. Major Institution uses shall be subject to the development standards for institutions of the underlying zone in which they are located, except for the dispersion requirements of the underlying zoning for institutions.

B. Development standards for Major Institution uses within the Major Institution Overlay District, except the provisions of Chapter 23.52, may be modified through adoption of a Major Institution Master Plan according to the provisions established in Subchapter VI, Part 2 of this chapter.

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.

D. The demolition of structures containing residential uses which are not Major Institution uses shall be prohibited if the demolition is intended to provide a parking lot or structure to accommodate nonrequired parking or to reduce a parking deficit.
<table>
<thead>
<tr>
<th>Sustainability and Environmental Stewardship</th>
<th>Setbacks Between Structures</th>
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</thead>
<tbody>
<tr>
<td>Structure Setbacks</td>
<td>Preservation of Historic Structures</td>
</tr>
<tr>
<td>Height</td>
<td>View Corridors</td>
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<tr>
<td>Lot Coverage</td>
<td>Pedestrian Circulation</td>
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<tr>
<td>Landscaping</td>
<td>Density/FAR</td>
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<tr>
<td>Open Space</td>
<td>Light and Glare</td>
</tr>
<tr>
<td>Height and Scale Transition</td>
<td>Design Guidelines</td>
</tr>
<tr>
<td>Width and Depth Limits</td>
<td>Applicable Development Standards</td>
</tr>
</tbody>
</table>
SAC RESPONSIBILITIES

1. Review an annual report from the institution on its development;

2. Review and comment on progress under the transportation management plan;

3. Review requests for amendments to the plan and recommend whether the amendment is a major or minor issue and any conditions that should be attached to the granting of an amendment; and

4. Provide comments on any project developed under the provisions of the adopted plan that requires a Master Use Permit (MUP), supplemental environmental review or is subject to any conditional use.
CITY DEPARTMENT ROLES

DEPARTMENT OF NEIGHBORHOODS (DON)

Provides all staff support to the Advisory Committee: assists with scheduling and conducting its meetings, including the preparation of all agendas and meeting summaries.

Assists the Committee in preparing its various reports to the Institution, SDCI, the City of Seattle Hearing Examiner, and City Council.

SEATTLE DEPARTMENT OF CONSTRUCTION & INSPECTIONS (SDCI)

Provides technical advice to the Advisory Committee on code related issues.

Prepares the formal City of Seattle staff recommendation to the Hearing Examiner and City Council.
QUESTIONS

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