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Seattle Children's
HOSPITAL · RESEARCH · FOUNDATION

MEMBERS

Janice Camp
Kim Dales
Theresa Doherty
Shelley Hartnett
Cary Lassen
Richard Loo – *Vice-chair*
Bob Lucas
Myriam Muller
Judith Nielson
Wendy Paul
Josephine Pompey
Dolores Prichard
Gina Trask
Karen Wolf - *Chair*
John Ellis - *Alternate*
Adam Vraves - *Alternate*
Sarah Swanberg - *Alternate*

Ex-Officio Members

Maureen Sheehan,
Department of Neighborhoods
Todd Johnson,
Seattle Children's
Colin Vasquez,
Seattle Department of Constructions &
Inspections

**Seattle Children's
Standing Advisory Committee (SAC)**

Meeting Minutes

Meeting #16

October 18, 2016

Adopted November 17, 2017

Seattle Children's
4800 Sand Point Way NE – Auditorium
Seattle, WA 98105

Members and Alternates Present

Janice Camp	Bob Lucas	Dolores Prichard
Kim Dales	Myriam Muller	Gina Trask
Shelley Hartnett	Judith Nielson	Karen Wolf
Cary Lassen	Wendy Paul	Adam Vraves (Alt)
Richard Loo	Josephine Pompey	Sarah Swanberg (Alt)

Staff and Others Present

Maureen Sheehan	City of Seattle, DON
Colin Vasquez	City of Seattle, SDCI
Todd Johnson	Seattle Children's, Facilities & Supply Chain
Jamey Cheney	Seattle Children's, Transportation & Sustainability

I. Opening and Introductions

Ms. Karen Wolf opened the meeting. Brief introductions followed.

II. Housekeeping

The committee voted and adopted Meeting minutes #15 from May 24, 2016.

III. Five-year Strategic Plan

Mr. Todd Johnson announced that Children's President, Ms. Lisa Brandenburg had decided to leave at the end of September. She was instrumental in the Bellevue facility as well as Building Hope at Children's campus.

Mr. Johnson noted that Children's is well set for the future and he will briefly summarize the current strategic plan as well as upcoming facilities project. Children's brought Boston Consulting group to help craft a new five year plan that ended in 2015. The plan focused on providing care to all who need it, and in order to achieve that, Children's hired new physicians, support staff and opened satellite clinics such as the Bellevue facility.

The new strategic plan covers ten major initiatives: clinical capabilities, community health, digital health, growth, partnerships, population health; and the four strategic enablers: team of the future, improvement and innovation, information and data, and facilities expansion.

Through clinical capabilities, Children's is set to continue to plant what is already growing including immunotherapy and neuroscience that will continue to attract

patients and families from the region and beyond. Community health is done in a limited way, but will be expanded significantly. Children's is currently behind in the area of digital health, such as digital health records, and wants to establish better digital relationships to distance partners through telemedicine.

Children's has a research institution in downtown Seattle that celebrated its 10 year anniversary. The institution is growing significantly and would want to expand and be further integrated with the hospital. When the research institution moved to downtown Seattle in 2006, the functionality became weaker and it is Children's goal to re-establish that functionality.

Partnerships with primary care has been the practice of Children's and the medical landscape in general. Population health is Children's desire and ambition with the goal to take care kids from before birth up until they are 21 years of age whether they are well or very sick. Most children who receive care in this facility are very sick and the new strategy will be to care for children in partnership with primary care.

Children's is planning to hire 350 new staff, mainly new nurses to take care of the kids at the facility; improvement in innovation as well as information and data gathering as well as expanding facilities to support the work are essential to Children's strategy.

Mr. Johnson discussed the upcoming offsite facilities. They met with the Board of Finance committee on September 21st and they approved all of the facilities projects. One of these projects is the Seattle Children's North Clinic. The site is being prepared at the Providence/Everett campus. Children's has had a 17-year relationship with Providence and it is fitting that a multi-specialty clinic be built at their campus that will include an urgent and sub-specialty care. This new clinic is scheduled to open in 2018. He told this Committee in the past about Children's goal to move some of the care off of this campus and into the communities such as the Bellevue and Federal Way facilities. The North Clinic will be the third major offsite facility.

Ms. Wolf asked if there are beds at these facilities or are they for outpatients only. Mr. Johnson responded that there is no overnight care in these facilities; they all have urgent care. The Bellevue facility operates a sleep disorder center and they have beds for overnight diagnostic care. All of the inpatient care is located in the main campus. A follow up question was asked if any of the plans for these expanded clinics will include beds. Mr. Johnson noted none of the plans today will include offsite beds.

Ms. Kim Dales asked if the Bellevue facility is the only location that has an offsite day surgery. Mr. Johnson noted that there is an ambulatory surgery center in Bellevue that currently has three operating rooms. The North Clinic will not have this function.

Mr. Johnson noted that they did market studies to see what the demand would be and determined that the North region is very well served by Providence Everett, and similar in the South region by Mary Bridge and St. Francis. It is difficult to efficiently staff the offsite clinics 30 miles away, so it makes more sense for the kids to come to the main campus where the support care is readily available.

Ms. Josephine Pompey asked how families that are living below the median income and children that are below the poverty line being served in the south end area. Mr. Johnson mentioned that he will have more information during the presentation on this issue.

Mr. Bob Lucas asked if these facilities do not accommodate patients overnight, does Children's partner with local hospitals in the area or do these patients needs to be transferred to the main campus. Mr. Johnson noted that it is a combination of both. Children's has had a partnership with Providence for 17 years and one of the reason that the North Clinic will be located on their campus is to explore other partnership opportunities with their facility and other locations. He mentioned that Children's could work with their operating rooms in the future, but not at the current state.

Mr. Johnson talked about Building Cure. It is a 560,000 sq. ft. laboratory building located in downtown Seattle. It is a \$300 million dollar building, and the largest building built by Children's. It will house the manufacturing practice that prepares immunotherapy infusion for children. He noted that Children's is expected to submit the MUP at the end of this year and plans to open the building in 2020.

Mr. Johnson brought up Odessa Brown Children's Clinic 2.0 in response to Ms. Pompey's inquiry. Odessa Brown is the primary clinic at 23rd and Yesler and it has been in the Central District for 40 years. He mentioned that the

demographics of the Central District have changed tremendously and will continue to change. The population the clinic served has moved further south.

He showed a map that identified the neighborhood's income level, schools, available community care facilities and easy access to the Light Rail and bus transits, that Children's is using to find a new location. Children's spent a lot of time in the Rainier Beach area looking for a suitable location and will keep looking for site area that can accommodate Children's short and long term needs.

The new Odessa Brown Clinic will be an exciting project that will be an important community hub. It could have a lot of community partners and services for women, infants, and children, as well as programs for new mothers. This will depend on the new location. Boston Consulting is providing assistance with this. The new clinic is expected to open in 2020 or sooner if a new site is secured and identified.

Ms. Pompey asked that since there is a large immigration population in this area would Children's be working with them and providing them with translation services. Mr. Johnson commented that they will be working with them and the entire community.

A question was asked if Children's intent to keep the present Odessa Brown clinic. Mr. Johnson commented that the current facility is about 28,000 sq. ft. that was built in phases in 70's and late 80's. Children's and Country Doctor, Carolyn Downs Neighborhood Clinic have both owned the facility and it has significant reverence for the site. He noted that Children's has not determined what will happen with the current facility and it will all depend on where the new site location will be.

A question was asked if Children's has done an analysis of what percentage of patients currently seen at the main hospital will now be served by the North Clinic or it is an entirely new market. Mr. Johnson commented that they have analyzed through zip codes who is coming to the main campus and from where and if through referrals. The strategy is different in the north and in the south area. In the south, Children's is competing with Mary Bridge and in the north, Children's has a lot of market share and would like to maintain that and serve them better.

Currently in the north, Children's has two small clinics and opening a large clinic will have more specialist and consistent service. The Odessa Brown facility is not able to take care for everyone who needs medical services due to its size. The new Odessa Brown Clinic will double the service. He also added that medically complex children are still coming to the main campus, but there are challenges getting to the main campus by public transportation, so Children's is looking at programs for transportation to that facility.

A question was asked as Children's expand, is there data that shows that 25% of patients from the north end will now come to the North Clinic facility. Mr. Johnson mentioned that they have looked at it before when the Bellevue Clinic opened. They saw a small drop of patients visiting the main campus that came from the east side, but the volume began to increase because of regional growth. He added that kids that need more complex diagnostics will still need to come to the main campus.

IV. Preview of Forest B development

In 2009, a planning group composed of physicians, administrators, parents, families and community members gathered together and established guiding principles. These principles have stayed with Children's in every project in providing spaces for care, outcomes to attract the best providers that are economical and also follow the MIMP.

Children's continues to use these guiding principles as a road map in proposing a new facility. After Building Hope (Forest A) was completed in 2012, Children's started to explore other parts of the campus, its existing buildings and tried to identify any vacancies and how to fill these. Children's brought in ZGF architects to do a mid-campus master plan.

ZGF along with Children's toured and walked around campus, interviewed staff, looked at all the systems, and communicated with executives to confirm their long-term direction. This led to a series of scenarios and identified a number of immediate needs. Children's has identified and proposed how to fix them. Children's is currently preparing to gain approval for the immediate needs under the plan.

The immediate needs are; a clinical laboratory, cancer and blood disorder centers and the operating room and support services. The clinical lab is essential since it is big and it required special services, and the risk of moving the lab off campus and transferring the specimens is very high, as well as the financial cost. Children's went through an

exercise to identify where the laboratory might fit within the new and existing buildings. There were numerous criteria that were used to evaluate where the lab could be and recommended to have the new clinical laboratory located in the west addition. It is the most cost effective plan and in keeping with the MIMP. He showed a diagram of the 2030 Master Plan that shows the location of next addition to the main campus, Forest B. The hospital design is typically divided into sections: ambulatory, clinics/outpatient services, diagnostics, and shared services. He added Children's will have an opportunity to improve parking and traffic circulation in this area.

Children's is proposing to construct Forest B, an approximately 300,000 sq. ft. building, the same size as Forest A. It will have 241 parking stalls underground and will contain building support and mechanical areas as well as support services. The public lobby will have the radiology/imaging service for the emergency department and the inpatient tower. The clinical lab will potentially be located on two floors. At some point, the inpatient pharmacy will be moved to this new building. There will be support services for the new operating rooms and intensive care units at the 5th floor, and more operating rooms at the 6th floor. There will be more clinics, the cancer care and infusion center on the 7th and 8th floors.

The 7th floor will link to the main campus where the bulk of the patient family services are located, and physicians and faculty space will mainly occupy the 9th and 10th floors of the new building.

Ms. Cary Lassen asked if a traffic analysis has been done from the entrance at 40th. Mr. Johnson noted that they will update the EIS and will do a traffic analysis. He mentioned that Transpo group will do the traffic studies and provide recommendations. Ms. Lassen added that potential traffic congestion at the parking garage and the surrounding area need to be looked at, and Mr. Johnson commented that it is Children's intention to look at this critical issue.

Ms. Wolf inquired if Children's intends to build on the existing helipad and what will be the net increase in surface parking. Mr. Johnson mentioned that there are about 135 parking stalls on the surface and he estimated that they may lose two-thirds of them.

A question was raised if day surgery will be performed at this building and will this be the permanent and final location of the heliport. Mr. Johnson commented that at the middle campus where the mountain zone is located, there are currently 14 operating rooms, 2 cardiac labs and radiology, and they intend to move the high intensity operating room to Forest B. They will then renovate the vacated building and turn it into a day surgery center with separate flows. Mr. Johnson mentioned that during construction of Forest B, an interim temporary roof top will be constructed on Forest A for the helistop.

A question was asked about a potential helicopter noise. Mr. Johnson mentioned that he does not have the data currently, but will analyze it.

A question was raised on how traffic will be routed out of Sand Point Way and 45th. Mr. Johnson commented that he will have a better answer once the traffic analysis and studies are completed.

Ms. Kim Dales asked if there is a dedicated elevator that will be serving the roof. Mr. Johnson noted that there are three service elevators and four public elevators, and each elevators are separated by flows. The service elevators are activated by a badge and two of these go to the roof. They will know when the helicopter lands and have the incoming patients proceed to the appropriate location. They are currently using this method with success.

Mr. Johnson showed a chart that summarized the square foot coverage at different stages as was approved under the MIMP. He also showed a schedule for Forest B. He noted that the schedule is subject to change. The project is currently in the initiating and organizing phase and will confirm and seek the architectural design team, MUP, and EIS dates soon. The planned construction is set to begin in early 2018 and a potential move in of 2020.

Ms. Pompey asked if the office building across 70th and Sand Point Way will be primarily medical/clinical and support services building or will they be moving. Mr. Johnson mentioned that the 70th and Sand Point Way building is a 100,000 sq. ft. building that currently has information services, data center, day care, marketing, communication and other support services, and it has been outgrown. Children's currently has two floors occupying the Roosevelt Commons in the U-District. He noted that they may locate services in the downtown Seattle area, and the support services at the 70th and Sand Point Way building may change overtime.

Mr. Johnson briefly talked about the Hartman Building on Sand Point Way that Children's has owned for a decade and it houses some clinical functions and are about to add additional function such as the diabetes center. He noted that a new diabetes diagnosis takes two to three days at the hospital and this center will create a teaching facility for kids and families. It will also house the endocrinology.

Mr. Johnson noted that under the Major Institutions Code the institution is only allowed to occupy buildings within 2,500 feet of the Major Institution Overlay District (MIO) if they have no uses at street level and if the total square footage is kept below 25,000 square feet. Children's does have offices at the Springbrook building including the pre-natal program, adolescent medicine, international program, and the strategic planning group. Mr. Johnson added that these uses are well within the thresholds specified in the code.

A question was raised if the Children's shuttle travels from the light rail station to the main hospital. Mr. Johnson mentioned that the gold line shuttle service travels from the light rail station to the hospital. There are also several buses in Bay 3 of the station that serve the surrounding areas during peak hours.

A question was raised if there is any data that shows if traffic travelling to the hospital has decreased because of the light rail. Ms. Jamey Cheney of Children's Transportation mentioned that light rail has been very successful. There has been a tremendous growth in the shuttle ridership as well as a decrease in the drive alone rate.

She added that the shuttle service from light rail runs every 15 minutes during A.M and P.M peak hours and about every 20 minutes during off peak and the Metro buses runs very frequently during the day.

A question was raised about the increase in traffic along NE 40th. Mr. Johnson commented that they are currently working with SDOT to implement some traffic calming at the intersection of 40th and 45th and there are two initiatives that SDOT will be implementing. Mr. Scott Osterhage, project manager for Forest B, commented that having painted crosswalks, curb extensions, or an island at the center of 40th and radar signs are some of the traffic calming methods that could be used.

A comment was made that the traffic light turns too quick along the crosswalk at Sand Point Way. Mr. Osterhage mentioned that an experimental radar sensor was installed at the 40th and Sand Point Way intersection to control the traffic light when pedestrians are at the intersection. It has not been activated by SDOT as it requires further study and analysis regarding its functionality. Mr. Johnson added that SDOT is aware of the issue.

V. Review of SAC Roles & Responsibilities

Ms. Sheehan reviewed the roles and responsibilities of the Committee as they begin to review the proposed Forest B project. One of the responsibilities is to review the annual report that Children's provides as well as making comments on any development on the Children's campus. New development under the Master Plan triggers the application for the Master Use Permit (MUP) that will be submitted around April of 2017. It is ideal for the Committee to review the documents prior to the MUP submittal. There is a tentative meeting schedule in place to complete this review and comment. The meetings dates may change as new information about the development is announced.

Ms. Sheehan mentioned that at the upcoming meetings, the Committee will discuss and go over the MIMP conditions specific to the Forest B project, the design guidelines, and construction management plans. The Committee will have the opportunity in these meetings to ask questions, give feedback and draft comments for the MUP application. Additional meetings may be necessary if the Committee feels that they need to review and gather more information.

Mr. Johnson added that it is an ambitious schedule, and the need to introduce these architects is important. He noted that the Committee may have seen the work product of these architects in previous projects.

Mr. Richard Loo commented that the early design guidelines should have already taken place before submitting the MUP. Mr. Johnson commented that they already went through the design guidelines early in the process and they will just bring it back in the discussion before they can submit the MUP.

Ms. Sheehan commented as this Committee moves forward in the upcoming meetings, to keep in mind and focus on Forest B building development. It will be up to Ms. Wolf and Mr. Loo as the chair and co-chair of the Committee to keep the Committee on task. She reminded the committee to focus on the design of the building itself and not the hospital's needs, but how the new building will be interacting with the streets and their surrounding neighborhood.

A comment was made about what to do if a City department, SDOT, does not respond to numerous letters or request about the safety and crosswalk issue. Ms. Sheehan mentioned that the Committee can draft a letter and send to SDOT or contact one of their representative to come to the meetings.

Ms. Cheney mentioned that her team has had conversation with SDOT about the street and crosswalk issue, and SDOT responded and acknowledged that there is an equipment malfunction, and the next step is to identify the next step and available technology to resolve that issue.

Mr. Johnson informed the Committee that they always gets a response from SDOT, and they will keep on pressing SDOT about the traffic and safety issues around the hospital campus.

VI. Review Major Institution Master Plan

Mr. Johnson noted the MIMP was approved by the Seattle City Council in April 2010, and involved members of the community, the design team and the City of Seattle. Ms. Sheehan sent out links to the library of information about the MIMP, annual reports and the design guidelines.

He asked the Committee members to review the document and acknowledged the realities of the designs have changed as well as the phases, but it is the intention of Children's to conform to the guidelines of the MIMP. He mentioned that Children's can seek to deviate from the plan, which is unlikely. To do so requires a major or minor amendment, and a major amendment requires starting the process all over again.

He also mentioned the Council's MIMP conditions that deal with the height, bulk, scale, setbacks, open space, transportation issues, drive alone SOV goals, the construction management plan as well as finances. He added that Children's has satisfied some of conditions and others needs to be refreshed as the project moves into the second phase. He will keep the Committee updated on other proposed projects

VII. Public Comment

Ms. Wolf opened the floor for public comments.

(Editor's Note: The comment(s) shown below are summaries of statements provided. They are not transcriptions and have been shortened and edited to include the major points raised. Full comments are retained in the files in voice recording (.mp3) form)

Comments from Ms. Colleen McAleer: Ms. McAleer from the Laurelhurst Community Club (LCC) commented that LCC has met and have had great relationship with Children's. They acknowledged that they like Children's development and expansion of the outside and satellite clinics as well as providing green surfaces for the children on campus.

Their main concern was since the phasing has been accelerated and is closer to the residential areas in the neighborhood rather than to Sand Point Way that was outlined in the original Master Plan, the development has been brought much closer to 40th Ave NE. The concern is about the amount of traffic on 40th Ave. If another building is built there, parking as well as traffic congestion along a small street will be a problem, and this is something that the transportation study needs to address.

They agree that the new facility is great, but it will take the surrounding neighborhood and Children's to come up with some creative solutions to solve the traffic and congestion problems created by new facility.

VIII. Committee Deliberation

Ms. Wolf opened the discussion for committee deliberation, and asked the Committee if there are any other information they would like for Ms. Sheehan or Mr. Johnson to bring at their next meeting.

Mr. Johnson mentioned that he will bring the traffic studies as well as invite the consultants that did the study so they can talk directly to the Committee.

Mr. Vasquez commented about the design guidelines and suggested the committee look at three or four guidelines that are important to them, and be prepared to discuss them at the next meeting. He suggested to try to look for common themes when they begin their discussion at the next meeting. If they have any questions or concerns about the design review process, they can contact him and it is also available online.

Mr. Johnson suggested committee members take a walk and tour around campus since the new facility will use the same set of design guidelines that was used in Forest A.

Ms. Gina Trask commented about a focus of traffic in the design guidelines especially the increase in the shuttle. She noted that she witnessed several times almost a potential accident situation when a shuttle turns left at Mary Gates Way. Mr. Johnson will note that in the design guidelines.

A question was asked if SDOT will be invited in the next meeting. Mr. Johnson commented that he does not know if the next meeting is the right venue for SDOT to do make a presentation. They will invite SDOT when there is a traffic study to be discussed. He added that they will spend more time discussing any transportation issues in the upcoming meetings.

A question was raised about if the EIS will be modified. Mr. Vasquez commented that other environmental documents or any addendum to the EIS is project specific and any new discussion about the EIS will happen sometime in the January or February of next year, and this will provide an outline on what will be considered. Mr. Johnson added that their intent is to use the same firm that did the first EIS since they are familiar with the building and the process, but it will take some time to collect the information.

A comment was made about the noise the helicopter makes and if this will be addressed in the EIS.

Mr. Johnson asked if there are any concerns about the meeting room. A comment was made that he prefers the other meeting room. Another comment was made that it would be more effective to have the Committee members see each other. A comment was made about some challenges if they are viewing multiple slide presentation.

Mr. Johnson commented that he will look for another location for the next meeting. He added that this auditorium is best suited if the meeting attracts a bigger crowd.

Ms. Wolf added if they could have a standing microphone for the public to make comments.

IX. Adjournment and scheduling of next meeting

No further business being before the Committee, the meeting was adjourned. The next planned meeting is scheduled for November 17.