



City of Seattle
 Seattle Department of Neighborhoods
 Bernie Matsuno, Director

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

DRAFT Meeting Notes

Meeting #1

December 13, 2012

Swedish Medical Center
 Swedish Education & Conference Center
 550 17th Avenue
 First Floor - James Tower

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

Committee Members

Eric J. Oliner
 Najwa Alsheikh
 Cynthia Andrews
 Laurel Spelman
 Dylan Glosecki
 Jamile Mack
 Mark Tilbe
 Joy Jacobson
 Andrew Coates
 Michelle Sadlier
 J. Elliot Smith
 Patrick Carter

Committee Alternates

Maja Hadlock
 Nicholas Richter
 David Letrondo

Ex-officio Members

Steve Sheppard
Department of Neighborhoods
 Stephanie Haines
*Department of Planning and
 Development*
 Marcia Peterson
*Swedish Medical Center
 Management*

Members and Alternates Present

Najwa Alsheikh	Cynthia Andrews	Laurel Spelman
Jamile Mack	Mark Tilbe	Joy Jacobson
J. Elliot Smith	Maja Hadlock	Nicholas Richter
David Letrondo	Dylan Glosecki	

Staff and Others Present

Steve Sheppard, DON	Stephanie Haines, DPD	Marcia Peterson, SMC
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See sign-in sheet

I. Welcome and Introductions and Brief Discussion of the Process

The meeting was opened by Steve Sheppard. Introductions followed with committee members providing brief backgrounds and identifying where they lived in the community.

Mr. Sheppard briefly outlined the steps in the process. (See attachment 1) and stated that this is the start of what usually is a two year process that will culminate with the adoption of a new Major Institution Master Plan for the Swedish Cherry Hill Campus. There will be approximately 20 meetings each of which will include a public comment period. There are a few areas the Code limits somewhat the scope of comment. This primarily relates to the determination of need for expansion of the institution. The Current Major Institutions Master Plan for the Swedish Cherry Hill Campus expired in August 2011 so a new plan is now required.

II. Welcoming Remarks by Swedish Medical Center C

Marcia Peterson, SMC Ex-officio member of the Committee was introduced to lead off opening remarks. Ms Peterson stated the Swedish Medical Center has significant plans to create a world- neurosciences facility here which will tremendously impact the space needs. Ms Pederson noted that SMC will not present a concept plan at this meeting and instead will provide background on those factors driving our current visions. She noted that there is a great deal of uncertainty in the health care field today. Those factors that affect the SMC visions and projections of future needs include:

1. Aging population,
2. Changes in technology,
3. Newly insured - affordable care act; and
4. Pressure on costs.



Heidi Aylsworth, Vice President Performance Improvement & Strategic Development was recognized. Ms. Aylsworth noted that role within the organization is managing the financial turnaround of the organization. She noted that the financial impacts of the health care reform and other factors led to losses in operations. From January through April 2012 SMC lost \$34 million. SMC responded with staff reductions and other efforts to contain cost. Ms Aylsworth briefly went over some of these efforts.

Marcel Loh, Chief Executive of Swedish Suburban Hospitals and Affiliations, formerly Chief Executive of Swedish Cherry Hill Campus was introduced. Mr. Loh thanked the Committee on member's willingness to serve. He noted that Swedish as an organization is 102 years old. It was founded by Dr. Nils Johanson who emigrated from Sweden. He found that the existing health care facilities didn't meet his standards for sterile technique in the operating room and infection control, so he and 10 other Swedish immigrants pooled their money and bought a 24-bed hospital not too far from our First Hill Campus. Today, Swedish is a not for profit charitable organization which means in the health care sector every dollar of profit is reinvested back into providing care and service to the community

Swedish grew rapidly and over time absorbed other nearby hospitals such as Doctors and Cabrini. This consolidation of the various hospitals on First Hill resulted in the establishment of Swedish as a predominant metro urban hospital drawing patients both from the immediate community and broader region. Seattle Providence Medical Center was founded about the same time as Swedish and the two competed for almost 100 years. In 2000, Swedish acquired Providence Seattle Medical Center and it became part of Swedish. Swedish immediately began an intensive and deliberate process to determine how best to integrate these two high end tertiary quaternary services that are less than a mile apart.

Providence had operated their facility as a general purpose hospital with a major focus on cardiac care. While some of the infrastructure was dated most accommodated high quality cardiac patients well. Swedish decided to continue to provide cardiac care at this facility and upgrade to accommodate other high-end activities as well. SMC moved the Swedish Heart Medical Institute to this campus and made major investments into the operating rooms. SMC carefully evaluated other major needs and after going through another very deliberate business planning process determined that the Cherry Hill campus would also be home to the Swedish Neuro Science Institute. So this campus is now a high-end specialty campus within our broader system. The Cherry Hill Campus included High end neuro sciences, adult heart and vascular services rehab services, a sleep institute, and behavioral health inpatient psychiatry.

SMC also looked at how general services were provided to the community. Many patients and community members want to use Swedish services without necessarily going to downtown Seattle. SMC has the two downtown high end tertiary quaternary campuses, First Hill and Cherry Hill, but we also have 3 community hospitals; Ballard, Stevens in Edmonds and our new hospital in Issaquah. Swedish now operates as a hub and spoke system, with a robust community presence the community hospital who then refers to the two First Hill facilities for services we don't provide in those communities. This reduces duplication of very expensive facilities and services. SMC does not duplicate high end cardiac surgery in our community hospitals but for those things like births, babies, we're delivering babies at every campus because that's part of the community fabric that we need to be doing

III. Committee Questions and Comments/Public Comments and Questions and Answers

Steve Sheppard opened the meeting to questions from the Committee.

Members noted that they had heard that Providence and Swedish Medical Center were now affiliated and asked for clarification on that and particularly how the Catholic philosophies and SMC's matched. Mr. Loh responded that Swedish is still its own entity. Everything that was Swedish yesterday's still in Swedish today. The governing boards merged with 5 members of the Swedish board moving up to the Providence system board which is responsible for financial decisions. There's one fiduciary board and then at the Swedish level there's a community board that is delegated a certain responsibilities for quality and safety, patient satisfaction all of those things that are not necessarily financial in nature but are very important to the care we provide. There's one management structure. Swedish is still Swedish but we're part of the Providence system. Since both systems are not for profit, no money changed hands with this affiliation.

Members asked for clarification on the role of Sabey Corporation and asked for details on which portions of the Campus are owned by SMC and by Sabey. Mr. Loh responded that he could provide a specific map later. He noted that in 2002 SMC sold 40% of the campus, it was parking garage, some of the medical office buildings and the 1910 building. He noted that Sabey also owns the property on the east side of 18th Avenue

IV. Brief Presentation of EIS Process

Stephaney Haines was introduced to discuss the Environmental Assessment process. Ms. Haines provided a handout of SEPA requirements. This process will require development of a full Environmental Impact Statement to look at the environmental consequences of the overall plan. EIS will look at the effects over time of the build out of that Master Plan. She briefly went over the steps in the process. The first step will be to determine the scope of the evaluation. This involves looking at options to be studied and determining the range of issues to be evaluated such as earth which is soils, slope stability, the geotechnical aspects, air quality, any affects with water, in this case storm water and drainage, plants and animals. The evaluation will also look at the built environment such s as: land use; environmental health such as noise, risk of explosion etc., transportation and public services and utilities. Those will be concerns and we will be asking questions and trying to gather info from all of you about especially the transportation.

V. Committee Questions and Comments/Public Comments and Questions and Answers

Comment of Bob Cooper – Mr. Cooper sated that he was the Vice-Chair of the previous Community Advisory Committee under the former Master Plan and was involved in this process when Sabey rehabbed the 1910 building, then they sent out a flyer all over the place saying, He stated tht some of his major concerns were traffic impacts and the possible expansion of the MIO boundaries. He noted that Sabey owns the east side of 18th but has also purchased some properties beyond the borders of the current campus along 19th. Some might conclude that this represents bad faith with previous agreements not to expand SMC development east of the current MIO boundary. He asked for clarifications concerning these purchases and whether the master plan will bind both the medical center and Sabey, or whoever a future development partner might be. He stated that he considers to involvement of Sabey as a flaw in the City’s Major Institution Master Plan process. The ordinance as written did not anticipating the kind of development relationships. He stated that he has little confidence that the code effectively addresses this type of relationship.

He noted that there was an appeal of the previous land use decision that that if dropped might build trust and good faith. Mr. Cooper stated tht he understood that there had been two previous meetings and asked for information concerning what was done at those meetings.

Staff Responses to the Comments of Bob Cooper –Steve Sheppard responded that the Code allows that up to two orientation meetings may be held prior to the start of the formal process, were committee members just introduce themselves, the Institution thank them for agreeing to be on the Committee. No substantive business may occur. These are not substantive meetings and therefore notes aren’t taken. These meetings were held late may and early June.

Mr. Sheppard also noted that Sabey, or any other land owner within the campus boundary can develop to the height or uses allowed under the plan, but only under certain limited circumstances. The underlying zoning survives the adoption of the plan and any developer may build to that level. If they wanted to build something that took advantage of the height, bulk and scale of the Major Institutions Plan, they would have to show the building was functionally related to and supportive of the hospital. Eileen DeArmon stated that the appeal had been dropped.

Comment of Vicky Schianterelli – Ms. Schianterelli noted for the record that she has asked to receive all correspondence between the CAC and Sabey or SMC. Steve Sheppard responded tht Ms. Shianterelli and Mr. Cooper will be provided with all

VI. Adjournment

No further business being before the Committee the meeting was adjourned.

Attachment 1: Major Institutions Planning Process Handout

MAJOR INSTITUTION PLANNING PROCESS

- Step 1.** The Institution files a notice of intent to prepare a master plan with the Director of the Department of Planning and Development (DPD).
- Step 2.** The City through the Department of Neighborhoods (DON) forms a Major Institution Master Plan Citizen's Advisory Committee (CAC). The steps in this process are:
 - a. DON mails to those surrounding the Institution to solicit volunteers to serve on the committee.
 - b. Once volunteer applications are received, DON and the Institution jointly interview members, discuss them and then the Institution forwards a list of suggested members to the Director of DON.
 - c. The Director of DON reviews the list of potential members, makes any changes the Director believes are necessary and forwards a list of suggested members to the Seattle City Council through a Memorandum of Agreement (MOA) between the Institution and City outlining the process.
 - d. The City Council approves the composition of the committee through the MOA by resolution.
- Step 3.** The CAC meets to review the Initial Concept Plan provided by the Institution, and if there is one, the Environmental Checklist, and the proposed Master Plan schedule.
- Step 4.** The Institution prepares a Preliminary Draft Master Plan and the Institution or DPD, whichever is the lead agency, prepares a Preliminary Draft EIS.
- Step 5.** The CAC receives briefings from the Institution and DPD on the Preliminary Draft Master Plan and EIS and prepares formal comments on these to the Institution and DPD.
- Step 6.** After receipt of comments from Step 5 above, the Institution and DPD revise the Preliminary Draft Master Plan and EIS and publish the Draft Master Plan and EIS.
- Step 7.** DPD, the Institution, and the CAC hold a public hearing on the Draft Master Plan and Draft EIS.
- Step 8.** Based in part on information received at the public hearing, the CAC submits comments on the Draft Master Plan and if an EIS is required, on the Draft EIS.
- Step 9.** The Institution prepares the Final Master Plan and DPD a Preliminary Final EIS.
- Step 10.** The CAC prepares comments on the Preliminary Final EIS and forwards these to DPD.
- Step 11.** DPD revises the Preliminary Final EIS and publishes the Final EIS. Note that there is no Preliminary Final Master Plan or review of such.
- Step 12.** DPD prepares a draft report on the application for a Master Plan and submits the Draft Director's Report to the CAC and the Institution for their review.
- Step 13.** The CAC submits comments to the Director on the Draft Director's Report.
- Step 14.** The CAC prepares a written report on the Master Plan including, its recommendations, public comments received, issues which the CAC believes were inadequately addressed in the Final Master Plan and EIS and any conditions that the CAC suggest be applied to adoption of the Master Plan.
- Step 15.** After reviewing the comments from the CAC, DPD prepares a Final Director's Report which addresses each of the issues in the Advisory Committee's comments on the Draft Director's Report. In addition, on those issues where the Director's recommendation differs from the Advisory Committee's recommendations, the Director must include explanation of the difference, and forwards this report to the CAC and the Hearing Examiner.
- Step 16.** Within two (2) weeks after receipt of the Final Director's Report, the CAC produces the Final Report of the Advisory Committee. This report also includes comments on the Final Director's Report.
- Step 17.** The Hearing Examiner holds a hearing on the proposed plan during which the CAC is expected to present its finding and recommendations as included in its Final Report.
- Step 18.** The Hearing Examiner forwards a recommendation to the City Council on the proposed Master Plan which includes: 1) the Hearing Examiner's recommendation, 2) the proposed Master Plan and Environmental documentation, 3) the Advisory Committee's Final Report, and 4) the report and recommendation of the Director of DPD.
- Step 19.** The City Council shall review and consider the Hearing Examiner's recommendation, makes any changes, or imposes any conditions the Council feels are needed and adopts the Master Plan by Ordinance.