



City of Seattle  
 Seattle Department of Neighborhoods  
 Bernie Matsuno, Director

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

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**Committee Members**

Najwa Alsheikh, Chair

Patrick Carter

Andrew Coates

Dylan Glosecki

Maja Hadlock

Joy Jacobson

Eric J. Oliner

J. Elliot Smith

Laurel Spelman

Mark Tilbe

Jamile Mack

*Swedish Medical Center Non-management Representative*

Nicholas Richter

**Committee Alternates**

David Letrondo

**Ex-officio Members**

**Steve Sheppard**

*Department of Neighborhoods*

**Stephanie Haines**

*Department of Planning and Development*

**Marcia Peterson**

*Swedish Medical Center Management*

**Cristina Van**

**Valkenburgh**  
*Seattle Department of Transportation*

**Meeting Notes**

**Meeting #6**

**June 20, 2013**

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

**Members and Alternates Present**

Najwa Alsheikh	Eric Oliner	Patrick Carter
Elliot Smith	David Letrondo	Andrew Coates
Dylan Glosecki	Joy Jacobson	

**Members and Alternates Absent**

Jamile Mack	Laurel Spelman	Mark Tilbe
Nicholas Richter		

**Staff and Others Present**

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

**I. Welcome and Introductions**

The meeting was opened by Najwa Alsheikh. Brief introductions followed. Ms. Alsheikh mentioned that several members were unable to attend the meeting and urged members to make every effort to attend. Ms. Alsheikh announced that the election of the co-chair position that was vacated by Cynthia Andrews will be discussed at the next meeting.

**II. Housekeeping**

The meeting agenda was approved and the minutes for all past meetings were reviewed and approved without substantive changes. Steve Sheppard noted that the Department of Neighborhoods is in the process to soliciting and evaluation volunteers to fill vacant positions on the Committee. The Department is presently interviewing persons who have volunteered. Fifteen volunteered and only about four can be appointed. All persons being interviewed are near neighbors to the institution. Interviews will be completed in the next couple of weeks.

Appointments will be made by the Director of the Department of Neighborhoods.

### III. SMC Cherry Hill Assessment of Needs

#### Presentation of Dr. Robert Lewis

Dr. Raymond Lewis, physician, Senior Vice President and Chief Operating Officer of the Swedish Medical Center Cherry Hill Campus introduced himself to the Committee. Dr. Lewis mentioned that he has been a long time resident of the Cherry Hill neighborhood and summarized his personal history along with his active involvement with the neighborhood. He reiterated that his goal is to clarify and answer any questions concerning SMC needs and future vision. Dr. Lewis noted that SMC recognizes that this process will be difficult and we may not agree on all topics. He noted it is his assumption that all parties are committed to finding equitable solutions.

Dr. Lewis summarized the range of serviced currently available at SMC Cherry Hill and the ownership and use of buildings on campus. Not all of the buildings on campus are owned by Swedish Medical Center. Several are owned and operated by Sabey Corporation which is the development partner of Swedish Medical Center. Sabey owns and operates the James and Jefferson Towers.

Dr. Lewis Then discussed those factors driving SMC's projections for future growth and needs. He noted that the aging population is the single largest driver of the campus needs. The campus is currently focused on providing medical services to those with chronic and acute illnesses. The prevalence of these conditions is projected to continue to rise as the population continues to age. The second driver is the Affordable Health Care Act. There are an additional 450,000 people that will become insured in Washington as of January 1<sup>st</sup>, 2014; about 150,000 of these in King County, with a significant number is in the Seattle and immediate Seattle area. These newly insured individuals will increase demand significantly.

Swedish Cherry Hill will focus on four growth major service areas: 1) Neuroscience Institute; 2) Heart & Vascular Institute; 3) Post-acute care; and 4) Primary care.

The Neuroscience Institute was started here in 2005 in response to rapid changes in treatment to cerebral vascular disease. The Institute has attracted an outstanding team from across the country and is growing rapidly. It is running out of space. SMC's goal is to make this one of top 5 centers such centers in the country, where stroke sufferers can be transported immediately to receive clot busing medication etc. This type of service can literally be the difference between life and death or long periods of disability vs. returning home in a couple of days.

The Neuroscience Institute also contains the Multiple Sclerosis Center. Multiple sclerosis; it is growing rapidly and it strikes those in the Northwest more than any other area in country. The Multiple Sclerosis Center has been recognized as one the leaders in the country both in research and application of services. There has been a 48% increase in patient care visits since 2011. That is over 10,000 visits. The hospital is committed to taking care of patients regardless of their ability to pay.

The Heart & Vascular Institute have seen rapid development and an increase in cardiac services. It is the region's leading cardiovascular center. Demand for these services is also anticipated to continue to increase as the population ages

Post-Acute care – what happens to patients after they have had a stroke or a significant surgery? The campus currently has an In-patient rehab services; it is the longest running in-patient rehab services in the area. There is a need to expand these services for potential long term care, skilled nursing facilities that will allow doctors to take care and follow the patients as they go back to their former or new life that requires training or work.

Primary care – There are about 450,000 coming on board will be introduced to primary care. Swedish is committed to recruiting family medicine, internal medicine, pediatrics and OBGYN to our medical group. Our residency programs is the largest family medicine residency programs in the country. There are about 22 residency programs that go to primary care per year. There is a rapid growth throughout the years thus training and recruiting is a high priority.

Partnership is very important and critical in growing the services within the campus. The partnerships with clinical and non-clinical services have been a trend all throughout the country. Swedish Medical Group is in the business to take care of the patients and not necessarily running business operations; thus our partnership with Sabey Corporation is our local version of what is going on across the country.

Dr. Lewis provided a summary recap of what buildings Swedish currently uses and mentioned that all of the buildings are very integral to the success and growth of Swedish.

#### Committee and Public Questions and Answers

Dr. Lewis then opened the floor to questions.

#### **Do other Swedish sites have plans for growth?**

Yes, other SMC campuses are also planning for growth. Swedish just built a brand new campus in Issaquah that has been open for 20 months. It approved a rebuild of an emergency services/office space at the Edmonds campus; and at the First Hill campus; the First Hill building/campus was rebuilt.

#### **How are non-Swedish facilities (Sabey owned and the Northwest Kidney Center) integrated and what role will they play?**

Dr. Lewis provided floor by floor examples to summarized uses within the buildings. He noted that a great deal of space in many of the buildings not owned by SMC are occupied by the Swedish Medical Group in the spaces rented from Sabey. This arrangement frees up capital to invest on other items like purchasing equipment and hiring more staff.

#### **What is the partnership between Sabey and Swedish; and what percentage of this campus is does Sabey own?**

Dr. Lewis responded that 40% of the total space is owned by Sabey but SMC rents back about 60% of that space. SMC owns the remainder outright.

#### IV. Presentation on Concept Plan Alternatives

##### Presentation of David Chamness

David Chamness from Callison Architects was recognized to present the various alternatives contained in the Concept Plan. Mr. Chamness stated that the various alternatives are designed to meet the vision and needs for the SMC Cherry Hill Campus over the next 30-40 years as described by Dr. Lewis. The Concept Plan looks at how the current campus operates, its medical trends of patient care.

There are two main components driving the concept plan alternatives – hospital and clinical research space. Currently, the area of the hospital is around a net of 366,000 square feet. It is anticipated that this will increase by an additional 984,000 square feet. Clinical space is currently 430,000 square feet and it similarly anticipates it to increase to about 870,000 square feet. Other space needs include education programs, currently it is at 52,000 square feet anticipated to grow to 68,000 square feet and the hotel which currently has 20 rooms and is anticipated to grow to around 80 long term care/skilled nursing beds.

Mr. Chamness stated that there are 7 alternatives evaluated, each intended to meet the overall space needs of Swedish Medical Center. He outlined them as follows:

(Editor's note: Mr. Chamness referred to illustrations during this presentation.)

**No action** – no expansion, no growth, it is the status quo – 1.2 million square feet

Continued in the EIS as the mandatory no action alternative

**Alternate 1A** –No boundary expansion - no change in allowed MIO heights, but maximize development within the existing MIO districts. Maximum achievable development or 2.1 million square feet,

Not advance as it does not meet the identified need of 3.0 million square feet. Not advanced

**Alternative 2a** -Compressed growth – Generally staying within the existing MIO boundaries, but with significant increases in MIO heights with the greatest heights concentrating to the west. Maximum achievable development 3.1 million square feet.

**Alternative 2b** Minimal boundary Expansion with Street Vacations. Generally stays within the existing MIO boundaries, vacating 16<sup>th</sup> and 18<sup>th</sup> Avenues and thus allowing reductions of heights in various locations Maximum achievable development 3.1 million square feet.

**Alternate 3** - De-compressed growth – Includes both the vacation of 16<sup>th</sup> and 18<sup>th</sup> Avenues and various boundary expansions north, south and east of the existing campus. This alternative achieves 3.2 mil sq. ft. with heights less than the concentrated growth alternatives over much of the campus.

**Alternate 4** - Compressed Growth with use of the Spencer technology and DSHS sites. This alternative achieves the needed 3.1 million square feet and allows some reductions in proposed increased heights.

**Alternative 5** - Compressed growth with the vacation of 16<sup>th</sup> Avenue only - 16<sup>th</sup> Avenue would be vacated but remain partially open to provide some connections to the hospital and maintain the pedestrian and bicycle connections. This will maintain north/south connection to the campus. This alternative provides 3.2 million square feet.

**Alternative 6** –compressed growth emphasis on the west reducing further the level of development on the remaining half block along the east side of 18<sup>th</sup> Avenue. This alternative provides about 3.0 million square feet.

#### Committee and Public Questions and Answers

##### **Are there options that would reduce requested MIO heights further?**

It is always a possibility. But would need further study concerning use adjacencies and other relationship within the campus.

##### **How did you get stuck on the 3.2 million square feet? Are there alternatives that might meet immediate 20 year needs without so great projected growth or height increases?**

The 3.2 million Square feet is a soft figure. The Design team is a looking at the alternatives that could work. It is understood that the final alternative will have to reasonably blend in with the neighborhood.

##### **Is garage space included in the alternatives and if so where will the garage space be?**

We will look at the neighborhood and study the current pattern to determine how many cars for the buildup for growth. This will include the creation a transportation management plan and determination of parking needs. He noted that most parking will be provided with each new development project. Much of it will be underground

#### **V. Public Comments**

##### Direct Public Comment

**Comments of Bob Cooper** – Mr. Cooper noted that DSHS site goes in and out of the projections for the compressed alternatives. It seems like it goes in and out just slightly missed the 3.2 and I would like it to be considered. He noted that his greatest concern is whether the need for development is adequately justified. SMC has discussed how the Affordable Care Act will make increase demand but did not consider possible decreases in utilization with the promotion of wellness model. Try to drive health care out of hospital centers and I don't see it considered in this process. He noted that in articles that he has reviewed polls of hospital administration showed that 42% of respondents stated that they had curtailed expansion plans due to the provisions of the Affordable Health Care Act. Appropriate institutional growths within the boundaries provide immediate public benefit to the neighborhood. I would like to have the Committee focus on the constraint/compressed alternative that may take some of the northern properties DSHS and Spencer technology and not grow beyond these boundaries.

**Comments of Chris Lemoine** – Mr. Lemoine stated that he didn't want to see a fortress Swedish – I'd like to have street vacations, needs to be open, and more

conversations on how the public will travel through. Public spaces, civic spaces, interaction opportunities, people and communities can travel through the open space. These considerations appear to be absent from this discussion

**Comments of Frank Krogger.** – Mr. Krogger requested for the inclusion for the maps, put in street names so that it is easy to understand.

**Comments of Vicky Schianterelli.** – Ms Schianterelli noted that the depiction of the properties along 19<sup>th</sup> and directly adjacent to the 18<sup>th</sup>, are misrepresented. There are a number of properties not shown, and it gives a visual illusion about sufficient distance between the homes and the proposed development. There are a number of cottages that are in the backyard of these houses. In some cases these are rented and other they are extensions of the homes that are grandfathered in based on where it is built in and it is very close to the property line. As currently depicted these diagrams understates to potential impact. They should be changed to accurately reflect the current development.

My concerns are the outgrowth piece. She stated that some of her neighbors have informed her that the Sabey Corporation has approached them to purchase their homes. If the ultimate plan is for full acquisition of this area, this should be stated upfront. She noted that Children's did but compensated residents with extraordinary purchase prices. If purchases do occur a similar effort should be required.

**Comments of Ms. Flynn** – Ms. Flynn expressed concern over the diagrams and noted that they appeared confusing. The vantage point is always from an aerial view from the west that does not show the relationship to the adjacent single family areas to the east. This understated the impact. Why would you want to grow this campus? You wanted to grow a hotel and take our houses? You want to take away our houses so people from out of town can stay at a hotel? Your footprint is huge. Why does it have to be up on the side? Just go up, up, up.

**Comments of Laurie Lucky.** – Ms. Lucky noted that she has lived in area for a long time. She observed that she had survived the unrest of the 60's and drug epidemic in the neighborhood and the crack epidemic of the 80's and 90's. Looking at what is being proposed by SMC today, I am not sure which will prove to have been worse, the problems of the past, or today's corporate attack on our neighborhood by Swedish. It is horrible having Swedish, as a corporate body thinks it can come in to our neighborhood and vacates these streets, and put out more buildings and have nothing to do with the surrounding single family neighborhood. I've been a patient of Swedish. I like Swedish because I like working with real doctors who practice medicine not as faculty members. Still if this model represents the hospitals future as a research facility. I would rather have it disappear completely, and use Harborview, than see this disrupt the vitality of this neighborhood.

**Comments of Jerry Matsui** – Mr. Matsui noted that he lives on 19<sup>th</sup> Avenue for his entire life. He noted that in the alternatives it does not appear that much consideration is being given to redeveloping the current parking garage site. That site is located adjacent to other institutional uses. Major development there would have less effect on the surrounding residential areas. Removing this site from drives the tendency to overbuild elsewhere. He noted that even at 40 feet development



height, the impact on properties on the west side of 19<sup>th</sup> is unacceptably dramatic. He also noted that all along 18<sup>th</sup> avenue, there is a geological problem because of the hydrology. Nobody is considering the geological concerns that may result in underground flooding. He further noted that this is a low-density residential neighborhood and the community has gone to great efforts to preserve this character.

**Comments of Able Bradshaw**– Ms. Bradshaw noted that she is long term resident of the neighborhood adjacent to a 50 ft. building. SMC continues to open their presentations with presentation of how great their services are and implies that neighbors’ concerns are irrelevant. Please stop this. I don’t want to give up my house to get health care here in Seattle. I assume that there will be very long construction, and I live next to the building being constructed, what is the projected construction time? What do I have to expect as a neighbor. I am furious that have to be here. SMC appears to have no empathy for the effects of this massive development on the people who live in their houses and this neighborhood.

**Comments of an undisclosed individual** – the commenter noted that it appeared to him that it was possible to build over parking facilities.

Responses to issues during the public comment period

**Concerning alternatives with less than 3 million square feet of development** - David Chamness noted that there is an effort to push higher development to the west. He also noted that Alternative 1A did consider a total development of less than 3 million square feet of development. It was evaluated but as it does not meet the overall need as outlined by Dr. Lewis, it was removed from consideration.

**Concerning purchases of property near the MIO boundary** - There was a brief discussion of how the code affected SMC purchases near its MIO boundary. Many noted that there had been restrictions on purchase or leases within about 2500 feet of the boundary in the past and asked if this still was the case. Steve Sheppard noted that this restriction was eliminated in about 1996 to allow the institution to buy property anywhere in town including adjacent to or near their boundary. However, unless it was incorporated into the MIO boundary it could only be used in accordance with its zoning.

**Concerning the effect of Health Care Reform** - Marcia Peterson noted that SMC has spent the last seven years expanding in remote locations. The new facilities are being constructed in recognition that the care model is moving towards ambulatory and out-patient services close to home. However the higher end functions need to be centralized. SMC is looking at this carefully and it is possible that there might be a slight overall decline in inpatient admissions. However, experts project this decline will be least in this area.

**Concerning Sabey purchase of homes in the areas** - Eileen DeArmon from Sabey Corporation noted that Sabey Corporation owns two houses on 19<sup>th</sup> avenue and north of Spencer Technologies. These were purchased 2006. Ms. DeArmon emphasized that Sabey is content to be a residential landlord. It made sense to invest in this community. If an individual is not interested in selling, Sabey will not pursue purchase.

## VI. SEIS Scoping

Stephanie Haines noted that the comment period for EIS scoping had passed and briefly outlined the elements of the environment that would be covered in the EIS. She noted that the elements were included in the handout to the Committee and briefly outlined them. Element as identified in the handout were as follows:

### 1. Construction Impacts

- Erosion Control (short term impacts from clearing and grading)
- Air quality (short term impacts, truck idling, clearing and grading)
- Storm water runoff (quality, quantity)
- Noise (short term impacts from site preparation, demolition and construction activity)
- Sidewalk/street closures
- Pedestrian circulation
- Truck Trip Traffic (earth, demolition, construction materials)
- Transportation (haul routes, street closures)
- Staging areas
- Increased parking demand (construction worker vehicles)
- Transit (bus stop/layover locations)

### 2. Impacts of Operation

#### Air Quality

- Auto emissions from increased vehicular traffic
- Greenhouse gas emissions (City goal for carbon neutrality and worksheet)

#### Water Quality

- Storm drainage runoff and surface water flows (long-term impacts)
- Ground water flow

#### Height, Bulk and Scale

- Transition (between MIO heights and MIO boundary edges)
- Topography (between MIO and boundary edges)
- Large development sites (bulk, scale, and potential for creation of wind tunnels)
- Comprehensive Plan (Section B, Land Use Element of Comp Plan)
- Modified development standards

#### Historic Preservation

- Historic structures on campus
- Historic structures in Squire Park

#### Housing

- Reduction in housing supply (single family homes along 19<sup>th</sup> Avenue, and multi-family north and south of the existing campus)

#### Land Use

- Comprehensive Plan
  - o Section B of the Land Use Element Goals and applicable policies under Education and Employability and Health in the Human Development Element
  - o Section C of the Land Use Element Goals, Location Specific Land Use Policies, C-2 Major Institution Goals and Policies
  - o Neighborhood Plan(s)



- Street Vacation Policies
- Compatibility with surrounding uses
- Neighborhood connectivity and cohesion
- Street level uses
- Hospital versus office use
- MIO criteria
- Rezone criteria
- Modified development standards
- Decentralization options

#### **Light and Glare**

- Lighting (interior, exterior, streetscape)
- Reflective surface (MIO boundary edges)
- Modified development standards

#### **Noise and Environmental Health**

- Noise generators (mechanical, operational, ambulances)
- Handling and disposal of medical waste

#### **Parking (to be included in the Transportation Element)**

- Parking Demand and supply (overflow)
- Transportation Management Program
- Modified development standards (minimum and maximum parking spaces)

#### **Public Services and Facilities**

- Excessive demands on “public services” (water supply, sewers, storm drains, solid waste disposal facilities, and streets and services such as transit, solid waste collection, and police and fire protection)
- Impacts of parks, civic and other open spaces

#### **Shadows on Open Space**

- Impacts to surrounding area (MIO boundary edges, public rights-of-way, proposed public open spaces)
- Modified development standards

#### **Traffic and Transportation**

- Increased traffic volumes
- Traffic operations, including intersection LOS
- Effects of proposed street vacations on parking and circulation
- Transportation Management Program (including effectiveness of existing TMP)
- LOS at parking entrances/exits
- Pedestrian and bicycle impacts
- Pedestrian Circulation
- Pedestrian, bicycle and vehicular safety and accident levels
- Loading and movement of goods
- Transit service and access
- Neighborhood parking supply and enforcement
- Cumulative transportation impacts with other First Hill Major Institutions (Seattle University, Swedish First Hill, Harborview, and Virginia Mason)
  - Consistency with City’s Transportation Plans

- Transportation Strategic Plan
- Transit Plan
- Pedestrian Plan
- Bicycle Plan

## **VII CAC Comments Concerning Alternatives:**

Nicholas Richter noted that:

- 1) He was pleased that some of the comments made by the CAC have been incorporated in the new alternatives. However, he expressed concern alternative 3 remains under consideration. Both members of the CAC and neighbors have expressed strong opposition to this alternative. It is not worth pursuing further.
- 2) Alternative 4 – - Compressed Growth with use of the Spencer technology and DSHS - sites is very interesting but greater attention needs to be given to identifying the appropriate heights for both sites...
- 3) The advanced alternatives all identify total square footage to meet SMC needs in a variety of ways. They do not include a discussion of their appropriateness in relationship to the surrounding development and I would like to see some discussion of this and public and neighborhood amenities that SMC proposes as mitigation.
- 4) More discussion of retail opportunities is needed. What type of retail opportunities will be offered and where?
- 5) Street vacations are generally undesirable and should be avoided.
- 6) Access points need to be identified? How can traffic impacts be identified if you don't know where the traffic access points are? Mr. Chamness responded that the architects will identify the access points prior to the initiation of the transportation study.
- 7) How does SMC intend to address the conflicts between the size, width and heights of the buildings and the potential impact to the neighborhood? Is adequate mitigation possible? Mr. Chamness responded that the architects are looking at potential buildings in the future. As part of the Master Plan, we are looking at how an office lab, clinical labs, and medical office would look. We are taking those into consideration, identifying the widths through industry standard.

There are still some controversial and negative ideas that were presented. It is important to do an outreach to the neighborhood, so that we can identify what kind of community amenities (public library, child care, elder care facilities around the neighborhood) the neighborhood wants.

## **VIII. Adjournment**

Steve Sheppard informed the members that the next meeting is scheduled for July 18<sup>th</sup>.

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