



SWEDISH MEDICAL CENTER

Cherry Hill Campus

Final Major Institution Master Plan

DPD Project Number 3012953

December 11, 2014

Cover illustration by Stephanie Bowers 2014.



FINAL MAJOR INSTITUTIONAL MASTER PLAN

(MIMP)

DPD Project Number 3012953

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This Final 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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A. Introduction

Aerial Photo of Swedish Medical Center: Cherry Hill Campus



Aerial Photo of SMC: Cherry Hill Campus & Squire Park Neighborhood



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December 11, 2014

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 was project-based, and provided for nine new buildings and a total of 682,500 sf of additional space. When the MIMP expired in 2011, four buildings totaling 434,002 sf had been constructed. This new 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 process is to permit appropriate institutional growth within boundaries while minimizing the adverse impacts associated with development. 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 MIMP 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 MIMP and EIS were submitted in November 2013.
- A revised Preliminary Draft MIMP was submitted in February 2014.
- The Draft MIMP and Draft EIS were issued for public comment in May 2014.
- The Preliminary Final MIMP was submitted in September 2014.

The MIMP will be further refined during the remainder of the process. Swedish looks forward to working together with the City and the community to efficiently complete the new MIMP 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's mission is to improve the health and well-being of each person we serve.

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 150,000 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 health-care 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 health-care crisis, and supporting research projects that help to create valuable medical advances, both here at home and across the world. In 2013, Swedish's community benefits care for all campuses totaled more than \$142 million, of which more than \$37 million was provided for uncompensated care.

In the year 2000, Swedish acquired the Cherry Hill campus from Providence. In 2002, Swedish sold 40% of the campus, including most of the buildings that provide outpatient services and house physician offices to the Sabey Corporation. Together, the Swedish and Sabey 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. This model of public/private partnerships between hospitals and real estate service providers is becoming increasingly more prevalent in order to allow optimal aggregation and deployment of capital for needed facilities.

The Neuroscience and Heart and Vascular institutes provide some of the most advanced, high-quality care in the country to patients seeking treatment for the most complex heart, vascular and neurological diseases; each has been recognized by independent, national ranking organizations as leaders in their respective fields.

In the past ten years Swedish Neuroscience Institute has become a premier institute offering an extraordinary combination of world-class medical expertise, advanced technologies, state of the art facilities and leading edge clinical and translational research. No other institution in the region can offer this array of resources singularly focused on one goal: to provide the best care for patients with brain, spine and central nervous system disorders.

Swedish is 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.

Swedish pays a variety of taxes to local, state and federal municipalities, including property, sales, payroll, and business and occupation tax. In 2012, these taxes totaled \$118.4 million.

In order to maintain its nonprofit status (legally as a 501c3 Public Charity) Swedish is required to file returns with the IRS and show proof of public benefit. As a non-profit, Swedish is exempt from certain taxes, most notably federal income tax, which accounted for 92 percent of Swedish's total tax exemption in 2012.

In 2012 Swedish's tax exemption totaled \$132.4 million which was very close to the amount of community benefits Swedish provided in 2012, which was \$130,526,640. This means that for every tax dollar Swedish was exempt from paying, it returned virtually that same value to the local community in the form of free health care, Medicaid subsidies, community services, education and other services.

Some of the services provided at the campus include:

- Emergency Services
- Cardiovascular Wellness Services
- Heart & Vascular Institute
- Interventional Cardiology
- Diagnostic Services
- Cardiac Surgery
- Heart Rhythm Treatments
- Structural Heart Disease Programs
- Vascular Disease Services
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Clinical Research Program
- Swedish Neuroscience Institute
- The Ben & Catherine Ivy Center for Advanced Brain Tumor Treatment
- The Cerebrovascular Center
- Stroke Clinic

- Acute Telestroke Program
- Teleneurology Program reaching underserved and rural populations in the Pacific Northwest
- Inpatient Neurology Service with Neuro ICU
- Movement Disorders Program
- Neuromodulation and Functional Restoration Program
- Epilepsy Center and Clinical Neurophysiology Program
- Pediatric Neuroscience Center
- Multiple Sclerosis Center
- Sleep Medicine
- Headache Program
- Pituitary Program
- Comprehensive Spine Center
- Center for Hearing and Skull Base Surgery
- Radiosurgery Center
- Neuropsychiatry and Neuropsychology
- Neuroradiology
- Neuropathology
- Neurosurgery Fellowship Program
- Neurology Residency Program (in partnership with Madigan)
- Northwest Kidney Center
- Seattle Science Foundation
- Rehabilitation Services
- Telehealth Center
- Inpatient Psychiatric Center
- Inn at Cherry Hill (providing overnight accommodations to families of patients from out of town)
- 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.

- LabCorp: provides essential services to Cherry Hill patients and other service providers. Cherry Hill Medical Center many patients who require sophisticated treatment and monitoring. It is estimated that 80% of all patient care decisions are made through clinical labs and anatomic pathology, all of which are handled by LabCorp. LabCorp not only provides a wide variety of essential services to patients, its proximity allows physicians and others to consult immediately with lab professionals, even during a surgery, to make crucial care decisions. Additionally, specialized lab equipment is costly and highly trained staff necessary to operate the equipment, are in high demand. Labs that serve the larger community, like LabCorp at Cherry Hill, offer greater accuracy, efficiency, and the ability to provide a wider range of services.

The Swedish Community Health Needs Assessment: developed to manage the resources of Swedish, while also meeting the specific health needs of our communities. As an example, the population of patients seeking healthcare at Cherry Hill has a higher prevalence of Diabetes, which is the most common cause of kidney failure. In addition to offering cooking classes at Swedish to help manage diabetes, the NW Kidney Center provides services aimed at prevention and treatment of kidney disease.

In addition, there are a number of services and facilities on the campus that are available to the public:

- Cafeteria open to the public that provides healthy, low-cost meals
- Starbucks
- Public Meeting Spaces
- Patient/Education Kiosks
- Community Pharmacy
- Retail
- Chapel/ Reflection Room
- Access to information about Public Transportation Routes

*More information about the public benefits that Swedish provides is described in more detail in Section C.12, Page 69.

3. Cherry Hill Campus Needs

3a. Drivers of Campus Demand

Swedish Cherry Hill is more than 100 years old and includes a patchwork of facilities, many of which must be replaced to meet new standards for patient care. Growth at the campus is constrained by the campus boundaries and by the fact that there are few spaces on the campus to place a new building without demolishing an existing, still functioning building. The east side of the MIO along 18th Avenue is the important empty chair allowing construction of new facilities prior to demolition of existing buildings on campus.

At some point in the foreseeable future, the inpatient facilities will require replacement and possibly, expansion. Studies show that in order for Swedish Cherry Hill to meet the community's growing demand for health care over the next 30 years, we will need to add approximately 1.9 million new square feet, which amounts to a growth rate of about 3 percent a year.

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. According to the Census Bureau, in 2013 Seattle grew faster than any other major American city. 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 disorders of the heart, brain and spine, as well as chronic diseases such as Coronary Artery Disease, Multiple Sclerosis, Parkinson's and Alzheimer's. When the James Tower 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

The elderly segment of the population is important for healthcare planning because of the higher rates of healthcare resources required. For example, hospital utilization by those 65+ is 3.5 times higher than those under 65.

- The overall population for King County is anticipated to increase from 1,931,249 in 2010, to 2,418,850 in 2040, an increase of 25%.
- The population of those over 65 is anticipated to increase from 210,679 in 2010, to 477,754 in 2040, an increase of 127%.

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 services 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 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. Cherry Hill is currently limited in its ability to respond to future need of these types of services.

3c. Required Facility Upgrades

The current campus footprint has reached its capacity limiting the ability to provide additional services to meet the growth needs. Swedish will need to expand and replace its inpatient beds in order to meet the needs of the population, improve efficiency, and maintain its 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 utility 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 the 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 as well as leading-edge facilities including the most technologically advanced operating rooms and services. 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/training
- Inn at Cherry Hill
- Long Term Care/Assisted Living/Skilled Nursing
- Additional Campus Support

The projection methodology is depicted in the following

graphic and discussed in more detail in Appendix G: Volume and Space Projections.

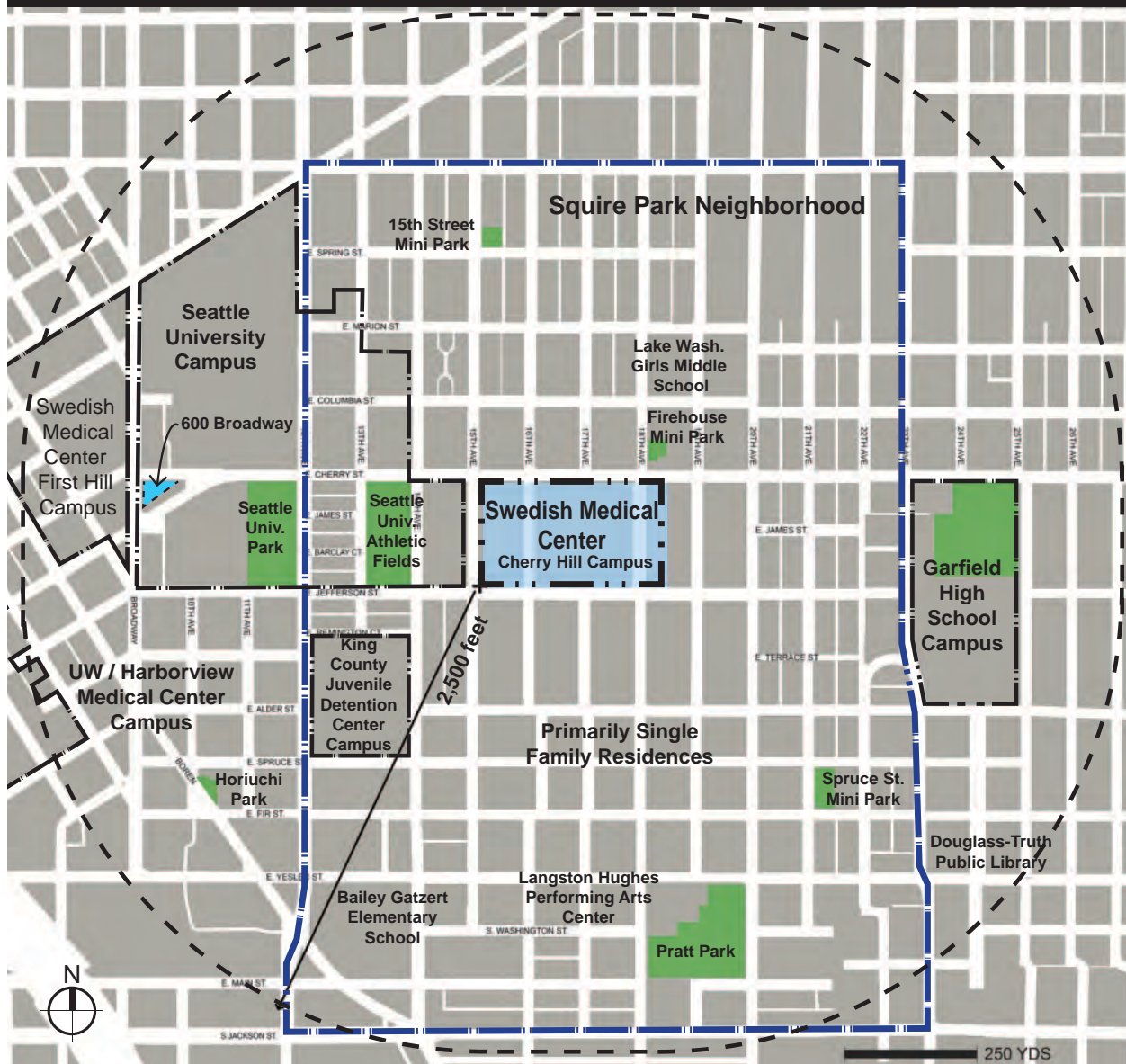
Read more: <http://www.swedish.org/Services/Neuroscience-Institute#axzz2JONXwWWF>

4. Cherry Hill Campus Vision

4a. Consolidation of Services

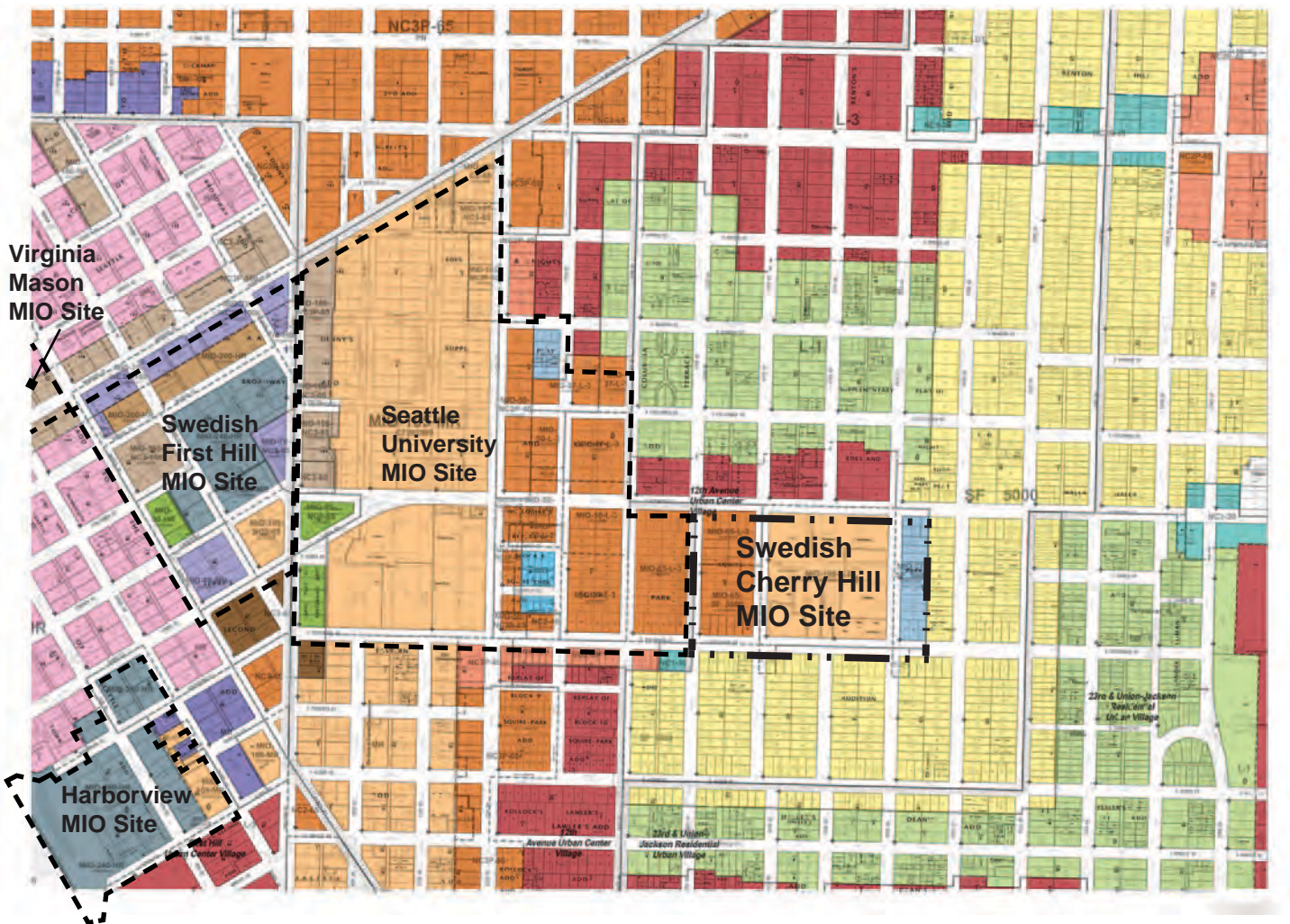
In 2012 Swedish entered into an affiliation agreement with Providence Health Services to provide better, more affordable care to the residents of western Washington. Planning is underway to consolidate and coordinate services where appropriate in order to avoid the costly duplication of services. Swedish,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

Introduction: Figure A-1 Neighborhood Context & Existing Campus Vicinity Map












Introduction: Figure A-2










Zoning Map



Legend of Major Institution Overlays

MIO-240	
MIO-200	
MIO-160	
MIO -105	
MIO-90	
MIO-70	
MIO-65	
MIO-50	
MIO-37	

Zoning Legend

HR	
NC3-85	
LR3	
LR-1	
SF-5000	
NC1-30	
NC3P-40	
MIO Site Boundary	
Other MIO Site Boundaries	



well positioned to become the Regional Referral Center for the Providence Health System.

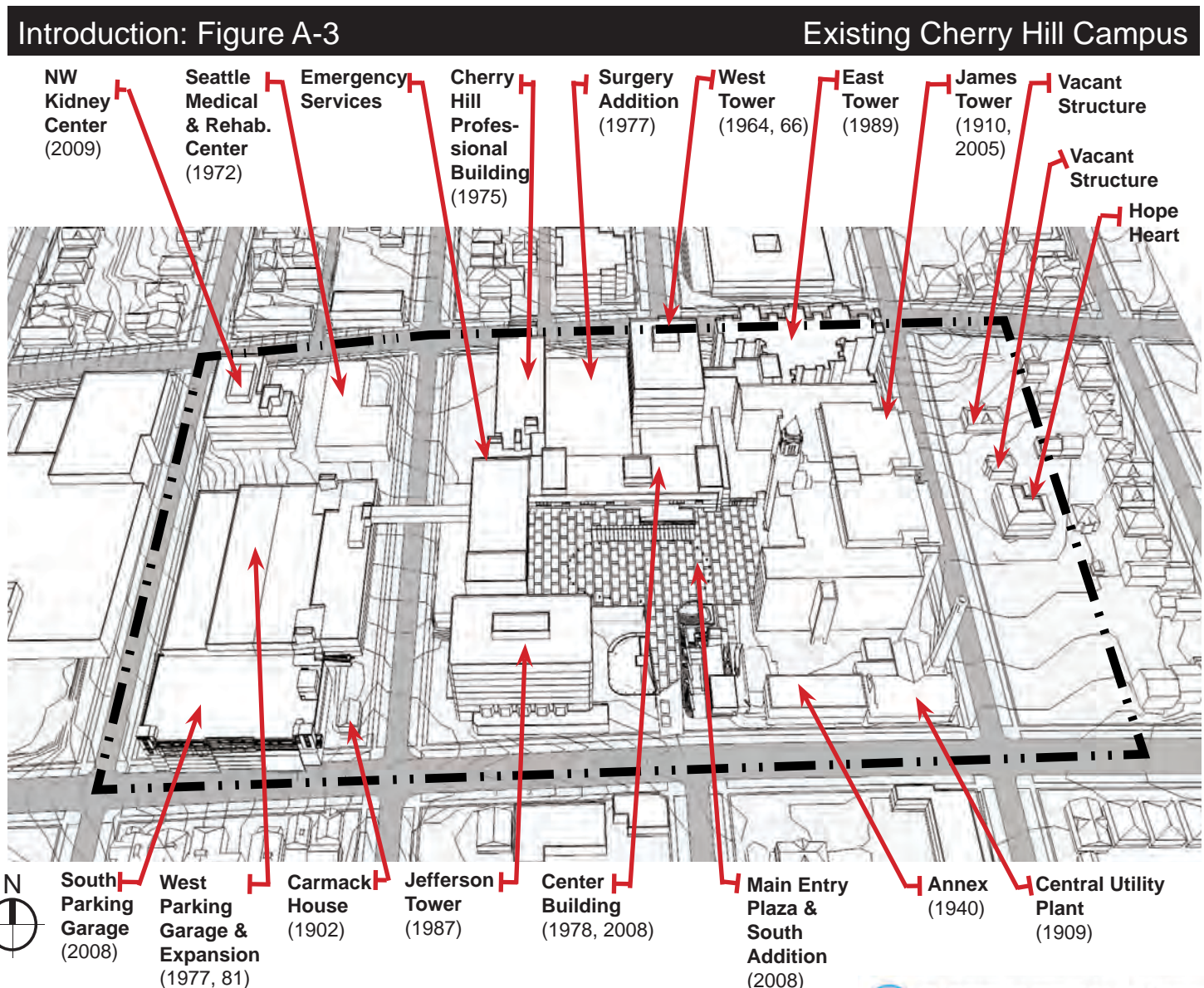
4b. Research & Education

Swedish anticipates an increasing need for educational capabilities at the Cherry Hill campus and for further collaboration with Seattle University around clinical education, particularly in nursing. Education space needs include staff orientation, in-service continuing education, training on new technology and data/record systems, training in simulation labs where mechanical devices/robots simulate real patient situations, residency programs, medical conferences, "hands-on" type training, and education programs for the community. The highly specialized staff and equipment needed for staff education requires some education programs to be a centralized resource for the Swedish system.

Research

Our vision calls for increasing research capabilities particularly in the areas of Neurology and Heart and Vascular services. The aging of the baby boom population will result in an increased need for specialty services of the type offered at the Cherry Hill campus, particularly disorders of the heart, brain and spine, as well as chronic diseases such as Coronary Artery Disease, Multiple Sclerosis, Parkinson's and Alzheimer's.

Swedish Medical Center's Neuroscience Institute is the hub for Swedish's extensive specialization in neurological disorders for patients in the Northwest and around the world as well as for ground-breaking research.



The Swedish Neuroscience Institute is at the forefront of clinical care and many of our physicians perform clinical research to test the safety and effectiveness of new drugs and medical devices for diseases of the nervous system.

Patients who participate in clinical trials have the opportunity to receive FDA-approved investigational treatments that are not yet available outside of a research environment, and our research coordinators work closely with each patient and their physician to provide a predictable and comfortable clinical trial experience.

Swedish Neuroscience Institute also is the Pacific Northwest site for NeuroNEXT, an NIH-supported consortium of 25 centers around the country that will conduct clinical trials for patients with diseases of the nervous system.

Swedish's Heart & Vascular Institute supports Swedish's well-established patient care program as well as extensive clinical research. Its goal is to provide the most innovative and promising treatments with a focus on rapid adoption of new and emerging therapies and technologies.

5. Neighborhood Context and Existing Campus

5a. Neighborhood Description

The Swedish Medical Center Cherry Hill Campus is located within the Squire Park Neighborhood. It 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.

Squire Park is a residential neighborhood that has always coexisted with 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 to the Central Area and Squire Park.

The Boeing recession of the 1970s led to a population decline in Seattle and the Central Area suffered from decreased services and disinvestment for two decades. In the early 1990s the technology boom in the Northwest led to an increase in population in the region and a

growing realization 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 into a diverse residential neighborhood.

A significant commercial and light-industrial district developed between the early 1900s and into the 1950s 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 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. 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.

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.
- **The Carmack House** is unoccupied.
- **Seattle Medical & Rehabilitation Center** provides short post acute care and long term services.
- Within the MIO district east of 18th Avenue are two vacant structures and the Hope Heart Building which is a medical office building currently housing the office and storage needs of the St. Josephs's Baby Corner.

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).

5c. Current Circulation / Access

The current circulation and access to the campus of the different Swedish functions are depicted in the following Figure A-9 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. A-4) 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. skybridge to the hospital). Staff uses the controlled employee entrance to structured parking on 15th Ave.

Outpatient (clinical) circulation (see Intro Fig. A-5) 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. skybridge / 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. mid-block. The NW Kidney Center has its main entry / drop-off on 15th Ave. The Cherry Hill professional building entry is off 16th Ave.

Emergency Services (see Intro Fig. A-6) all come off 16th Ave. at a mid-block 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. A-7) come to five 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. The Central Utility Plant has service access at the south end of 18th Ave. The NW Kidney Center has service access off of 15th Ave. Seattle Medical & Rehab Centre has service access from both 15th Ave. & 16th Ave. to a point in the middle of the block as shown on Fig. A-7.

Transit access (see Intro Fig. A-8) 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. Metro proposed service cuts may delete Route 4 in Feb. 2015.

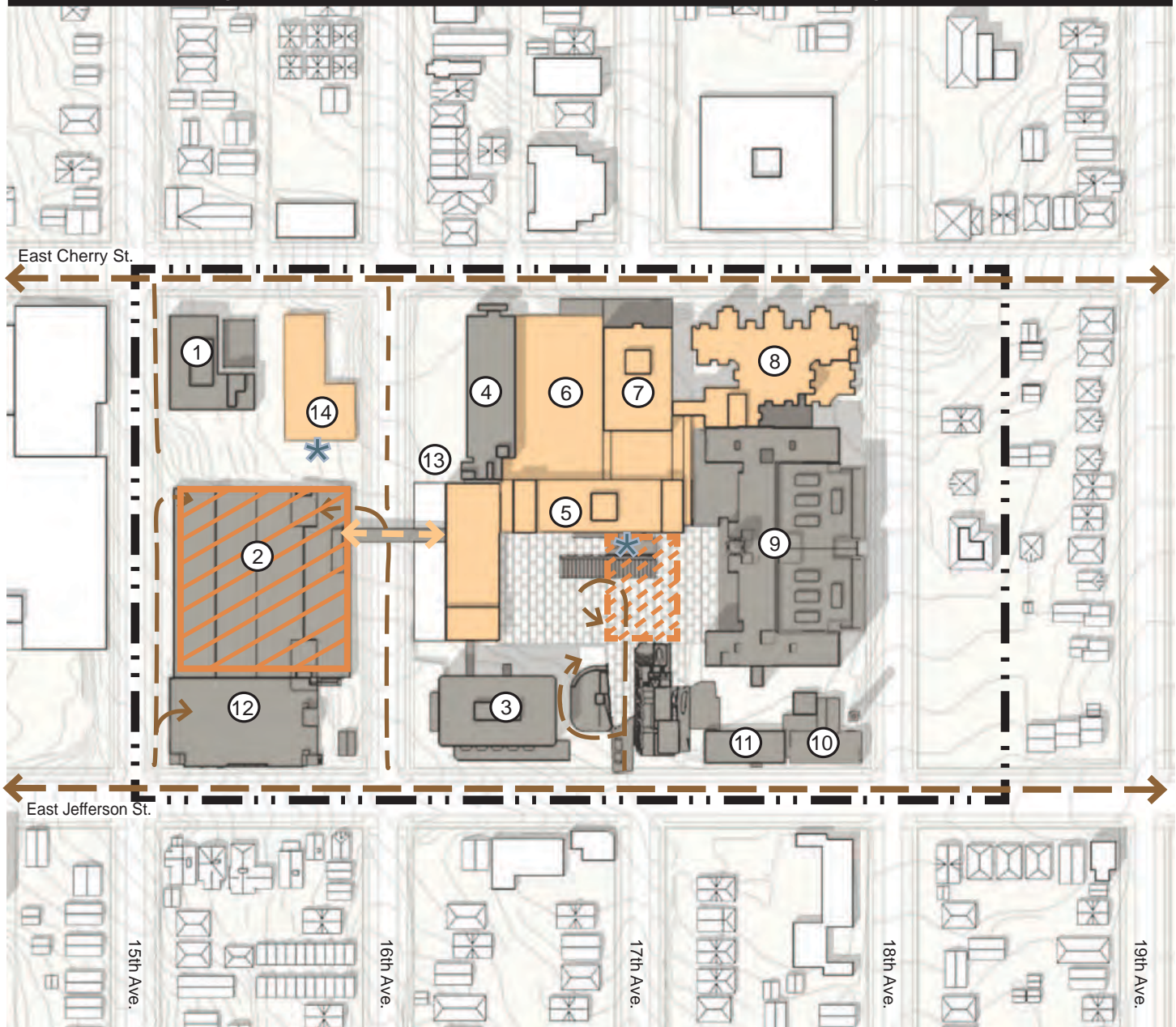
Pedestrian circulation (see Intro Fig. A-9) occurs on two levels; internal within and external around the Swedish Cherry Hill campus. Being an urban campus, the street grid sidewalk system defines how the campus relates to the surrounding community. The MIMP's intent is to maintain and enhance this system 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 (2013) 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).

To improve the pedestrian experience and promote safety, 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.

Bike circulation (see Intro Fig. A-10) 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 evaluating a proposal to make 18th Avenue into a Greenway Street. This proposal is in draft stages, and SMC will be an active participant in the discussion on the various options under consideration for the greenway.

Introduction: Figure A-4

Existing Inpatient Circulation



Building Key

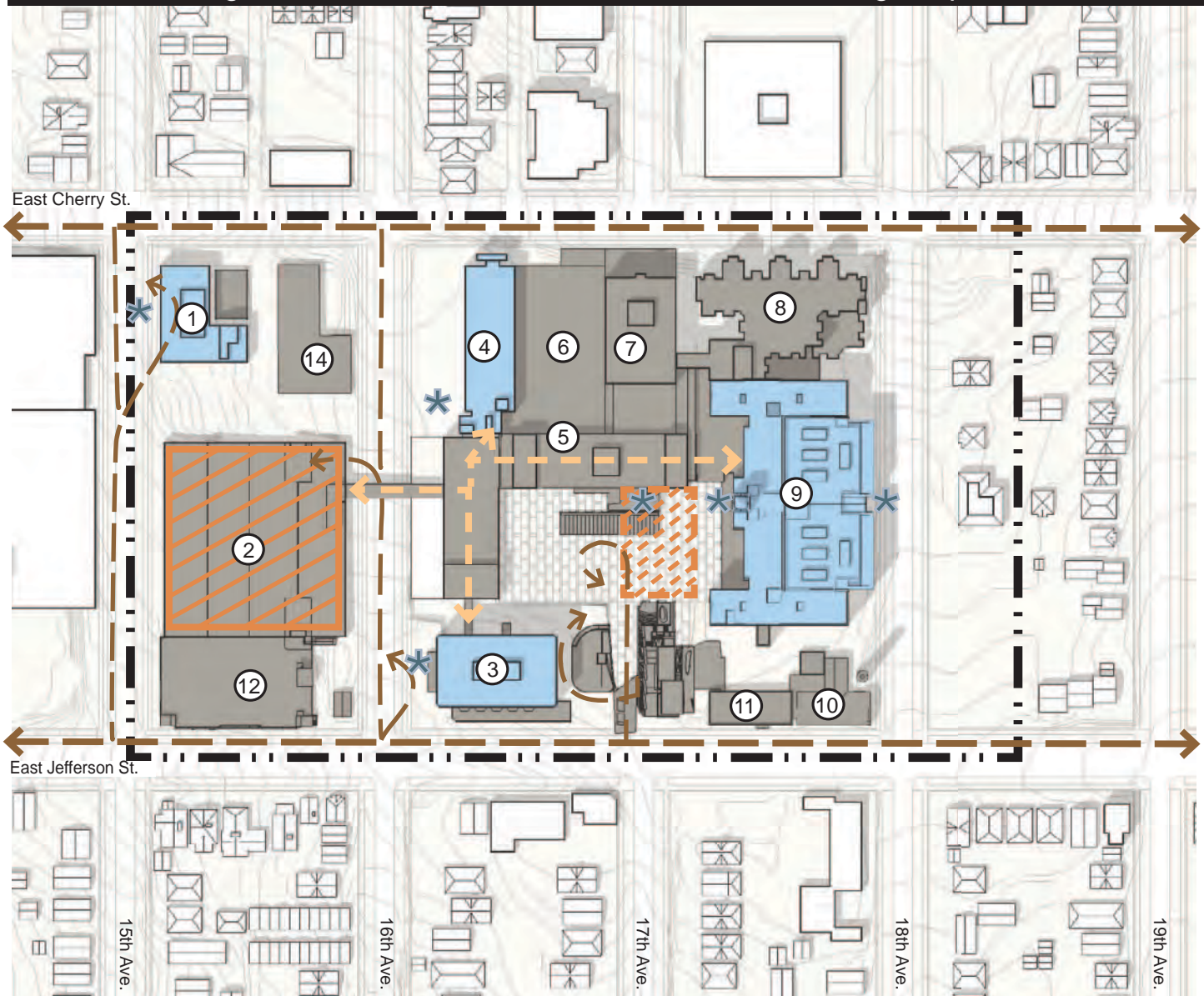
- | | |
|-------------------------------------|----------------------------------|
| ① NW Kidney Center | ⑦ West Tower |
| ② West Parking Garage | ⑧ East Tower |
| ③ Jefferson Tower | ⑨ James Tower |
| ④ Cherry Hill Professional Building | ⑩ Central Utility Plant |
| ⑤ Center Building | ⑪ Annex |
| ⑥ Surgery Addition | ⑫ Staff Parking |
| | ⑬ Emergency Entry |
| | ⑭ Seattle Medical & Rehab Center |

Legend

- | | | | |
|---|-----------------------|------------------|---|
| Internal Inpatient Circulation | ← - - - - - → | 0' 50' 100' 200' | N |
| Neighborhood Vicinity Inpatient Circulation | ← - - - - - → | | |
| Inpatient Buildings | ■ (Orange) | | |
| Inpatient Entry Points | * | | |
| Inpatient Parking | ▨ (Diagonal Hatching) | | |
| Under-Plaza Parking | ▨ (Dashed Hatching) | | |
| MIO Site Boundary | - · - · - · - · - · | | |

Introduction: Figure A-5

Existing Outpatient Circulation

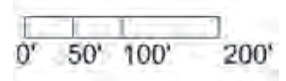


Building Key

- 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 Central Utility Plant
- ⑪ Annex
- ⑫ Staff Parking
- ⑬ Seattle Medical & Rehab Center
- ⑭ Seattle Medical & Rehab Center

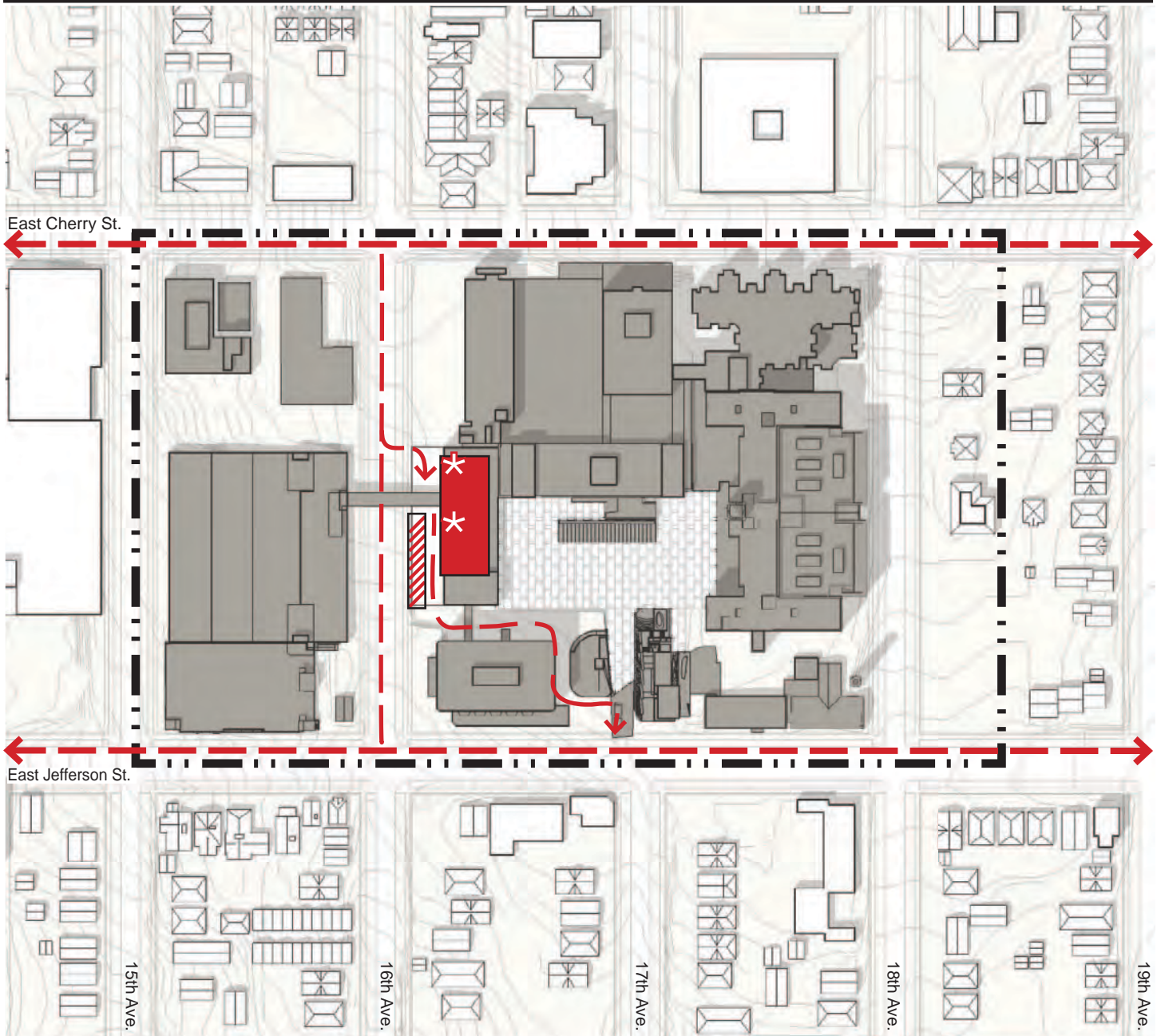
Legend

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








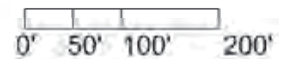
Introduction: Figure A-6

Existing Emergency Circulation



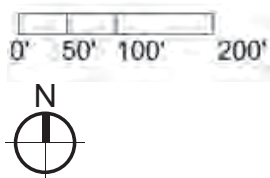
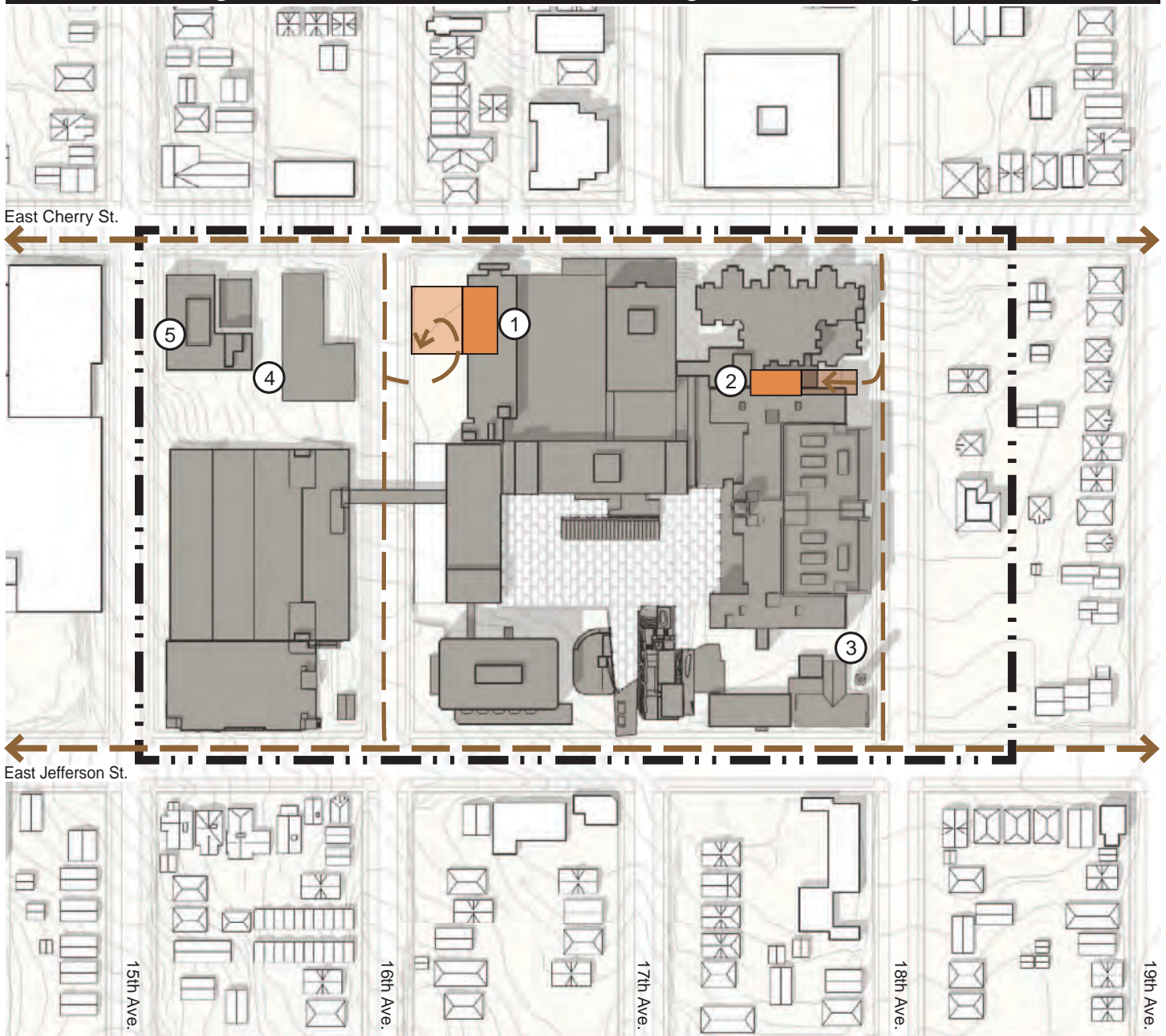
Legend

- Emergency Department 
- Emergency Campus Circulation 
- Emergency Entry Points 
- Emergency Parking 
- MIO Site Boundary 



Introduction: Figure A-7

Existing Service/Loading Dock Circulation



Existing Service Locations

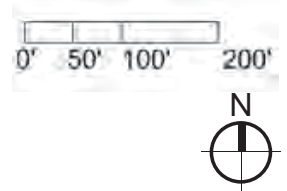
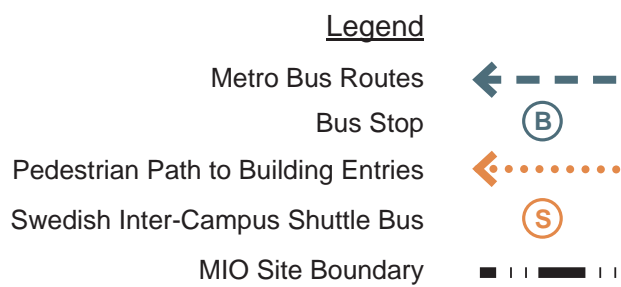
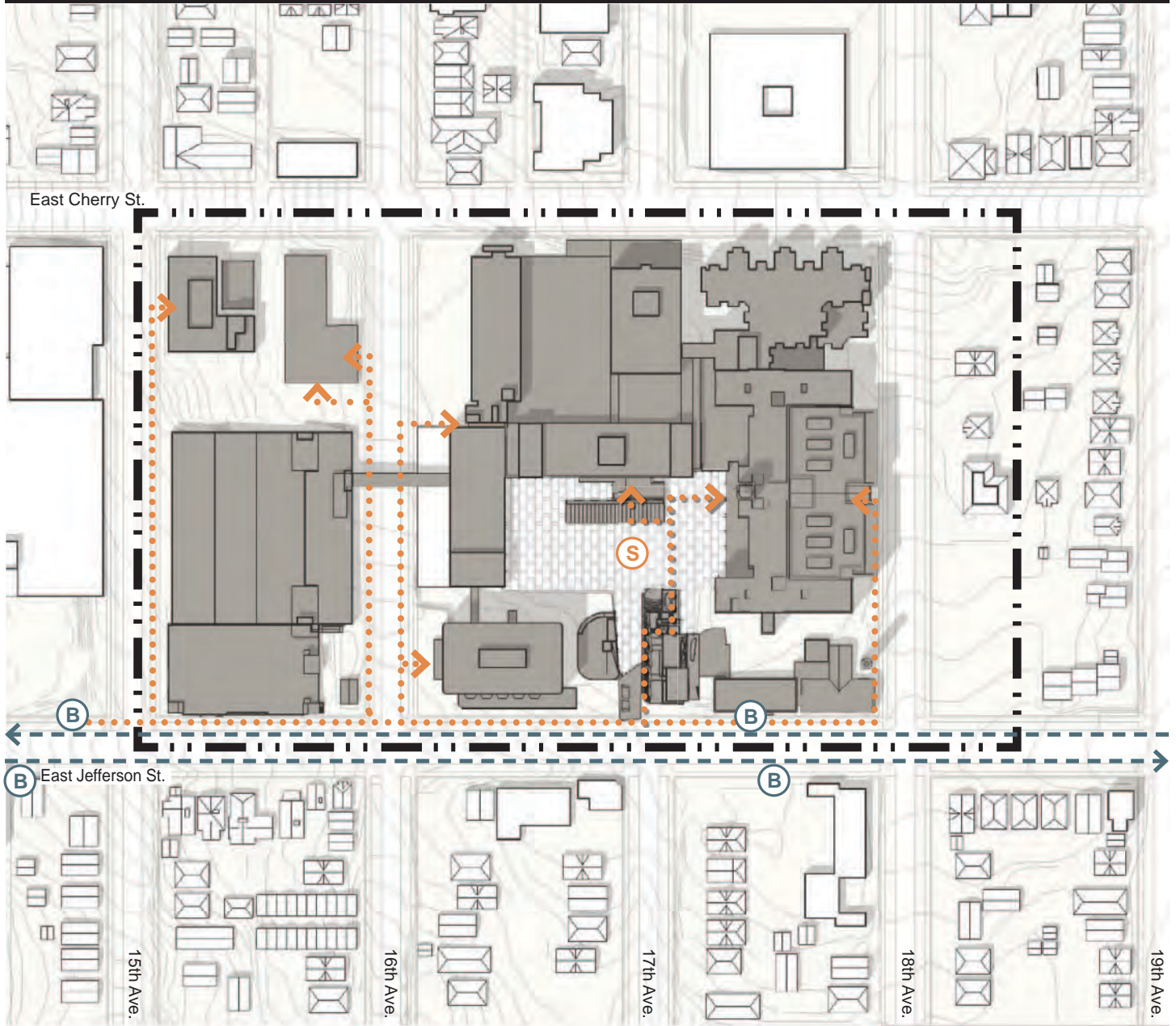
- ① Service dock on 16th Avenue: Connections to hospital via internal corridors
- ② Service dock on 18th Avenue: Connections to hospital via internal corridors
- ③ Service area on 18th Avenue: Serving the Central Utility Plant
- ④ Service area for Seattle Medical Rehab
- ⑤ Service dock on 15th Avenue: Serving the NW Kidney Center

Legend

- Service Dock
- Service Campus Circulation
- MIO Site Boundary

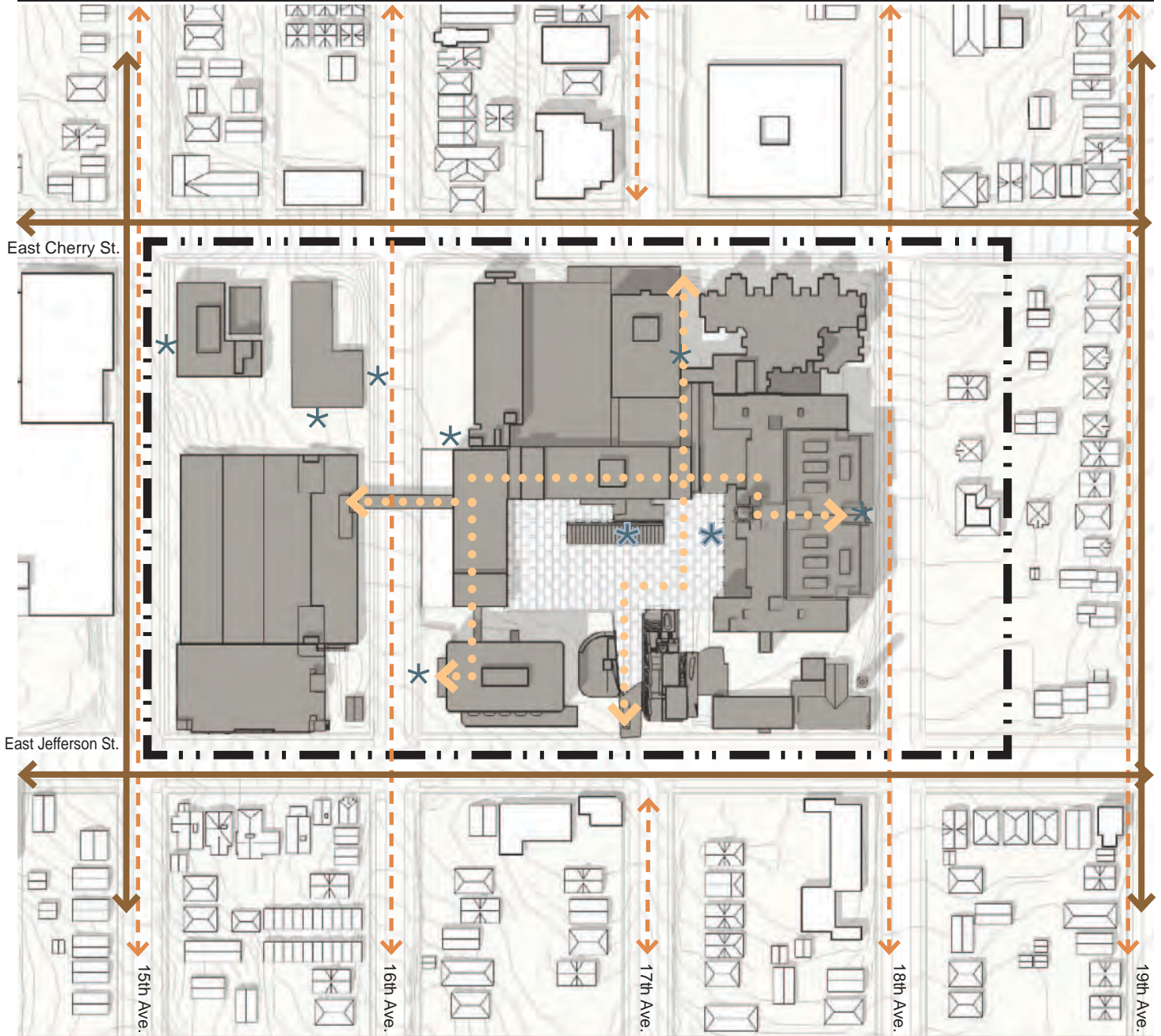
Introduction: Figure A-8

Existing Transit Access



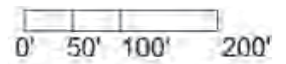
Introduction: Figure A-9

Existing Pedestrian Circulation



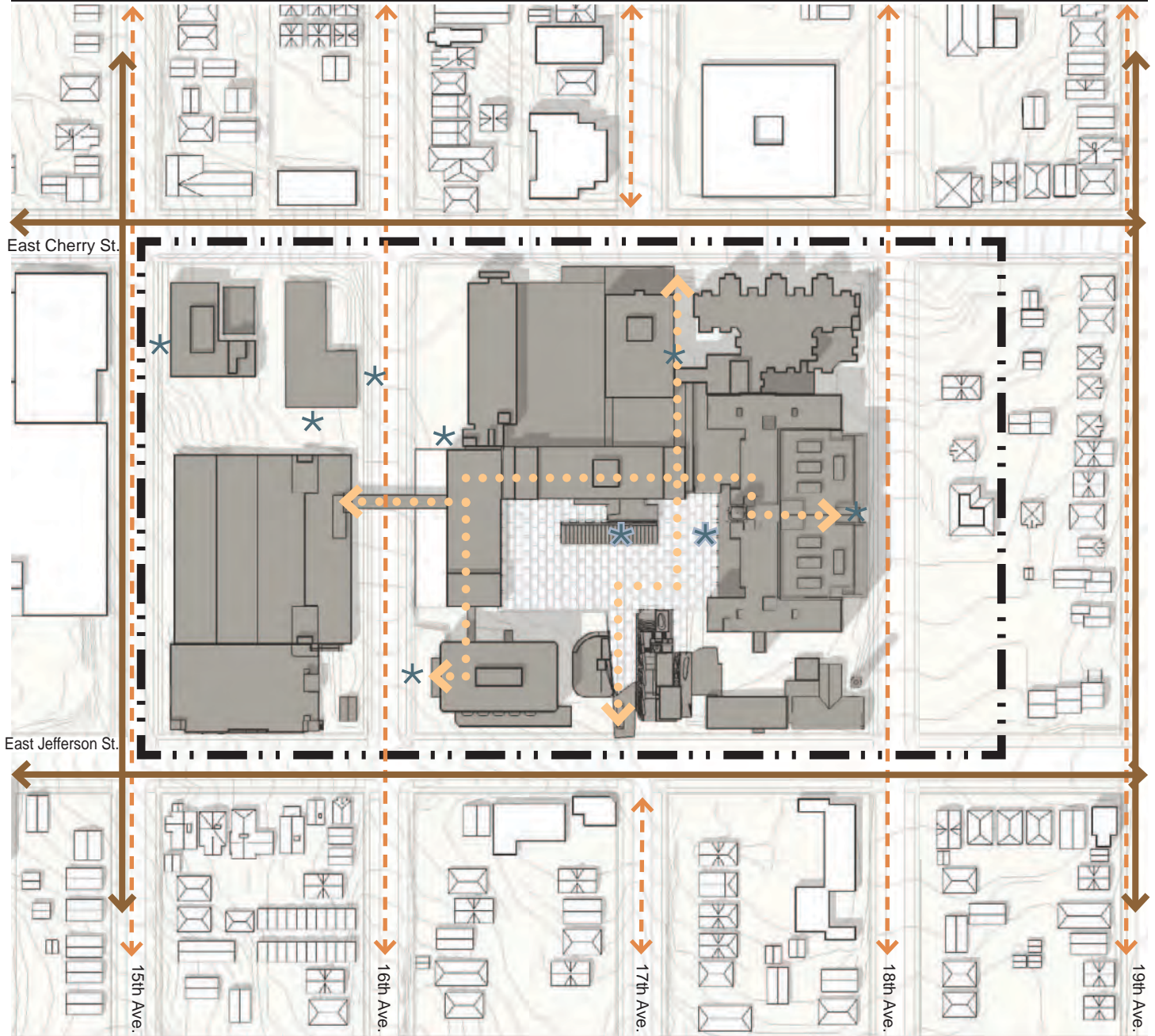
Legend

- Internal Public Circulation
- Neighborhood Pedestrian Circulation
- Neighborhood Vicinity Circulation
- Primary Building Entry Points
- MIO Site Boundary



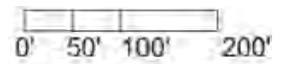
Introduction: Figure A-10

Existing Bicycle Circulation



Legend

- Internal Public Circulation
- Neighborhood Bike Circulation
- Neighborhood Vicinity Circulation
- Primary Building Entry Points
- MIO Site Boundary



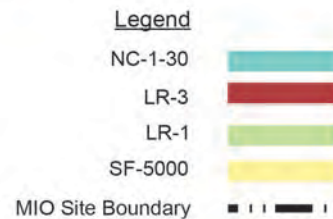
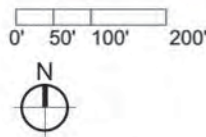
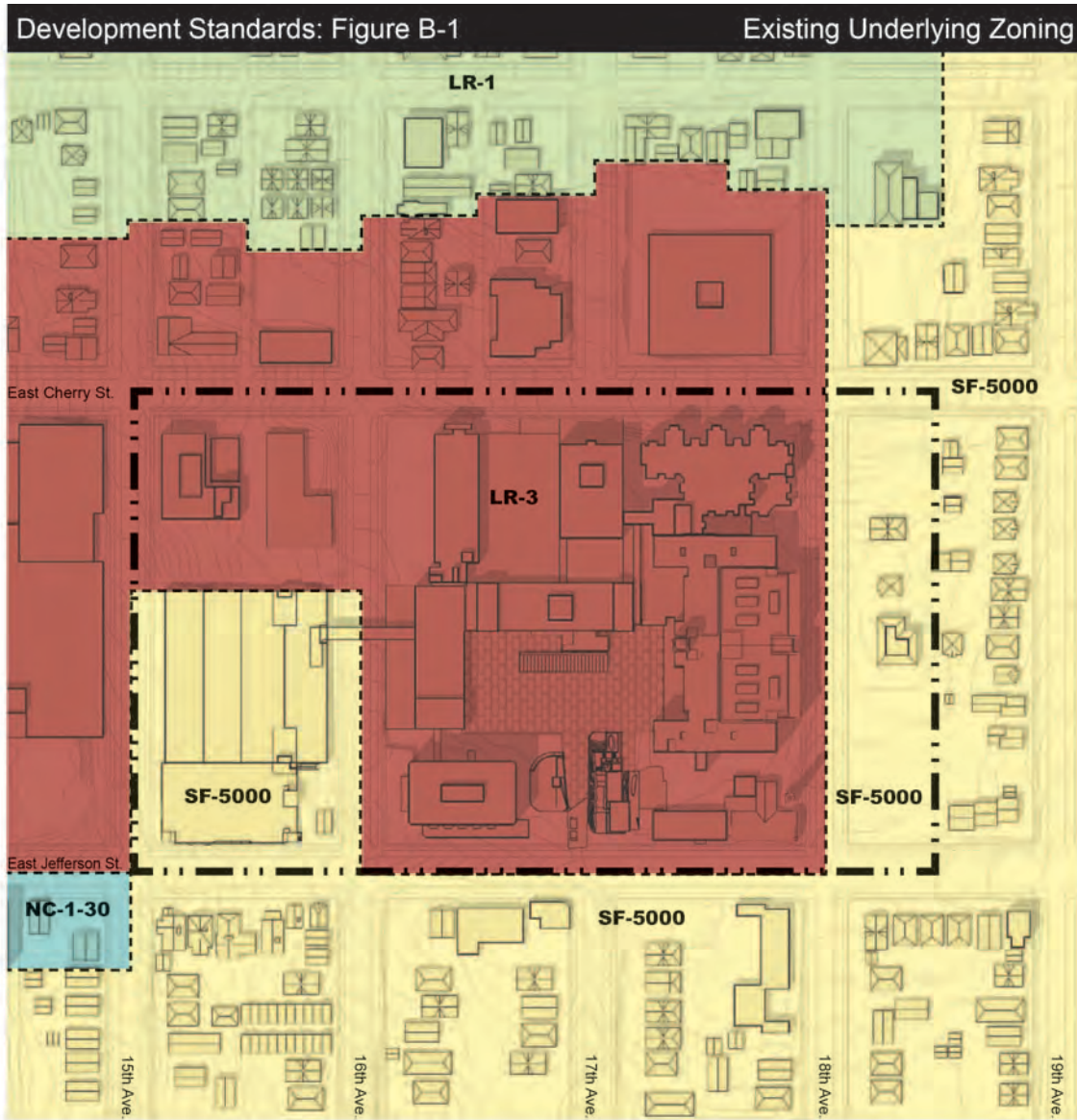
B. Development Standards Component

Development Standards Introduction

The proposed MIMP will supercede the development standards of the underlying SF and LR zones 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 zones: Single-Family Residential 5000 (SF-5000) and Multi-Family Low-rise 3 (LR3). The SF-5000 zones 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 LR3



zones 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 Development Standards of Underlying Zoning

Swedish has requested modification to some of the underlying development standards as described in Development Standards Table B-1. These include new setbacks, heights, lot coverage, landscaping, and open space requirements. The modifications are requested to allow Swedish to develop its needed area without expanding its campus boundaries.

Development Standards Table B-1: Modifications to Development 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 5000 (SF-5000) underlying zoning		
<p>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.</p>	<p>Yes, consistent</p>	<p>No modification requested</p>
<p>23.44.010 Lot Requirements - SF D. Maximum Lot Coverage of 35% of lot area</p>	<p>Not consistent with maximum lot coverage</p>	<p>Yes, Swedish is requesting a modification to remove the maximum lot coverage of 35%. The current lot coverage is 52%. The underlying zoning lot coverages are insufficient for institutional buildings. Swedish is requesting an increase in coverage in order to not expand its boundary. Lot coverage will be calculated for the entire MIO district, Swedish is proposing a maximum lot coverage of 76.5%.</p>
<p>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.</p>	<p>Land Use Code provisions allowing for higher heights through the adoption of a MIMP, structures containing major institution uses may be allowed up to the limits established in SMC 23.69.004.</p>	<p>Swedish is requesting to establish heights pursuant to MIO districts listed in 23.69.004 Major Institution Overlay District established for MIO 50, 65, 105, and/or 160. See Figure C-4.</p>

Table continues on next page

Development Standards Table B-1: Modifications to Development 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 5000 (SF-5000) underlying zoning		
<p>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</p>	<p>Partially consistent; Swedish is proposing to modify front and rear yard standards</p>	<p>Yes, Swedish is requesting a modification to allow the establishment of building setbacks in lieu of yards. Front setbacks would vary by street and would range from 0' to 20' at ground level and from 10' to 80' at upper levels. Swedish is proposing a rear setback of 25' at ground level along the mid-block of 18th Avenue. Upper level setbacks would range from 25' to 30'. See Figures B-2 through B-10.</p>

Table continues on next page

Development Standards Table B-1: Modifications to Development Standards

Underlying Zoning Standard (SMC Section)	Is Swedish's Proposal Consistent?	Is a Modification to the Zoning Standard Requested?
<p>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.</p> <p>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.</p>	<p>Partially</p>	<p>Yes, Swedish is requesting modifications to yard dimensions, i.e. building setbacks in places where the underlying zone is single family described in 23.44.014: 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</p> <p>See Figures B-3, B-5, B-9 and B-10. In Figure B-3: Section A-A would maintain the 25' setback and increase to 30' above 37'-0" of height. Section B-B would decrease from 20' (or average of the adjacent lots) to 10', but increased to 30' above 37'-0" high. Section C-C would decrease from 20' (or average adjacent lots) to 10'. Figure B-5, Section D-D would decrease from 20' (or average adjacent lots) to no setbacks at grade and 5' above 37'-0" high. Figure B-9: Section K-K 2 would decrease from 20' (or average adjacent lots) to no setback at grade up to 37'-0" high, 5' at 37' to 65'-0" high, 10' at 65' to 105'-0" high, and 15' at 105' to 125'-0" high. Figure B-10: Section K-K 3 would decrease from 20' to 5' at grade up to 37'-0" and 10' at 37' to 65'-0" high.</p>
<p>23.44.016 Parking and Garages – SF</p>	<p>No, Swedish is proposing off-street parking in conformance with the Major Institution Master Plan parking requirements; access will be from improved streets; and will be located on the same lot as the principal use.</p>	<p>Yes, Swedish is requesting modification to the SF requirements for garage setbacks and entrance widths. Parking will be located in garage structures and within existing institutional buildings. See Figure C-5 Existing and Planned Future Parking and Access.</p>

Table continues on next page

Development Standards Table B-1: Modifications to Development 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 multi-family low rise 3 (LR3) underlying zoning		
<p>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. 2. In LR and MR zones, if principal structures are separated by a driveway or parking aisle, the minimum required separation between the principal structures is 2 feet greater than the required width of the driveway or parking aisle, provided that the separation is not required to be any greater than 24 feet. If principal structures are separated by a driveway or parking aisle, projections that enclose floor area may extend a maximum of 3 feet into the required separation if they are at least 8 feet above finished grade.</p>	<p>No, existing buildings have connections to allow patients, staff and visitors to travel from one building to another without going outside.</p>	<p>Yes, Swedish is proposing to design future buildings with connections to other buildings for the ease of way-finding and protection from weather.</p>
<p>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.</p>	<p>No, Swedish is proposing MIO heights varying from 37 to 160'.</p>	<p>Yes, Swedish is proposing MIO heights in conformance with SMC 23.69.020.C</p>
<p>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.</p>	<p>No</p>	<p>Yes, Swedish is proposing unmodulated facades be limited to a max façade width of 150 ft to allow for efficient development of hospital uses.</p>
<p>E. Structure Depth in Lowrise zones. The maximum permitted depth of institutional structures is 65 percent of lot depth.</p>	<p>No</p>	<p>Yes, Swedish is proposing that structure depth be limited by adjacent setbacks.</p>
<p>23.45.570 Institutions F. Setback requirements in Lowrise Zones</p>	<p>Partially</p>	<p>Yes, Swedish is requesting a modification to the side setback requirements for institutional structures greater than 65' in depth. See Figures B-2 through B-10.</p>

3. Standards

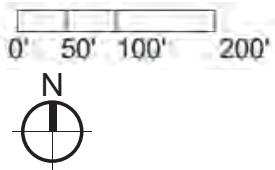
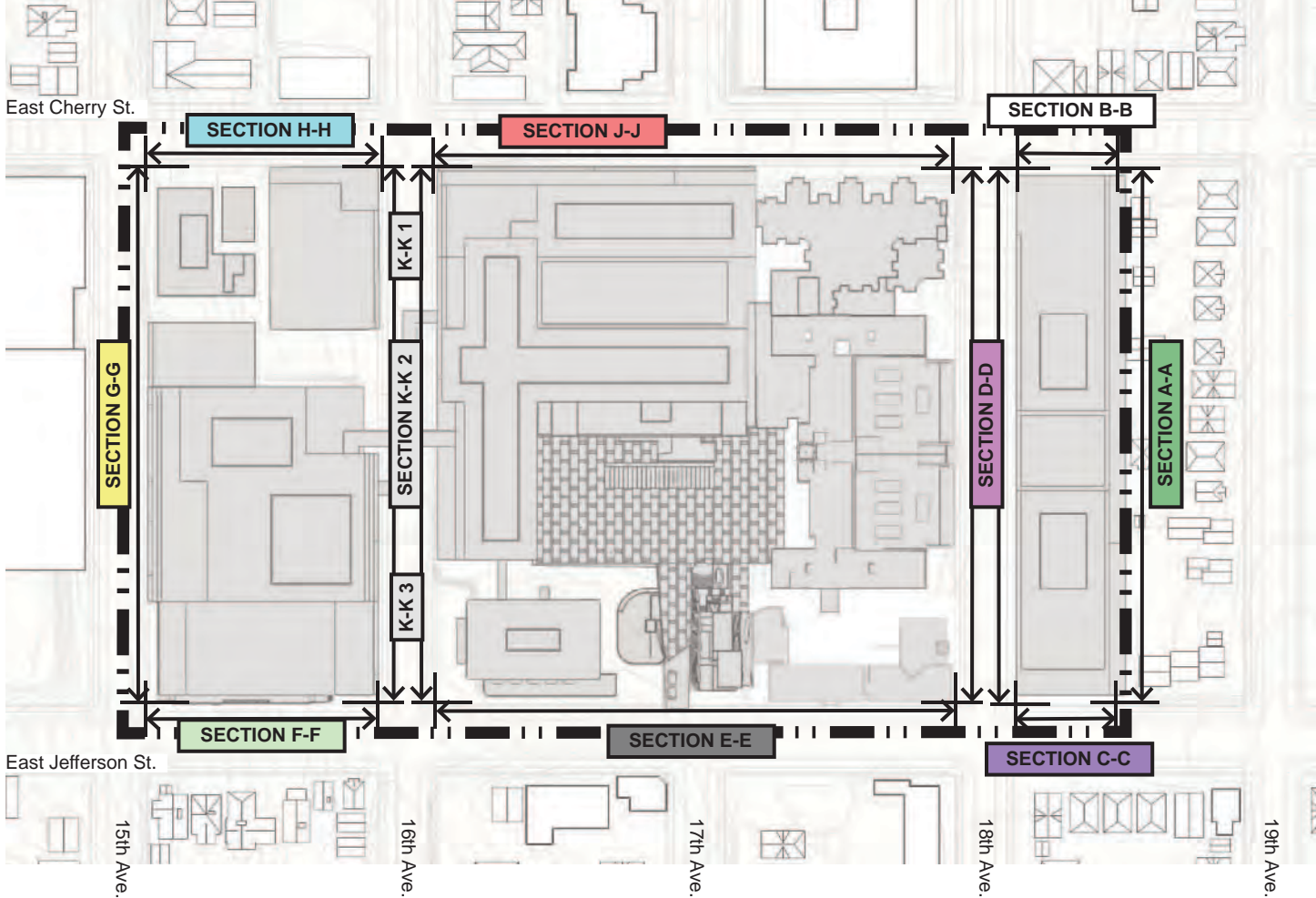
3a. Structure Setbacks For Alternative 12

Swedish is proposing structure setbacks along public rights-of-way and boundary of the MIO District that 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. New structures and or additions will meet setback requirements of the MIMP.

The proposed buildings at the corner of 16th and E. Cherry, 18th and E. Cherry, 16th Ave. & E. Jefferson, and 18th and E. Jefferson will be set back from the corner to allow for visibility. Any proposed landscaping at these locations will not obscure visibility around the corner.

Development Standards: Figure B-2 Alternative 12 Building Setback: Sections Key



Legend

Section Key SECTION X-X

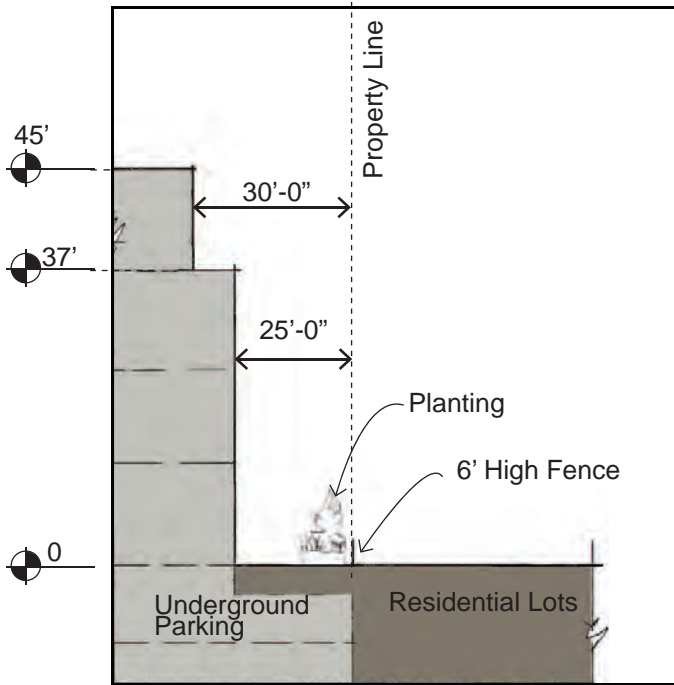
See sections on following 4 pages for Explanation of setbacks

MIO Site Boundary



Development Standards: Figure B-3

Alternative 12 Building Setback Sections



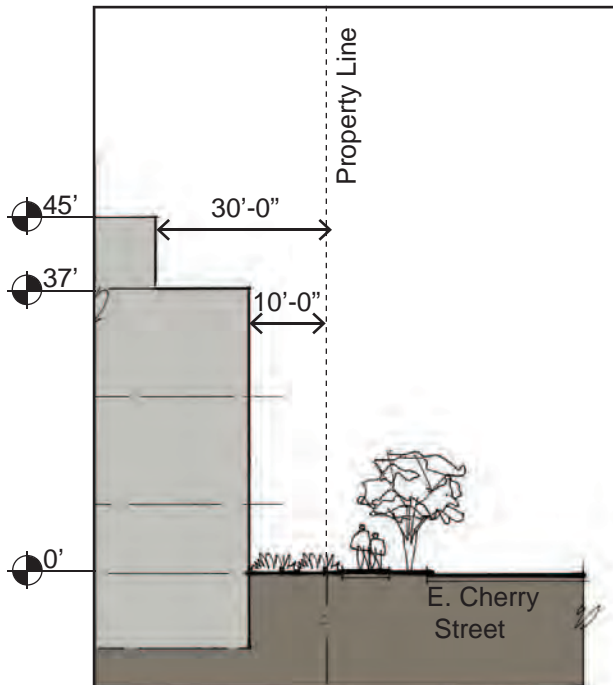
Section A-A

Setback A-A

New proposed setbacks of 25 feet up to 37'-0" high and 30'-0" setback to maximum height. This landscape setback will be designed to promote security and privacy for the residential property to the east. A six foot high fence will be constructed along the eastern property line between the MIO and the single family zone to accomplish these goals.

Setback C-C

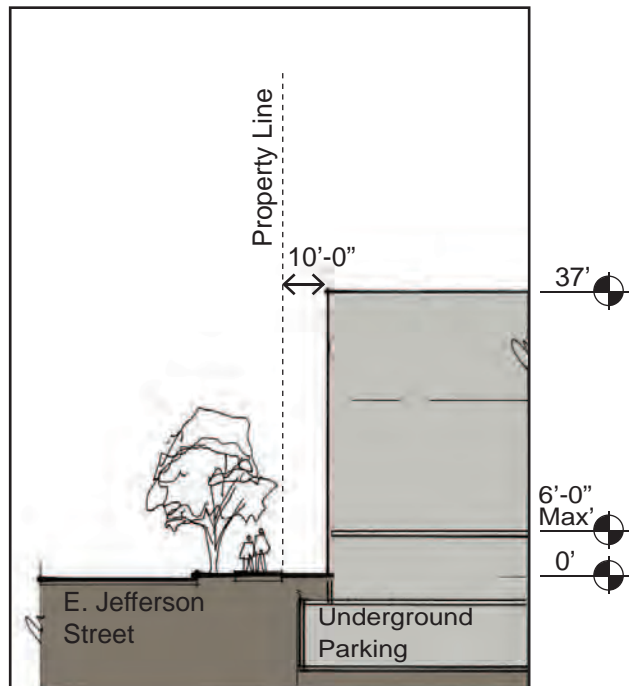
The building is setback 10 feet up to 37'-0" high.



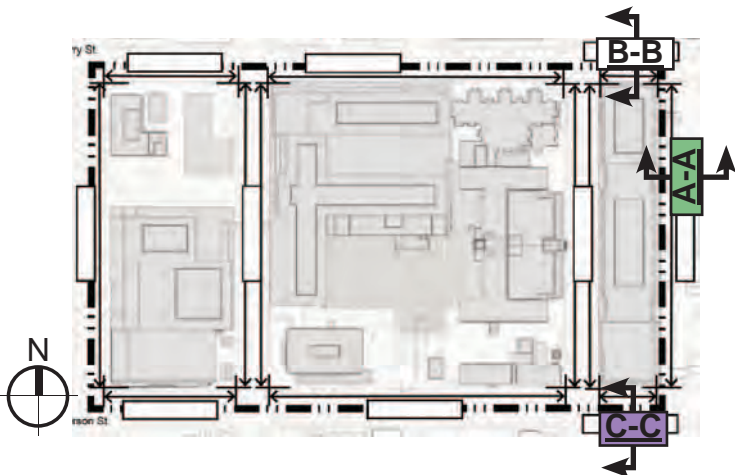
Section B-B

Setback B-B

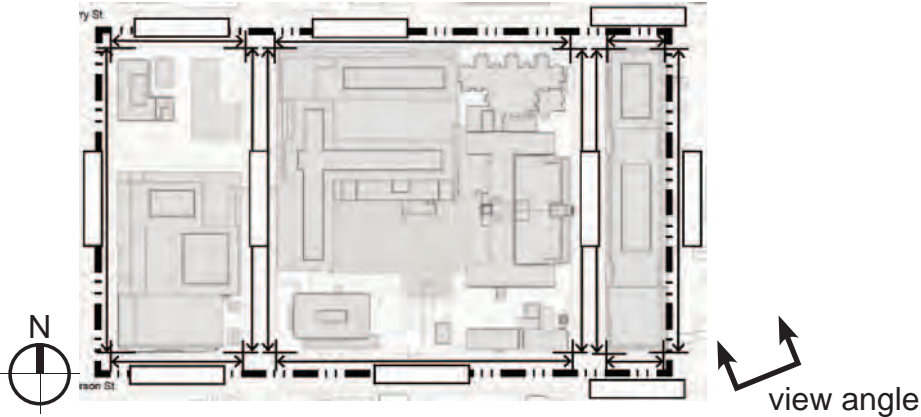
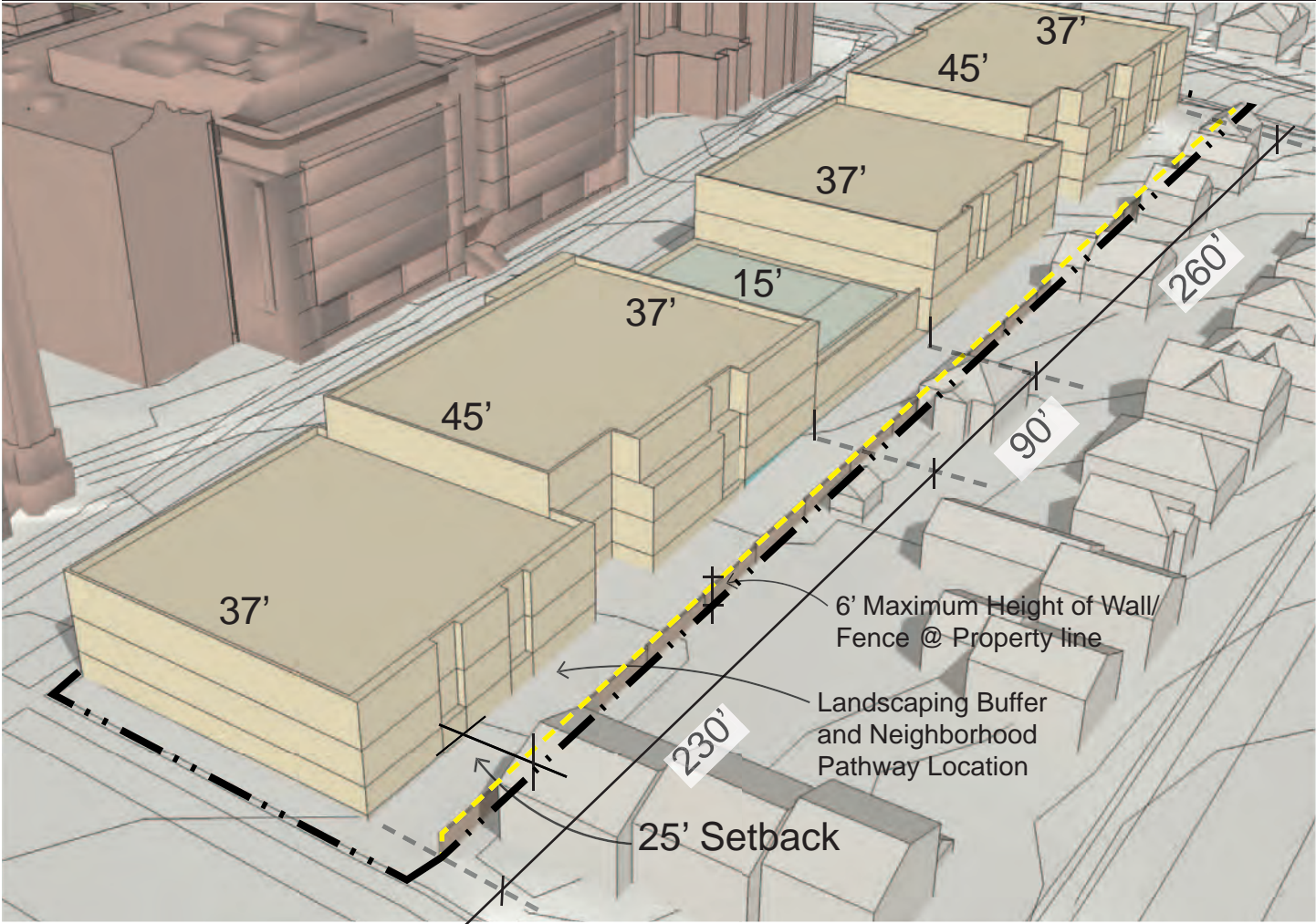
New proposed 10' feet setback from property line up to 37'-0" high. And a setback of 30 feet up to 45'-0" high.



Section C-C

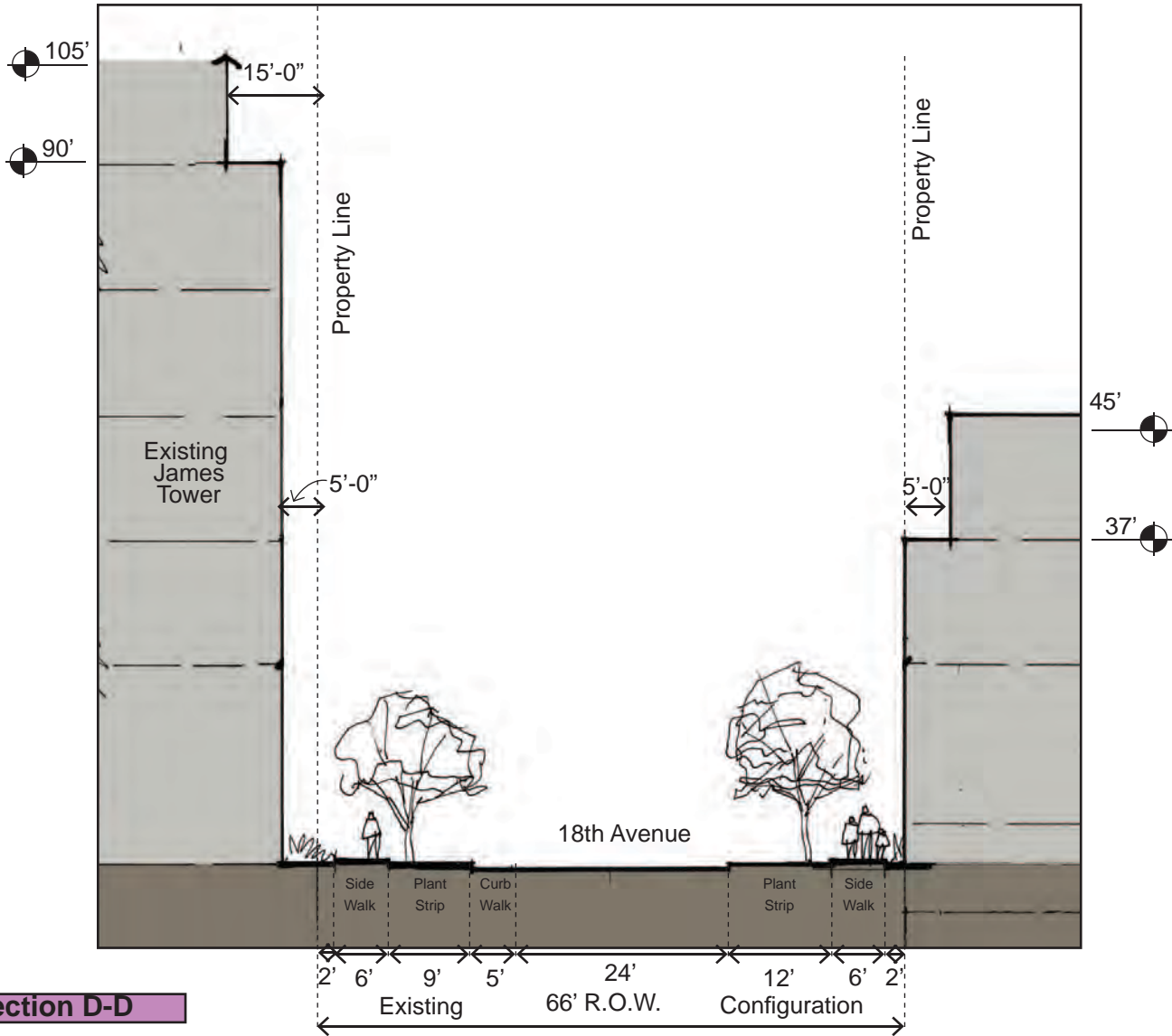


Development Standards: Figure B-4 Alternative 12 Building Setback Section A-A Aerial



Development Standards: Figure B-5

Alternative 12 Building Setback Sections



Section D-D

Setback D-D.

The west side of 18th Avenue is an existing 5 feet setback up to 90' high. The mechanical screen is set back 15'-0" up to 105' high. Future development would also meeting these setbacks.

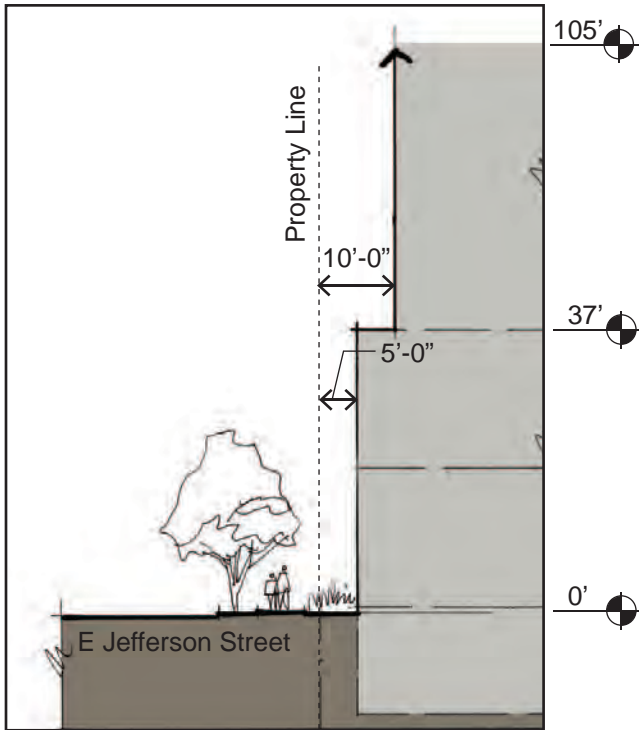
The east side of 18th Avenue is a setback 0' from property line up to 37'-0". And 5' above 37'-0" to maximum height of 45'-0".

Within the existing 18th Avenue street width, bike lanes will share the street with the car lanes, this block is a continuation of the proposed neighborhood greenway north and south of the MIO boundary.



Development Standards: Figure B-6

Alternative 12 Building Setback Sections



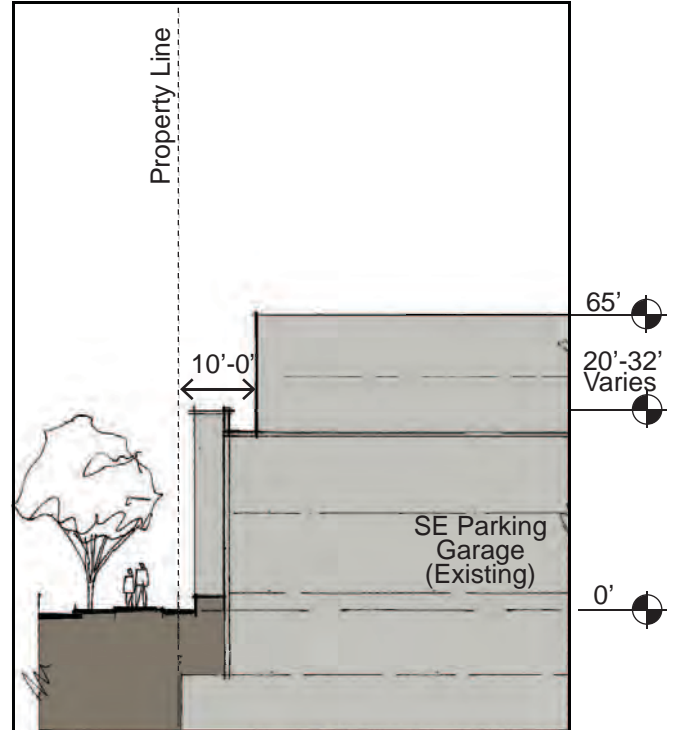
Section E-E

Setback E-E

New proposed setbacks of 5 feet from property line up to 37'-0" high, and 10 feet from the property line above 37'-0" up to the maximum height.

Setback F-F

Additions to existing structure will setback 10 feet from property line.



Section F-F

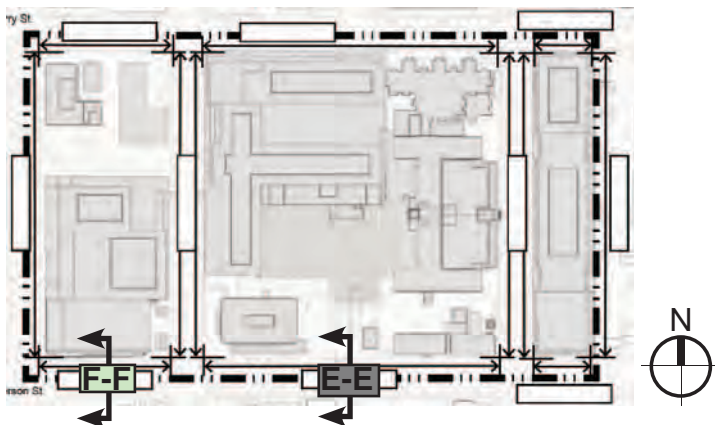
Setback G-G

Setback G-G new proposed setbacks of 0' feet from property line up to 37'-0" high, 10 feet up to 65'-0" high, 15 feet up to 160' high.

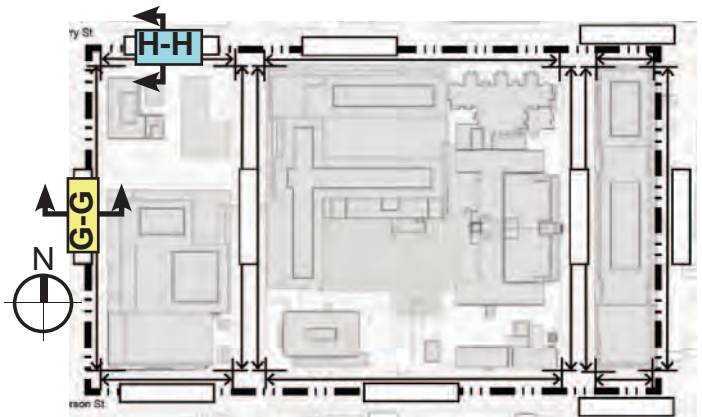
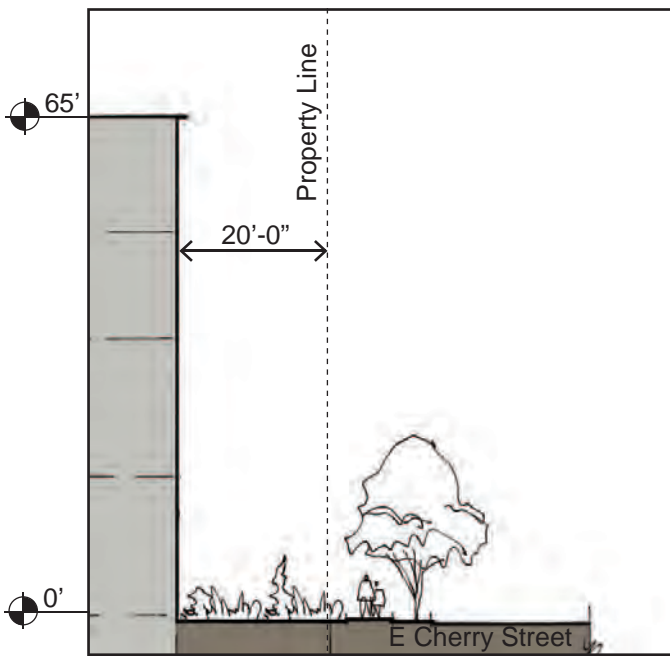
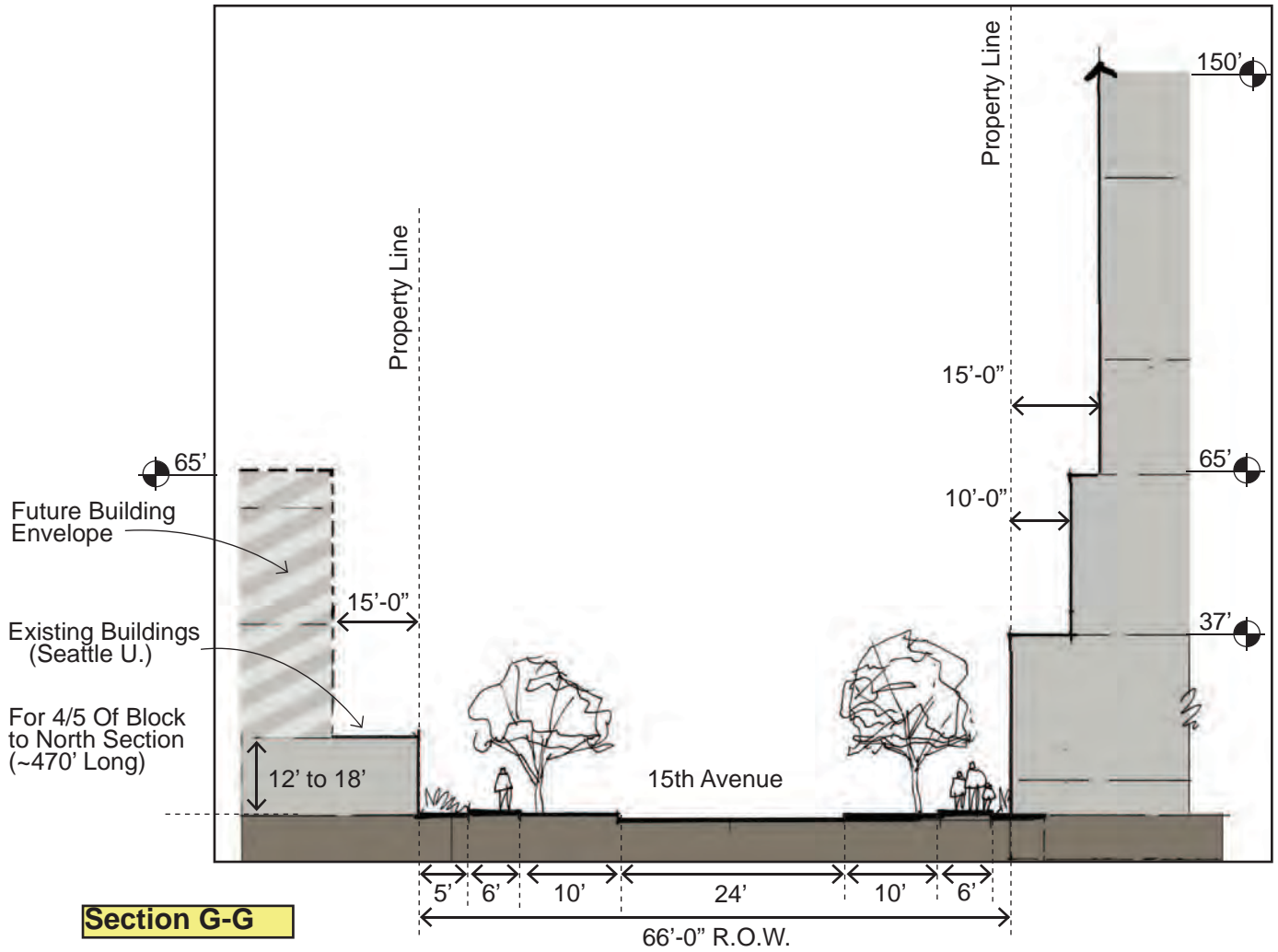
West side of 15th Avenue is covered in Seattle University's MIMP (approval date March 2013) and the diagram is used to demonstrate existing conditions and potential future building envelope setbacks.

Setback H-H

Similar to the expired 1994 MIMP, this setback will remain at 20 feet from property line up to the maximum height of 65'-0" high.

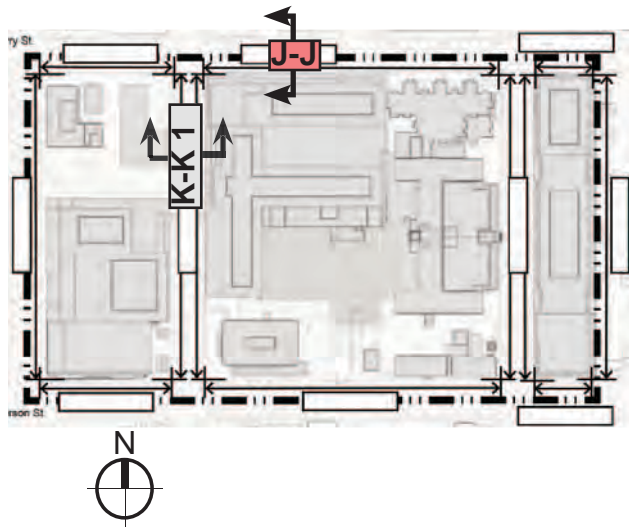


Development Standards: Figure B-7 Alternative 12 Building Setback Sections



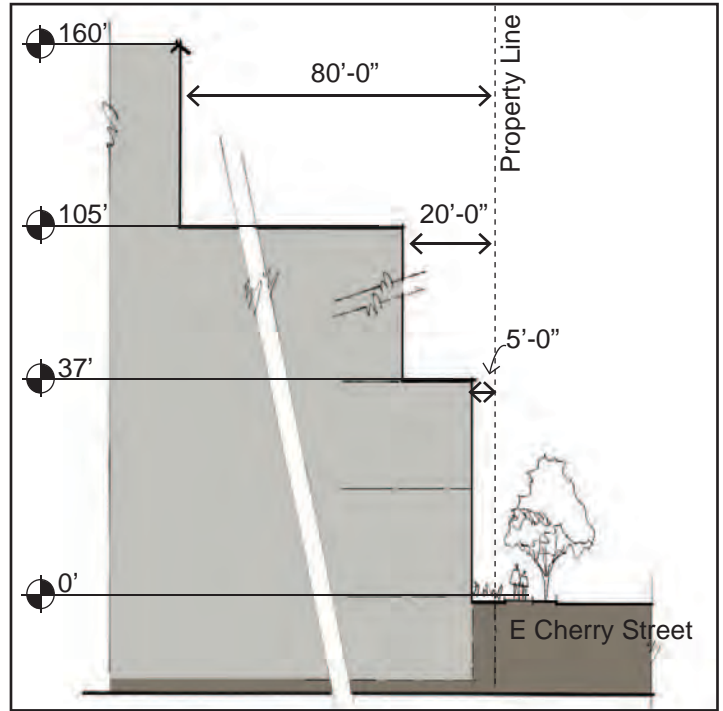
Development Standards: Figure B-8

Alternative 12 Building Setback Sections

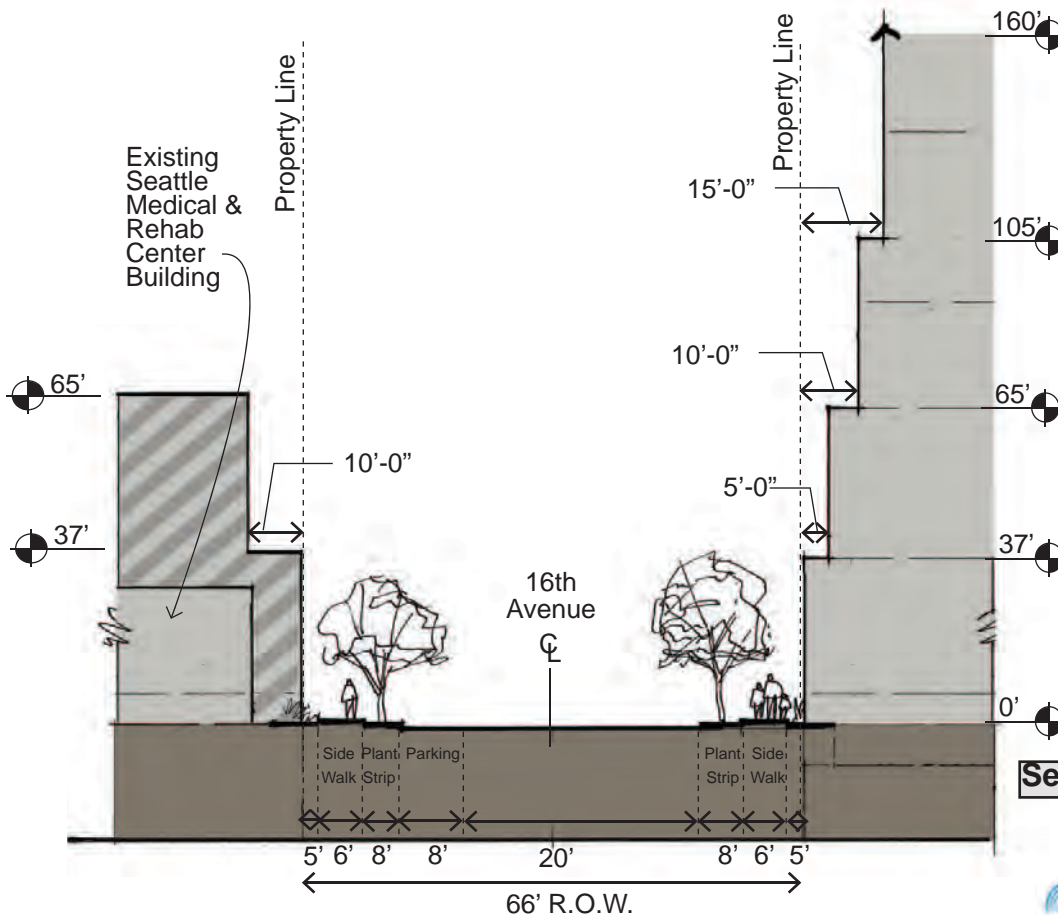


Setback J-J

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 of 160'-0"



Section J-J



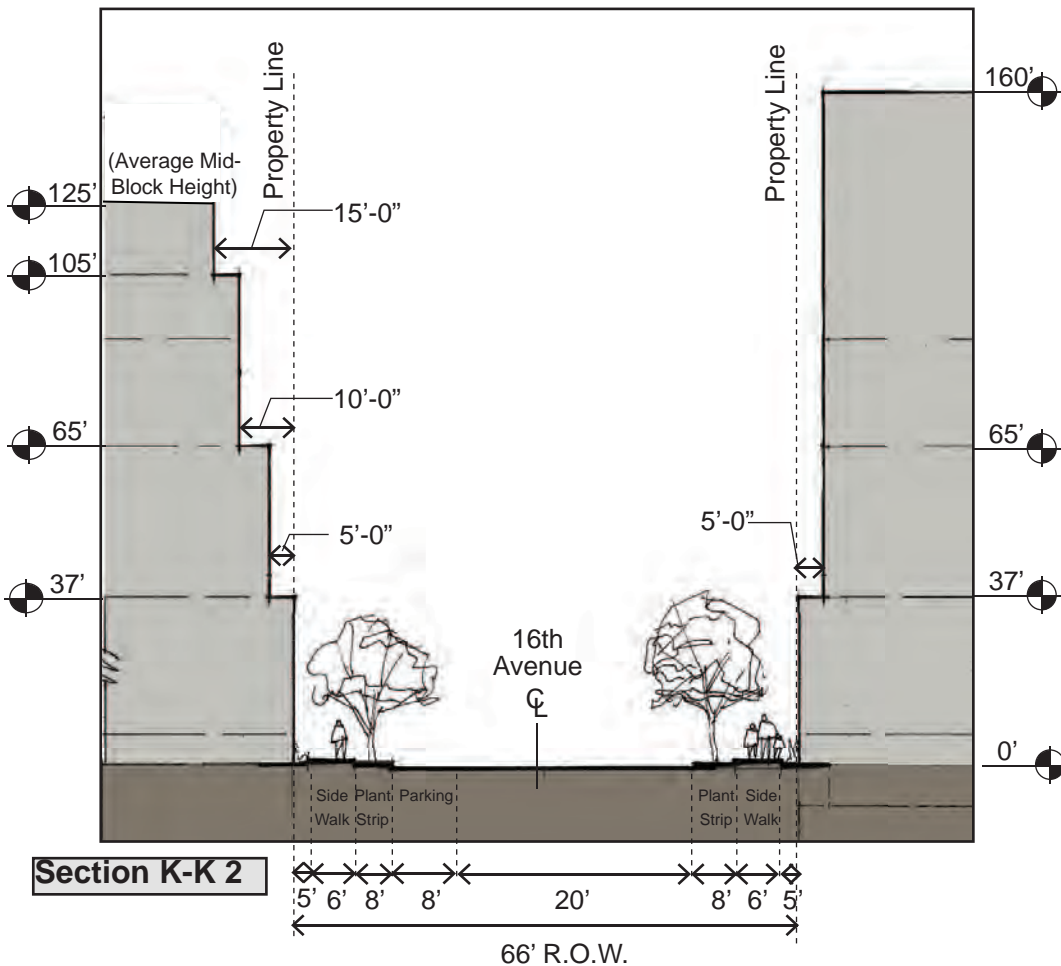
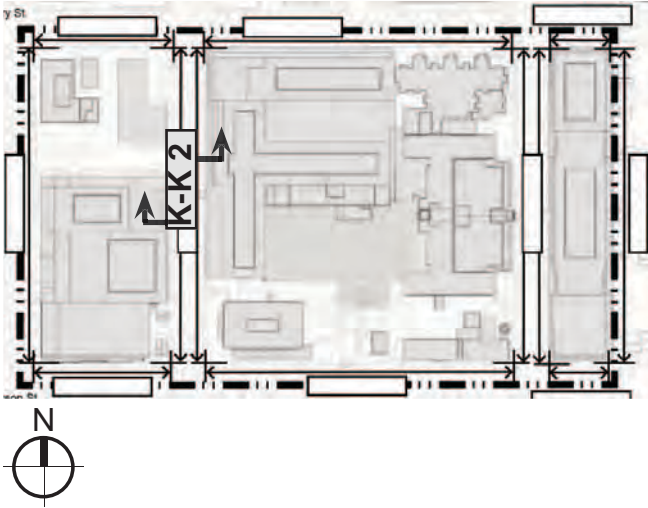
Setback K-K 1

New proposed setbacks of 0 feet from property line up to 37'-0" high, setback 5 feet up to 65'-0" high, 10 feet up to 105'-0" high and 15 feet up to maximum height of 160'-0". West side of street setback of 0 feet up to 37'-0" and 10 feet up to 65' high at existing Seattle Medical Rehab Center Building.

Section K-K 1

Development Standards: Figure B-9

Alternative 12 Building Setback Sections



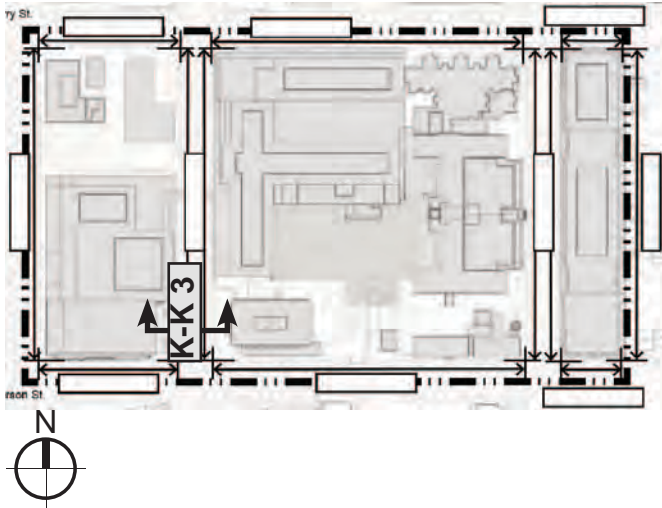
Setback K-K 2
 New proposed setbacks for west of street 0 feet from property line up to 37'-0" high, setback 5 feet up to 65'-0" high, setback 10 feet up to 105'-0" high and 15 feet up to max height of 150'-0".

New proposed setback for east side of streets 0 feet from property line up to 37'-0" high and set back 5 feet up to the maximum height. This occurs only for 90' of length at the mid-block on the east side of street.

* Reference Figure C-7 for intent to limit height on 16th Ave.

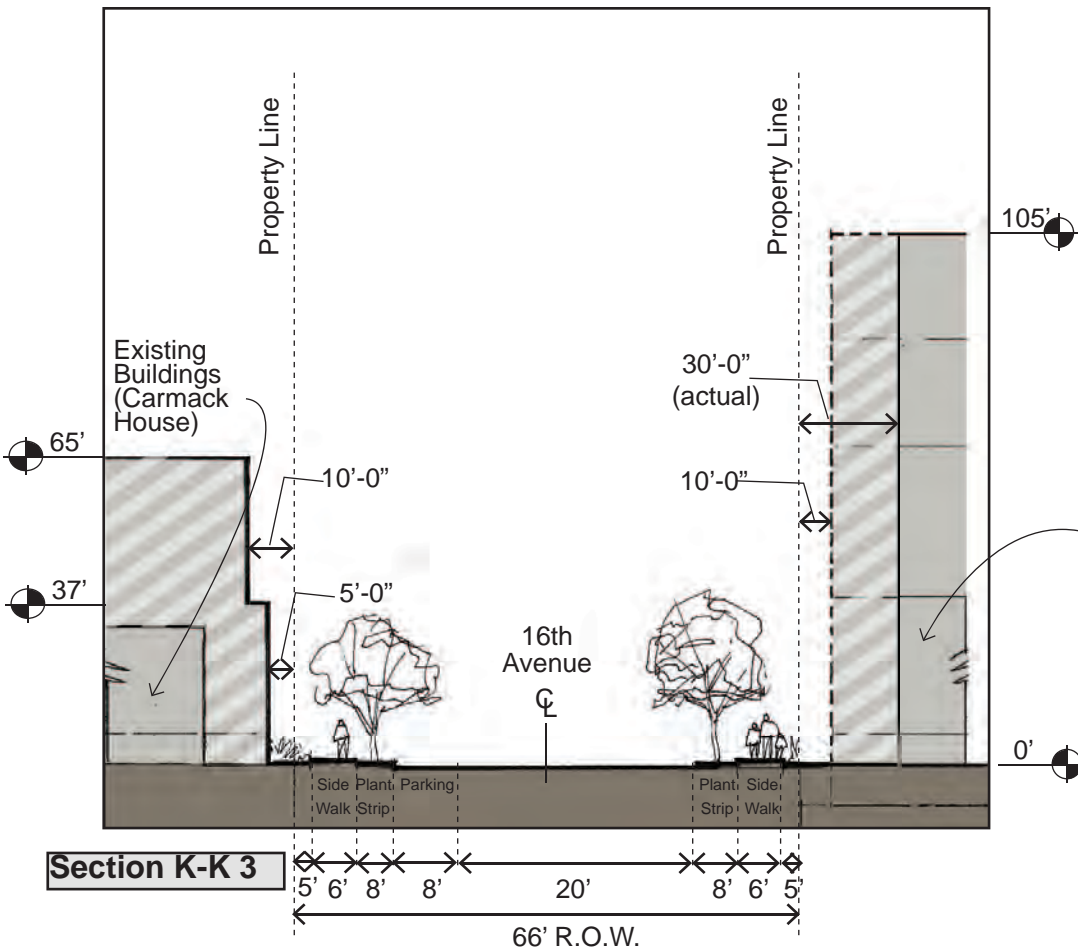
Development Standards: Figure B-10

Alternative 12 Building Setback Sections



Setback K-K 3

New proposed setbacks of 5 feet from property line up to 37'-0" high and 10 feet up to 65'-0" high for single family front yard and 10 feet for height of Jefferson Tower on 16th Avenue.



Existing Buildings (Jefferson Tower)

Section K-K 3

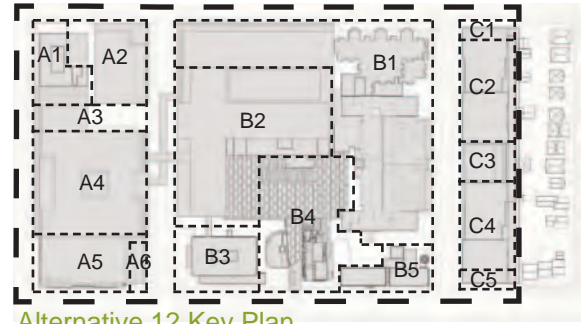
Alternative 12

Development Standards Table B-2 Comparison of Proposed Modifications to Underlying Zoning Setbacks

	Underlying Zone		Alternative 12 Height Modifications		Reason For Proposed Modifications
	Underlying Zoning	Setbacks / Yards	Setbacks	Building Height	
Section A-A	SF 5000	25'	25'	up to 37' High	Setbacks are proposed to provide an appropriate pedestrian scale and transition to the surrounding neighborhood while accommodating MIO uses.
			30'	up to 45' High	
Section B-B	SF 5000	10'	10'	up to 37' High	
			30'	up to 45' High	
Section C-C	SF 5000	10'	10'	up to 37' High	
Section D-D	LR3	5'	5'	Existing up to 90' High	
			15'	Existing up to 105' High	
	SF 5000	Average of Front Yards on either side or 20'	0'	Exists up to 37' High	
			5'	Up to 45' High	
Section E-E	LR3	5' Min	5'	up to 37' High	
			10'	up to 105'	
Section F-F	SF 5000	Average of Front Yards on either side or 20'	10'	Above existing parking garage to 65'	
Section G-G	SF 5000	Average of Front Yards on either side or 20'	0'	up to 37' High	
			10'	up to 65' High	
			15'	up to 160' High	
	LR3	5'	0'	Existing Seattle U up to 18' High up to 65' at Seattle U	
Section H-H	LR3	5'	20'	up to 65' High	
Section J-J	LR3	5'	5'	up to 37' High	
			20'	up to 105' High	
			80'	up to 160' High	
Section K-K 1	SF 5000	Average of Front Yards on either side or 20'	0'	up to 37'	
			5'	up to 65' High	
			10'	up to 105' / Existing SMRB up to 30' High	
LR3	5'	15'	up to 160' High		
Section K-K 2	SF 5000	Average of Front Yards on either side or 20'	0'	up to 37'	
			5'	up to 65' or 160' at midblock	
			10'	up to 105' High	
	LR3	5'	15'	up to 160' High	
Section K-K 3	SF 5000	Average of Front Yards on either side or 20'	5'	up to 37' High	
			10'	up to 65' High	
	LR3	5'	10'	up to 105' High	

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 needs of the medical center and physical scale of institutional buildings. Proposed height overlays 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. Overlays 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. With Alternative 12 the Center block is subdivided into 5 divisions.



Alternative 12 Key Plan

Development Standards Table B-3: Comparison of Proposed Modifications to Underlying Zoning Heights

SMC Cherry Hill Locations	Underlying Zoning Heights	Existing MIO Heights	Alternative 12 Heights
15 th /16 th Block			
A1: NW Quad.	30'	65'	65'
A2: NE Quad.	30'	65'	65'
A3: Center N Quad.	30'	65'	160'
A4: Center S Quad	30'	65'	160'
A5: SW Quad	30'	65'	65'
A6: Carmack House	30'	65'	65'
16 th /18 th Block			
B1: N Quad.	30'	105'	105'
B2: Center Quad.	30'	105'	160'
B3: SW Quad.	30'	105'	105'
B4: S Quad	30'	105'	37'
B5: SE Quad.	30'	105'	40'
C1: 18 th half block			37'
C2:			37' / 45'
C3:	30'	37'	15'
C4:			37' / 45'
C5:			37'

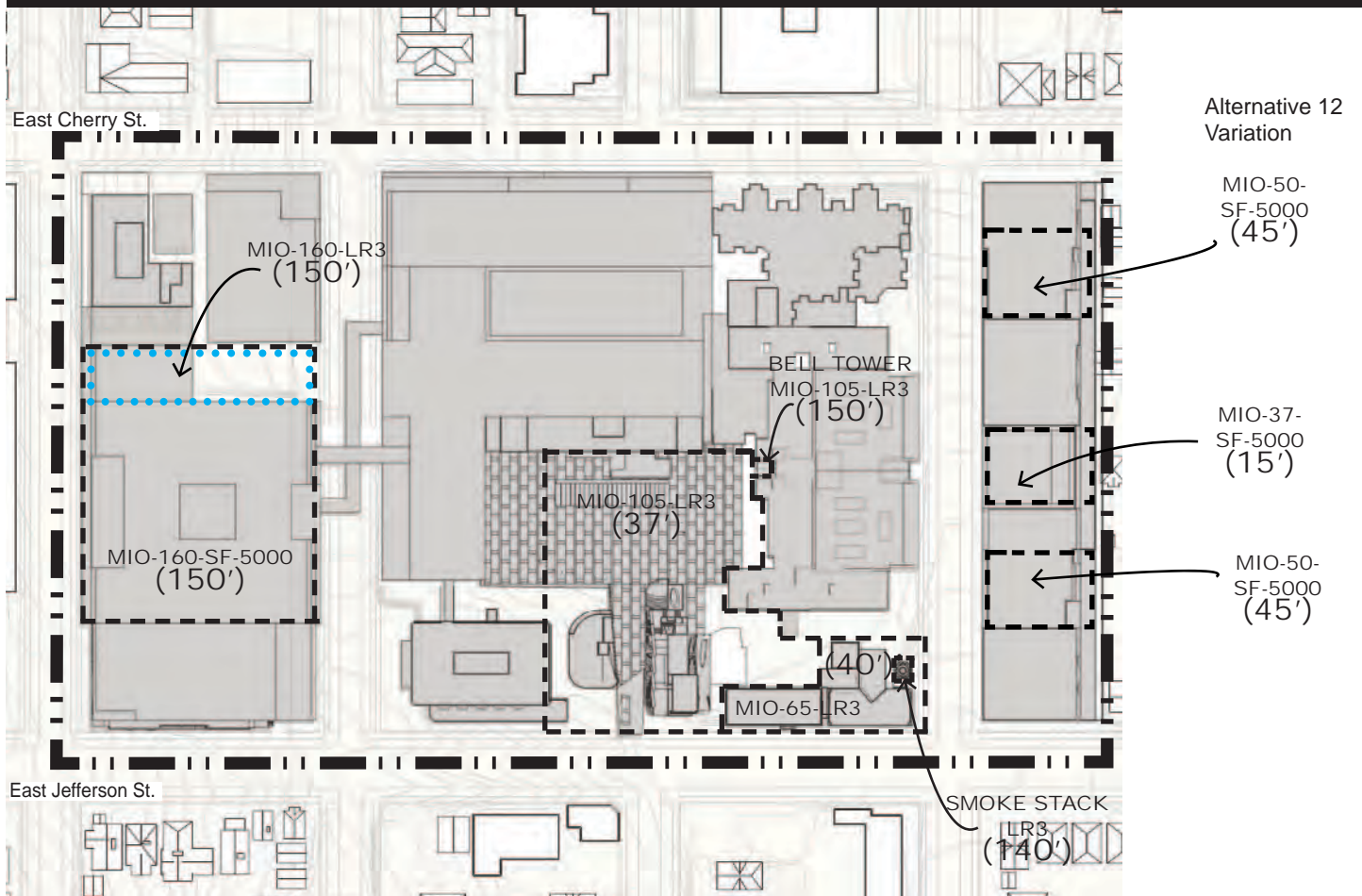
Existing buildings not intended to change within the MIO district under the MIMP are indicated on the plan below. The intent is to condition the heights of these buildings to the current heights for the James Tower Bell Tower, Annex Building and the 1910 Power House and smoke stacks. The James Tower bell tower and the Power House smoke stack both exceed the existing and proposed MIO heights, but will remain as is. The center plaza area at 17th Avenue will be conditioned to a height of 37 feet.

Alternative 12 Central Utility Plant MIO 65 is conditioned to 40'.

Alternative 12 also has a mid-block MIO 37' zone conditioned down to 15'-0" high, and has two MIO 50' zone conditioned down to 45'-0".

Development Standards: Figure B-11

Conditioned Heights: Alternative 12



*Conditioned Heights Shown In Parentheses

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 B-6 and Figure B-12.

Details of the MIO projects are not known at this time and so exact lot coverages are also not known at this time.

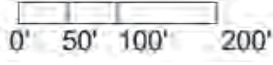
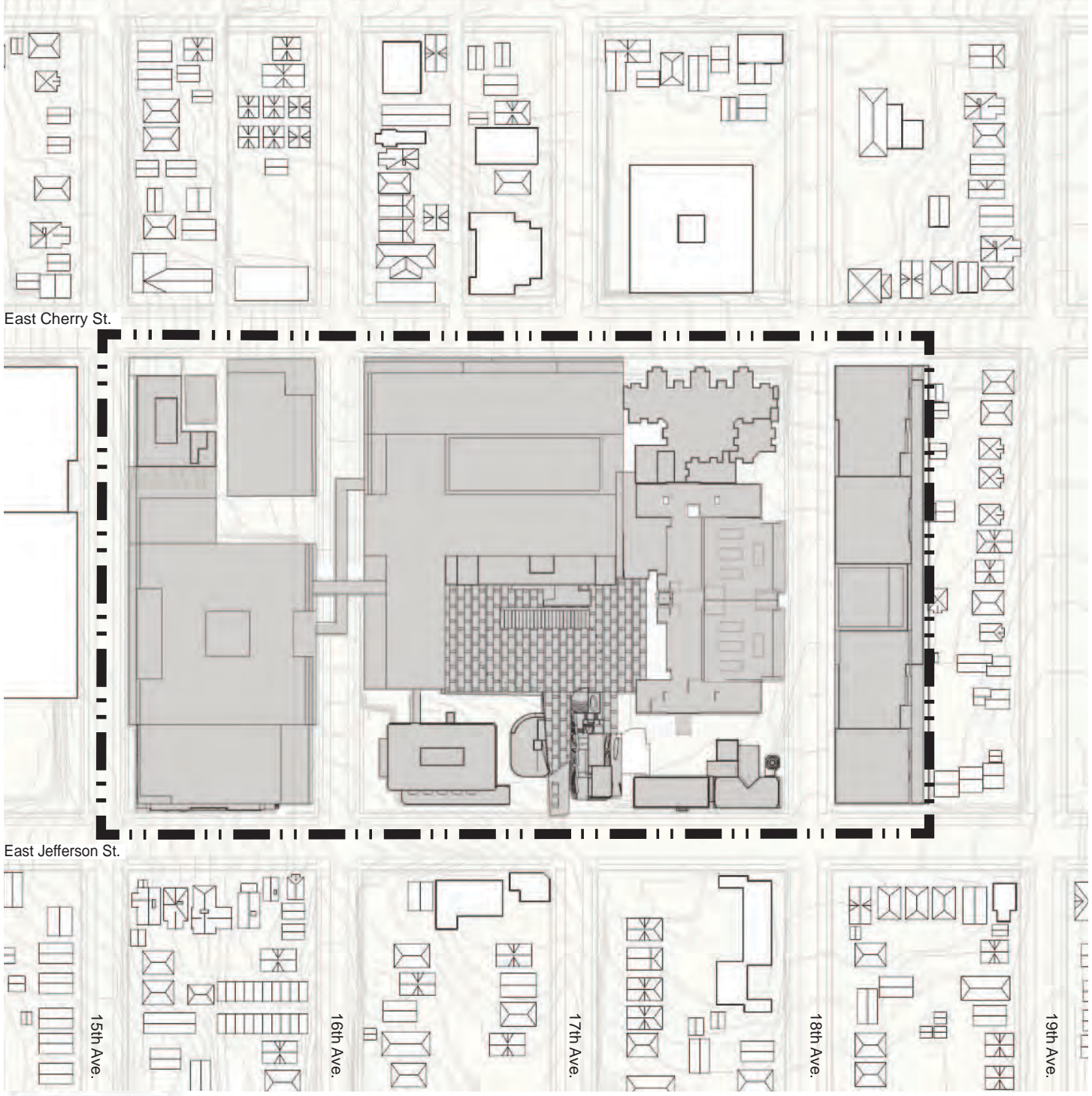
Since projects have not yet been designed, the exact building structure “footprints” and resulting lot coverage is not known. The estimated lot coverage will likely change as the projects are defined. Because planning flexibility is necessary, a lot coverage standard is proposed. The proposed maximum 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 B-4: Lot Coverage

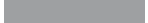

Existing MIO Site Area	Existing Lot Coverage	Total Proposed Estimated Lot Coverage	Existing Lot Coverage	Proposed Lot Coverage
580,569 SF	304,728 SF	444,232 SF	52%	76.5%

Development Standards: Figure B-12

Planned Future Lot Coverage



Legend

- Lot Coverage 
- MIO Site Boundary 



3d. Landscaping

“Landscaping” is defined in the Seattle Land Use Code (23.84A.024) as: live planting materials, including but not limited to, trees, shrubs, vegetables, fruits, grass, vines, 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 planned projects. The proposed buildings at the corner of 16th and E. Cherry, 18th and E. Cherry, 16th Ave. & E. Jefferson, and 18th & E. Jefferson will be set back from the corner to allow visibility. Any proposed landscaping at these locations will not obscure visibility around the corner. Landscaping will be proposed to benefit the neighborhood pedestrian experience and promote pedestrian security and safety.

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.

Lighting and Wayfinding

Enhanced pedestrian level lighting will be added throughout the campus and along the campus boundaries, especially at the intersections. Pedestrian lighting improvements between the campus and major pedestrian and bicycle facilities will also be considered.

MIO Community Amenities within Landscaping

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 following would be located within the public right of way:

- The perimeter pedestrian sidewalk and landscaping. Included aspects: widen sidewalks to SDOT standards, 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 perimeter Health Walk path on E. Cherry Street, 15th Avenue, E. Jefferson Street and 18th / 19th Avenue landscape buffer through sidewalk markers and information stops.

The following would be located on property within the institutional boundary:

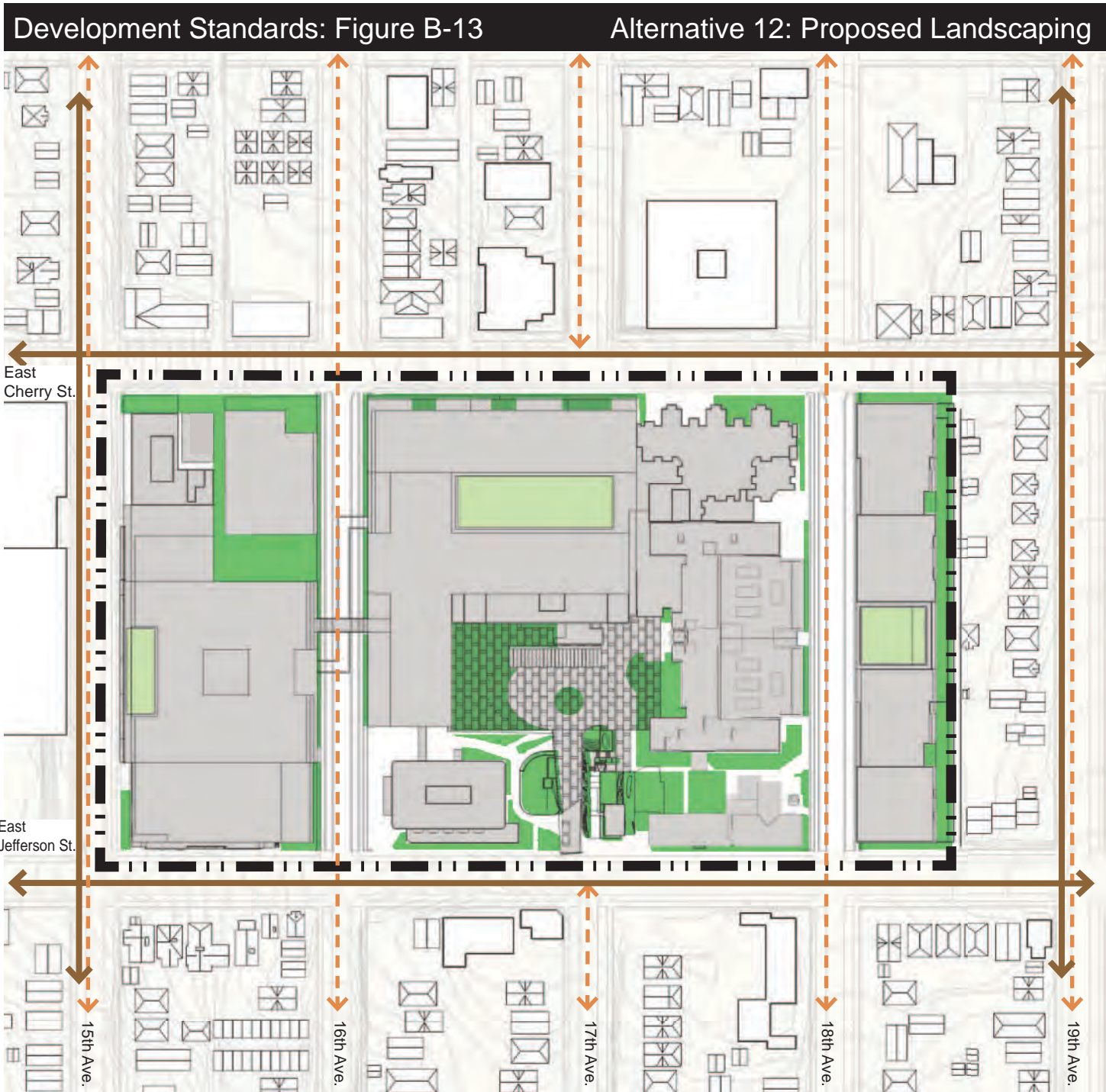
- The 17th Avenue pedestrian (internal / external) connector with a new entry / landscaped area at 17th Avenue and E. Cherry Street.
- The Providence Annex into a daycare center.
- The east-west interior pedestrian path extension to a new view node / lookout above 15th Avenue & 18th Avenue.
- The internal 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.

The following would be located on both public and Swedish/Sabey property:

- The Metro bus stop on E. Jefferson Street.

Concept streetscape design will be reviewed and approved by SDOT. Possible improvements to the E. Jefferson bus stop include:

- Installation of Real Time information signs (RTIS)
- Expansion of the covered waiting area and seating for passengers
- Installation of pedestrian scale lighting
- Extension of the inbound paved passenger boarding area to the east to accommodate space for 2 buses at the bus zone.
- Note, further design coordination with SDOT / Metro will be necessary.
- Pocket parks located along the perimeter health walk will have criteria developed to ensure that the spaces will be sites adequately scaled and effectively spaced to offer usable public spaces. Design elements of the proposed perimeter landscaping and health walk must be reviewed and approved by SDOT.

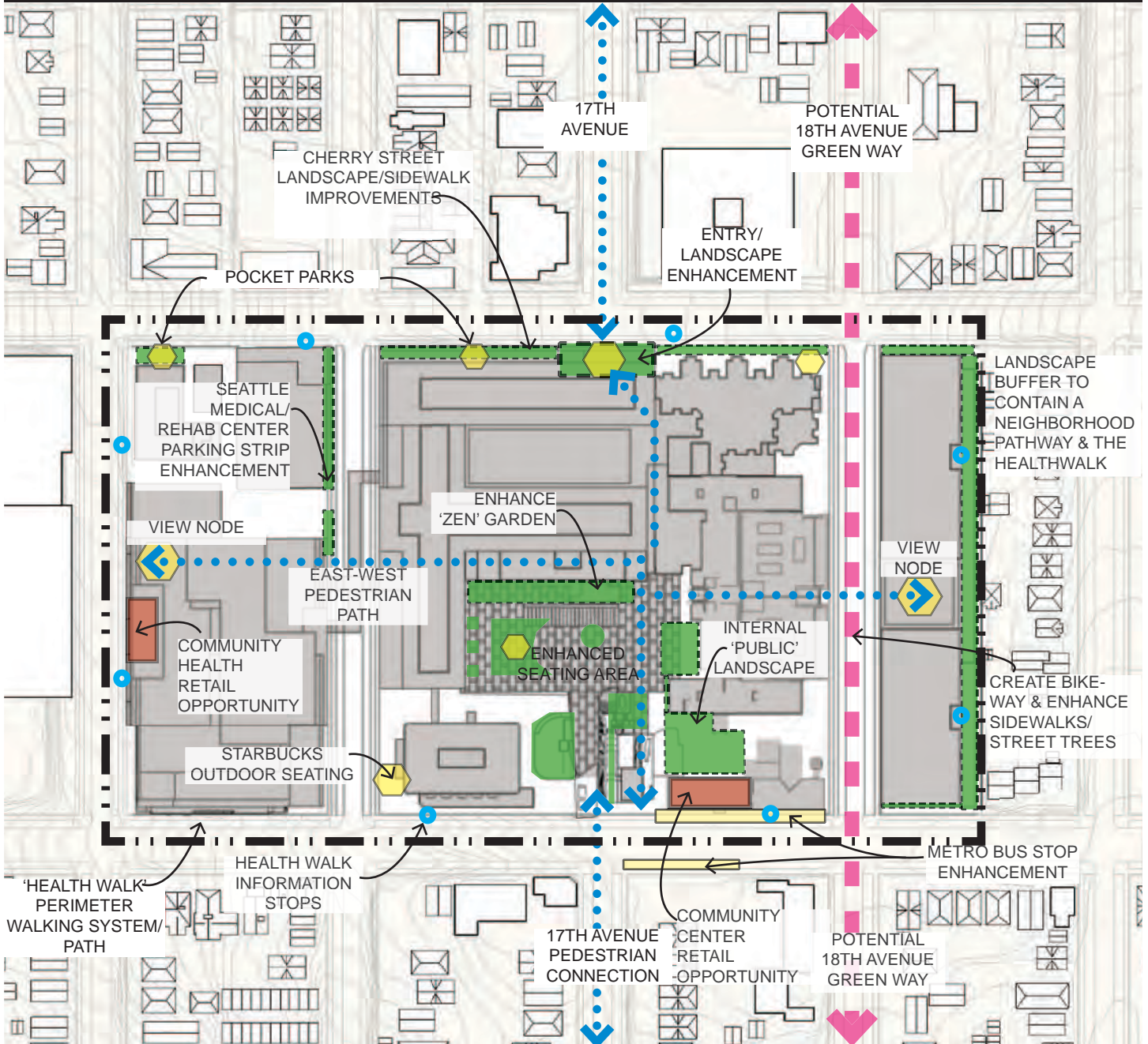


Legend

- Ground Level Landscaping
- Rooftop Gardens
- Neighborhood Pedestrian
- Neighborhood Vicinity Circulation
- MIO Site Boundary

Development Standards: Figure B-14

Alternative 12: MIO Community Amenities



Legend

- Enhanced Landscape Areas
- Pedestrian Nodes/Pocket Parks
- Health Walk
- Pedestrian Pathways
- 18th Avenue Greenway
- MIO Site Boundary
- Community Retail Opportunities



3e. Open Space

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.

The existing MIO landscaping and screening reflect 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 designated open space is the central plaza and main hospital entrance off of East Jefferson Street.

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.

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.

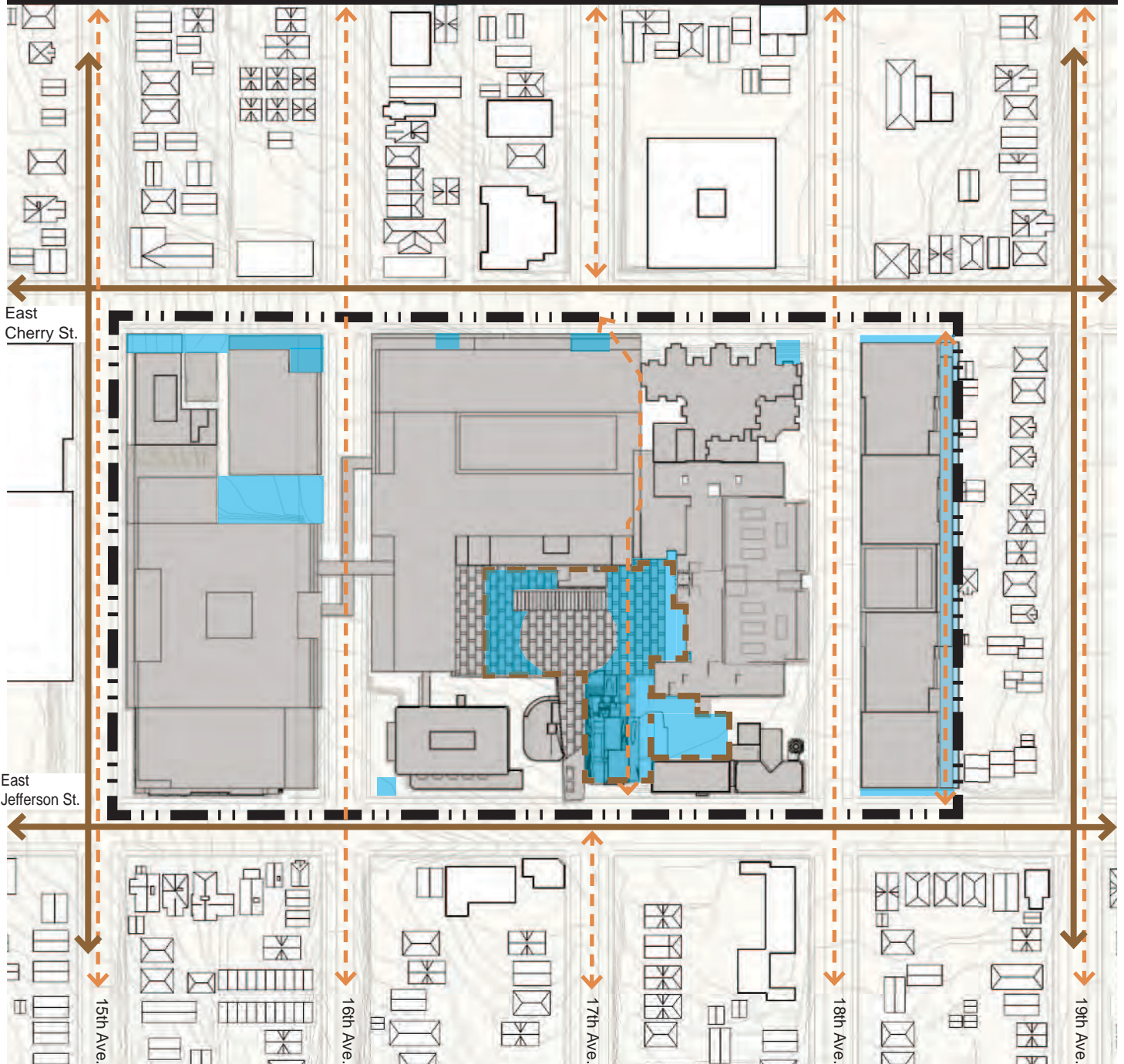
Development Standards Table B-5: Landscaped and Designated Open Space within MIO Boundaries

Existing MIO Site Area	Existing Landscaped Open Space	Existing Landscaped Open Space Percentage: 31,065 divided by 580,569 SF	Proposed Total Future Landscaped Open Space Area	Proposed Total Future Landscaped Open Space
580,569 SF	31,065 SF	5.35%	74,025 SF	12.75%

*Percentage is proposed total open space divided by MIO site area

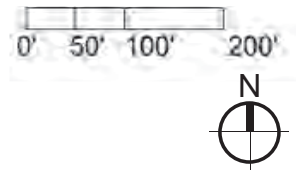
Development Standards: Figure B-15

Alternative 12: Proposed Open Space



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 mitigate building massing by the following (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 and Appendix H: Design Guidelines).

4b. Building width and depth limits

Swedish is requesting a modification to the provisions in LR3 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 LR3 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 LR3 requirement, Swedish is proposing that un-modulated facades be limited to a maximum façade width of 150 feet.
- Elimination of the LR3 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. Major Institutions must meet the development standards of 23.45.518.F.1-2. Principal structures in LR3 underlying zones need to be separated by a minimum of ten feet at any two points on different interior facades.

4d. Preservation of Historic Structures

The MIO has two designated City Landmarks within its boundary, the James Tower and Carmack House. The Carmack 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 referred to the City's Historic Preservation Officer for 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 Officer 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

Existing rights-of-way provide view corridors through the campus and buildings will have street level and upper level setbacks. Any proposed sky bridges should be limited to single corridor, two story and be transparent. Views of the James Tower will be maintained along 18th and from the central plaza. 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 north, east and south to the historic James Tower bell tower. No specific view standards are provided.

Opportunities exist to use public art as focal points, as shown in Appendix H: Design Guidelines. 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

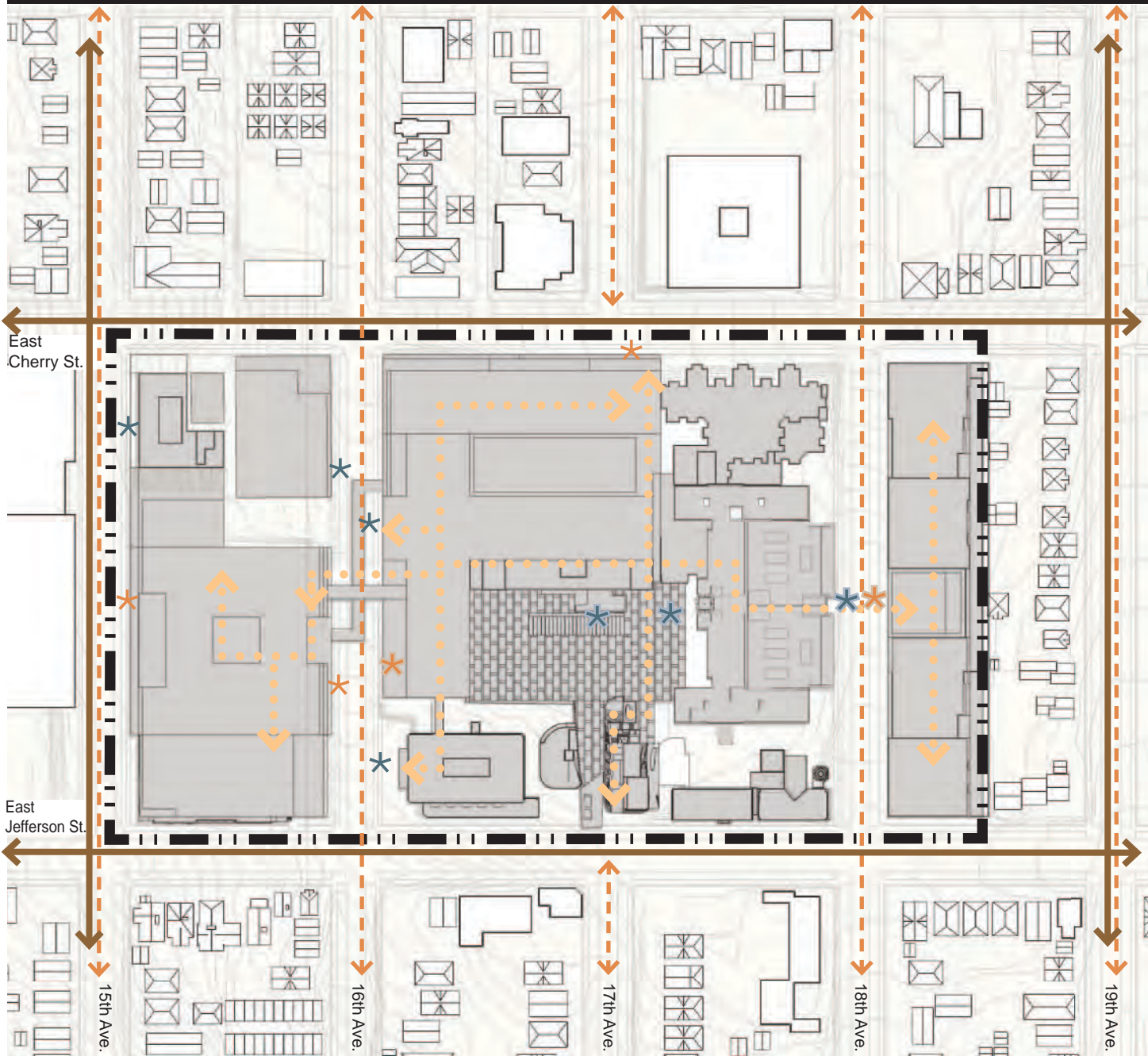
With all future projects in the MIO district, maintaining the north/south pedestrian routes within the street R.O.W.'s will be a priority component within the plans. The enhancements recently approved by DPD of the 17th Avenue internal/ external corridor will be added to the standards (clear pathway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

See Figures B-16 & B-17 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. A bicycle and pedestrian wayfinding plan, including directions to the soon to be operating streetcar and bicycle facility locations will be developed.

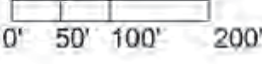
Development Standards: Figure B-16

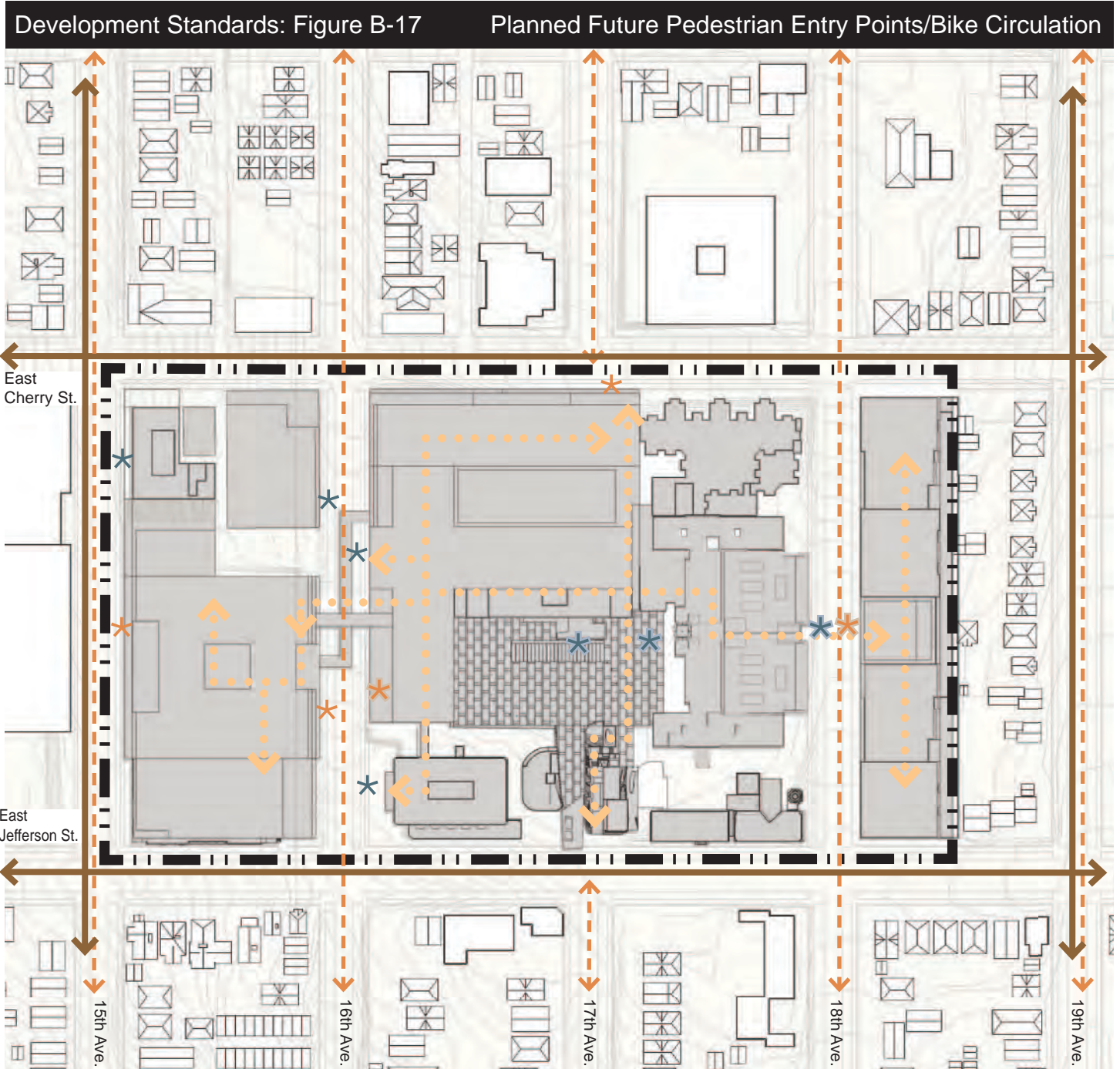
Planned Future Pedestrian Entry Points & Circulation



Legend

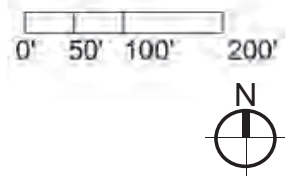
- Internal Public Circulation
- Neighborhood Pedestrian Circulation
- Neighborhood Vicinity Circulation
- Primary Building Entry Points
- Future Primary Building Entry Points
- MIO Site Boundary





Legend

- Internal Public Circulation ◀...▶
- Neighborhood Bike Circulation - - - - -
- Neighborhood Vicinity Circulation <====>
- Primary Building Entry Points *
- Future Primary Building Entry Points *
- MIO Site Boundary - - - - -



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C. Development Program Component

1. Alternative Proposal for Physical Development

The Development Program component of this MIMP is advancing one (1) of twelve (12) alternative proposals for physical development.

The alternative proposal looks 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 MIMP proposal is to provide flexibility as the medical center plans for the future while accommodating best medical practices and the needs of the neighborhood. The following Table C-1 states the new square footage needed over the next thirty (30) years. The ability of the proposed alternative 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 C-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

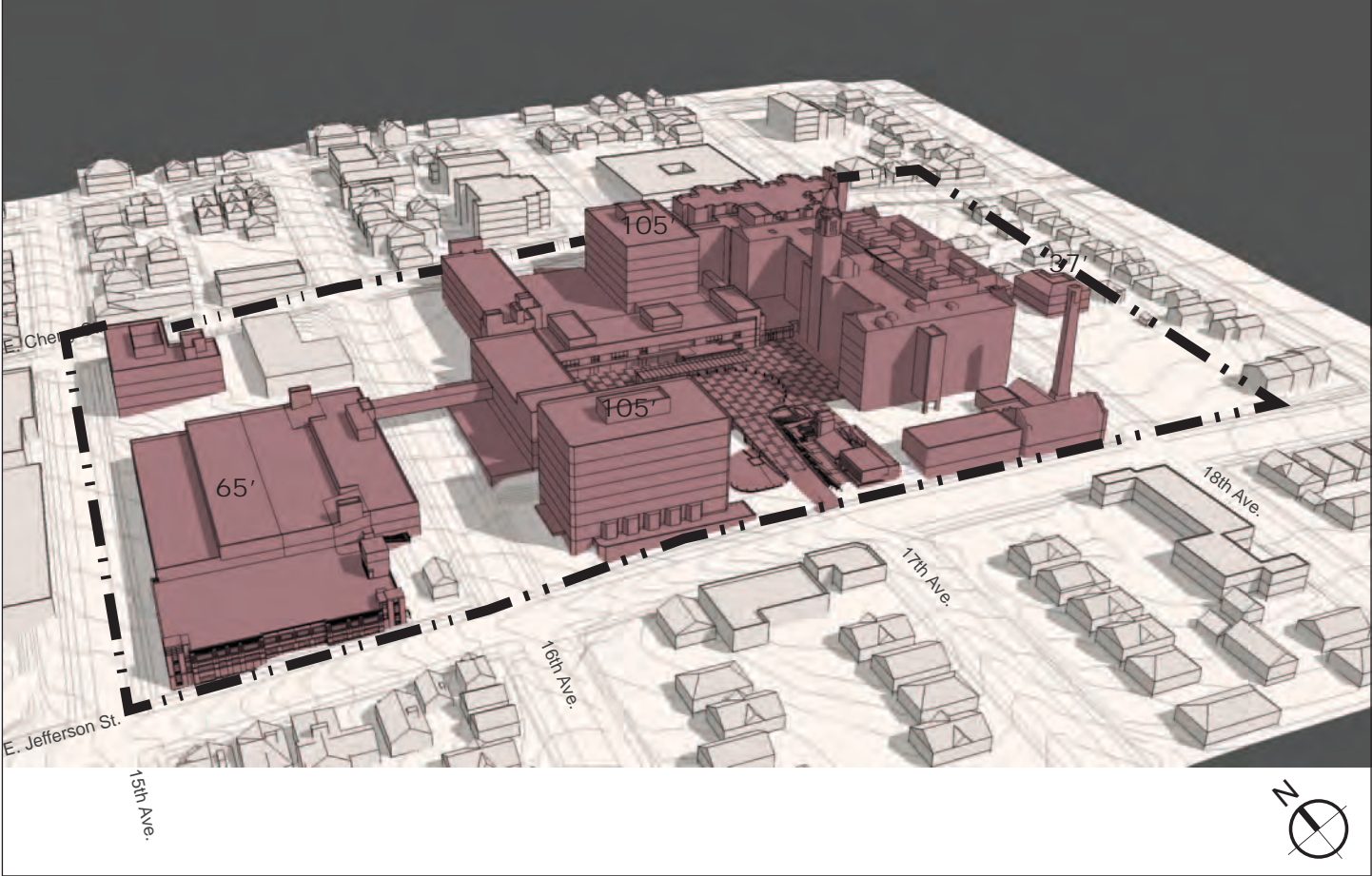
Status of Alternative Proposal for Development

Alternative 12: No expansions of MIO boundaries / no street vacations / compressed growth / concentration of development toward the center of MIO / transition to lower height at MIO perimeter.

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

Existing MIO

Development Program: Figure C-1 Existing MIO Conditions: Height, Bulk, and Form



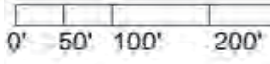
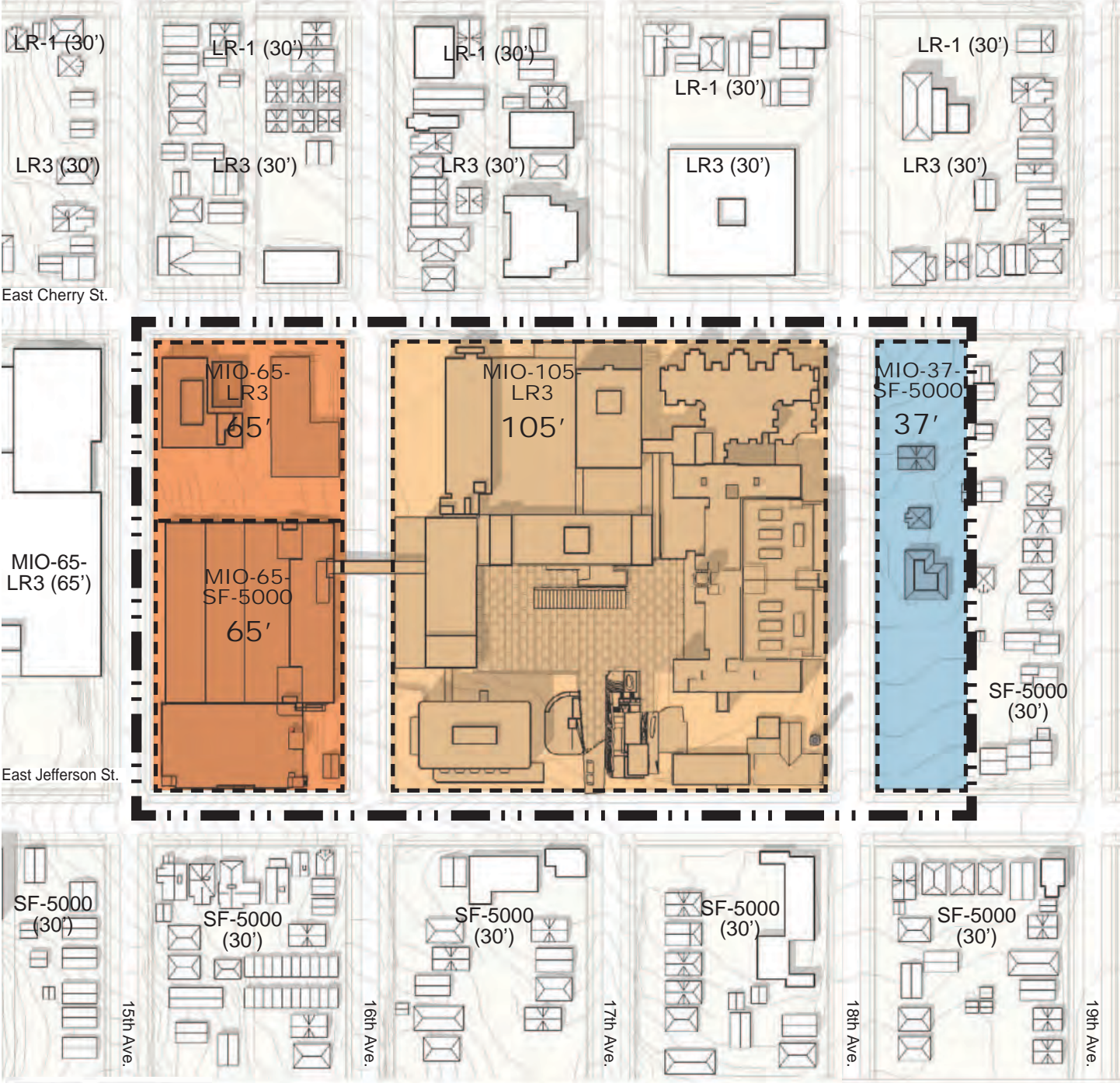
Legend of Existing Height, Bulk and Form

Existing Height, Bulk and Form

Existing MIO District

- Swedish Medical Center: 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 C-2 Existing MIO Condition Heights

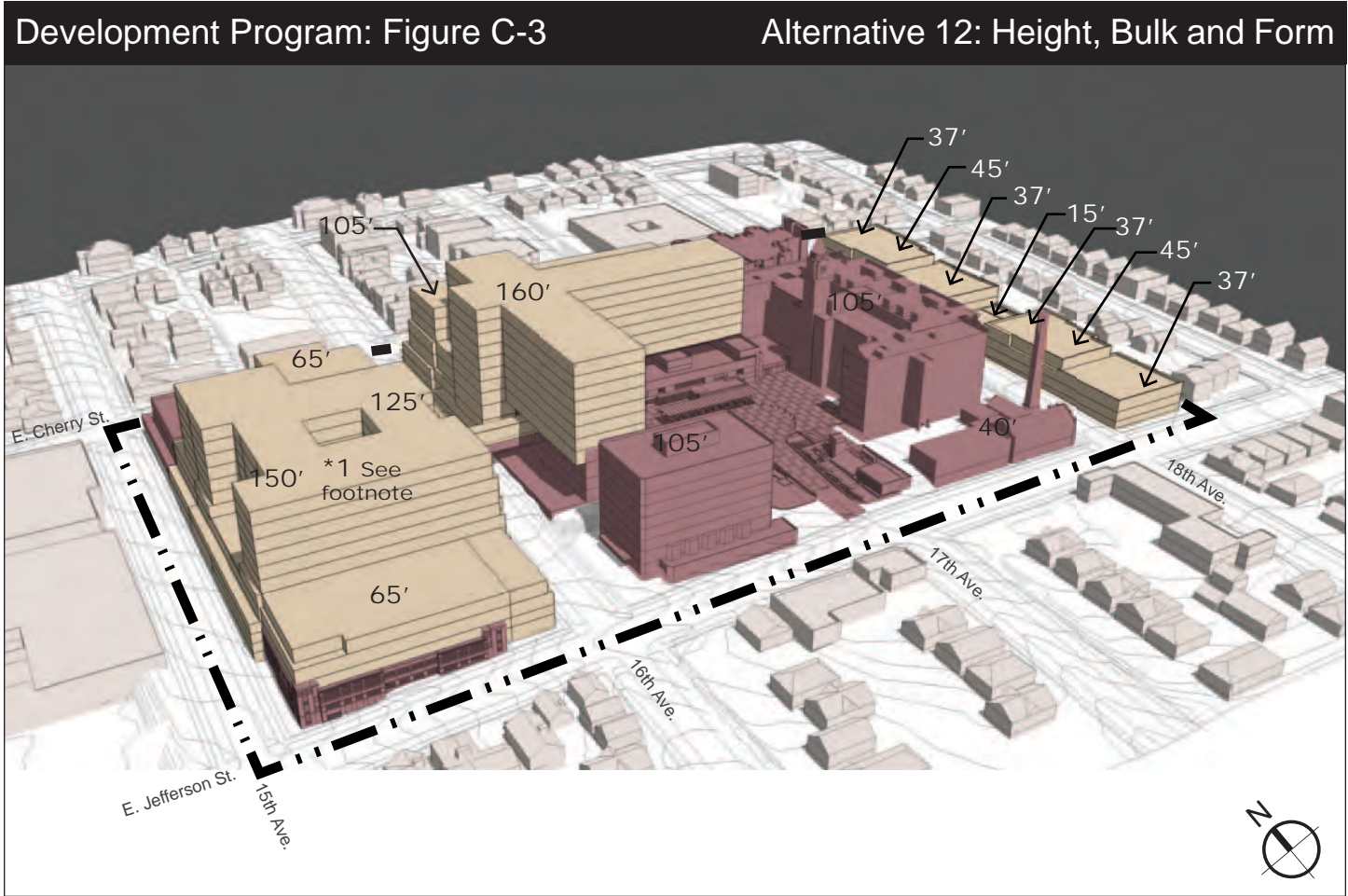


Legend of Existing Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO -105		MIO Site Boundary	
MIO-90			



Alternative 12



Legend of Planned Future Height, Bulk and Form

- Existing Height, Bulk and Form to Remain
- Planned Future Height, Bulk and Form

Alternative 12:

- Maintains the existing campus MIO boundaries.
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 37', 50', 65', 105' and 160'.
- 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.

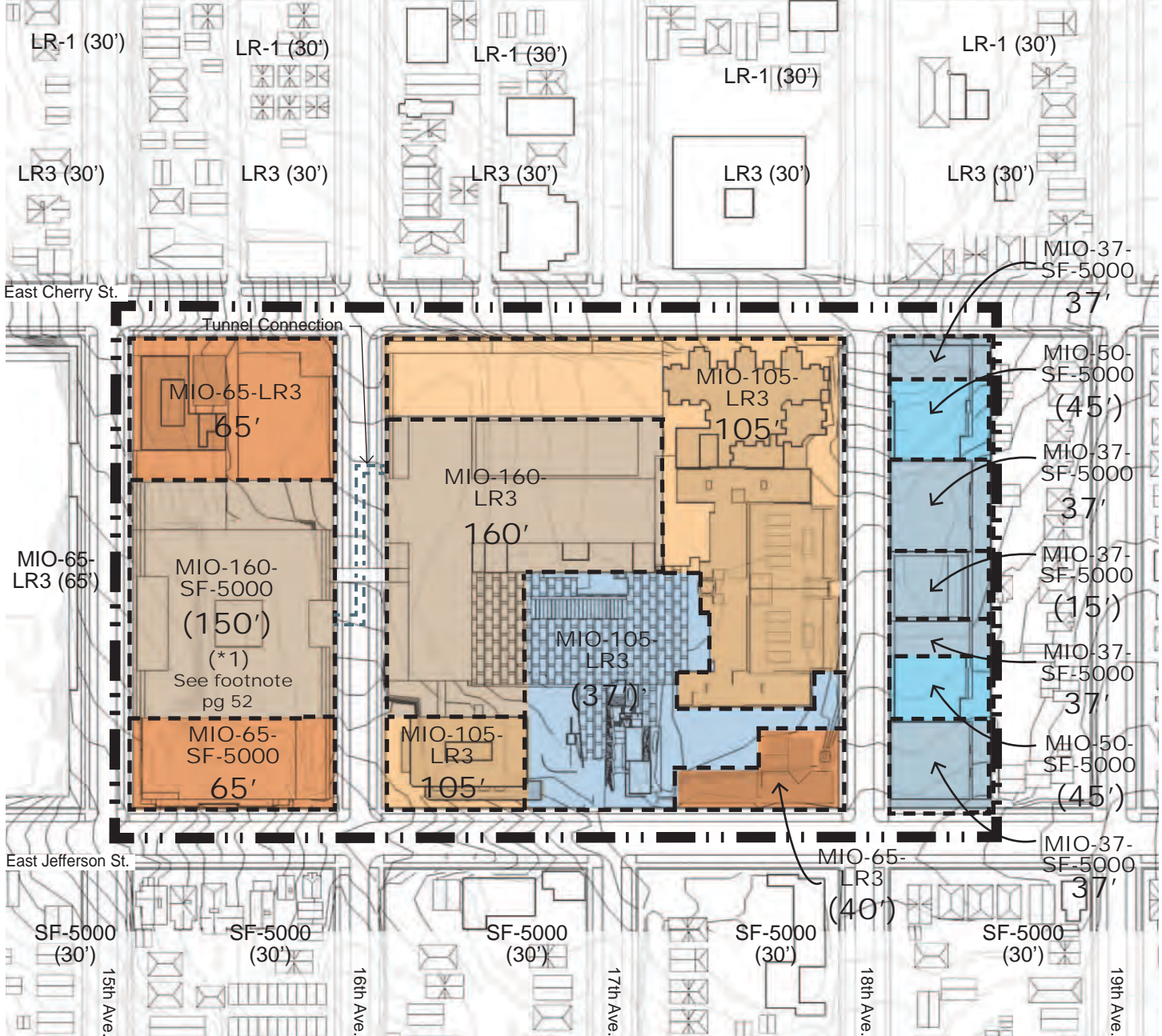
Footnote

*1 It is SMC's intent to limit building height on 15th Ave to 150' and to 125' at the midpoint of 16th Ave. Exact wording of this conditioned height to be discussed and approved by DPD.

Qualities of the alternative:

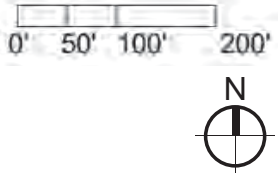
- Allows adequate vertical growth capabilities & compresses growth towards center of campus.
- Increases FAR by amount needed for identified needs (Table C-3).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter
- Greater setback buffer to 19th Ave. residential lots
- Conditioned down some heights to maintain existing and lesser conditions.

Development Program: Figure C-4 Alternative 12: Heights



Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		LR3	
MIO-90		SF-5000	
		MIO Site Boundary	



Alternative 12

In an effort to study additional bulk and scale reduction, Alternative 12 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 guest rooms
- 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 C-2. Alternatives 12: Gross Square Footage

	2012 EXISTING SF	2040 Need	Alternatives 12
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. Gross Floor Area and Floor Area Ratio

The following is the density of the existing campus and the density proposed 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.

The existing campus has approximately 1.2 million sf and a FAR of 2.07.

Development Program Table C-3: Gross Floor Area and Floor Area Ratio (FAR)

Alternative	Land Basis	Total Gross Square Feet	Floor Area Ratio (FAR)	Remarks
Existing MIO	580, 569 SF No Change	1.2M SF	2.07	Used for comparing existing campus with proposed Alternative 12
Alternative 12	580,569 SF 13.33 AC	2.75M SF	4.74	

Exemptions from FAR

Swedish is requesting exemption from FAR consistent with other MIMPs.

When calculating FAR certain areas are exempt. Swedish Medical Center requests the exemption of the following areas from the FAR calculation.

- Portions of structures below grade
- Parking
- Mechanical Areas (floors, levels, penthouses, closets, and interstitial space that is not occupiable)
- Electrical Areas (generators, transformers, closets, servers and space that is not occupiable)

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. Currently on campus there are 1,510 stalls. Approximately 2,245 are proposed for Alternative 12. For further detail, refer to Section D: Transportation Management Program

4. Existing and Planned Future Development

The proposed MIMP will allow Swedish Medical Center to develop and improve significant portions of the MIO district providing much needed clinical and patient care space. The future hospital needs are proposed to occur on the NW portion of the main campus block (16th Ave to 18th Ave, Cherry St. to Jefferson St.) on the site of the current Cherry Hill Professional Building and West Tower. This potential development would provide needed hospital increased areas for diagnostic and treatment inpatient / outpatient services and inpatient nursing care. This development is configured to accommodate the hospital inpatient bed need in the wings that are shown in Figure C-3. Heights vary from 105', 160' as shown in Alternative 12.

With the development of the east side of the MIO along 18th Ave. this new clinical, research and education area accommodates the relocation of existing services in facilities scheduled for demolition. Proposed heights vary from 37' to 50' following the topography of 18th Ave. from Cherry St. to Jefferson St. as shown on Figures C-3 and C-4.

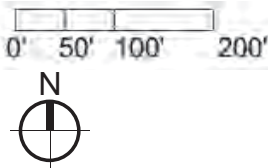
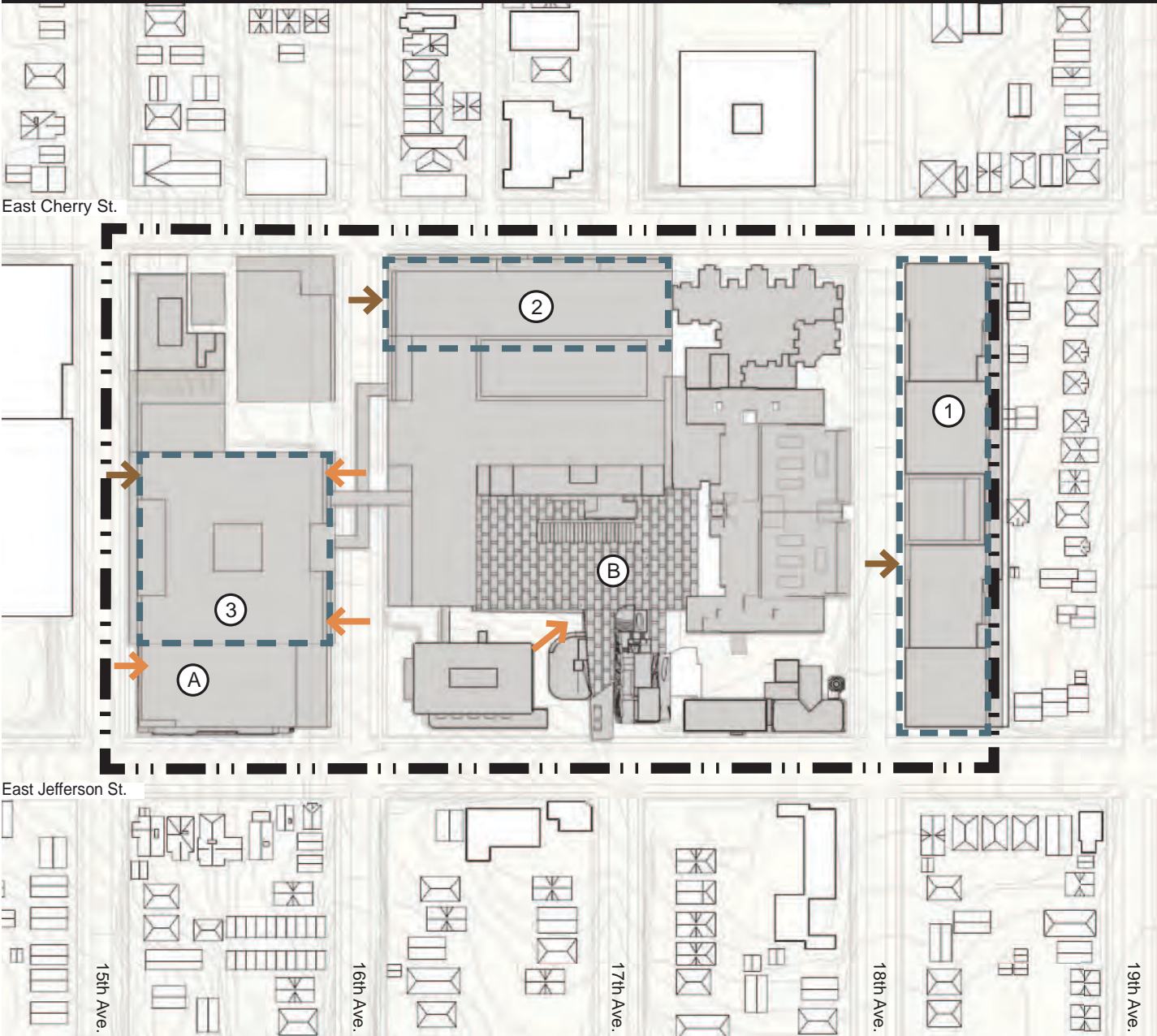
The west MIO campus block between 15th Ave. and 16th Ave. offers future development for the stated medical center needs (hospital, clinical, research, education, hotel, and long term care) in the center of the block up to a proposed height of 150' as shown in Figures C-3 and C-4. This potential development may propose both new tunnel and new skybridge connections across 16th Ave. to support the medical need to transport patients and medical supplies in safe and efficient methods across 16th Ave. to the center of the medical campus. The existing skybridge may be replaced with a new 2 level bridge to provide both public flow and separate patient flow across 16th Ave.

Open space is provided at the NW corner of 15th Ave. and Cherry St. north of the NW Kidney Center building,

additional pocket parks along Cherry St., within the 18th/19th Avenue eastern setbacks; and at the main entry plaza south of the Center Building. Additional open space is proposed as a new courtyard shown in Figures B-13, B-14, B-15 between the Annex Building and the James Tower.

All potential projects may provide new structured underground parking to meet the demand as indicated in the transportation program. See Figure C-5.

Development Program: Figure C-5 Existing & Planned Future Parking and Access



Legend

- Future Parking Entry Points
- Existing Parking Entry Points
- Future Underground Parking Structure
- MIO Site Boundary

Existing Parking to Remain

- (A) 501 Stalls
- (B) 94 Stalls

Sub-total existing:
595 stalls

Total Campus Parking:
2,245 stalls

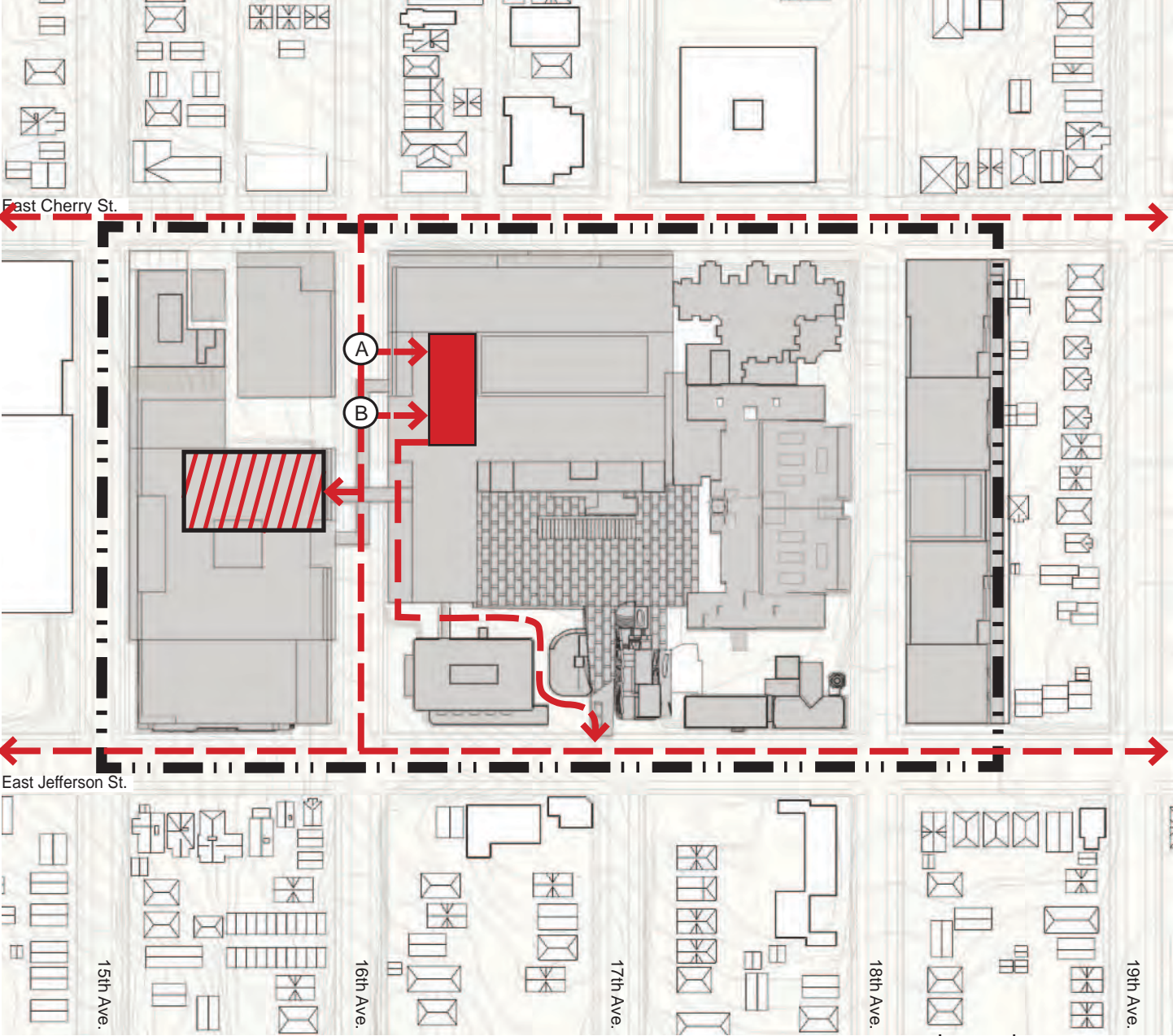
Planned Future Parking Locations

- (1) 18th Ave. Garage 326 stalls
- (2) Hospital Garage 260 stalls
- (3) West Clinic Garage 1,064 stalls

Sub-total new:
1,650 stalls*

* Alternative12
Parking Allowance





Development Program: Figure C-6 Planned Future Emergency Vehicle Access



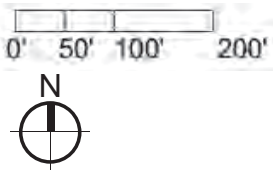
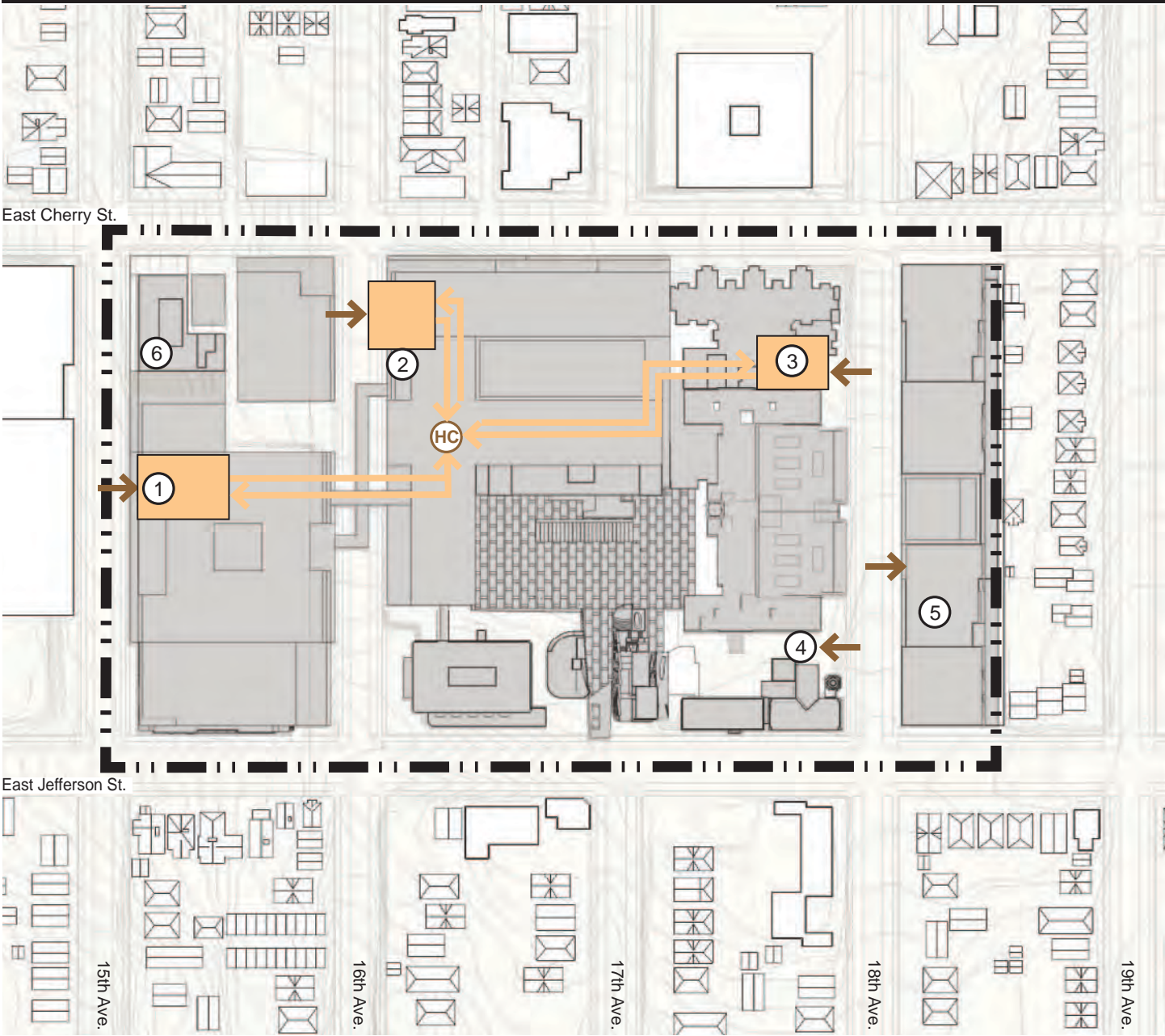
Planned Future Drop-Off & Entries

- (A) Emergency Ambulance Entry
- (B) Emergency Walk-in Entry

Legend

- Emergency Vehicle Circulation 
- MIO Site Boundary 
- Emergency Department 
- Emergency Patient Parking 

Development Program: Figure C-7 Planned Future Loading & Service Facilities



Planned Future Service Locations

- ① Service dock on 15th Avenue: Connections to hospital via corridors under 16th Avenue & proposed skybridge
- ② Service dock on 16th Avenue: Connections to hospital via internal corridors & proposed skybridge
- ③ Service dock on 18th Avenue: Connections to hospital via internal corridors
- ④ Service access to Central Utility Plant
- ⑤ Potential service access to New Medical Office Building
- ⑥ Service for NW Kidney

Legend

- Service Dock
- General Hospital Core Connection
- Connecting Path to Hospital
- Service Entry Point
- MIO Site Boundary



5. Property Ownership

See Figures

A-1

A-3

C-8

5a. Swedish Property Owned

Swedish owns the majority of the central block of the campus that contains all the core hospital components and facility support buildings.

5b. Other Ownership or use Outside the MIO District within 2,500 ft.

Other property owned by Swedish within this area includes the First Hill Campus (majority of First Hill is beyond the 2,500). Swedish leases the majority of the 600 Broadway Building at Broadway Ave. and James St. See figure A-1.

5c. Swedish Leased Property within the MIO

Swedish Medical Center and Swedish Medical Group lease the majority of the James Tower and the Jefferson Tower from the Sabey Corporation, a campus partner. See figure C-8.

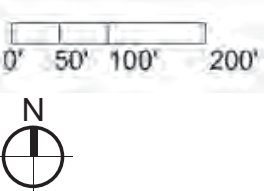
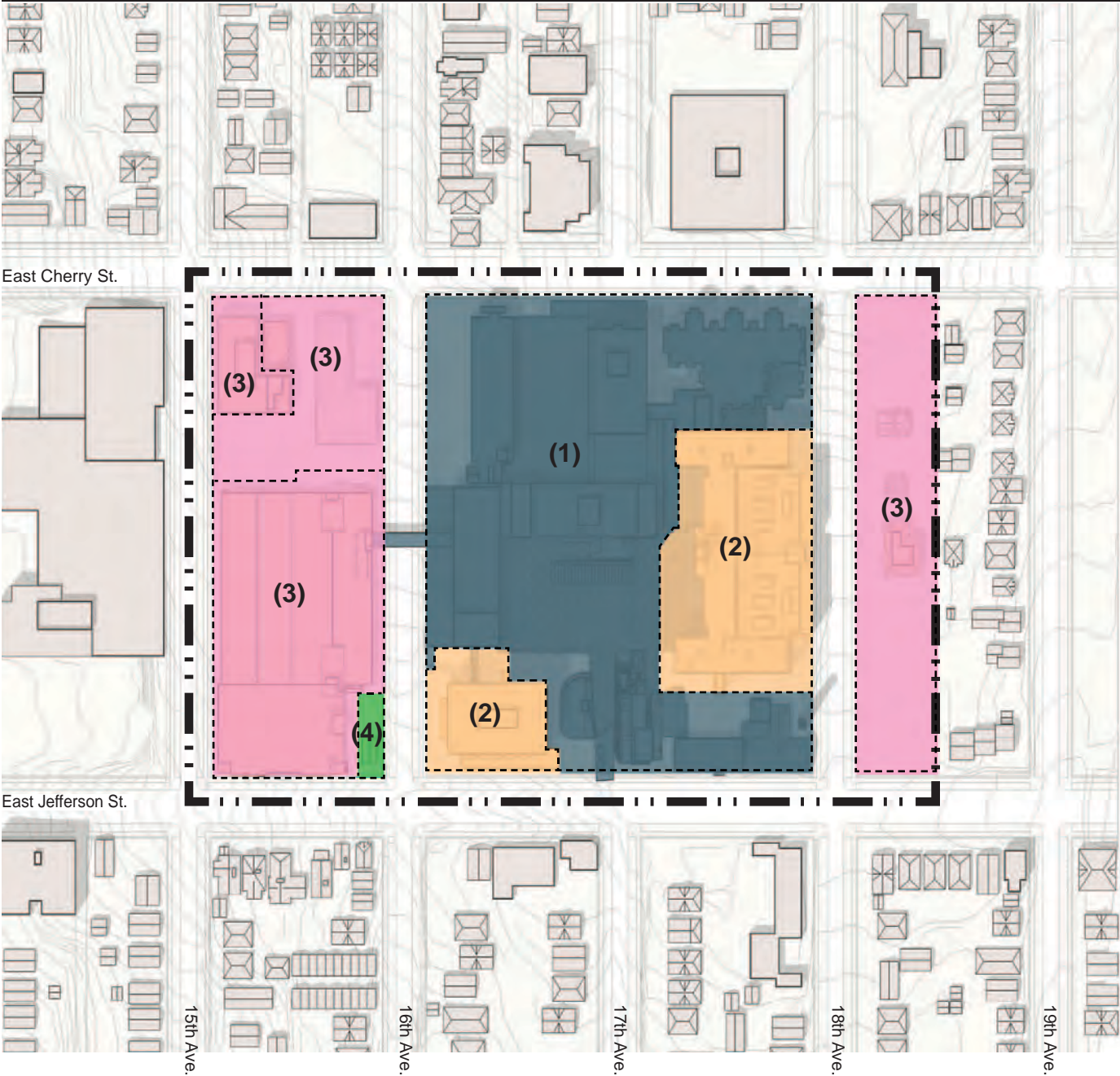
5d. Supportive / Affiliated use Property

The block between 15th Ave and 16th Ave and E Jefferson St and E Cherry St has services that support the medical center or are affiliated uses to the medical center. These supportive affiliated uses include the NW Kidney Center, Seattle Medical and Rehab Building and the structured parking garages for the campus. The half block between E. Cherry St. and E. Jefferson St. at 18th Ave contains campus surface parking and the Hope Heart medical office building, both supportive uses for the Medical Center. See figure C-8.

5e. Other Property not Owned, Leased or Used

The Carmack vacant house at the corner of 16th and E Jefferson is not owned, leased or used to support the medical center. See figure C-8.

Development Program: Figure C-8 Swedish Owned, Leased or Used Property: Site Plan



- Legend**
- (1) Owned By Swedish
 - (2) Leased By Swedish
 - (3) Supportive / Affiliated Use Property
 - (4) Other Not Swedish
 - MIO Site Boundary



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

See the following:

- Figure C-1 Existing MIO: Height, bulk & form
- Figure C-2 Existing MIO: Heights
- Figure C-3 Alternative 12: Height, bulk & form
- Figure C-4 Alternative 12: 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 central utility plant and emergency power plant. Utility improvements will be designed and completed as required for each project. Utility improvements may occur at the existing central utility plant or be housed within each new building.

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 MIMP 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 (similar to the James and Jefferson Towers) may 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 Monday - Friday 6am to 7pm (not 24/7). The Campus Healthwalk may be implemented in this phase. 18th Avenue pedestrian/bike improvements would occur in this phase.

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, day care center, street-side small scaled retail space for service retail (i.e. bicycle repair shop) or food & beverage establishment. The potential for open space improvements between the Annex and the James Tower would occur in this phase.

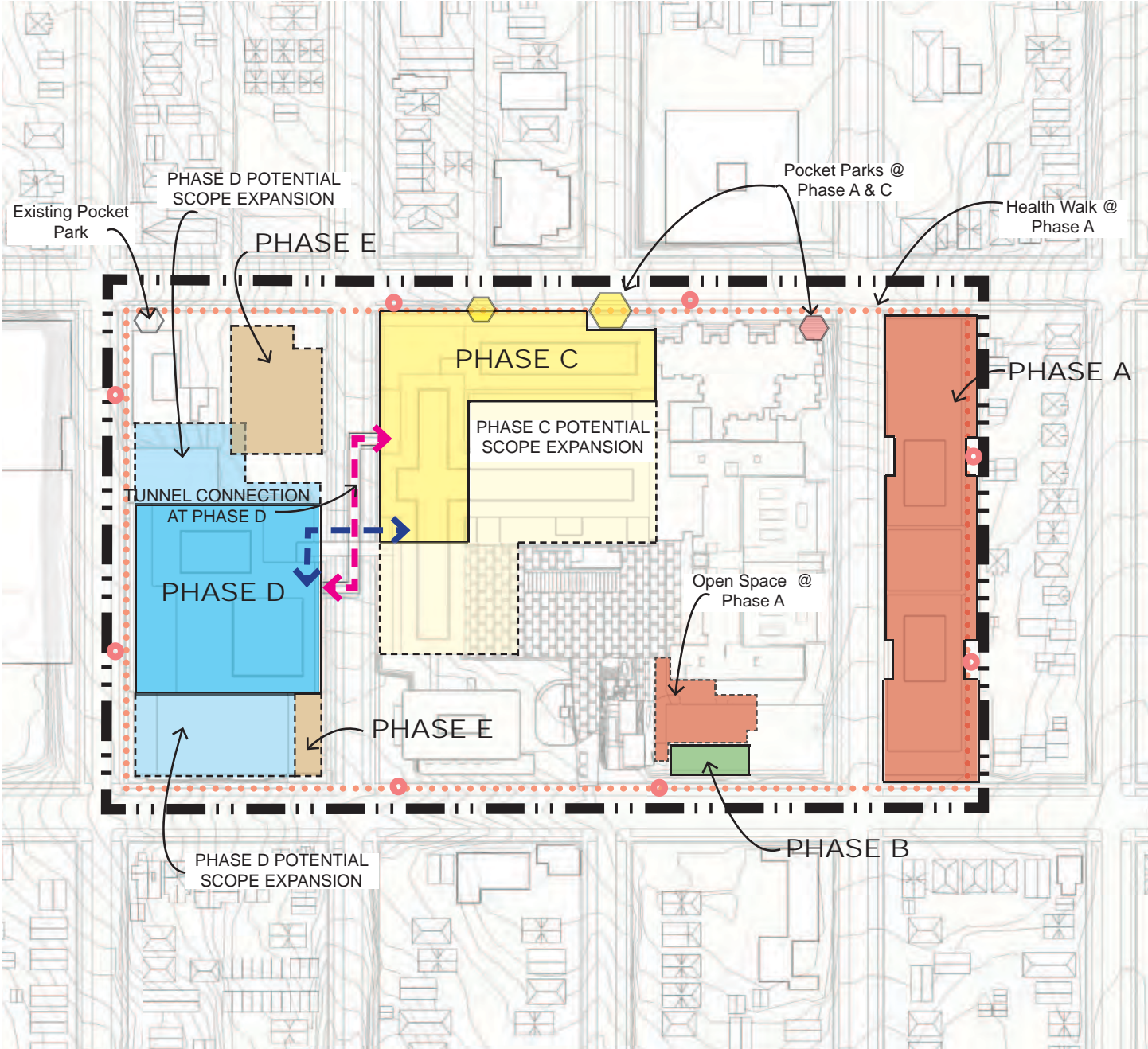
Phase C: Would involve the new hospital replacement tower on the corner of 16th Ave. and E. Cherry St. (to replace space occupied by the CHPB / West Tower and expand hospital need). Also under building parking would need to be included in this phase to help satisfy the parking supply needs. Scope and/or additional sub-phases of this project would depend on funding, timing of need and constructability issues. The 17th Avenue pedestrian connection improvement would occur in this phase. The campus central utility plant will be included in medical center system updates as the new services are planned for the NW corner of the site. Central Utility services may relocate to be part of each new phase of construction.

Phase D: The demolition of the 1977/81 west parking garage and replaced with more structured parking, clinical / research / education space, community health retail, 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. The East/West pedestrian interior pathway extension would occur in this phase.



- Potential scheduling of the first project: 18th Ave. Medical Office Building / Under-building parking garage
- July 2015: Swedish Cherry Hill Campus MIMP approvals
- 2016: Design and city permit approvals & start construction
- 2017: Construction & Move-In

Development Program: Figure C-9 Planned Development Phases & Plans



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 MIMP’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 C-4: 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 MIMP
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 2.75 million square feet. The MIMP 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.

Table continued on next page

Development Program Table C-4: MIMP Consistency with the Purpose and Intent of Seattle Land Use Code

<p>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;</p>	<p>The MIMP protects the livability and vitality of adjacent neighborhoods by providing open space, landscaping and site amenities. The proposed MIMP will allow Swedish Medical Center to develop and improve significant portions of the MIO district providing much needed clinical and patient care space and offer new landscaping, open space and amenities for the neighborhood. With the development of the east side of the MIO along 18th Ave., surface parking lots and vacant structures will be removed and significant landscaping added as a buffer to the neighborhood to the east and to benefit pedestrians and bikes using 18th Ave. With the development of the block between 16th and 18th Ave. many features are planned to benefit the adjacent neighborhood. The Jefferson St. metro transit stop will be increased in size to accommodate two buses, provide more covered waiting, provide real-time information, and improved lighting. Discussions include the establishment of a community retail use within the current annex building that could potentially have sidewalk access as well as access to a new public garden to the north of the annex. The proposed improvements to the pedestrian pathway from this metro stop that follow the 17th Ave pedestrian link thru the campus to a new ADA accessible public entry feature at Cherry St. will strengthen the linkage north to south and offer the neighborhood new amenity services within the medical center. The proposed campus perimeter health walk will upgrade sidewalks and landscaping to offer safer pedestrian experience and promote individual health achievement. With the development of the west campus block between 15th Ave. and 16th Ave. the majority of above ground parking will be replaced with clinical space. Street level uses, improved landscaping and sidewalk features will improve pedestrian safety and neighborhood vitality.</p>
<p>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</p>	<p>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 MIMP is consistent with this purpose and intent statement.</p>
<p>D. Provide for the coordinated growth of major institutions through major institution conceptual master plans and the establishment of major institutions overlay zones</p>	<p>The prior MIMP has expired. To allow for coordinated future growth on its Cherry Hill campus, Swedish has submitted a conceptual MIMP and is seeking modified major institution overlay heights. The proposed MIMP is consistent with this purpose and intent statement.</p>
<p>E. Discourage the expansion of established major institution boundaries</p>	<p>Swedish Medical Center is following the required process that involves the CAC which reviews, comments and issues a recommendation on the proposed MIMP that is not proposing any expansion of existing major institution boundaries. The proposed MIMP is consistent with this purpose and intent statement.</p>

Development Program Table C-4: MIMP Consistency with the Purpose and Intent of Seattle Land Use Code

<p>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</p>	<p>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.</p>
<p>G. Locate new institutions in areas where such activities are compatible with the surrounding land uses and where the impacts associated with existing and future development can be appropriately mitigated</p>	<p>Not applicable – Swedish Cherry Hill is an existing established Major Institution.</p>
<p>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</p>	<p>The MIMP 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.</p>
<p>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</p>	<p>The MIMP’s proposed setbacks provide appropriate transition to the surrounding area. The MIMP’s proposed setbacks vary to provide transitions to the adjacent neighborhoods to the north, east and south as well as provide a quality pedestrian experience within the campus along 16th and 18th Avenue. Setbacks to the neighbors are set to push building mass to the west and central portion of the campus. Setbacks occur at 37’, 50’, 65’, and 105’ in an effort to provide building moderation and proper scale.</p>
<p>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</p>	<p>Swedish Cherry Hill is not requesting an increase to the number of permitted parking spaces. The proposed MIMP is consistent with this purpose statement.</p>
<p>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</p>	<p>The proposed TMP is intended to reduce SOV trips to 44 percent upon full build out of the MIMP, and to reduce parking demand, and increase the use of alternative modes of transportation (Transit, walking and bicycling).</p>
<p>L. Through the MIMP: 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</p>	<p>Swedish’s intent in requesting approval of a new MIMP is to do just as this purpose and intent statement states. If approved by the City Council, the MIMP 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</p>

Development Program Table C-4: MIMP Consistency with the Purpose and Intent of Seattle Land Use Code

<p>M. Encourage the preservation, restoration and reuse of designated historic buildings.</p>	<p>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 re-view 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 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 MIMP is consistent with this purpose and intent statement.</p>
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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 number 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.

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.

Ultimately, this model helps achieve better health outcomes and reduces the cost of care. Swedish has a robust and effective decentralization network that allows Swedish physicians to diagnose, monitor and even treat a large population of patients close to their homes. This has resulted in a system of care covering King and Snohomish Counties.

Primary Care Clinics

There are 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). More complicated cases or those requiring more intensive care are referred to 1 of the 5 community hospitals and emergency/urgent care centers

- **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 Role of Specialized Regional Medical Centers

Only those cases requiring the most specialized care come to one of the two medical centers (Cherry Hill



and First Hill). This allows Swedish to concentrate its most expensive health services, such as brain and heart surgery, to make those services as effective and efficient as possible.

In 2000, the Cherry Hill Campus became a specialized regional medical center focused on cardiovascular and neuroscience services. The Swedish Heart & Vascular Institute and the Swedish Neurosciences Institute have grown into world-class centers for patients seeking care for treatment of some of the most complex heart, vascular and neurological diseases.

Heart and Vascular Decentralization

Although the Swedish Heart & Vascular Institute is based on the Cherry Hill campus, its physicians – including Pediatric cardiologists, vascular surgeons, cardiologists, cardiac surgeons, electro physiologists and interventional cardiologists – serve patients in more than 35 clinic locations in 16 cities spread throughout the Puget Sound region.

This is possible through a multitude of affiliations and agreements with providers such as Minor & James and the Polyclinic, with the goal of serving the health needs of a broad patient population. Although highly advanced care – such as cardiac surgery - is often administered at Swedish/Cherry Hill, this network allows Swedish physicians to diagnose, monitor and even treat a large population of patients close to their homes so that location does not become a barrier to quality care. Cities where Swedish Heart & Vascular Institute physicians participate in clinical care:

Cities where Swedish Heart & Vascular Institute physicians participate in clinical care:

- Mill Creek
- Edmonds
- Ballard
- Seattle
- Redmond
- Bellevue
- Sammamish
- Issaquah
- Cle Elum
- Renton
- Kent
- Burien
- West Seattle
- Port Angeles
- Sequim
- Aberdeen

Neuroscience Decentralization

The same is true with the Cherry Hill Neuroscience Institute, which provides advanced, progressive treatment for a wide range of brain, spine and central nervous system conditions.

Swedish Neuroscience Institute (SNI) physicians provide care to patients at the main Swedish/Cherry Hill campus and through the Institute's network of satellite clinics located around the Puget Sound region. At the Cherry Hill campus, SNI has a roster of world-class neurologists and neurosurgeons, leading-edge operating rooms, and a specially-trained Inpatient Neurology Team.

The network of clinics allows SNI physicians to deliver world-class care to patients outside of the Greater Seattle area.

It is particularly noteworthy that this level of neuroscience care is being delivered in rural communities such as Longview, Sequim and Bremerton. This network allows SNI physicians to perform diagnosis, rehabilitative and treatment services where patients live, while the Swedish model of centralizing expensive acute care on the Cherry Hill campus allows physicians to provide lifesaving care in an efficient and cost effective environment.

SNI community clinics include:

- Sequim Neurology; Neurosurgery (coming April 2014)
- Mount Vernon Neurology
- Edmonds Neurosurgery
- Redmond Neurology
- Longview Neurosurgery
- Bremerton Neurosurgery
- Ballard Neurosurgery
- Ballard Neurology (coming May 2014)
- Issaquah Neurosurgery
- Issaquah Neurology and Pediatric Neurology
- Everett Neurosurgery (a Main Clinic location)
- First Hill Pediatric Neuroscience (a Main Clinic location)
- Edmonds Pediatric Neurology

Decentralization Through TELEHEALTH

In addition to utilizing physical clinics as part of its decentralization plan, Swedish launched TeleICU in 2004 to become the first hospital in Washington – and one of a handful of hospitals nationwide – to harness technology in order to improve access to specialized care.

TeleHealth programs use secure video connections, high definition imaging and other sophisticated technologies to allow specialists at Seattle's Swedish Medical Center to diagnose and propose treatment options for patients who are not sitting in the same exam room, hospital room or emergency department with the Swedish

physician. Advancements in medical technology and online security suggest there are endless opportunities to expand access to care through TeleHealth.

In both urban and rural areas of Washington, transportation issues and physician shortages pose significant challenges for patients who require specialized care. Studies show patients benefit from the improved access to teams of highly qualified physicians that TeleHealth provides.

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 region.

12. Applicable goals, policies and public benefits of institution

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 committed (and 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. On a system-wide basis, Swedish Medical Center provided more than \$142 million in community benefit in 2013.

2013: Swedish Medical Center – Community Benefit

- Research Programs : \$17,592,594
- Community Building Activities: \$2,219,612
- Non-Billed Services: \$3,252,693
- Charity Care: \$37,169,886
- Education Programs: \$12,854,265
- Medicaid Subsidy: \$64,422,283
- Negative Margin Services: \$4,447,643
- Other: \$1,021,910

Total : \$142,980,886

In 2013, Swedish provided more than \$545,000 system wide in community sponsorships and donations.

Examples of recent support in the Squire Park and surrounding neighborhoods include:

In 2012 Swedish Cherry Hill volunteers provided 29,492 hours of service which included:

- Food donations to local food banks and hot meal programs in Central and Capitol Hill neighborhoods
- Cherry Hill Employee Drives – food, baby item and patient clothing bank
- Sponsorship and funding donations totaling \$18,000 to:
 - Squire Park Council
 - Food Bank at St Mary's
 - Cappy's Boxing – Youth/community education and CPR/First Aid training
 - 12th Ave Stewards
 - Garfield Community Center- Mother's Day baskets
 - Centerstone
 - Bailey Gatzert and Madrona K-8 School Nurse
 - Low Income Housing Alliance
 - Yesler Terrace Housing
 - Hopscotch CD – community building activity
 - Girls on the Run – coaches training classes and running buddies
- Garfield High School Athletic program services
- Garfield High School Concussion seminars
- Mobile Mammography Services (Cherry Hill campus 4 times per year)
- Inn at Cherry Hill - rooms provided for family members as part of charity care
- Free meeting space for nonprofit groups
- Stroke support groups meetings
- Northwest African American Museum healthcare exhibition
- Red Cross Blood Drives (Cherry Hill 4 times per year)
- American Heart Association
- American Diabetes Association

- Lifelong AIDS
- Capitol Hill Chamber
- Capitol Hill Housing
- Seattle University Youth Initiative
- Compass Housing
- 12th Ave Stewards
- 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 meeting space at its James Tower and Casey Room space for many organizations including Squire Park's quarterly meetings.

Patient Care

The Swedish Cherry Hill campus is a regional specialty center that serves over 150,000 patients each year. Cherry Hill is 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.

Swedish is also 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.

Community Education

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 for 200+ people to assist local residents signing up for health insurance or expanded Medicaid services.

Cherry Hill also hosts and provides support groups, health education and training including:

Support Groups

- Essential Tremor Support Group
- Bereavement Support (Ivy Center for Advanced Brain Tumor Treatment)
- Caregiver Support Group (Brain Tumor – Ivy Center)
- Patient Support Group (Brain Tumor – Ivy Center)
- Young Adults Social Group (Outings, etc.) (Brain Tumor – Ivy Center)
- CV Center Support Group
- Young Adults with MS
- MS Care Partner Support Group MS Club Cherry Hill: A Support and Self-Help Group
- LGBT MS Connection

Exercise and Movement Classes

- Aerobics for MS
- Relaxation & Stress Reduction
- Music Therapy
- Gentle Yoga & Wellness Skills

Educational Workshops

- MS Roadshow (regular scheduled series)
- Various community education programs with physician speakers (all sub-specialties)
- Health Fairs/Community Events/Education
- Collaborate with Business Development team to participate in community health fairs/events such as Redmond Derby Days, Ballard Seafood Fest, etc.
- CPR/First Aid training,
- First Responder training
- Childbirth classes
- AARP safe driving classes
- Health screenings
- Health walks, runs, climbs, cycling, swimming events
- Healthcare community tours
- Newborn and breast feeding classes
- SNI Summer Research Internship Program, which partners students (aged 18 and up, undergraduate) with physician mentor

Community Outreach

- Improving the health and wellbeing of the community we serve extends beyond the care provided at Swedish Cherry Hill. 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, Engaging in our local community is a key part of working together to improve health. Examples of Swedish’s community outreach efforts include:

- Mobile blood drives,
- Mobile mammography screenings,(four times/year in Squire Park neighborhood)
- Blood pressure monitoring,
- Reassurance calls to homebound patients
- Garfield Community Center – Mother’s Day baskets

Environmental Services

Swedish Cherry Hill supports a culture of transportation efficiency for its employees. Swedish has organized an Integrated Transportation Board (ITB) which includes all major employers on the campus, members of the community, a member of the Citizens Advisory Committee as well as representation from SDOT, Metro and Commute Seattle. It meets regularly to discuss strategies to improve transportation efficiency while mitigating impacts to the streets and the neighbors. For more information on the ITB, please see the Transportation Management Plan in this document

Some strategies include: ZipCars so employees don’t need to drive to work even if they have meetings off campus, reduced parking for Metro van and carpools, subsidized ORCA cards, expanded bike racks for commuters and a new “Live Where You Work” program that will incentivize employees to live in the neighborhood. Swedish also hosts several transportation fairs each year to educate employees and neighbors about alternative commute options and hosts an annual bike to work fair to encourage a healthy commuting alternative.

Community Amenities

The proposed MIMP will feature new public amenities including:

- Enhanced public open space for communal activities
- Green space in the form of pocket parks outdoor seating areas
- Public view corridors, looking west to downtown and east to the Cascades
- Pollinator pathways
- A neighborhood health walk that encourages residents, staff, patients and visitors to seek health through activity.
- A new on-site daycare offering shared enrollment with neighbors
- A new neighborhood gym
- The MIMP also proposes new bus shelters on both North and South side along Jefferson Street

(Swedish currently cleans and maintains the bus shelter)

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.

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

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.

D. Transportation Management Component

1. Existing Transportation Management Plan (TMP)

Swedish Cherry Hill Medical Center continues to work towards improving its Transportation Management Program (TMP). This section of the Final Master Plan (FMP) 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 FMP as well as provides information about several pilot programs.

The TMP is implemented 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. In 2014, Sabey (which includes the Northwest Kidney Center) and Swedish Medical Group will each conduct their own CTR Survey. Swedish Medical Group has been included in Sabey's CTR survey prior to this.

CTR surveys are required every other year of companies with 100 or more full-time employees in the most congested areas of the state. Starting in 2015, Swedish, LabCorp and Sabey will coordinate their respective CTR surveys in the same time period to provide more consistent tracking of the TMP performance. Swedish Medical Center (separate from Swedish Medical Group) and LabCorp completed a CTR survey in 2013.

Until the current TMP is modified in accordance with Cherry Hill's new Major Institution Master Plan, Swedish Cherry Hill campus 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 56 percent for affected employees.

The elements that are required as part of the existing approved TMP are listed below. Additional program enhancements that Swedish Cherry Hill has newly instituted to stimulate progress toward the 50 percent SOV goal are detailed in Table 4.

CURRENT TMP REQUIREMENTS

- Establish and continuously maintain a Building Transportation Coordinator
- Provide a transit subsidy at least equal to 50 percent of the cost of an ORCA Passport for bus, rail 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 FMP 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 1,510 parking spaces with 1,293 garage spaces and 217 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 47 percent.

The Seattle Municipal Code (SMC) establishes a minimum and maximum number of parking stalls allowed for Major Institutions. Transportation Program Table D-1 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 percent adjustment factor for non-doctors is based on clinic and hospital shift times. As shown in the table, the existing parking supply of 1,510 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 stalls.

The SMC parking requirements are summarized below in Table D-2 for Alternative 12. 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 12 were consistent with the analysis of the existing parking code study.

The future parking supply proposed in this MIMP for Alternative 12 (Table D-2) would be within the range of the minimum and maximum parking supply defined by the SMC. An evaluation of the parking demand for the development alternative is included in the EIS. The parking demand projected 2,039 vehicles for Alternative 12. The parking supply is 2,245 vehicles spaces, assuming a 10 percent factor applied to parking demand to accommodate vehicle circulation and turnover. The projected parking supply is within the SMC identified minimum and maximum parking supply.

Transportation Program Table D-1 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			
Licensed Hospital Beds	484 ²	1 stall per 6 beds	81
Average Daily Outpatients	470	1 stall per 5 outpatient	94
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			987
Maximum Allowed Parking Spaces (1.35 x Minimum)			1,333
Existing Parking Supply			1,510

1. Seattle Municipal Code 23.54.016.
 2. There are 385 licensed hospital beds and 99 beds in the Seattle Medical Acute Care Center (formerly Seattle Medical and Rehabilitation Center).

Transportation Program Table D-2 Future Parking Requirement – Alternative 12

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			
Number of Hospital Beds	484	1 stall per 6 beds	81
Average Daily Outpatients	995	1 stall per 5 outpatient	199
Fixed Seats in Auditorium	140	1 stall per 10 seats	14
Minimum Required Parking Spaces			1,887
Maximum Allowed Parking Spaces (1.35 x Minimum)			2,547

¹ Seattle Municipal Code 23.54.016.

2b. Bicycle

Introduction Figure A-10 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 Adopted 2014 Bicycle Master Plan identified 18th Avenue as a neighborhood greenway². The Seattle Neighborhood Greenways has proposed that the Greenway be on 19th Avenue. Since it is a more residential street, not going through the MIO District, this is under consideration by the City. Swedish will work with the city to plan a neighborhood greenway.

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.

The campus currently provides 132 bicycle parking spaces for visitors and employees. In addition, free bike 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 D-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 Alternatives 8, 10 and 11, the plan would require 131 to 128 bicycle parking spaces, respectively.

2c. Pedestrian

Introduction Figure A-9 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 B-14 and Development Standards Figures B-16 and B-17 illustrate the pedestrian amenities and circulation proposed with the DMP as well as the planned future pedestrian entries to the campus. 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, eastside of 18th Avenue half block, and E Jefferson Street. A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and E 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 FMP. 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 E Jefferson Street.

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 Avenue 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 paid 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 C-5 shows the intended parking layout and vehicular access for Alternative 12. 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 C-6).

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

Impact of Alternative 12 will be assessed in the EIS including consideration of mitigated conditions with the enhanced TMP³.

³An 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.

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. The TMP applies to the entire Swedish Cherry Hill campus and all activities that occur within its boundaries. As noted above, the existing SOV goal is 50 percent, and the current SOV rate is 56 percent. The proposed TMP incorporates both elements from the existing TMP and proposed enhancements designed to achieve the 50 percent SOV goal. Swedish Cherry Hill proposes a 44% SOV goal to be achieved upon complete build out. This goal is consistent with those of nearby institutions at First Hill as suggested by SDOT's CTR assessment. The TMP goal and related requirements apply to all property owners, tenants and employees working on the Swedish Cherry Hill campus at least 20 hours per week.

The TMP is also designed to address issues that have been identified by the neighbors, specifically, parking by Cherry Hill Campus staff in the neighborhood. As a result, an Integrated Transportation Board (ITB) has been created and purposed to build consensus and a unified approach amongst stakeholders conducting business on the Cherry Hill Campus and key constituents in the greater Seattle Community, as it relates to the issues surrounding vehicular congestion, transportation carbon emissions and health. The ITB, with input from all represented stakeholders, will build a common platform of policies and initiatives that mitigate the adverse impact to Squire Park neighborhood from parking and transportation congestion. The Board shall also devise common and agreed upon strategies to enforce such policies for the betterment of the local community. The ITB shall be chaired by a Swedish corporate executive and vice chaired by a technical advisor. Committee members include non-Swedish large employers such as LabCorp, Northwest Kidney Center and Sabey, service providers such as parking vendor management companies, transportation representatives from the City of Seattle Department of Planning and Development, King County Metro and Seattle Department of Transportation as well as neighborhood stakeholders such as CAC/SAC members, neighbors and nearby small business owners. The neighborhood concerns regarding pedestrian and bicycle safety are addressed in the EIS and pg. 11 of the MIMP.

The TMP elements are intended to adjust the transportation patterns and habits of all the larger employee groups on campus as well as those of the auxiliary uses that operate there. In general, the program

elements will enhance current components, as well as propose additional elements, described below:

- 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/vanshare, 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.
- Intercampus Shuttle – increase free shuttle service between First Hill, Met Park, West Lake Center and Cherry Hill campuses.
- Parking Policies & Enforcement – new proposed policy for employees, enforce vendor parking areas and review patient parking to promote parking in designated on-campus areas

Transportation Program Table D-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 TMP applies to the entire major institute and all activities that occur within its boundaries. 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 Off-

Street 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.

- **Live Near Work Program** – Swedish Cherry Hill is committed to a pilot program that incentivizes living in near neighborhood rental properties for employees. 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
- **Remote Parking Shuttle Program** – Swedish Cherry Hill will analyze employee zip codes to determine cluster areas of living densities to further complement City & County commute services by supporting private shuttle routes to/from key areas with the West Tower build out.

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 D-3 Comparison of Current and Proposed TMP

Element	Current TMP	Proposed TMP
Transit	<ul style="list-style-type: none"> Subsidize 50% of transit pass cost including ferry, rail for larger employee groups on-campus. 	<ul style="list-style-type: none"> Provide all tenants with access to a minimum 50% subsidy of transit pass cost including ferry, rail and increase this subsidy, if necessary, to achieve the SOV goal. Engage with tenants to inform about employee transportation benefits and options.
High Occupancy Vehicle (HOV)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Preferred location for carpool and vanpool parking. Parking cost for carpools for two people subsidized at a minimum of 50%. Carpools of three or more and Vanpools subsidized 100%. Facilitate rideshare match-ups for carpool and vanpool. Provide free vanpool parking for tenants. Investigate alternative parking rate structures that incentivize vanpools and carpools and implement as appropriate. 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Weather-protected, secure bicycle racks at no charge to Cherry Hill employees at preferred locations. Shower accessibility. Free bike lockers for all campus employees. Promote bicycle amenities. Signage indicating bike parking locations. Provide access to basic bike tools. Provide access to a bike share system when available (e.g. Pronto). Promote bicycle and pedestrian safety throughout the campus. Add bike racks to shuttle vehicles. Commuter Incentive Pilot*: Work on a biking and walking incentive program. Work with on-site retail to offer bicycle benefits or other commuter incentives (e.g., Starbucks, gift shop, cafeteria).

Transportation Program Table D-3 Comparison of Current and Proposed TMP

Element	Current TMP	Proposed TMP
Parking	<ul style="list-style-type: none"> 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 prior to July 1990, manager level or if the vehicle is needed for work. 	<ul style="list-style-type: none"> Monthly parking rate set equal to or greater than the current King County Metro rate for peak period one-zone transit passes. Restricted access to monthly parking passes 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
Neighborhood Parking Reduction	<ul style="list-style-type: none"> Subsidize the cost of the RPZ stickers for areas surrounding the campus 	<ul style="list-style-type: none"> Subsidize the cost of the RPZ stickers for areas surrounding the campus and review options with SDOT to direct RPZ permit payments into other neighborhood transportation funding sources for a direct Squire Park impact. Regular contact with City parking enforcement to encourage patrolling. Improve way finding signs to direct vehicles to on-campus parking Develop a campus-wide policy to discourage employee and vendor parking in the neighborhood. Regular meetings with community representatives to evaluate progress, communicate issues, consider solutions. Neighborhood Parking Pilot*: Meet with employees to consult on designing solutions for employee & vendor parking policies that get employees out of SOVs and out of the neighborhood to restrict campus-based parking on neighborhood streets. <ul style="list-style-type: none"> Pursue a parking policy that encourages employees away from neighborhood parking Consider a hotline to alert institution to violations Discuss a modified enhanced RPZ program with the neighborhood additional zones and further limit current time zones at peak morning traffic periods).

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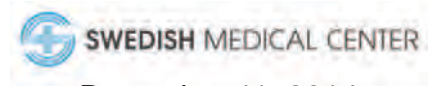
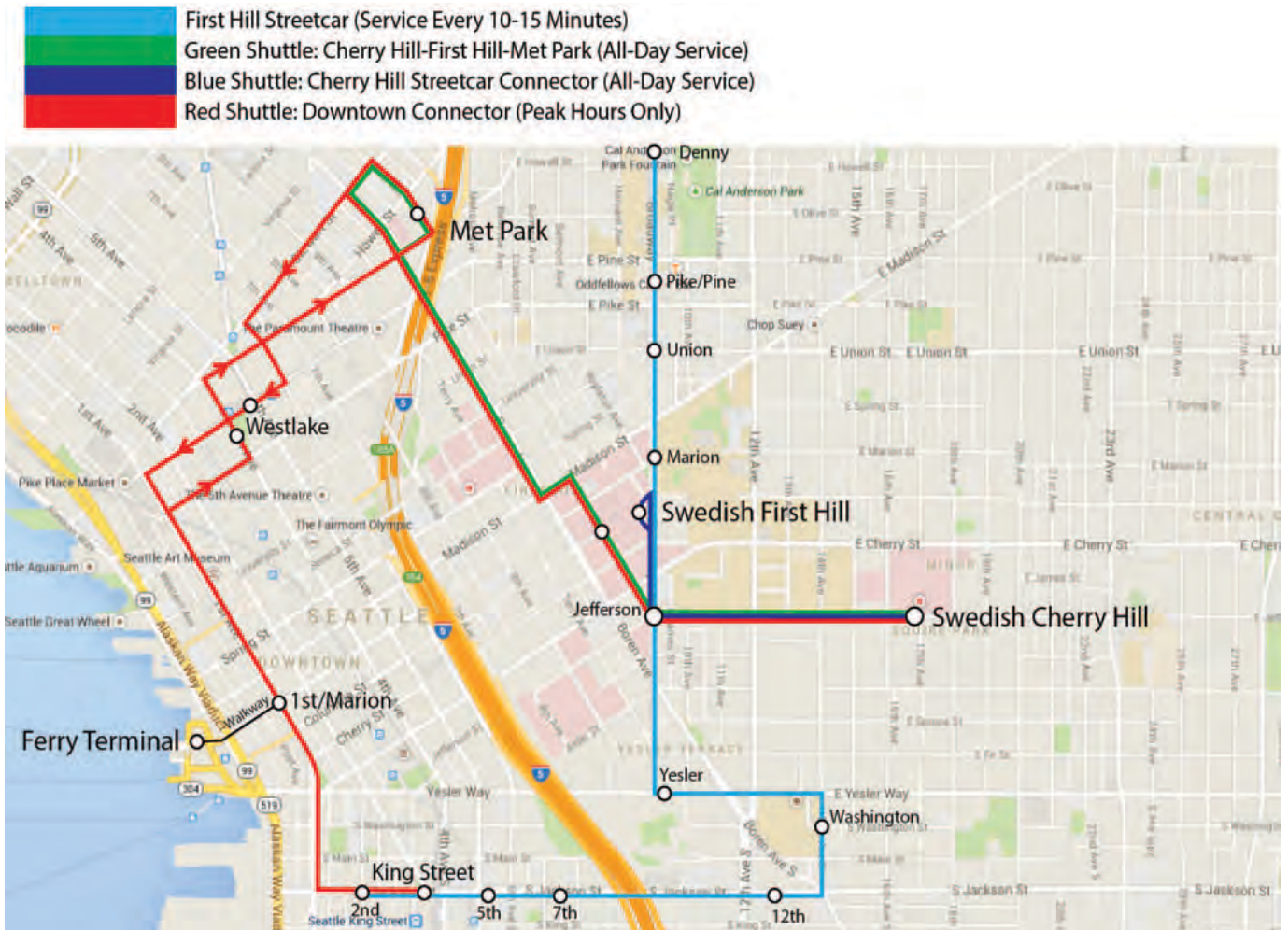
Transportation Program Table D-3 Comparison of Current and Proposed TMP

Element	Current TMP	Proposed TMP
Shuttle	<ul style="list-style-type: none"> Intercampus shuttle between Cherry Hill, First Hill, and Metropolitan Park office buildings. 	<ul style="list-style-type: none"> Intercampus shuttle between Cherry Hill, First Hill and Metropolitan Park office buildings. Shuttle service expansion to main transportation hubs or areas with higher transit service (i.e. King Street Station, Coleman Ferry Dock and Westlake Center). Add bike racks to shuttle vehicles. Shuttle Pilot*: Explore private park & shuttle operations by examining concentrated areas of employee zip codes.

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Transportation Program: Figure D-1

Swedish Shuttle Map



Transportation Program Table D-3 Comparison of Current and Proposed TMP

Element	Current TMP	Proposed TMP
Implementation & Monitoring	<ul style="list-style-type: none"> • Building Transportation Coordinator. • Conduct one to three transportation fairs per year on-campus to promote trip reduction programs. • Produce and distribute a commuter information packet. • Submit regular reports about TMP elements as required by the City. • Conduct biennial survey of TMP effectiveness in a form and manner established by DPD and SDOT. 	<ul style="list-style-type: none"> • Building Transportation Coordinator. • Conduct one to three transportation fairs per year on-campus to promote trip reduction programs. • Produce and distribute a commuter information packet. • Submit regular reports about TMP elements as required by the City. • Conduct biennial survey of TMP effectiveness in a form and manner established by DPD and SDOT. • Create an Integrated Transportation Committee for the campus. The committee would include a Campus Transportation Coordinator and all employer transportation coordinators on campus. The committee would meet regularly and be responsible for implementing the TMP. • Implement on-campus transportation screen and/or kiosk to further enhance transportation awareness and outreach with all campus employees. • Require all tenant participation in TMP.

Table continued on next page

Element	Current TMP	Proposed TMP
Other	<ul style="list-style-type: none"> • Guaranteed ride home. • Special taxi service for 10-12 hour shift employees that use transit. • Provide flex-car on campus. • Telecommuting for some employees. • Encourage and promote alternative work schedules, where possible. • Free taxi service to physicians that travel between First Hill and Cherry campuses. • Conduct one to three transportation fairs per year on campus to promote trip reduction programs. 	<ul style="list-style-type: none"> • Guaranteed Ride Home through ORCA Passport program. • Special taxi service for 10-12 hour shift employees that use transit via Guaranteed Ride Home ORCA Passport program. • Provide flex-car on campus (e.g. car-sharing such as ZipCar). • Telecommuting for some employees. • Encourage and promote alternative work schedules, where possible • Free taxi service to physicians that travel between First Hill and Cherry campuses via intercampus shuttle program and/or car-sharing such as ZipCar. • Requirement that all vendors must park off-street. • Develop a way finding plan illustration pedestrian pathways through & around the campus, bicycle routes & bike parking, and short-term & disabled parking locations. • Continue to work with City to address misuse of handicapped parking placards. • Residential Pilot*: Partner with local apartment and condo building owners to explore partnering with employees who choose to live close to campus. • Disabled Parking Pilot*: Consider valet service for off street parking for vehicles displaying a disabled parking placard.

*Pilot programs conditional upon efficiency and sustainability.

APPENDIX

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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	
<p>Vision Statement</p> <p>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.</p>	<p>Our Nonprofit Mission</p> <p>Improve the health and well-being of each person we serve.</p> <p>Our Vision</p> <p>Demonstrate the highest-quality, best-value health care to all we serve.</p> <p>Caring for Our Communities</p> <p>As a nonprofit health-care provider, Swedish takes seriously our responsibility to provide access to the services, expertise and facilities needed by our communities.</p> <p>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.</p> <p>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.</p> <p>Healthcare impacts everyone, and it is our responsibility to lead the healthcare discussion in our community. It’s a responsibility we take seriously.</p>
<p>C The Education & Job Skills to Lead an Independent Life</p>	
<p>Goal</p>	
<p>HDG4</p> <p>Promote an excellent education system and opportunities for life-long learning for all Seattle residents.</p>	<p>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</p>

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
	<p>residents having attained a bachelor's degree or higher.¹</p> <p>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</p> <p>(Fast Company, 2009).²</p>
Policy	
<p>HD15</p> <p>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.</p>	<p>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.</p> <p>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.</p>
<p>HD20</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>http://www.swedish.org/about/overview/mission-outreach/community-engagement/community-needs-assessment/assessments-site-list</p> <p>Each assessment is shaped by geography, demographics, environmental exposure, health-related issues and</p>

¹ Downtown Seattle Association 2012 State of Downtown Economic Report

² 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
	<p>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.</p> <p>The merging of community need with Swedish’s strategic business and clinical goals supports best practices in our decision making process.</p>
<p>D Effective Disease Prevention, Access to Health Care, Physical and Mental Fitness for Everyone</p>	
<p>Goal</p>	
<p>HDG6</p> <p>Create a healthy environment where community members are able to practice healthy living, are well nourished, and have good access to affordable health care.</p>	<p>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.</p> <p>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.</p>
<p>Policies</p>	
<p>HD21</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>Community programs and services available through Swedish include.</p> <ul style="list-style-type: none"> • Bereavement Support Groups • Community Specialty Clinic

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill’s Master Plan
	<ul style="list-style-type: none"> • 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
<p>HD22</p> <p>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.</p>	<p>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.</p> <p>Arming patients with health information they need allows them to make informed decisions and to be advocates in their care.</p>
<p>HD23</p> <p>Work to reduce environmental threats and hazards to health.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Swedish Cherry Hill is a smoke-free campus and offers smoking cessation programs to all employees.</p>

Appendix C Table 1: Applicable Goals and Policies

Major Institution Goals and Policies	Consistency of Swedish Cherry Hill's Master Plan
<p>HD24</p> <p>Seek to improve the quality of, and access to, health care, including physical and mental health, emergency medical, and addiction services.</p> <p>Collaborate with community organizations and health providers to advocate for quality health care and broader accessibility to services.</p> <p>Pursue co-location of programs and services, particularly in under-served areas and in urban village areas.</p>	<p>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.</p> <p>Swedish's charity care program:</p> <ul style="list-style-type: none"> • 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
<p>HD25</p> <p>Work with other jurisdictions, institutions and community organizations to develop a strong continuum of community-based long-term care services.</p>	<p>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.</p> <p>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.</p>

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 guiding 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 (2014) - The Seattle Bicycle Master Plan provides a blueprint to encourage and accommodate more people to ride a bike. 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 applicable 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.	<p>The proposed FMP 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.</p> <p>18th Avenue has been identified as a potential Neighborhood Greenway in the 2014 Adopted Bicycle Master Plan, providing enhancements for bicyclists as well as pedestrians. However, 19th Avenue is also being considered as a possible</p>

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
	<p>location since it is a more residential street not going through the mid District. The Seattle Neighborhoods Greenways Group proposes that the Greenway be on 19th Avenue.</p> <p>A "health walk" or walking path would be created around the Cherry Hill campus along 15th Avenue, E Cherry Street, 18th/19th mid-block Avenue, and E Jefferson Street. A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and E 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.</p>
TG7 Protect neighborhood streets from through traffic.	<p>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.</p> <p>In addition, a wayfinding program has been proposed and will be pursued with SDOT to direct visitors to the off-street parking areas, minimizing use of neighborhood streets and encouraging usage of designated parking areas.</p>
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.	<p>As discussed above, 18th and /or 19th Avenues have 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.</p>
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

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
3.3 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 enhancements to the TMP to further encourage transit, bicycling, walk, and carpooling and reduce SOV trips. See page 101 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 healthy 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	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

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
and reach local businesses. Minimize negative environmental and economic impacts of transit service and facilities on surrounding areas.	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 civic identity and reflect the cultural identity of the communities in which they are located.	See response to T24.
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. However, 19 th Avenue is also being considered as a possible location since it is a more residential street not going through the mid District. The Seattle Neighborhoods Greenways Group proposes that the Greenway be on 19 th Avenue.
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	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 known impacts. An integrated Transportation Board has been purposed to

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
spillover into residential areas; and truck access and loading.	build consensus and a unified approach amongst stakeholders conducting business on the Cherry Hill Campus and key constituents in the greater Seattle community, as it relates to the transportation issues surrounding vehicular congestion, environmental impacts and health. The Board shall devise common strategies to enforce policies for the betterment of the community.
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 among diverse users.	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 Streets, and E Cherry Street between 16th and 17th Avenues on the south side and 17th and 18th Avenues on both sides. No changes proposed, however, the ITB is reviewing all on-street parking. 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 at this time does 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 meet 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	
<p>Strategy PP1: Develop a Safe Routes to Transit (SR2T) Program:</p> <p>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:</p> <ul style="list-style-type: none"> • Secure bicycle storage at transit stations and stops • Safety enhancements for pedestrian and bicycle access to transit hubs, stations, and stops 	<p>Page 74 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.</p> <p>A vehicular and pedestrian wayfinding program has been identified 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 experience when accessing the campus.</p> <p>The proposed FMP 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.</p>

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
<p>Strategy PP2: Develop Transit Information and Wayfinding Standards:</p> <p>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:</p> <ul style="list-style-type: none"> • 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, 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 	<p>See response to PP1</p>
<p>Strategy PP3: Invest in Transportation Demand Management Programs that Increase Transit Use:</p> <p>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:</p> <p>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</p>	<p>See response to Strategy PP1 and TG 9 above. Page 101 describes the existing and proposed TMP for the Swedish Cherry Hill FMP.</p>

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
<p>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.</p>	

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
<p>Safety: Reduce the number and severity of crashes involving pedestrians</p>	<p>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.</p>
<p>Equity: Make Seattle a more walkable city for all through equity in public engagement, service delivery, accessibility, and capital investments</p>	<p>A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and E 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.</p>
<p>Vibrancy: Develop a pedestrian environment that sustains healthy communities and supports a vibrant economy</p>	<p>18th Avenue has been identified as a potential neighborhood greenway, providing enhancements for bicyclists as well as pedestrians. However, 19th Avenue is also being considered as a possible location since it is a more residential street not going through the mid District. The Seattle Neighborhoods Greenway proposes that the Greenway be on 19th Avenue.</p> <p>Swedish will work with the city to plan a neighborhood greenway in Squire Park.</p> <p>A “health walk” or walking path would be created around the Cherry Hill campus along 15th Avenue, E Cherry Street, 18th</p>

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
	Avenue, and E Jefferson Street. A direct pedestrian connection is proposed through the campus that would connect 17th Avenue between E Cherry and E 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 and Consistency of Swedish Cherry Hill's MIMP with Seattle 2014 Adopted Bicycle Master Plan Strategies

Adopted in 2014, The Seattle Bicycle Master Plan provides a blueprint to make it easier for people to decide to ride a bike. 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 2014 Adopted 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	

Appendix D Table 4: Consistency of Swedish Cherry Hill's MIMP with Seattle 2014 Adopted Bicycle Master Plan Strategies

Bicycle Master Plan Strategies	Consistency of Swedish Cherry Hill's Master Plan
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
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

November 20, 2013
October 16, 2014
September 30, 2014
August 14, 2014
July 17, 2014
June 12, 2014
May 15, 2014
April 24, 2014
April 10, 2014
March 20, 2014
February 27, 2014
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



Legend of Planned Future Height, Bulk and Form

- Existing Height, Bulk and Form
- Planned Future Height, Bulk and Form

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.

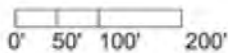
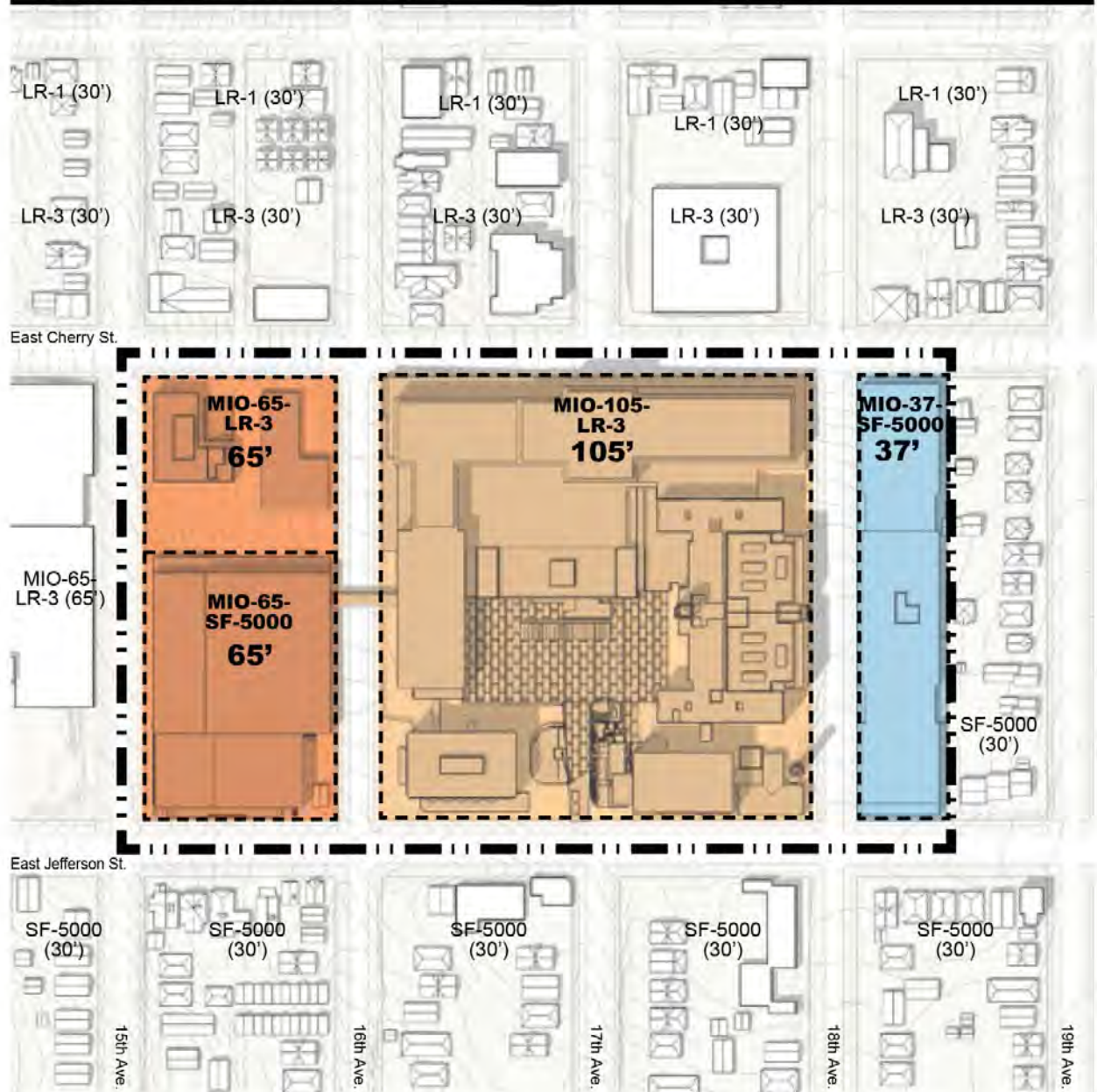
- Add approximately 800,000 GSF of building area, for a total of approximately 2 million GSF

Qualities of the alternative:

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

APPENDIX F: Alternatives Considered but not Advanced

Appendix F. Alternative 1a: Heights



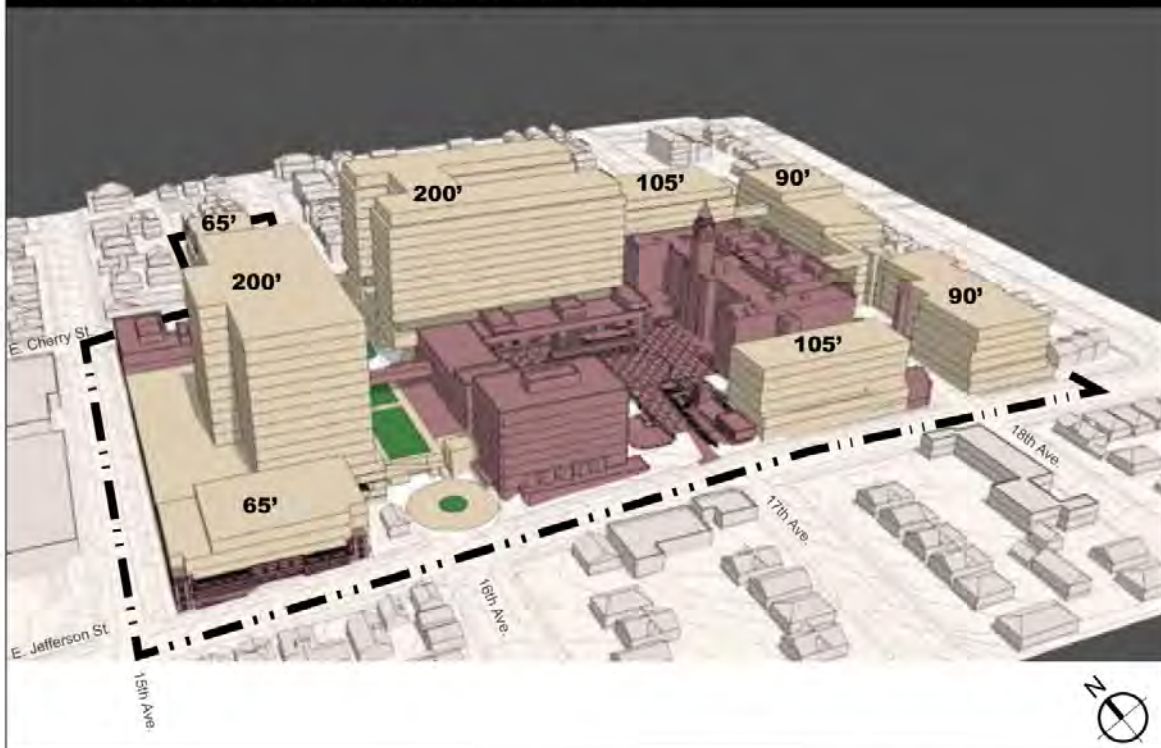
Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		Street Vacation	
MIO-90		MIO Site Boundary	

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 2

Appendix F. Alternative 2: Height, Bulk and Form



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

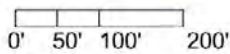
- Maintain the existing campus Major Institutional Overlay (MIO) boundaries on the west, south and east.
- Expand boundary to the north to add “Spencer Technologies” property (located on the northwest corner of Cherry Street/16th Avenue).
- Expand vertical capacity from MIO 37, 65’ and 105’ to MIO 65’, 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

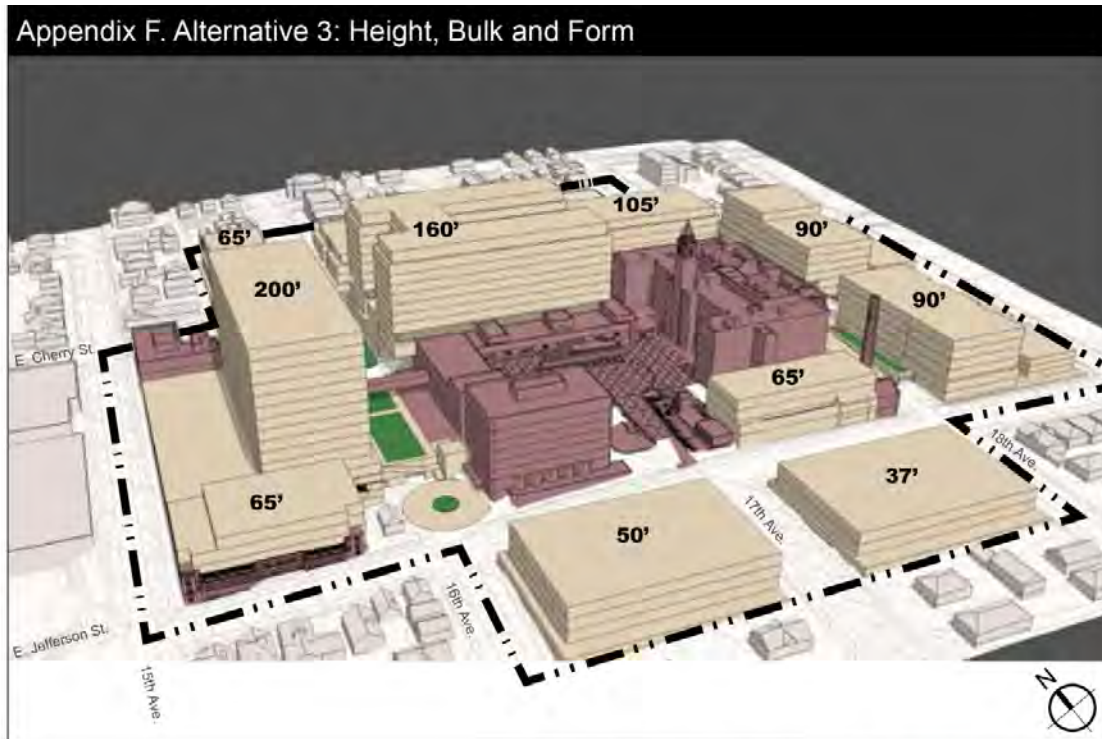


Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO -105		Street Vacation	
MIO-90		MIO Site Boundary	

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 3



Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain



Planned Future Height, Bulk and Form



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.

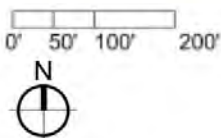
- Vacates 16th and 18th Avenues between E. Jefferson and E. Cherry Streets.
- Adds approximately 1.9 million GSF of building area, for a total of approximately 3.1 million GSF

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. Alternative 3: Heights

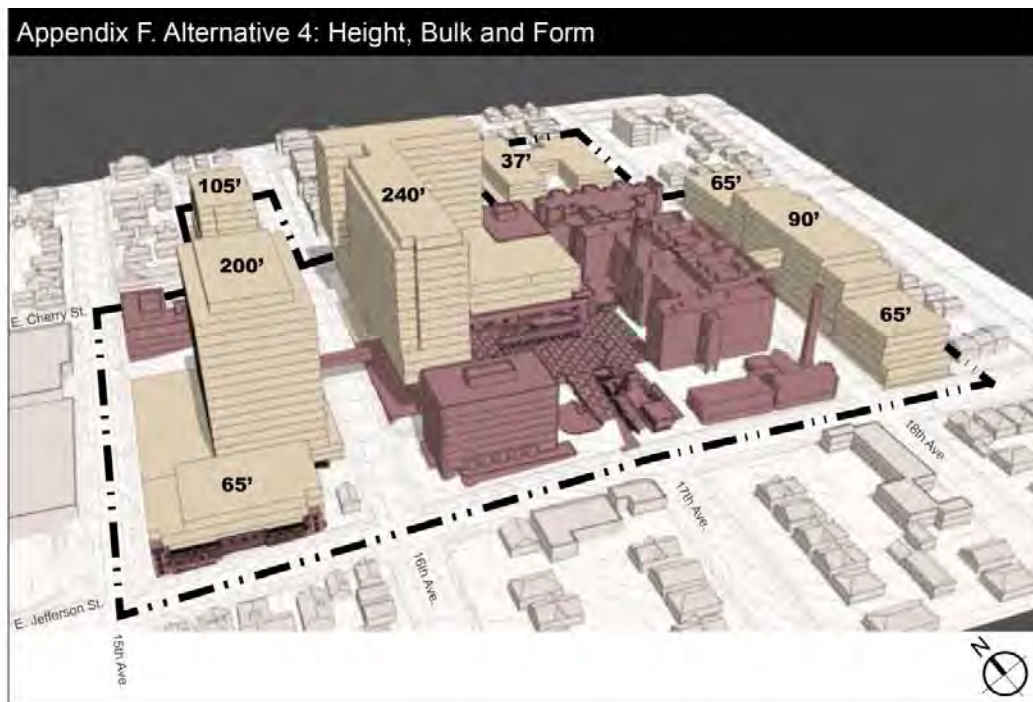


Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		Street Vacation	
MIO-90		MIO Site Boundary	

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 4



Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain	
Planned Future Height, Bulk and Form	

Alternative 4: Compressed Growth

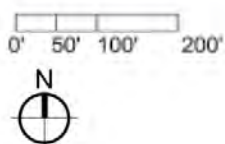
- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add “Spencer Technologies” property (located on the northwest corner of Cherry Street/16th Avenue) and properties north of E. Cherry Street between 17th and 18th Avenues (DSHS site).
- Expands 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. Alternative 4: Heights

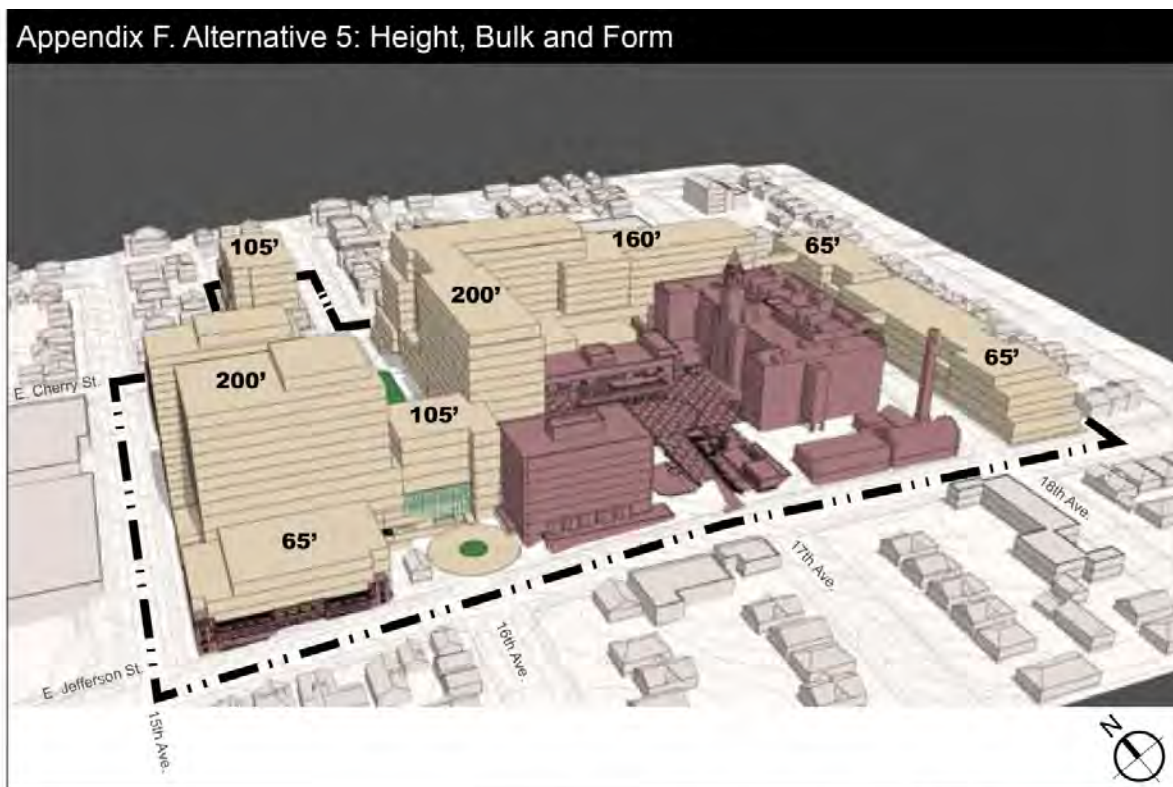




Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		Street Vacation	
MIO-90		MIO Site Boundary	

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 5

Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain	
Planned Future Height, Bulk and Form	

Alternative 5: Compressed Growth

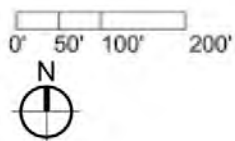
- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add “Spencer Technologies” property (located on the northwest corner of Cherry Street/16th Avenue).
- Expands vertical capacity from MIO 37’, 65’ and 105’ to MIO 65’, 105’, 160’ and 200’.
- 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. Alternative 5: Heights

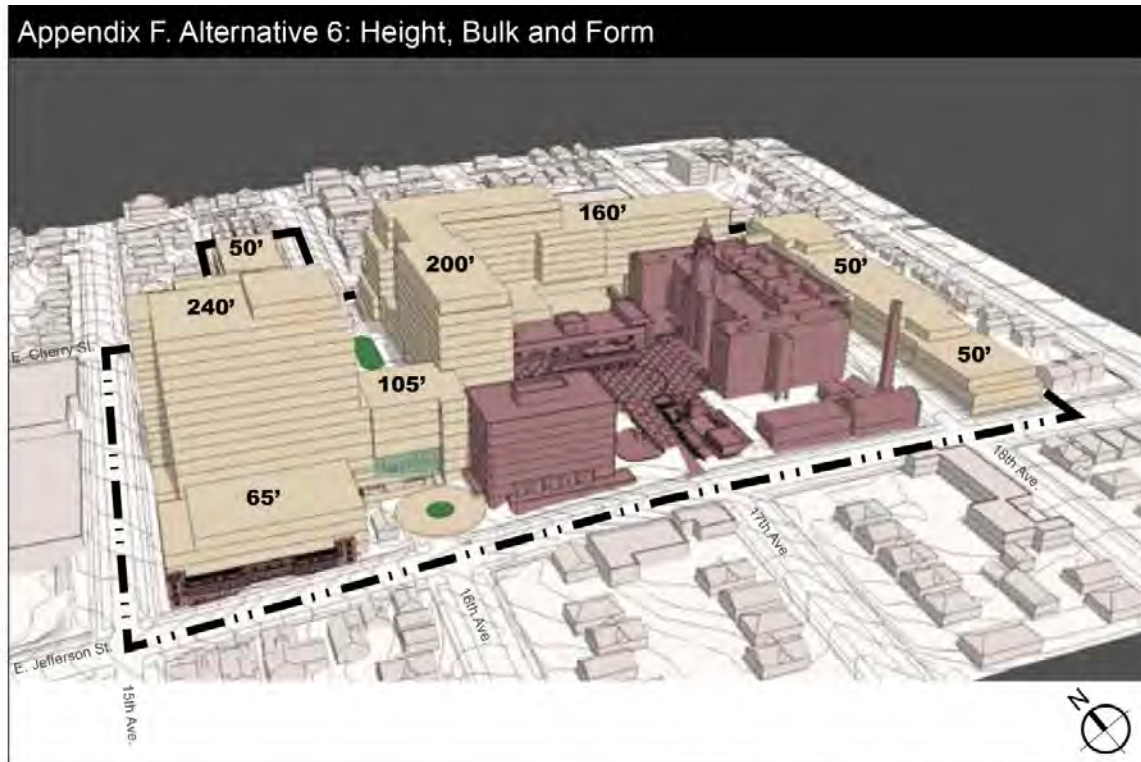


Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO -105		Street Vacation	
MIO-90		MIO Site Boundary	

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

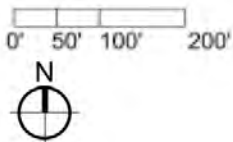
- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add “Spencer Technologies” property (located on the northwest corner of Cherry Street/16th Avenue).
- Expands vertical capacity from MIO 37’, 65’ and 105’ to MIO 50’, 65’, 105’, 160’, 200’ and 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. Alternative 6: Heights



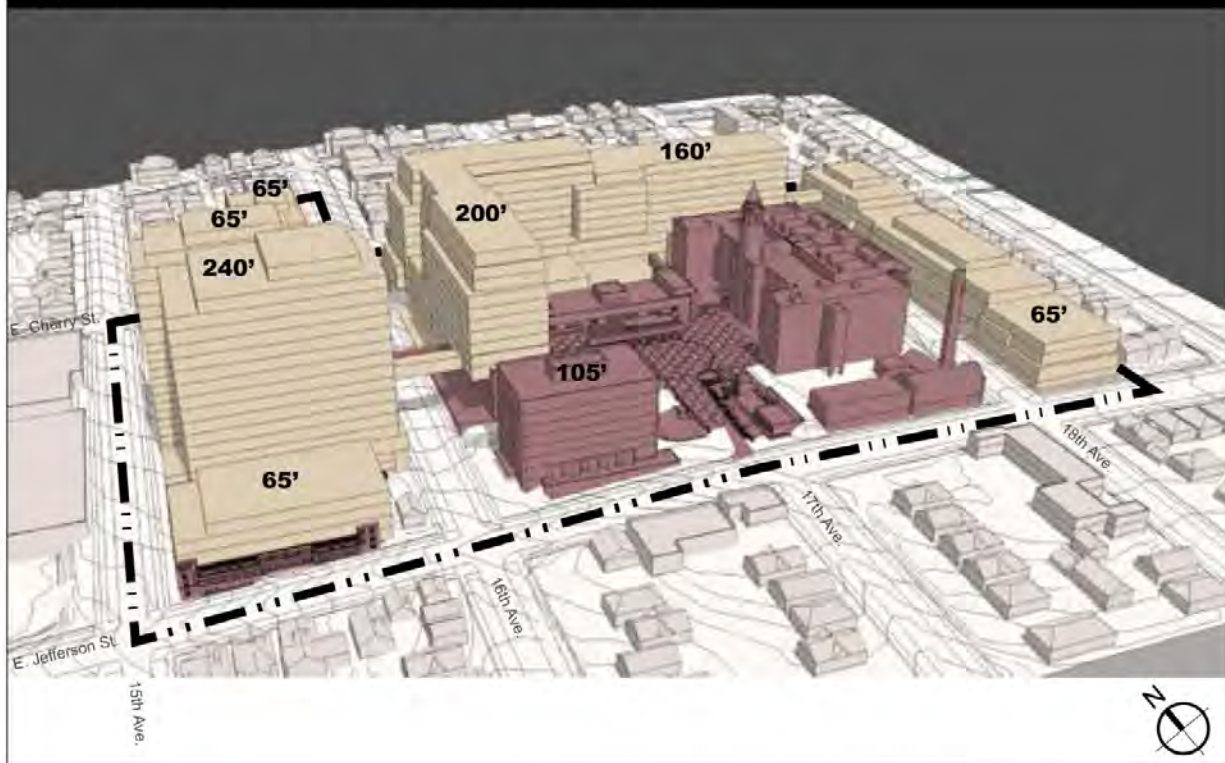
Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		Street Vacation	
MIO-90		MIO Site Boundary	

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 7

Appendix F. Alternative 7: Height, Bulk and Form



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

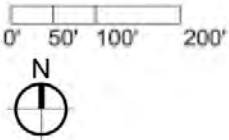
- Maintains the existing campus MIO boundaries on the west, south and east.
- Expands boundary to the north to add “Spencer Technologies” property (located on the northwest corner of Cherry Street/16th Avenue).
- Expands vertical capacity from MIO 37’, 65’ and 105’ to MIO 65’, 105’, 160’, 200’ and 240’.
- 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 F. Alternative 7: Heights

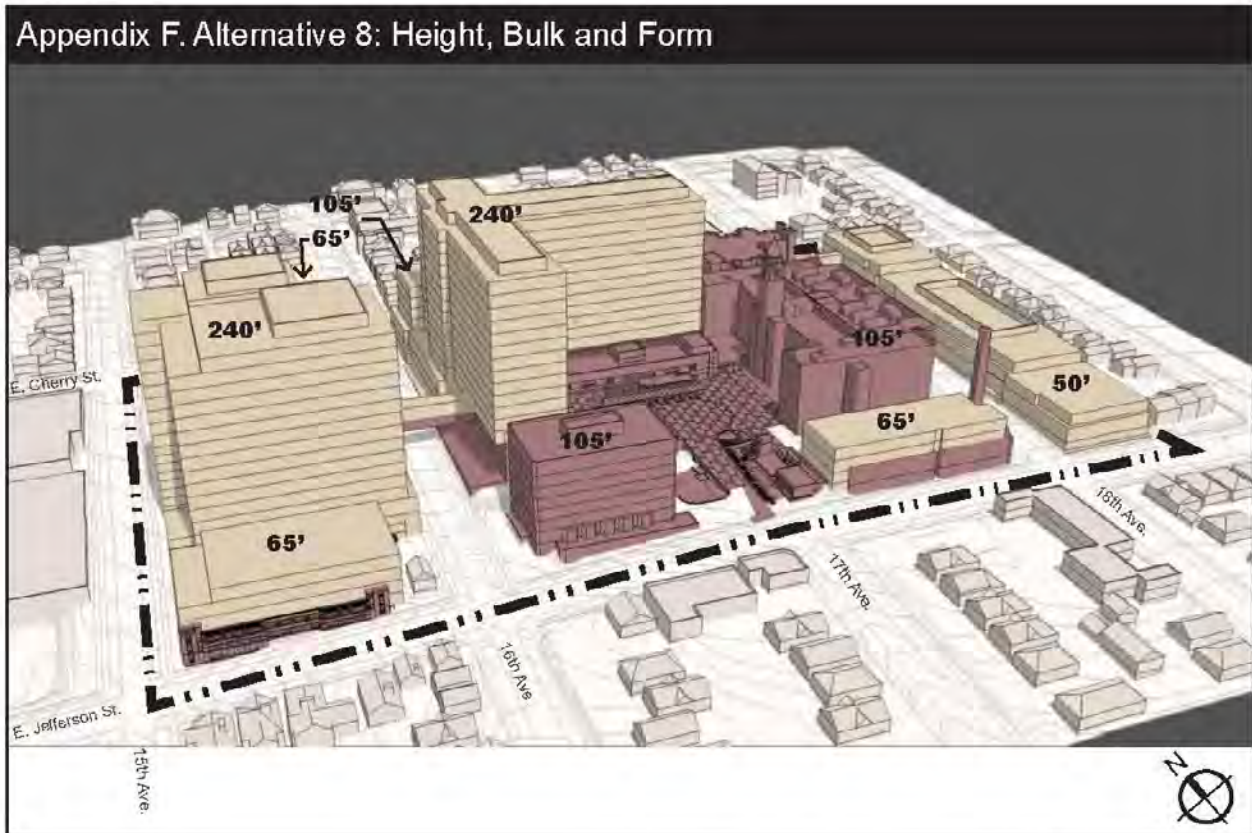


Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		Street Vacation	
MIO-90		MIO Site Boundary	

APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 8

Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain

Planned Future Height, Bulk and Form

Alternative 8:

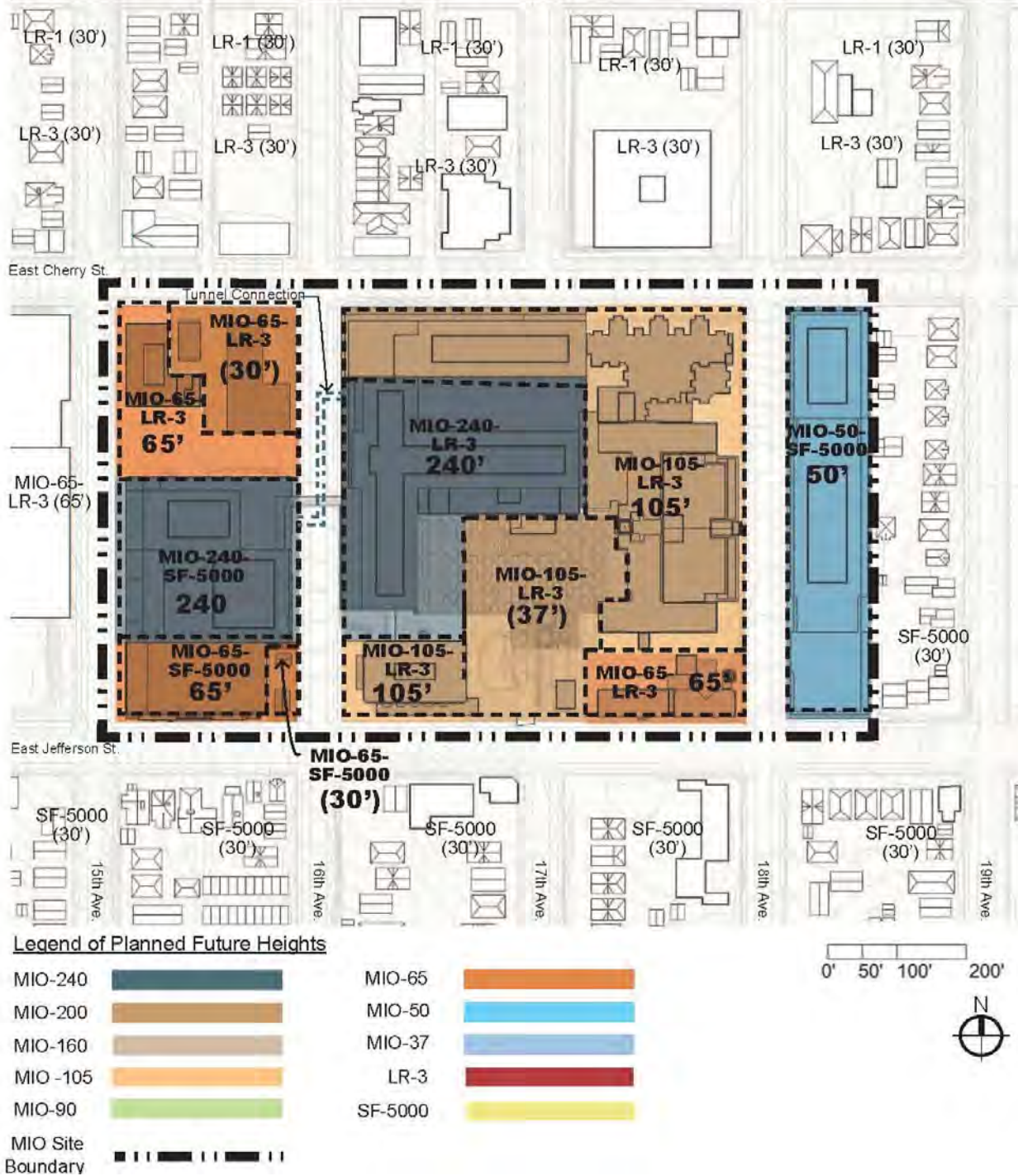
- Maintains the existing campus MIO boundaries
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 50', 65', 105' and 240'.
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.9 million GSF of building area, for a total of approximately 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 C-2).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter

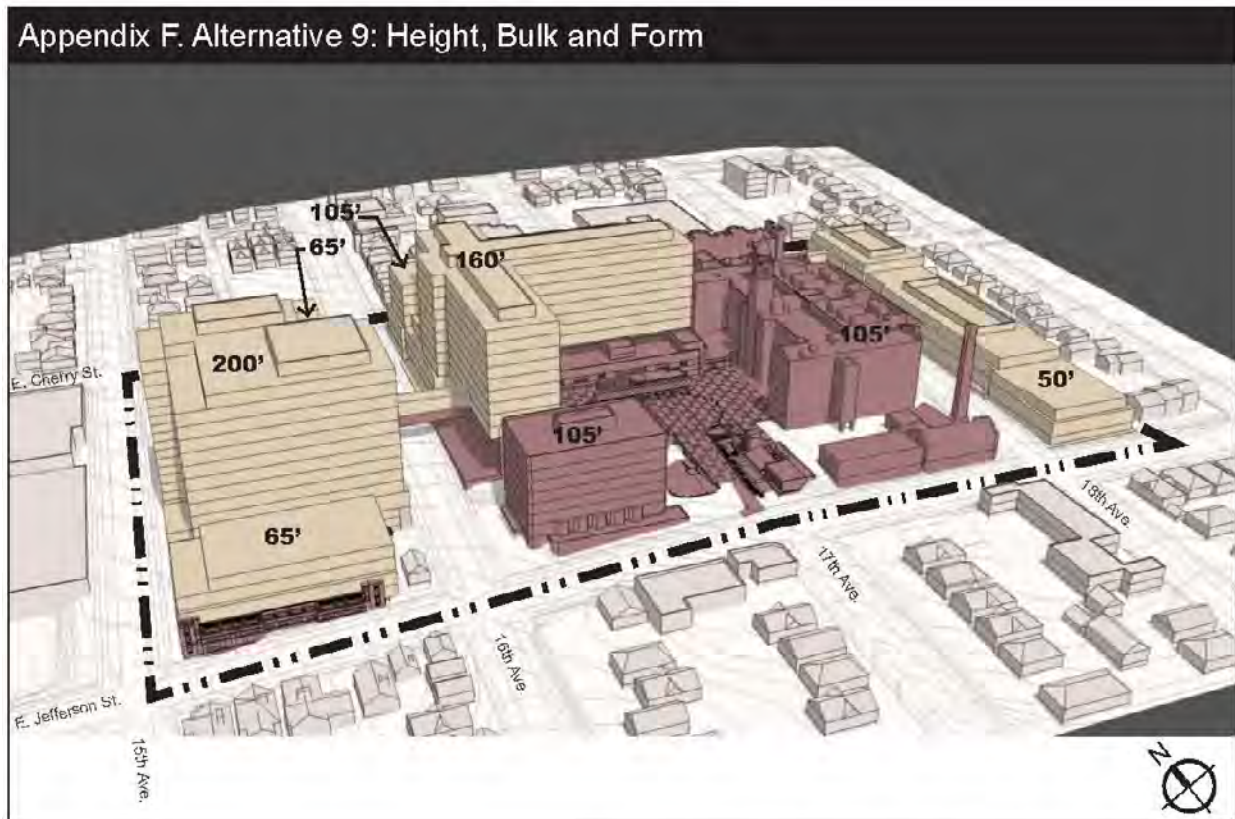
APPENDIX F: Alternatives Considered but not Advanced

Appendix F. Alternative 8: Heights



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 9

Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain



Planned Future Height, Bulk and Form

**Alternative 9:**

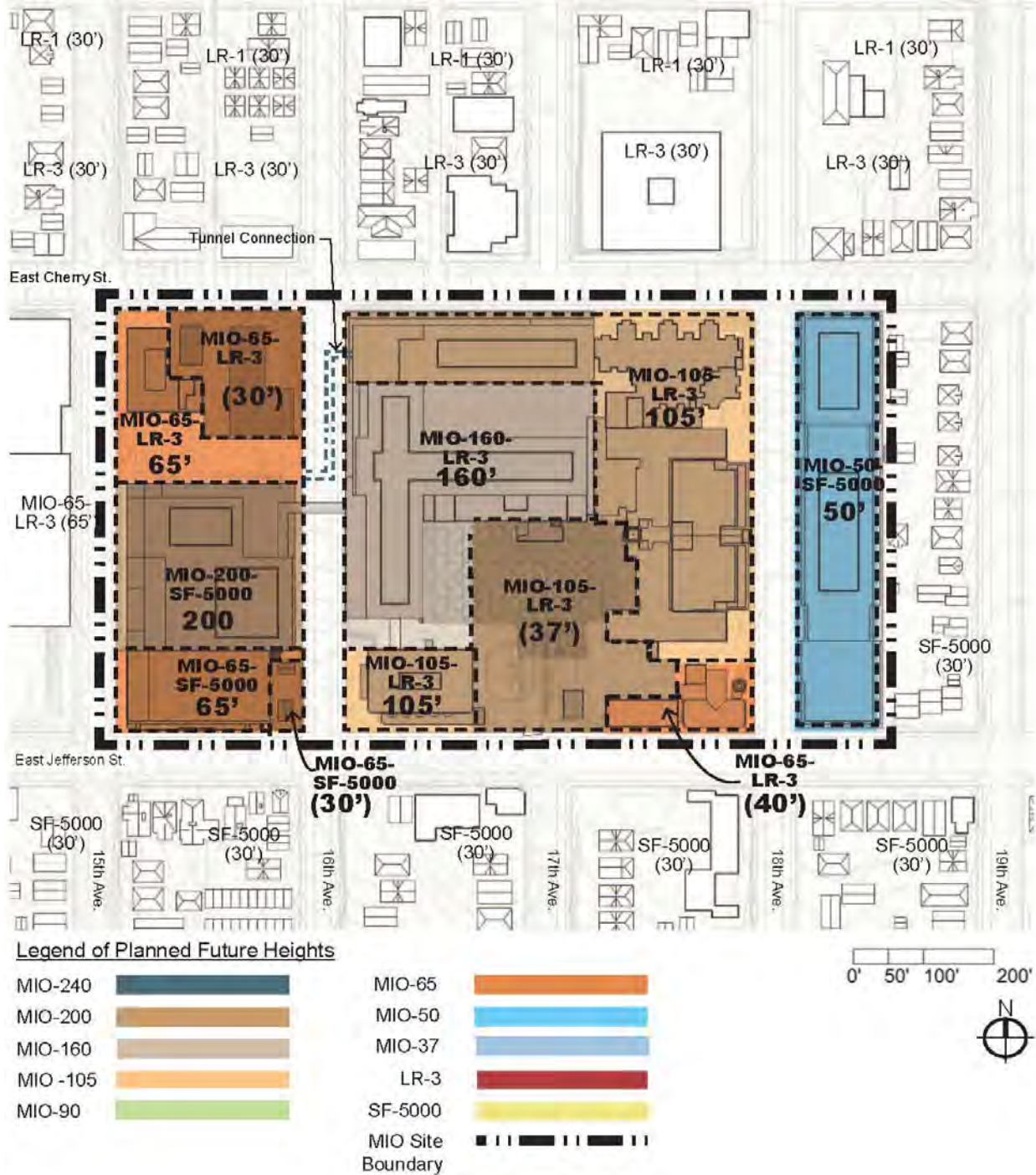
- Maintains the existing campus MIO boundaries.
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 50', 65', 105', 160', and 200'
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.55 million GSF of building area, for a total of 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 C-4).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter

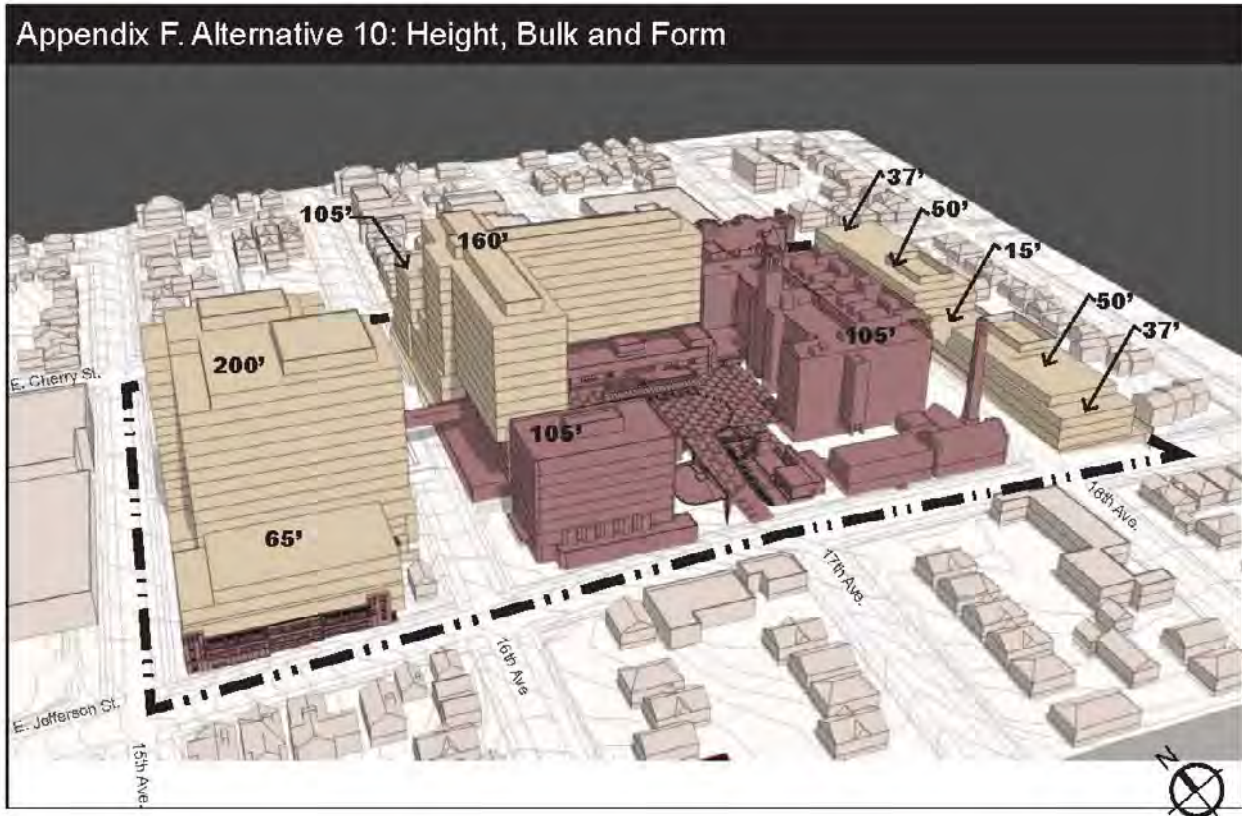
APPENDIX F: Alternatives Considered but not Advanced

Appendix F. Alternative 9: Heights



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 10

Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain	
Planned Future Height, Bulk and Form	

Alternative 10:

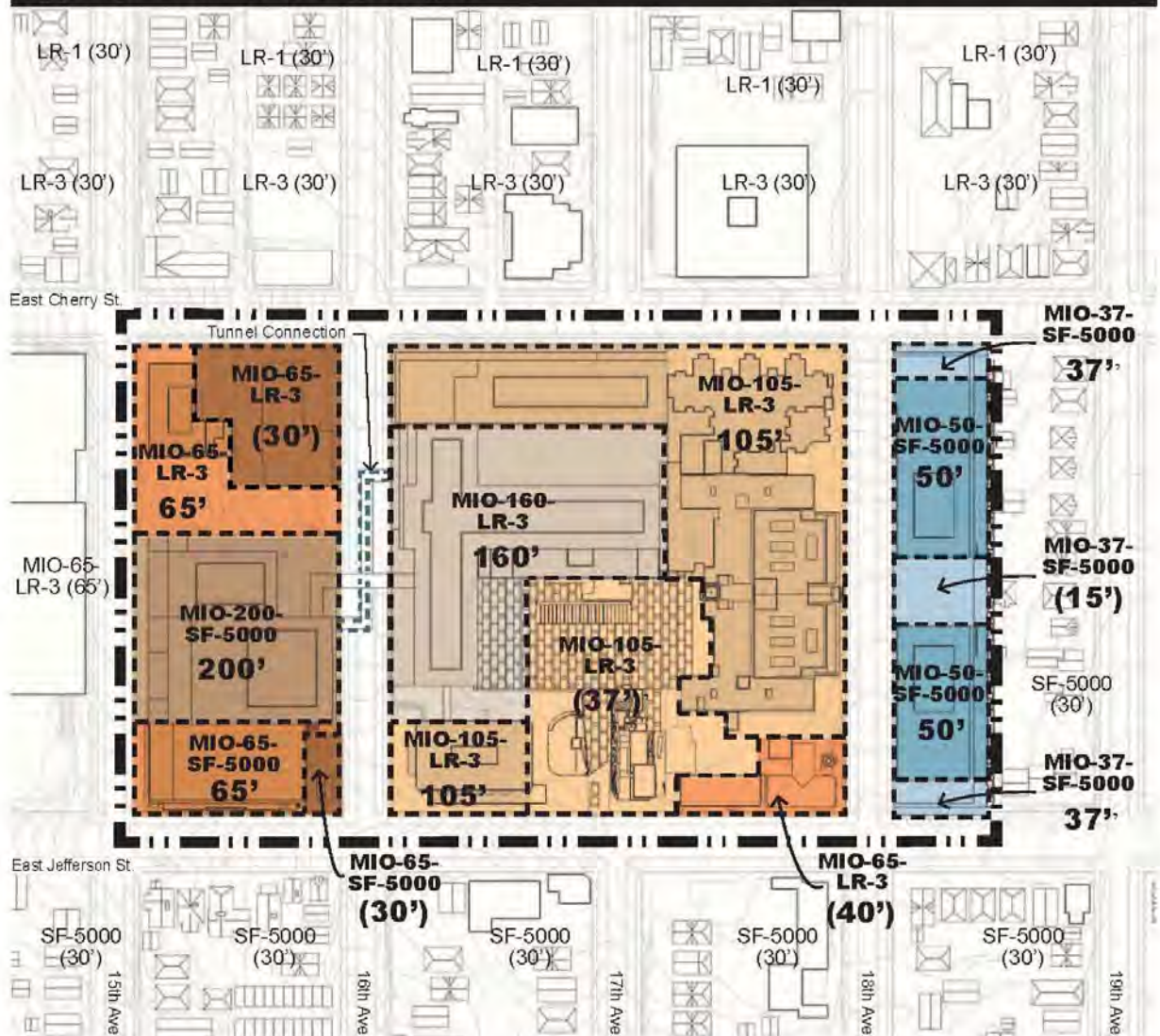
- Maintains the existing campus MIO boundaries.
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 37', 50', 65', 105', 160', and 200'
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.55 million GSF of building area, for a total 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 C-3).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter.
- Greater setback buffer to 19th Ave residential lots.
- Conditioned down some heights to maintain existing conditions.

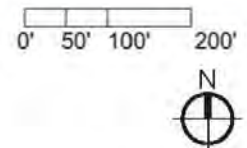
APPENDIX F: Alternatives Considered but not Advanced

Appendix F. Alternative 10: Heights



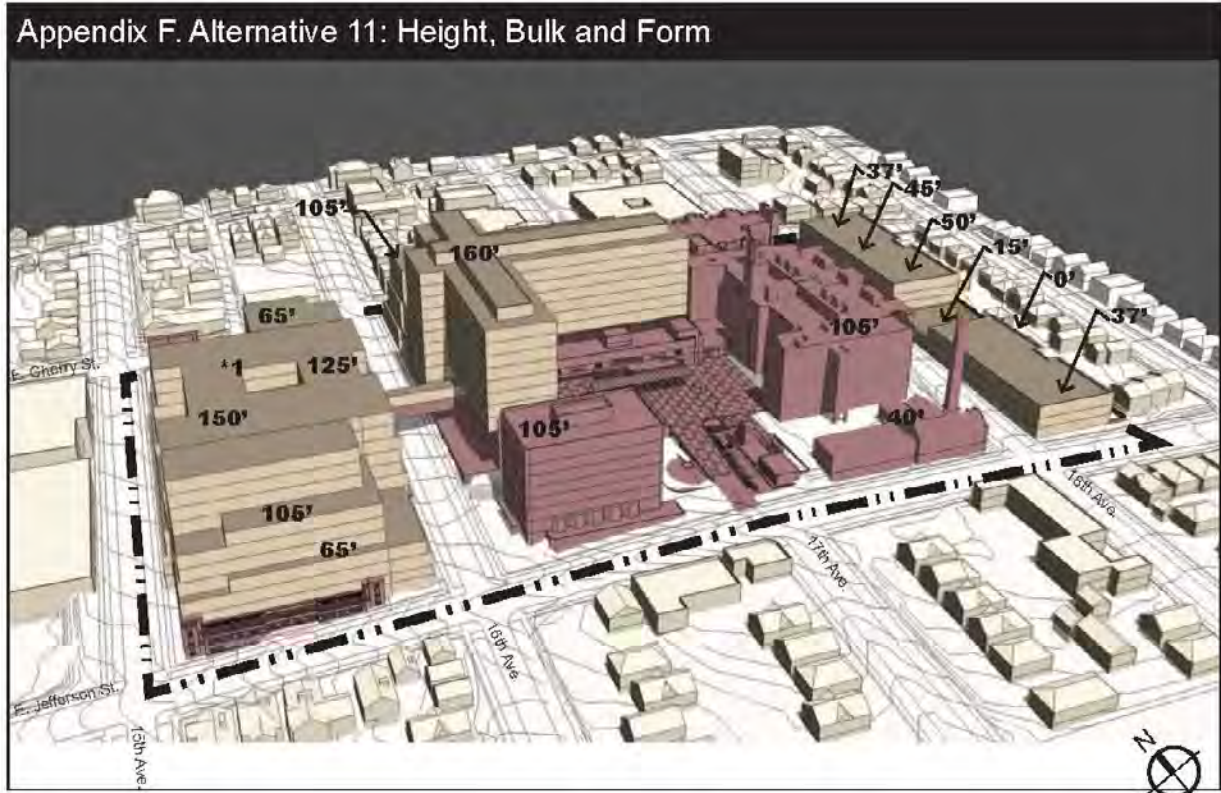
Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		LR-3	
MIO-90		SF-5000	
		MIO Site Boundary	



APPENDIX F: Alternatives Considered but not Advanced

ALTERNATIVE 11



Legend of Planned Future Height, Bulk and Form

Existing Height, Bulk and Form to Remain	
Planned Future Height, Bulk and Form	

Alternative 11:

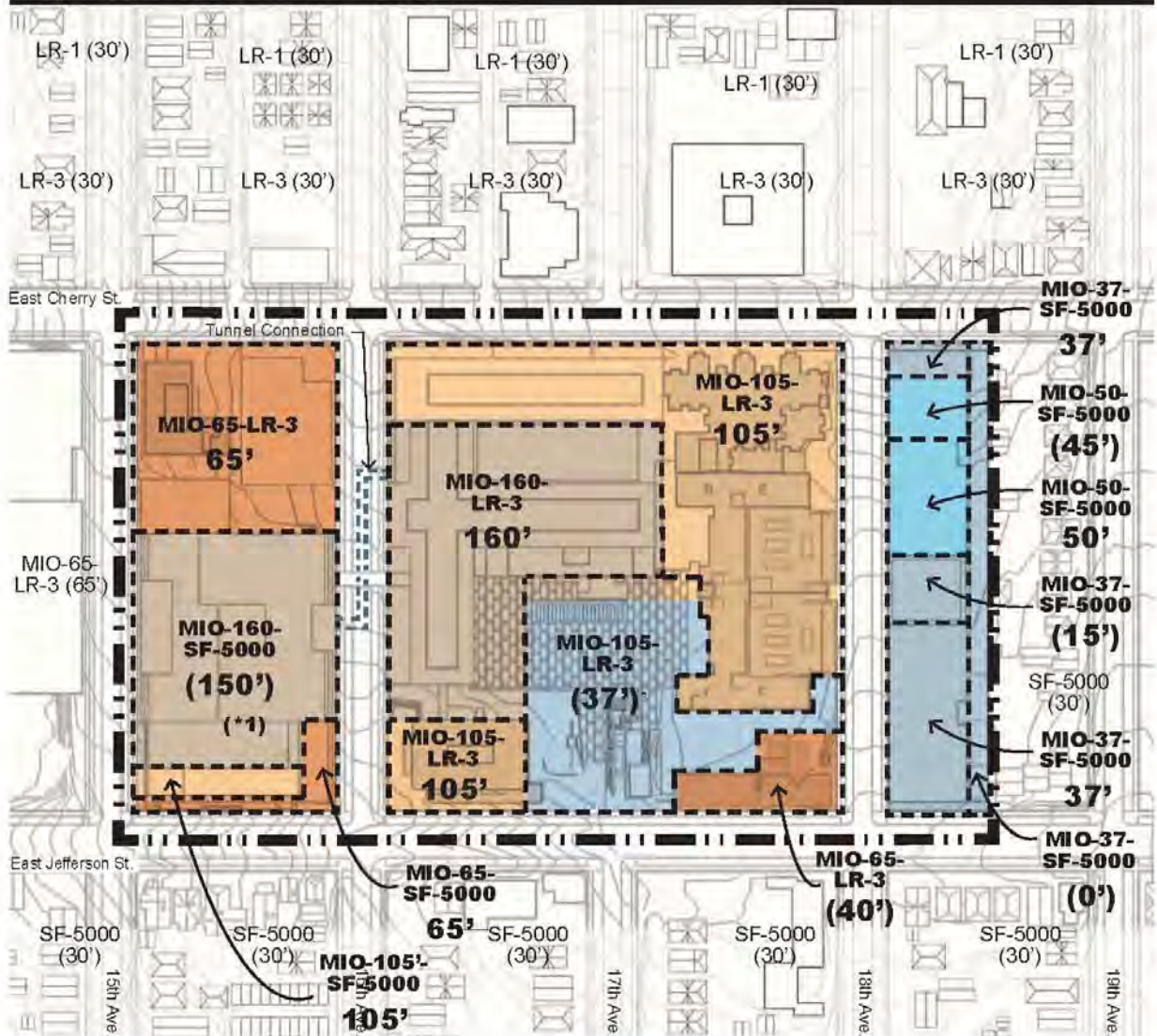
- Maintains the existing campus MIO boundaries.
- Expands vertical capacity from MIO 37', 65' and 105' to MIO 37', 50', 65', 105', 160', and 200'
- Assumes the demolition and rebuilding of aging medical buildings.
- No street vacations
- Adds approximately 1.55 million GSF of building area, for a total 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 C-3).
- Provides for future flexibility.
- Transition to lower heights along MIO perimeter.
- Greater setback buffer to 19th Ave residential lots.
- Conditioned down some heights to maintain existing conditions.

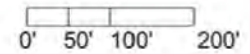
APPENDIX F: Alternatives Considered but not Advanced

Appendix F. Alternative 11: Heights



Legend of Planned Future Heights

MIO-240		MIO-65	
MIO-200		MIO-50	
MIO-160		MIO-37	
MIO-105		LR-3	
MIO-90		SF-5000	
		MIO Site Boundary	



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.

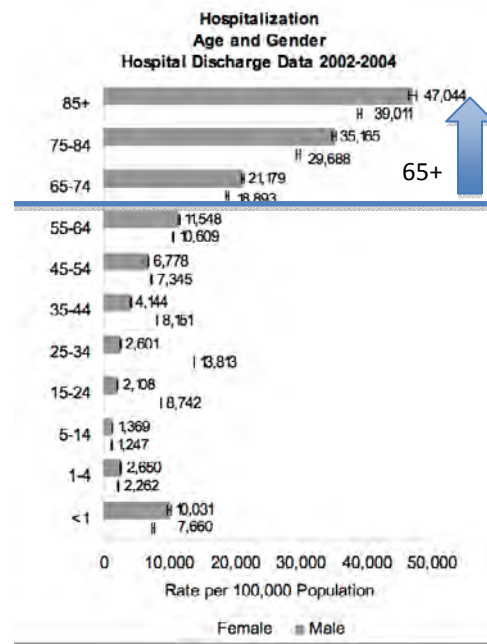
Living longer means:

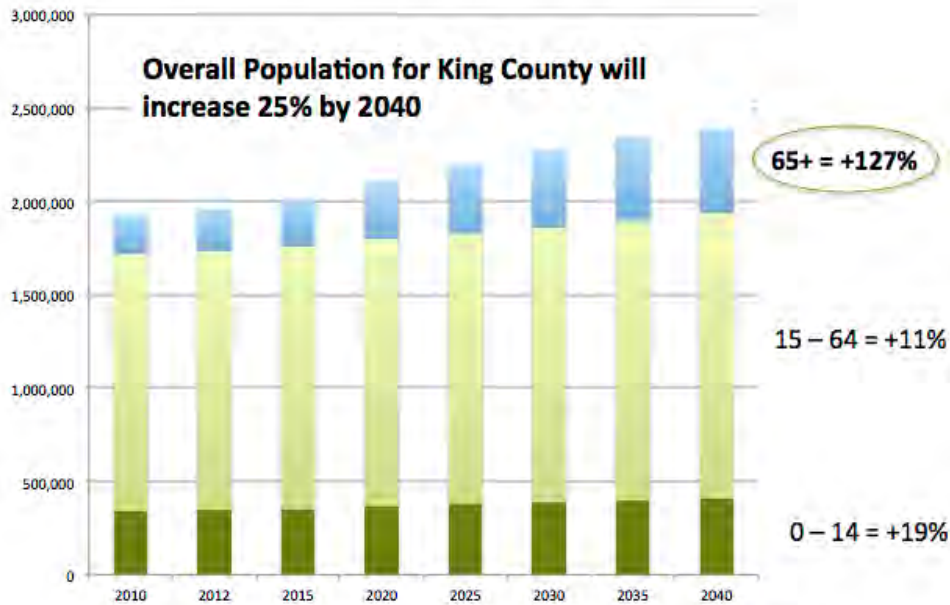
- more elderly are alive today because of medical interventions
- there is a greater incidence of chronic disease
- more complex medical conditions prevalent with the elderly exist today
- more support is needed for the elderly
- inpatients tend to be sicker
- there are greater numbers of fragile outpatients

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

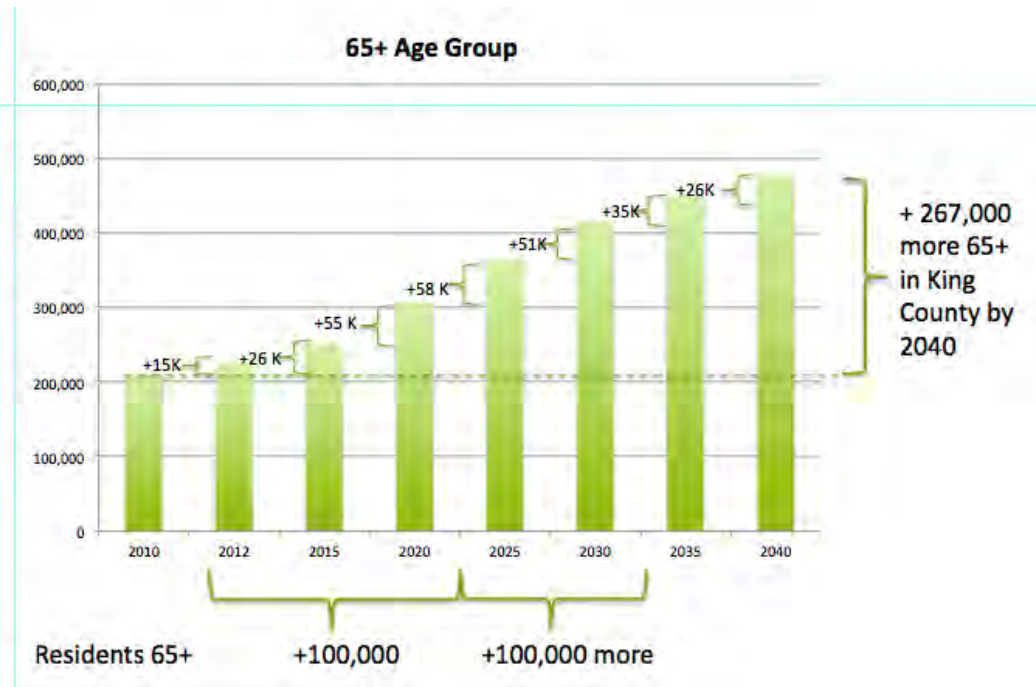
For example, hospital utilization by those 65+ is **3.5 times** higher than those under 65 as shown in this graphic.

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.

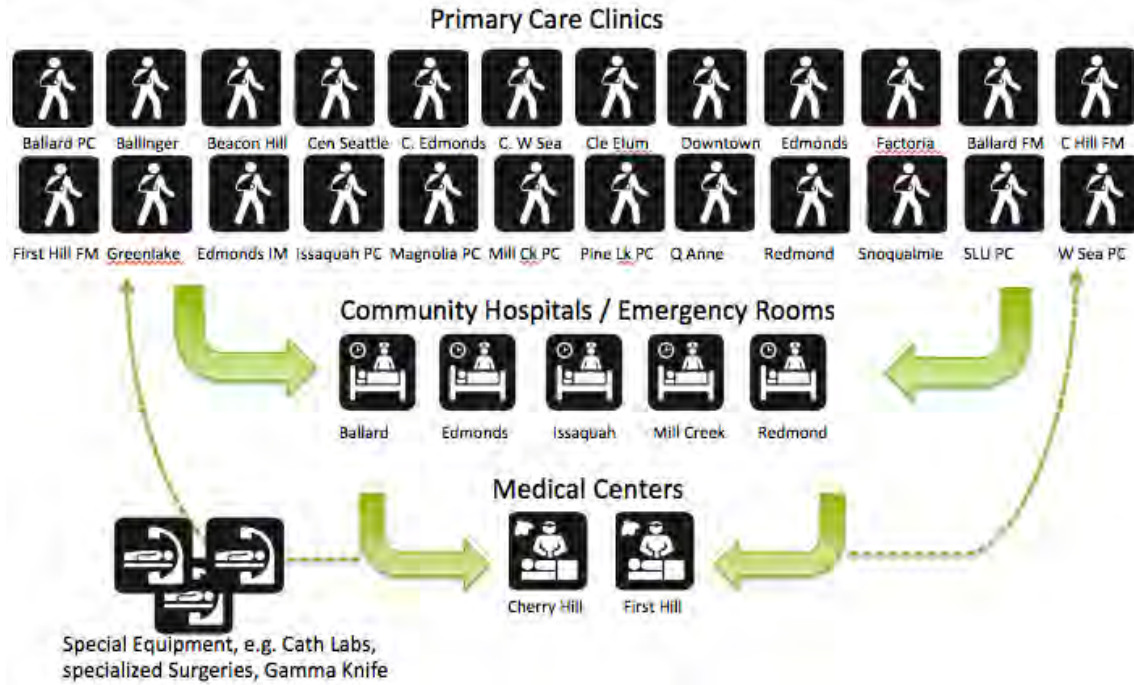
- Improved access to the right care at the right time
- Shift from inpatient to outpatient
- Improved outcomes
- Integrated systems of care
 - Hospital mergers
- **Better care for lower cost**
- Prudent use of technologies
- Changing/evolving reimbursement systems
- **Breakthroughs in research**
 - Integration 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.





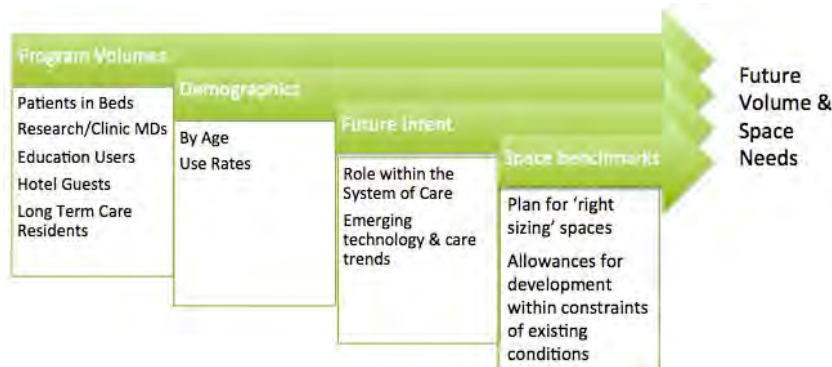
Inpatient and outpatient hospital services, long-term care and community programs are present on the SMC CH campus, allowing smooth transitions and a better patient experience. The long-range plan will enhance and expand programs and services to meet the needs of the community.

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 Forecasts³

	2012	2023	2040	% increase '12 - '23	% increase '12 - '40
Population - all ages					
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	<u>1,372,516</u>	<u>1,527,095</u>	<u>1,769,809</u>	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	<u>1,151,953</u>	<u>1,206,799</u>	<u>1,363,145</u>	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	<u>220,563</u>	<u>320,296</u>	<u>406,664</u>	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.

³ 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.

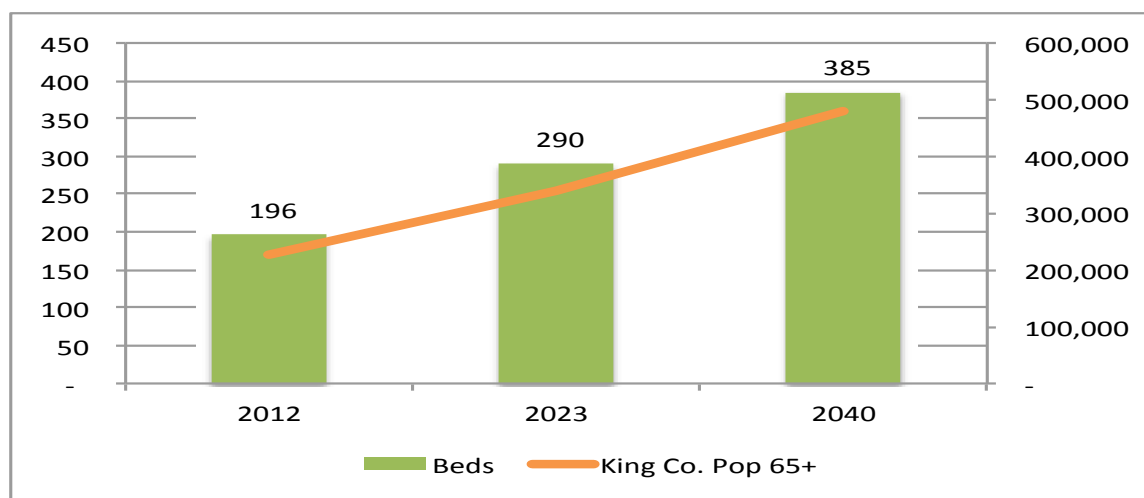
Bed Need

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 impact: 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 feet⁴ (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

⁴ 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.

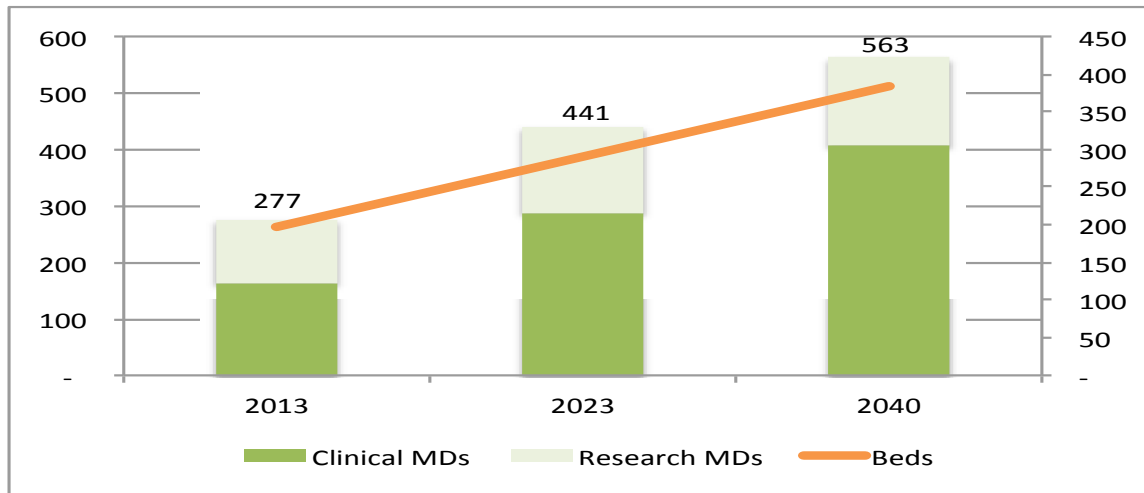
Clinical and Research MDs

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			
	<u>2013</u>	<u>2023</u>	<u>2040</u>	
Clinical	164	289	408	
Research	<u>113</u>	<u>152</u>	<u>155</u>	
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.

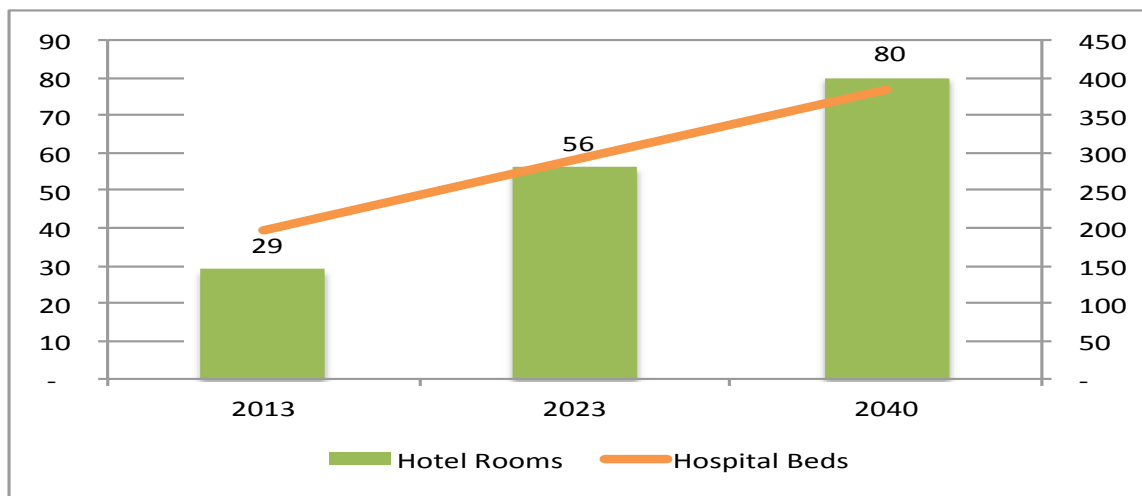
Hotel Room Projections

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 devices/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.

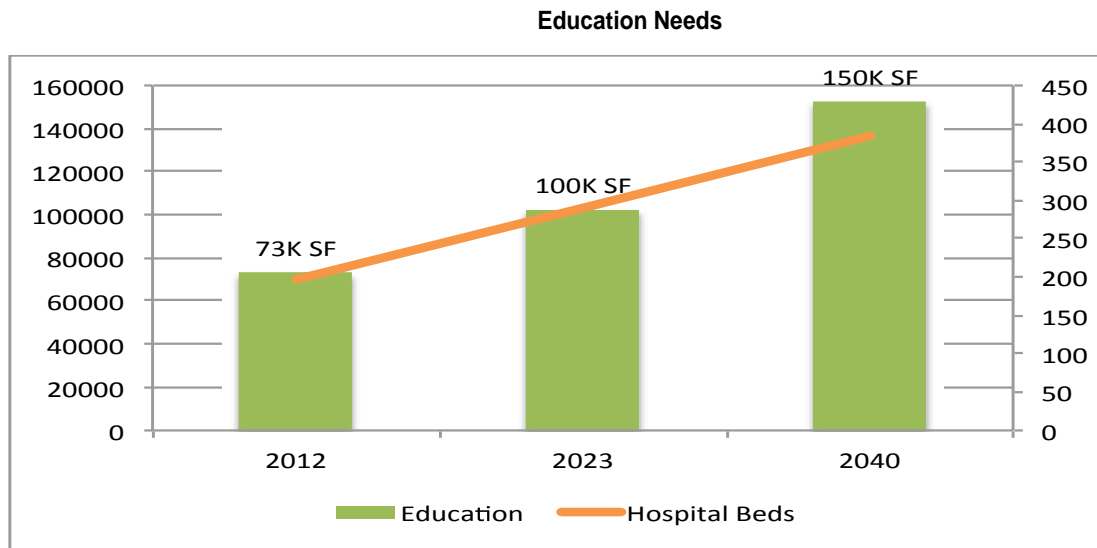
Education Needs

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.



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.

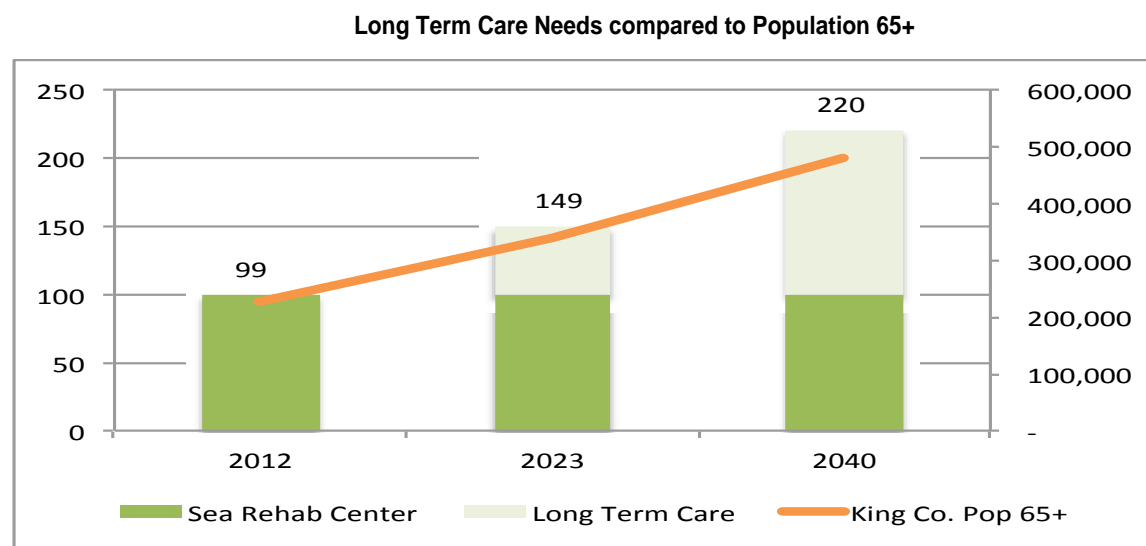
With the aging population, there will be a greater demand for assisted living facilities. Determining the size of an assisted living facility depends on the pricing and product offerings. For purposes of this study, it is assumed that the total number of long term care beds would top out at 220 given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



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 rehab, 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	<u>50,000</u>	<u>50,000</u>	<u>50,000</u>
TOTAL	1,146,800	2,311,000	3,100,000

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



**FINAL MAJOR INSTITUTIONAL MASTER PLAN
(MIMP)**

**APPENDIX H
DESIGN GUIDELINES**

December 11, 2014

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A. MASTER PLAN DESIGN GUIDELINES

A1.0 Context

The Swedish Cherry Hill Master Plan is the governing development plan for future expansion of the Swedish Cherry Hill Campus;

- The development standards component (the height, setback, open space and other regulatory standards that supersede the development standards in the underlying zone);
- The development program component (proposals for physical development of the campus, including total maximum developable gross floor area allowed, overall Floor Area Ratio, number of parking spaces, phasing and other features);
- The transportation management component (the internal and external pedestrian and traffic circulation systems that serve the development and transportation management plan to reduce the use of single-occupant vehicles).

These Master Plan components are mandated by the City's Major Institutions Code and, in the event of conflict, the provisions of the Master Plan supersede these Design Guidelines.

The development standards in the Master Plan and these Design Guidelines serve different, yet complementary purposes.

- The development standards are prescriptive regulations that define the allowable development envelope within the Swedish Cherry Hill Campus Major Institution Overlay ("MIO") boundaries
- The Design Guidelines address hospital campus character and provide a qualitative basis for assessing conformance with the Master Plan.

A1.1 Purpose of Design Guidelines

To frame future Standing Advisory Committee (SAC) review of projects to implement the Master Plan, SAC members would then apply the guidelines as they evaluate how specific proposals address shared concerns about how hospital development is to address its nearby neighbors and the public realm.

The objective of the Design Guidelines is to balance the impacts from hospital development on the surrounding, non-institutional community, and to enhance the transition between, and the compatibility of, the hospital and the surrounding community. Such impacts include those related to the height, bulk and scale of structures, character of development, transportation (such as increased vehicle and other traffic, and circulation), and operational noise and lighting.

Each section of the Design Guidelines contains an intent statement followed by specific guidelines and suggested strategies to meet those guidelines.

A1.2 Design Guidelines

The Design Guidelines are to assist in achieving the desired character envisioned for the hospital campus. Future facilities should strive to blend old with new while harmonizing with the surrounding neighborhood landscape and building forms. Materials and plantings should be durable, attractive and high quality; using green building practices wherever feasible.

The Design Guidelines provide for compatibility in the use of materials, design of public spaces and overall character of the hospital campus for the life of the Master Plan. The SAC is to prioritize key guidelines, recognizing that all guidelines do not necessarily apply to all projects.

B. DESIGN GUIDELINES

B1.0 Site Design

B1.1 Hospital Campus Character

Campus Examples

B1.1.1 Statement of Intent:

The hospital campus shall be both a healing environment for patients, families, visitors, and the care teams and complement aesthetic goals of the neighborhood.



18th Ave. & E. Jefferson St.



18th Ave. & E. Cherry St.



15th Ave. & E. Cherry St.



16th Ave. & E. Jefferson St.

B1.1.2 General Guidelines:

- Acknowledge the character of surrounding single-family residential, multi-family and educational use areas at each edge.
- Use a compatible palette, texture, and color of building materials to unify the hospital campus.
- Use landscaping to soften and enhance outdoor spaces and screen utilities, and other more functional elements
- Attempt to eliminate blank walls



Neighborhood Single Family

Neighborhood Multi-Family

Neighborhood Institutions



Neighborhood Examples

Neighborhood Mixed-Use & Retail

B1.1.3 Street Frontage Edge Guidelines:

- Design open spaces and pocket parks adjacent to Street Fronts to be inviting, open and complementary to adjacent street frontage uses.

Considerations:

- Use a combination of the following architectural treatments to enhance Street Fronts: architectural features and detailing such as railings and balustrades, awnings or canopies, decorative pavement, decorative lighting, seats, planter boxes, trellises, artwork, and campus wayfinding signs.



Street Frontage Pocket Park



Street Frontage Architectural Features

B1.1.4 Connection to the Street Guidelines:

- Identify opportunities for the project to make a strong connection to the street and ensure that the building will interact with the public realm.

Consider the qualities and character of the streetscape— its physical features (sidewalk, parking, landscape strip, street trees, travel lanes, and other amenities) in siting and designing building elements to engage the street.

B1.1.5 Public Entrances and Access Points Guidelines:

- Design public entrances to promote intuitive wayfinding

Landscaping, artwork and detailing can define primary entrances and access points to create a sense of arrival and place. Primary access points are transition locations that identify entry or departure points for pedestrians and vehicles. They may also identify public building entrances or the beginning of public pathways that cross the hospital campus. These locations are place-making opportunities.

The following locations should be evaluated as campus focal points:

- South entry plaza, 17th Cherry new entry, 16th Avenue West block entry.

Create:

- Distinctive architectural elements, landscaping and signage at primary public entrances and access points to provide visual emphasis and ease of identification.
- Treat pedestrian and vehicular entrances separately.
- Wayfinding that clearly identifies building entries, pathways, and public gardens and pedestrian-scaled signage.
- Develop and maintain a wayfinding plan that shows pedestrian pathways through the campus, bicycle routes, bicycle parking, short term visitor and disabled parking locations.



17th Ave. & E. Jefferson St. Entry



Future 17th Ave. & E. Cherry St. Entry



Street Signage for Community Amenities



Street Signage: Vehicle & Pedestrian Direction

B1.1.6 Streetscape and Pedestrian Pathways Guidelines:

- Design streets rights of way and sidewalks within rights-of-way to accommodate all travel modes.
- Streets, sidewalks and hospital campus pathways should be welcoming, open to the general public, as well as barrier-free and ADA-accessible.

The vision for street level use is to encourage bicyclist and pedestrian activity, improve public surveillance, and capacity for all travel modes. Pathways and streets around the hospital campus shall provide opportunities to complete street-to-street connections. Encourage travel by transit, bike or walking on an attractive and safe streetscape.

Consider use of:

- Nighttime lighting designed for safety and good surveillance with minimal spillover/light pollution.
- Enhanced sidewalk and pathway system with wayfinding program and signage.
- Sidewalks that meet the anticipated pedestrian peak load without impediments.
- Some street front awnings and weather protection along primary pedestrian pathways.
- Pedestrian amenities in prominent, active areas that are complementary to the adjacent building use or programmed open space, such as:
 - Benches
 - Kiosk
 - Lighting, both street and pedestrian
 - Short Term Bicycle Parking
 - Stormwater Facilities
 - Trees
 - Tree grates
 - Creation of a healthwalk along the perimeter of the MIO boundary. E. Cherry to 15th Avenue, E. Jefferson to 18th Avenue east setback garden.



Accessible Pedestrian Pathways



Street Level Visibility

Consider the following in the design of the Healthwalk:

- Pocket parks expand the pedestrian usable area adjacent to the sidewalk and constructed on private property in a similar size and scale of the existing pocket park at the corner of 15th Avenue and E Cherry but shall be a minimum 400 sf. See photo below.
- Consider information kiosks along the healthwalk similar to the photo below. Kiosks provide health information related to the healthwalk and current health topics for community wellness.
- Pocket parks that contain exercise stations as shown below
- Pocket parks that contain pet waste bag dispenser stations, waste and recycling containers as shown below



15th Avenue & E Cherry Pocket Park



Information Kiosk



Exercise Station

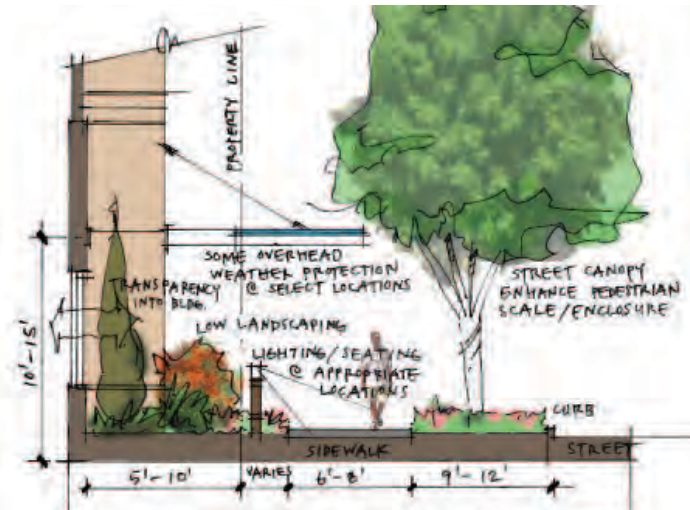


Dispenser Stations - Pet Waste Collection Bags

B1.1.7 Sidewalks Guidelines:

- Relate the sidewalk and its amenities to the adjacent uses, the organization of pedestrian movements, and the experience along its length.
- Weather Protection: Provide overhead weather protection at building entries and major campus pedestrian pathways. A balanced approach to the needs of pedestrian and the landscaped areas for rain and solar exposure.

Sidewalks provide pedestrian connections throughout the campus. To enhance the function of the sidewalk, organize furnishings in a furnishings zone, between the curb and the through zone. Areas flanking the through zone at the property line would allow pedestrians to stand out of the way of through pedestrian movements. Here, the building zone could be expanded to larger plaza areas, developed with the building.



Typical Sidewalk Section



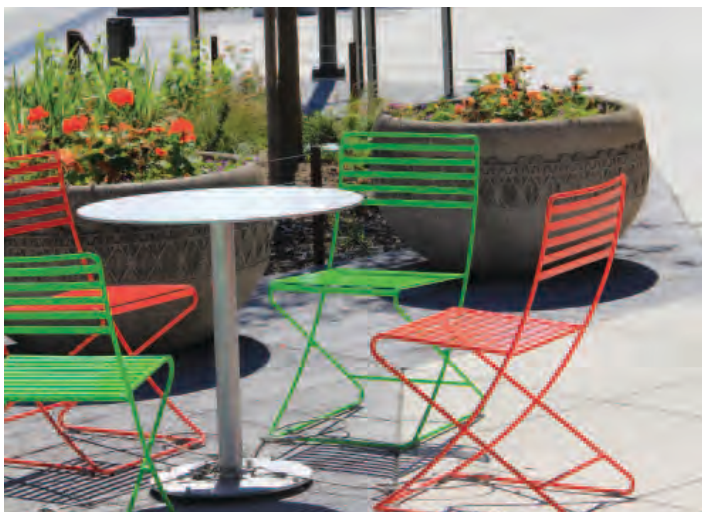
Sketch: Future Sidewalk



Sidewalk lighting for safety



Sidewalk Seating



Sidewalk Seating



Sidewalk Texture & Expansion Zones



Sidewalk Landscaping: Variety & Textures



Sidewalk Canopies

B1.1.8 Parking and Vehicle Access Guidelines:

- Organize vehicle movement and parking to facilitate efficient and safe flow of traffic.

Design vehicular access and parking facilities to optimize operational functionality and contribute to desired hospital character. Design Street Frontage Edges to direct vehicle movements, mark access points to the campus, and promote safety for bike, pedestrian and transit users.

Consider use of:

- Vehicle wayfinding using signage and directions to facilitate orderly movements to and from the hospital campus.
- Shielded lighting to limit light effects on adjacent properties
- Consolidated wayfinding signage to reduce visual clutter.



Visitor Parking Access



Staff Parking Access



Plaza Level Valet & Shuttle Access



Simple Signage Solutions

B 1.2 Exterior Spaces

B1.2.1 Statement of Intent:

The hospital campus should relate to and feel integrated with the historic Providence hospital and surrounding residential areas while maintaining clarity of its identity, character and use.

B1.2.2 General Guidelines:

- Exterior spaces should extend the color, texture, pattern and quality of the surrounding residential areas.
- Exterior spaces shall provide a visually and otherwise calming experience.
- The hospital campus shall be designed to include and provide access to neighborhood open space and gardens with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers and neighbors.
- Similar materials in plantings, paving, to provide a unifying context for the site development which matches or complements existing campus and surrounding areas.
- Artwork integrated into publicly accessible areas of buildings and landscaping that evokes a sense of place related to the use of the area.
- Focal point features such as building entries, gardens, that relate to wayfinding at south plaza, 17th Avenue & E. Cherry, and 16th Avenue west block main entry.



Expanded Pedestrian Area on Plaza



Areas for Human Interaction

B1.2.3 Pedestrian Amenity Guidelines:

- Seek opportunities to foster human interaction through an increase in the size and/or quality of project-related open space available for public life. Consider features such as widened sidewalks, recessed entries, curb bulbs, courtyards, plazas, or through-block connections, along with place-making elements such as trees, landscape, art, or other amenities, in addition to the pedestrian amenities listed in B1.1.6.

Opportunities for creating lively, pedestrian oriented open spaces to enliven the area and attract interest and interaction with the site and building should be considered. Visible access to the building's entry should be provided. Examples of pedestrian amenities include seating, other street furniture, lighting, year-round landscaping, seasonal plantings, pedestrian scale signage, site furniture, art work, awnings, large storefront windows, and engaging retail displays and/or kiosks.

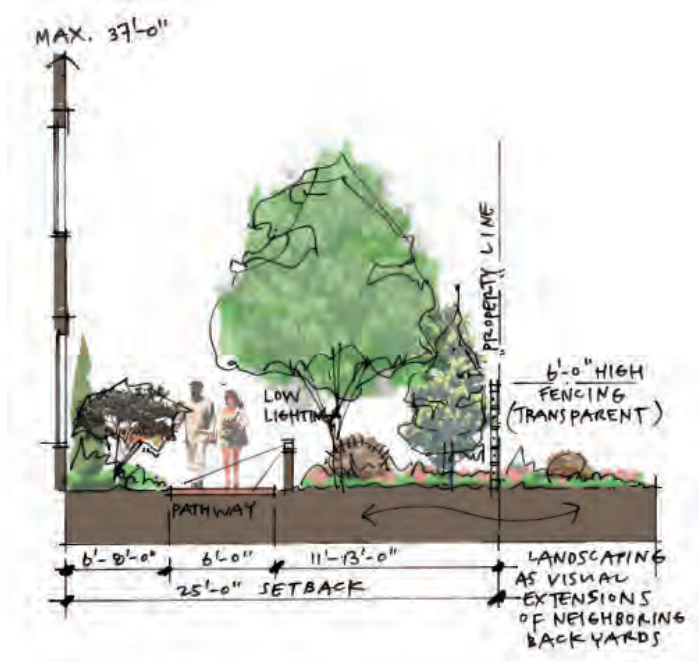
B1.2.4 Screening Guidelines:

- Where necessary, use screening sensitively to soften noise and visual impacts to adjacent properties.

Landscaping, fencing and walls can serve as screens to block views of the hospital campus buildings, of loading and utility areas, lighting, parking and functional hospital components. Control sound with screen walls. Soften the appearance of walls with plantings.

Consider use of:

- Planted visual screens.
- Barrier walls to reduce noise impacts on adjacent residential neighbors.
- Semi-transparent fence systems to minimize screen mass, in combination with plantings.



Sketch: Future Mid-block Pathway



Screening at 18th/19th Ave. Mid-block Setback Area



Example of Fencing that provides security and allows visibility



Example of Fencing that provides screened buffer

B1.2.5 Lighting, Safety and Security Guidelines:

- Create a safe environment by providing lines of sight and encouraging natural surveillance through strategic placement of doors, windows, balconies and street-level uses.
- Provide lighting at sufficient lumen intensities and scales, including pathway illumination, pedestrian and entry lighting, and/or security lights.
- Ensure transparency of street-level uses (for uses such as nonresidential uses or residential lobbies), where appropriate, by keeping views open into spaces behind walls or plantings, at corners, or along narrow passageways. Choose semi-transparent rather than opaque screening

The design and locations of physical features such as site furnishings, landscaping, pathways and lighting should maximize pedestrian visibility and safety while fostering positive social interaction among patients, visitors, caregivers and neighbors. Use “Crime Prevention Through Environmental Design” (CPTED) principles as guidelines for all projects.

Consider use of:

- Publicly accessible spaces designed with clear sight lines and visible from the street or primary bike or pedestrian pathways.
- Low shrubs and pruned trees for high visibility in landscaped areas. Design structures to eliminate hiding places for predators by locating building windows or security cameras overlooking pathways, plazas and parking.
- Evenly distributed, glare-free lighting to increase security and reduce impacts on adjacent property.
- Lighting placed along pathways and other pedestrian-use areas at proper heights for lighting the faces of the people in the space for ease of identification.
- Landscape designs that promote surveillance needs, especially in proximity to designated points of entry and at points where unauthorized individuals may gain entry.



Surveillance Patrols



Secure Pathway: Lighting, Visibility and Sight Lines

B1.2.6 Artwork Guidelines:

- Include opportunities for art in the design process as early as possible to allow integration into the design.
- Evaluate the suitability of artwork, whether commissioned or acquired, for its specific site. Consider the artwork’s size, materials, concept, etc.

B1.3 Landscape

B1.3.1 Statement of Intent:

The hospital campus should be composed of a rich and varied landscape and plant palette.

B1.3.2 General Guidelines:

- Coordinate plant locations with adjacent building functions.
- Focal point features such as building entries, and gardens
- Reinforce intuitive wayfinding.



Plaza Landscaping



Internal Pathway Landscaping

B1.3.3 Planting Guidelines:

- Plantings shall include mix of groundcovers and perennials, shrubs, understory and canopy trees to provide multi-layered interest.
- Plantings shall include deciduous and evergreen plants to provide multi-seasonal interest.
- Plantings shall include some portion of hybridized or native plants which are drought tolerant and beneficial to native insects and birds.
- Avoid dense, dark vegetated “walls” along sidewalks by instead planting year-round screens that are softened by diverse and deciduous plantings and open spaces.
- Avoid planting low-branching shrubs and other potentially unsafe, view-obscuring plants close to sidewalks.
- To minimize need for irrigation beyond the establishment period, consider drought and urban tolerant plants.



Encourage Pollinators



Variety of Texture and Scale

B2.0 Architectural Character

B2.1 Height, Bulk and Scale

B2.1.1 Statement of Intent:

Design buildings with materials that help visually reduce the scale and form of the buildings into smaller scaled elements and that complement the existing historic architecture and neighboring structures within the same visual field.

B2.1.2 General Guidelines:

- Reducing Perceived Mass: Use secondary architectural elements to reduce the perceived mass of larger projects.
- Consider creating recesses or indentations in the building envelope; adding facade details that create shadows along the surface.
- Punched or projecting windows, porches, canopies or other elements; and/or highlighting building entries.
- Consider stepping down the building to reduce the mass of the building.

Definition of Scale

Pedestrian Scale - Include elements at the personal street level.

- Incorporate architectural features, elements, and details that are of human scale into the building facades, entries, retaining walls, courtyards, and exterior spaces in a manner that is consistent with the overall architectural concept.
- Pay special attention to the first floor of the building in order to maximize opportunities to engage the pedestrian and enable an active and vibrant street front.



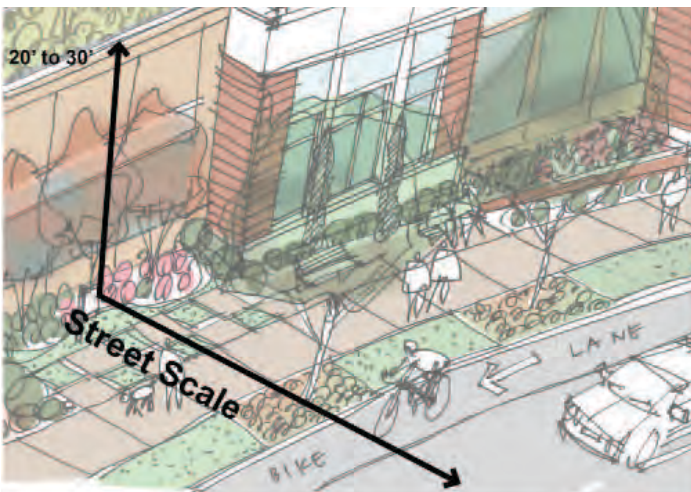
Pedestrian Range



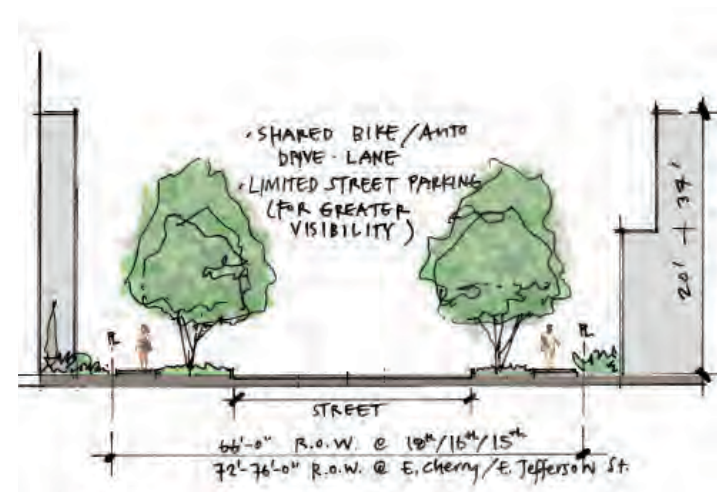
Pedestrian Scale Example

Street Scale - Include elements within one's field of vision along the street level.

- Regular placement and composition of street tree planting.
- Consistent architectural treatment of facades, but not necessarily uniform.
- Setback of building facades above the first couple of floors.



Street Range



Street Section

Building Block Scale - Include elements that are viewed from a block away. Large scale building elements generally outside core of vision at distance less than 150 feet.

Design visual interest with:

- Articulation of facades
- Fenestration patterns and details that can be perceived at 200-400 feet
- Composition in terms of proportion and rhythm
- Material and color variety with complementary aspects considered
- Large scale architectural features that add variety

Design building from multiple viewpoints

- Rooftop appearance
- Street level facades
- Internal campus views

- From surrounding neighborhoods



Building Block Range



Sketch: Building Block Scale

Consider use of:

- A palette of compatible materials to divide areas of large forms into smaller shapes that are in scale with surrounding structures; including but not limited to windows, curtain walls, metal panels, retail frontages, glass and brick.
- Articulated building volume by setting wall planes back or forward to create shadows or break up long expanses of building walls.
- Landscaping to reduce the visible building area, and change finish materials to reduce large fields of like materials on building surfaces.

B2.1.3 Architectural and Facade Composition Guidelines:

- Design all building facades and visible roofs considering the composition and architectural expression of the building as a whole.

Avoid large blank walls along visible façades wherever possible. Where expanses of blank walls, retaining walls, or garage facades are unavoidable, include uses or design treatments at the street level that have human scale and are designed for pedestrians. These may include:

- bus stops
- community use retail (Health club)
- green walls, landscaped areas or raised planters;
- wall setbacks or other wall modulations
- display windows; trellises or other secondary elements;
- art as appropriate to area zoning and uses
- terraces and landscaping where retaining walls above eye level are unavoidable

B2.1.4 Secondary Architectural Feature Guidelines:

- No un-modulated facade shall exceed 125 feet in length. Modulation shall be achieved by stepping back or projecting forward sections of the building facades. Modulation shall be perceivable at the building block scale.
- Visual Depth and Interest: Add depth to facades where appropriate by incorporating canopies, awnings, or other secondary elements into the façade design. Add detailing at the street level in order to create interest for the pedestrian and encourage active street life. Detailing may include features such as distinctive door hardware, projecting window sills, ornamental tile or metal, and other high-quality surface materials and finishes.
- Dual Purpose Elements: Consider architectural features that can be dual purpose—adding depth, texture, and scale as well as serving other project functions. Examples include shading devices and windows that add rhythm and depth as well as contribute toward energy efficiency savings or canopies that provide street-level scale and detail while also offering weather

protection. Where these elements are prominent design features, the quality of the materials is critical.

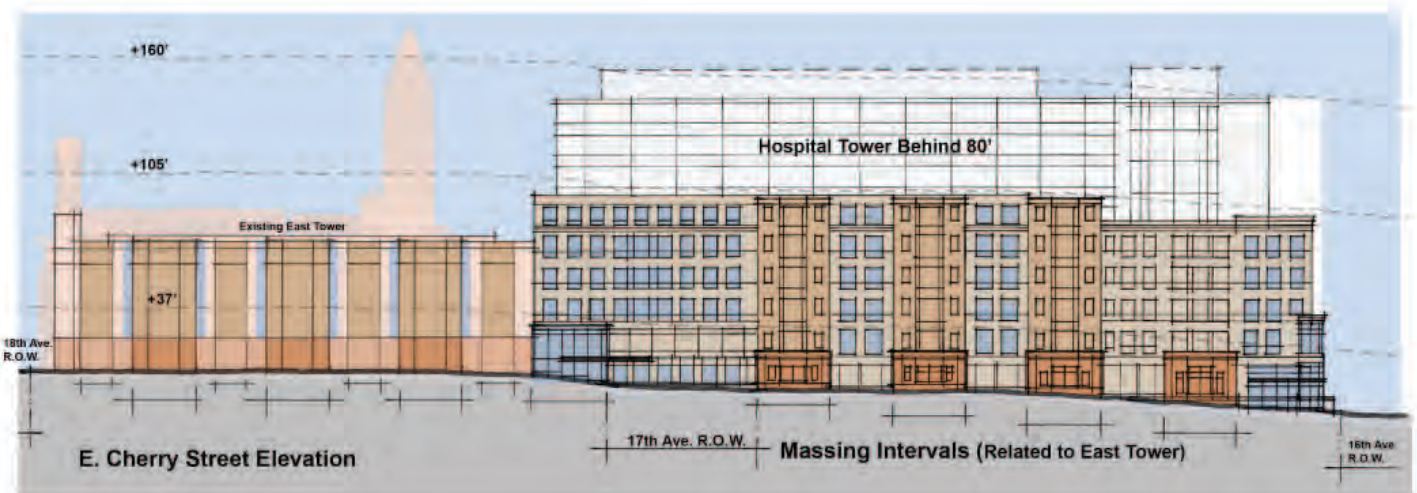
- Fit With Neighboring Buildings: Use design elements to achieve a successful fit between a building and its neighbors, such as:
 - considering aspects of neighboring buildings through architectural style, roof line, datum line detailing, fenestration, color or materials.
 - using trees and landscaping to enhance the building design and fit with the surrounding context.
 - creating a well-proportioned base, middle and top to the building in locations where this might be appropriate. Consider how surrounding buildings have addressed base, middle, and top, and whether those solutions—or similar ones—might be a good fit for the project and its context.



Fenestration Example



Variety of Secondary Components



Massing Intervals that relate to neighborhood

B2.2 Architectural Elements and Features

B2.2.1 Statement of Intent:

Integrate new buildings with the existing architecture to establish a new cohesive whole for the campus.

B2.2.2 Color and Material Guidelines:

Overall, the architecture should use materials that achieve a backdrop for building entries and public spaces on the Street Front Edges. Architectural design should be visually integrated with existing campus while mitigating visual impacts to surrounding residential neighborhood.

Consider use of:

- Compatible palette of materials which is visually harmonious and applied across the entire campus.
- Materials such as masonry, glass, metal and wood to celebrate building entries or public spaces which complement their function and use.
- Building forms and treatment of building edges that are scaled to relate to surrounding buildings.
- Accent lighting, landscaping and other features to highlight and give definition to the architecture.
- Design and build new buildings with high-quality, attractive, durable materials aesthetically appropriate to the hospital and the neighborhood.

Consider use of:

- Color palette selected according to relationships to other nearby buildings.
- Reusable and sustainable building materials where feasible, incorporated into the design and acquired from regional producers and manufacturers.
- Low reflective or glare-reducing materials to minimize visual impact on adjacent properties.
- Nighttime light transmission reducing element.



Scale and Building Forms



Color & Material Palette

B2.3 Rooftops:

B2.3.1 Statement of Intent:

Where rooftops are visible from locations beyond the hospital campus, rooftops are a design element.

B2.3.2 Rooftop Design Guidelines:

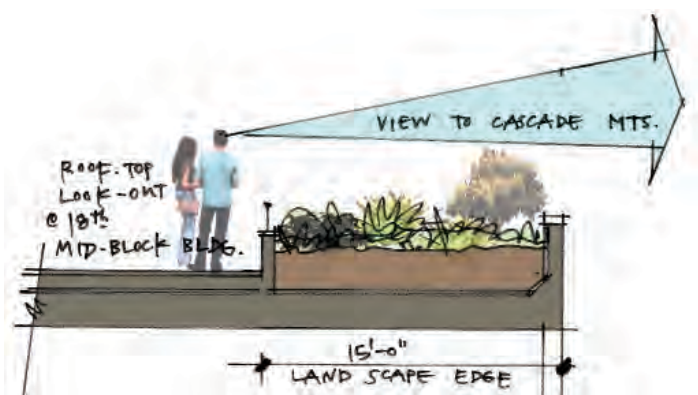
Designs should show attention to public views of rooftops from the adjacent neighborhoods.

Consider use of:

- Rooftop elements and surface finishes organized to minimize appearance from lower elevations viewing the campus.
- Screens to hide roof mounted equipment, and to minimize visual clutter on the roof.



Rooftop areas to capture city views



Use of rooftop landscaping to direct views to territorial views, away from neighbors



Rooftop Landscaping



Mechanical screens set back from edge of parapet