

## Swedish Cherry Hill Information in response to Squire Park Comments

Comment	Swedish Response	PDMP
<p><b>Decentralization:</b> It was noted that a conversation is necessary regarding "decentralizing" non-essential services that exist on the current campus to other locations. The Seattle Land Use Code requires Swedish to consider decentralization as part of its MIMP and there's no evidence it has done so.</p>	<p>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.</p> <p><b>Primary Care Clinics</b></p> <p>There are 21 primary care clinics spread throughout Seattle and the east side. 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 to reduce the burden on emergency and urgent care facilities, and encourages patients to engage with a primary health care provider who can then refer them to the most appropriate type of care.</p> <p>More complicated cases or those requiring more intensive care are referred to 1 of the 5 community hospitals and emergency/urgent care centers located in Ballard, Edmonds, Issaquah, Mill Creek and Redmond.</p> <p><b>The Role of Specialized Regional Medical Centers</b></p> <p>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.</p> <p>In 2000, the purpose of the Cherry Hill Campus was changed from being a general community medical center to a specialized regional medical center focused on cardiovascular and neuroscience services. Now the home of the Swedish Heart &amp; Vascular Institute and the Swedish Neurosciences Institute, these programs have grown into world-class centers for patients seeking care for treatment of some of the most complex heart, vascular and neurological diseases.</p> <p><b>Heart and Vascular Decentralization</b></p> <p>Although the Swedish Heart &amp; 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.</p>	<p>PDMP, Section C.11, page 66</p>

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<p><u>Decentralization cont.</u></p>	<p>This is possible through a multitude of affiliations and agreements with providers such as Minor &amp; 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.</p> <p>Cities where Swedish Heart &amp; Vascular Institute physicians participate in clinical care:</p> <ul style="list-style-type: none"> <li>• Mill Creek</li> <li>• Edmonds</li> <li>• Ballard</li> <li>• Seattle</li> <li>• Redmond</li> <li>• Bellevue</li> <li>• Sammamish</li> <li>• Issaquah</li> <li>• Cle Elum</li> <li>• Renton</li> <li>• Kent</li> <li>• Burien</li> <li>• West Seattle</li> <li>• Port Angeles</li> <li>• Sequim</li> <li>• Aberdeen</li> </ul> <p><b>Neuroscience Decentralization</b></p> <p>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.</p> <p>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</p>	

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<p><u>Decentralization cont.</u></p>	<p>Inpatient Neurology Team.</p> <p>The network of clinics allows SNI physicians to deliver world-class care to patients outside of the Greater Seattle area.</p> <p>It is particularly noteworthy that this level of neuroscience care is being delivered in rural communities such as Longview, Sequim and Bremerton.</p> <p>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.</p> <p>SNI community clinics include:</p> <ul style="list-style-type: none"> <li>• Sequim Neurology; Neurosurgery (coming April 2014)</li> <li>• Mount Vernon Neurology</li> <li>• Edmonds Neurosurgery</li> <li>• Redmond Neurology</li> <li>• Longview Neurosurgery</li> <li>• Bremerton Neurosurgery</li> <li>• Ballard Neurosurgery</li> <li>• Ballard Neurology (coming May 2014)</li> <li>• Issaquah Neurosurgery</li> <li>• Issaquah Neurology and Pediatric Neurology</li> <li>• Everett Neurosurgery (a Main Clinic location)</li> <li>• First Hill Pediatric Neuroscience (a Main Clinic location)</li> <li>• Edmonds Pediatric Neurology</li> </ul> <p><b>Decentralization Through TELEHEALTH</b></p> <p>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</p>	

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<p><b><u>Decentralization cont.</u></b></p>	<p>expand access to care through TeleHealth.</p> <p>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.</p>	
<p><b><u>Permitted Uses on the Campus</u></b></p> <p>The Major Institution Overlay was not intended by the Seattle Land Use Code to accommodate extraneous uses such as those established by the Sabey Corporation, which seems to be using the campus, in part, to set up a bio research center. Tenants such as LabCorp, Accium Bioscience, NW Kidney Center and others need not be in a residential-zoned neighborhood, but could be moved to a commercial or industrial zone where they may better integrate into the existing built environment.</p>	<p><b>MIMP Code</b></p> <p>The Seattle Land Use Code, in section 23.69.008, establishes the uses that are permitted within a Major Institution overlay zone, and these uses need to be <i>“functionally integrated with, or substantially related to, the central mission of a Major Institution or that primarily and directly serve the users of an institution.”</i></p> <p><b>Swedish Mission</b></p> <p>Improve the health and well-being of each person we serve.</p> <p><b>Sabey and Swedish</b></p> <p>In 2002, Swedish sold 40% of the campus, including most of the buildings that provide outpatient services and house our physician offices to the Sabey Corporation. Since then, the Sabey and Swedish 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. Cherry Hill is one of the largest neurological and cardiovascular centers in the Puget Sound region, providing care for people with emergency situations and chronic conditions from across the region and country.</p> <p><b>LabCorp, Northwest Kidney Center, etc.</b></p> <p>Whether the buildings are owned by Swedish or Sabey, all of the services provided at the Cherry Hill Campus are functionally integrated into the campus. For instance, having LabCorp on site at our Cherry Hill Campus provides essential services to Cherry Hill patients and other service providers. Cherry Hill Medical Center serves very ill patients, many of whom 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. Cherry Hill patients benefit every day from the immediate proximity of LabCorp’s services. Additionally, specialized lab equipment is costly and highly trained staff necessary to operate the equipment, is 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.</p>	

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<p><u>Permitted Uses cont.</u></p>	<p>Swedish Medical Center conducts Community Health Assessments of the neighborhoods in which its campuses reside. The Cherry Hill-First Hill assessment reveals a high incidence of diabetes, the major cause of kidney disease and hypertension, another major cause. Statistics show that one in seven people will suffer from kidney disease.</p> <p>Locating the NW Kidney Center at the Cherry Hill Campus is vital because the NW Kidney Center also supports the needs of the Heart &amp; Vascular and Neuro patient populations that suffer from kidney disease. People with kidney disease are more likely to have heart disease than are people without kidney disease. Heart disease is more common in people with even mild to moderate kidney disease than in those of the same age and sex without kidney disease. The cause of death in people with kidney failure is most often heart disease.</p> <p>On the other hand, kidney defects are common among people with heart failure and are associated with an increased risk of death. This association is observed in people of all ages. One recent study of heart failure patients reported that the majority of patients had some degree of abnormal kidney function, and that patients who did had an approximately 50 percent increased risk of death compared with patients with normal kidney function.</p> <p>Another recent study identified eight separate risk factors for death among women with heart failure. Of these, abnormal kidney function was the most common, and it was associated with the greatest increased risk of death. The authors of the study concluded that abnormal kidney function, even when mild, was a major predictor of death among women with heart failure.</p> <p>The Northwest Kidney Center's ability to educate people in preventing kidney disease as well as to treat it is an asset to the neighborhood.</p> <p>The Northwest Kidney Center recently celebrated the 50 year anniversary of the world's first out-of-hospital community dialysis center. The hospital that came forward to support it so long ago was Swedish Hospital, which went on to establish a well- known kidney transplant practice.</p> <p><a href="http://nwkidney.org/aboutUs/hemoInternationalArticle1.html">http://nwkidney.org/aboutUs/hemoInternationalArticle1.html</a></p> <p>Each and every tenant on the Cherry Hill campus provides critical services to patients and health providers. Because these uses are functionally integrated with the operations of Swedish Cherry Hill, relocating them would reduce efficiencies, increase waiting time for patients, and increase traffic because patients would need to drive to and from separated locations.</p>	

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<p><b>Swedish Taxes/Community Benefits:</b>  There was a general desire for Swedish to "be a better neighbor and be a better company." A non-profit hospital that made \$44 million in profits last year, Swedish does not pay taxes, yet uses infrastructure paid for and maintained by taxes of nearby citizens.</p> <p>In addition, Swedish is asking neighbors to allow the doubling of campus heights and to increase campus sf by 2.5-3 times. Thus far, the discussion has focused on how Swedish contributes to the region and the city, but not how it contributes back to the neighborhood from which it asks so much and has historically given so little.</p> <p>Since the hospital does not pay taxes, a development impact fee could be assessed in form of neighborhood amenity, services, infrastructure improvements, donation to metro, etc.</p> <p>The January 16, 2014 CAC meeting was an encouraging step in the right direction, shifting the focus towards the neighborhood that is represented by the public attending these meetings. However, discussion should expand beyond mitigation to include neighborhood amenities and positive, neighborhood-</p>	<p><b>Taxes</b>  Swedish pays a variety of taxes to local, state and federal municipalities, including property, sales, payroll, and business and occupation tax. <b>In 2012, these taxes paid totaled \$118.4 million.</b></p> <p>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 nonprofit, Swedish is exempt from certain taxes, most notably federal income tax, which accounted for 92 percent of Swedish’s total tax exemption in 2012..</p> <p>In 2012 Swedish 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.</p> <p><b>Charity Care</b>  For more than a century, Swedish Health Services has been Seattle’s leading community health partner, ensuring that all who seek care receive the highest quality medical attention, regardless of their ability to pay.</p> <p><b>In 2013 Swedish provided a total of \$32,870,680 in charity care.</b> This includes more than \$18 million in charity care for Cardiovascular, Neuro, Rehab, and Behavior Health patients combined, most of which occurs at the Cherry Hill campus.</p> <p><b>Free Care at the Family Medicine Residency Program at Cherry Hill</b>  In addition to advanced neuro and cardiovascular treatment and the other services, Swedish maintains the Family Medicine Residency at Cherry Hill, a leader in training highly qualified family medicine doctors – 800 applicants apply annually for twelve positions. The three-year program was started at Cherry Hill in 1974 by the Sisters of Providence and continues to this day. Its unique mission is to train primary care and family practice physicians to serve economically disadvantaged patients.</p> <p>As a key part of their training, the residents provide care free of charge to patients at the Residency’s home base at Cherry Hill and at a network of community health centers in the Seattle area that serve low-income and underinsured patients. <b>An estimated 22,000 patients receive free care at the Swedish Cherry Hill Family Practice Clinic each year.</b></p>	<p>PDMP, Section C.12, page 68</p>

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<p>based economic impacts.  <u>Community Benefits cont.</u></p>	<p><b>Community Sponsorships</b>  As a nonprofit organization, Swedish is committed to (and is required to) <b>re-invest income beyond its costs to support its mission and achieve a true benefit to the surrounding community.</b> 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.</p> <p>In 2013, Swedish provided more than \$545,000 system-wide in community sponsorships and donations. Donation and sponsorships specific to the Cherry Hill, Capitol Hill, Squire Park, Yesler Terrace , Central District and Greater Seattle Communities support the Swedish Cherry Hill Community Health Needs Assessment. Organizations that have received recent support include:</p> <ul style="list-style-type: none"> <li>• 12<sup>th</sup> Avenue Stewards</li> <li>• American Diabetes Association</li> <li>• American Heart Association</li> <li>• Capitol Hill Chamber</li> <li>• Capitol Hill Housing</li> <li>• Centerstone</li> <li>• Compass Housing</li> <li>• Food Bank at St. Mary’s</li> <li>• Garfield High School Athletic department</li> <li>• Girls on the Run</li> <li>• Lifelong AIDS</li> <li>• Madrona K-8 school nurse</li> <li>• Nickelsville- 20th/Yesler camp</li> <li>• Northwest African American Museum</li> <li>• NW Kidney Health Feast for African American Families</li> <li>• PEPS</li> <li>• Seattle University Youth Initiative</li> <li>• United Negro College Fund</li> <li>• YWCA</li> </ul>	

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<p><b><u>Community Benefits cont.</u></b></p>	<p><b>Engaging in our local community</b> is a key part of working together to improve health. Swedish’s community outreach efforts provide mobile blood drives, mammography screenings, blood pressure monitoring, reassurance calls to homebound patients, and scholarships for volunteers. Other key achievements include:</p> <ul style="list-style-type: none"> <li>• In 2013, Cherry Hill volunteers contributed nearly 26,500 hours of service</li> <li>• In 2013, more than 700 patients received hats and scarves through the Knit for Life program</li> <li>• More than 1,000 local residents receive food items donated at Cherry Hill</li> </ul> <p>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.</p> <p>Cherry Hill also hosts and offers support groups, health education and training including epilepsy and brain injury support groups, CPR/First Aid training, First Responder training and newborn and breastfeeding classes. Swedish Health Watch brochure provides a variety of community health information, classes and resources and is mailed to more than 9,000 households in the communities surrounding Cherry Hill.</p> <p>Swedish has also played a leading role in the implementing of the national health reform by hosting open houses to assist local residents in signing up for health insurance or expanded Medicaid services.</p> <p><b>Local Employment</b> 117 employees from the Cherry Hill campus live within 1 mile of the campus (105 of which report they walk to work) and 233 employees live within 3 miles of the Cherry Hill campus.</p>	
<p><b><u>Living Wage Jobs</u></b> Employees and representatives of employees' unions expressed, with much agreement, that Swedish should provide good, living-wage jobs for the community.</p>	<p>Swedish is a quality employer that offers its workforce competitive wages and benefits.</p>	
<p><b><u>Community Amenities:</u></b> The following is a</p>	<p>The Seattle Land Use Code, in section 23.69.008, establishes the uses that are permitted within a Major Institution</p>	

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<p>list of additional community amenities requested at the SPCC community meeting. This a working list to which neighbors will continue to contribute throughout this process:</p>	<p>overlay zone, and these uses need to be <i>“functionally integrated with, or substantially related to, the central mission of a Major Institution or that primarily and directly serve the users of an institution.”</i></p> <p>As you will read below, a number of the suggestions for community amenities either are, or could be integrated with the central mission of Swedish Cherry Hill.</p> <p>Swedish and Sabey are working with the CAC to host a community forum in the next couple of months that would focus primarily on community amenities. The goal of the forum will be to hear directly from the community about the types of amenities they would like Swedish to consider as part of the expansion, and the list from the Squire Park neighbors will be used as a start to the dialog.</p>	
<p><b>Country Doctor</b> The Country Doctor clinic (an urgent care facility) recently established on site is good and should be continued</p>	<p>Country Doctor Community Health Clinic’s (CDCHC) new after-hours Clinic — located next door to the Emergency Room at the Cherry Hill Campus—was made possible by a partnership between CDCHC and Swedish. It is proving to be a valuable resource as an alternative to visiting the ER for a non-emergency or to waiting a number of days to get an appointment at a regular clinic.</p> <p>In partnership with Swedish Medical Group, Swedish Cherry Hill provides residency staff time to the Country Doctor after-hours community health center. Between Dec. 2, 2013 and Jan. 31, 2014 the clinic had 715 visits and 662 patients. In December, 53% of the patients were uninsured and in January, 44% of the patients were uninsured.</p> <p>In addition to a \$200,000 start-up grant from the Swedish Foundation, the hospital is leasing the space for the after-hours clinic (used by Swedish as a resident family medicine clinic from 6p-10p on weekdays and 12n -10pm weekends) to CDCHC for just \$1 per year. Swedish’s current agreement with CDCHC is for 1 year and its long-term viability is based on growing its patient population and community awareness.</p>	
<ul style="list-style-type: none"> <li>On-site amenities such as a community gym, daycare or computer labs should be considered</li> </ul>	<p>Swedish offers a variety of health education classes to help manage health conditions and contribute to wellness. See website at <a href="http://www.swedish.org/classes-and-resources/health-classes-at-swedish#Exercise_for_a_Healthy_Mind_and_Body">http://www.swedish.org/classes-and-resources/health-classes-at-swedish#Exercise_for_a_Healthy_Mind_and_Body</a> These classes are open to the community. Some are free and others have fees. An example is the medically supervised exercise and education program for individuals living with, or at risk of developing, heart disease, which is offered free. Classes are located in the Cardiac Wellness Center on the first floor of the James Tower.</p> <p>Swedish will be working with the CAC to develop on-site amenities as part of the new MIMP.</p>	C.12, page 68

<b>Comment</b>	<b>Swedish Response</b>	<b>PDMP</b>

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<ul style="list-style-type: none"> <li>More community wellness programs and community outreach related to programs (nutrition, exercise, parenting classes, drug and alcohol rehab, mental health care, smoking cessation classes, appropriate early childhood education, support for young families)</li> </ul>	<p>See response above. Swedish offers many community wellness programs at both the Cherry Hill and First Hill campuses. Virtually all of the topics listed in the Squire Park comments are listed on the website: <a href="http://www.swedish.org/classes-and-resources/health-classes-at-swedish#Exercise_for_a_Healthy_Mind_and_Body">http://www.swedish.org/classes-and-resources/health-classes-at-swedish#Exercise for a Healthy Mind and Body</a></p> <p>You can also find many resources in the Health Watch Newsletter link <a href="http://www.swedish.org/classes-and-resources/health-watch-newsletter">http://www.swedish.org/classes-and-resources/health-watch-newsletter</a></p>	C.12, page 68
<ul style="list-style-type: none"> <li>Grants for neighbors to participate in wellness programs that have a fee (Swedish Hospital is required to provide a certain amount of uncompensated (charity) care. This is not adequately publicized to the neighborhood and to people who could use it.)</li> </ul>	<p>Swedish offers some grants for classes and has a very robust community benefits program (see above). The free seminars are coordinated through various departments, but utilize the Swedish Education registration system using (internet portal and phone line) for more information. Some scholarship are offered depending on the class (at registration)</p>	
<p><b><u>Traffic/Transportation</u></b></p> <ul style="list-style-type: none"> <li>Pedestrian crossings (Many hazardous pedestrian crossings exist along Cherry and Jefferson. The campus now, and especially in the future, has an impact far beyond its borders. Pedestrian improvements along Cherry and Jefferson should include occur from 14th to 21st).</li> </ul>	<p>The Draft EIS includes an analysis of “traffic safety” which includes pedestrian and bicycle safety. The Transportation Technical Report acknowledges: <i>“With increases in traffic projected along E Cherry Street, existing conflicts between vehicles and pedestrians trying to cross or access E Cherry Street would increase. Similar characteristics would exist at other un-signalized intersections along the E Cherry Street and to a less degree the E Jefferson Street corridor, simply by the nature of the lower traffic volumes along the E Jefferson Street corridor.</i></p> <p>Mitigation measures for eliminating or minimizing the impacts are currently being developed with Seattle Departments of Planning and Development and Transportation. Additional signalized intersections could be considered in the future to provide additional vehicular capacity and pedestrian safety enhancements at key neighborhood connection points.</p> <p>Planning is also underway for a Transportation/Pedestrian/Bike resources fair that will be held in 2Q 2014 for residents, employees and the community.</p>	<p>PDEIS, Appendix C, page C-48</p> <p>PDEIS, Appendix C, page C-76</p>
<ul style="list-style-type: none"> <li>Traffic abatement</li> </ul>	<p>The Transportation Management Plan (TMP) is intended to reduce the number of single occupancy vehicles driving to and from the campus.</p>	PDMP, Section D.3, page 75

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<ul style="list-style-type: none"> <li>Decorative crossings</li> </ul>	<p>Creating safer street crossing for pedestrians, bicycles and other non-vehicular users is being considered as part of the TMP.</p>	
<ul style="list-style-type: none"> <li>Traffic circles</li> </ul>	<p>A traffic signal is among the mitigation measures being considered for E Cherry Street at 16<sup>th</sup> Avenue. Traffic circles are not currently being considered because of the amount of right-of-way that is required to create space for the traffic circulation. Acquiring new right-of-way could require the demolition of existing housing.</p>	<p>PDEIS, Appendix C, page C-86</p>
<ul style="list-style-type: none"> <li>Swedish should continue to pay for Residential Parking Zone permits</li> </ul>	<p>Swedish intends to continue subsidizing the cost of the RPZ stickers for areas surrounding the campus and this is included in the proposed TMP.</p>	<p>PDMP, Proposed TMP, page 78</p>
<ul style="list-style-type: none"> <li>Improved transit: Swedish could contribute to Metro in place of parking and help ensure employees have transit options for commuting. Children's' Hospital contributes significant money to support Metro, bike and pedestrian infrastructure. An employee noted that it is often difficult to get to the campus by bus. Transit access difficulties could worsen if the planned Metro cuts go into effect later this year. Many employees don't want to drive or can't drive.</li> </ul>	<p>In its proposed TMP, Swedish has included providing all staff and tenants on the campus with a 50 percent subsidy of a transit pass (also valid for ferry and rail) and improving the transit stops along E Jefferson Street.</p> <p>The EIS analysis is evaluating the impacts of the MIMP on transit including consideration of Metro's potential service changes and associated increases in transit ridership with growth associated with Swedish. If necessary, the EIS will recommend further transit improvements to mitigate the impacts of the MIMP.</p>	<p>PDMP, Proposed TMP, page 77</p>
<ul style="list-style-type: none"> <li>Crosswalks in place before construction</li> </ul>	<p>A construction management plan (CMP) will be a condition of approval of the MIMP. For each project, Swedish will need to submit a CMP for approval by DPD and SDOT prior to the start of construction. If DPD recommends the MIMP for approval, the condition would read something similar to: <i>"Where existing sidewalks or walkways are temporarily closed during construction, develop alternative routes to maintain pedestrian circulation patterns."</i></p>	

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<p><b>Construction Timeframe</b></p> <ul style="list-style-type: none"> <li>Limit on construction time-frame (Avoid a perpetual construction project.)</li> </ul>	<p>The Swedish Master Plan is intended to identify the long-range development plan that would occur over a period of 30 to 50 years. However, actual construction would be built in phases and would proceed in a way to accommodate the need for replacement, renovation and expansion of facilities. Construction phasing is proposed in the PDMP. Each phase or building would be regulated by a project specific Master Use Permit (MUP) which is valid for a set period of time.</p>	<p>PDMP, C.8, pages 62-63.</p>
<ul style="list-style-type: none"> <li>Mandatory driver education for construction vehicle drivers</li> </ul>	<p>The Construction Management Plan would include construction vehicular routing, circulation patterns and off-site parking supplies for construction workers. The plan would include truck routing including limitations on hauling of debris, earth and construction materials and the hours that could occur. Traffic and pedestrian control signage and flaggers would be used as necessary to facilitate traffic and pedestrian flow. All construction drivers would be required to have valid Washington State driver licenses.</p> <p>As part of the Construction Management Plan, Swedish and Sabey will provide a dedicated contact person that members of the community can contact with any concerns.</p>	

### Additional Areas of Clarification

Comment	Swedish Response	PDMP
<p><b>Licensed Beds</b></p> <ul style="list-style-type: none"> <li>Is Swedish seeking to increase the number of licensed hospital beds at its Cherry Hill Campus?</li> </ul>	<p>No. Swedish currently has a license for 385 hospital beds, and is currently using 196. The future population and traffic numbers reflected in the PDMP are based on existing (196 beds) and future 385 beds.</p> <p>There is a projected increased in bed need for long term care on the campus. The Seattle Medical and Rehabilitation Center currently has 99 beds. Based on anticipated increases in both overall population and in the number of older patients, this need is anticipated to increase to 149 beds by 2023 and 220 beds by 2040.</p> <p>The bed number and associated traffic analysis for Alternative 8 reflects the 385 licensed beds plus the projected 220 long term care beds, for a total of 605 beds. (See Table 4 on page 54 of PDMP)</p> <p>Alternative 9 would have less space allocated to long term care, and it has been estimated that 149 beds could be provided by year 2040. The bed number and associated traffic analysis for Alternative 9 reflects the 385 licensed beds plus the projected 149 long term care beds, for a total of 534 beds. (See Table 5 on page 54 of PDMP)</p>	<p>PDMP pages 53 and 54</p> <p>PDMP page 123</p> <p>PDMP page 54</p> <p>PDMP page 54</p>

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<ul style="list-style-type: none"> <li>Alternative 9 shows some buildings on the campus at 200 feet, which seems out of scale with the rest of the neighborhood. Why can't the buildings be lower?</li> </ul>	<p>Since Swedish is not proposing to expand its boundary, the only way it can achieve the necessary growth it needs to meet demand is by growing up, rather than out. The proposed alternatives show the increased height to be located away from the campus edges towards the center of the campus with lower buildings on the edges to provide a transition to the scale of the neighborhood. The slope of the Cherry Hill campus affects one's perception of building height. The perception sketch on page 14 of this document shows that a 160-foot building in the center of the campus and a second building at the west edge of the campus at 200-feet appear to be the same height due to the slope of the campus.</p>	<p>See graphic 1 on page 14</p>
<ul style="list-style-type: none"> <li>What is the relationship between Swedish and Sabey Corporation?</li> </ul>	<p>In 2002 Swedish formed a partnership with Sabey Corporation and Sabey purchased a 40 percent share of the hospital. Partnerships between hospitals and private developers are becoming common practice because it's a prudent and sound business practice. Overlake Hospital, Johns Hopkins, Vanderbilt, Texas Health Services, Kaiser Permanente are just a handful of health organizations that outsource real estate development and management because the advantages are so compelling.</p> <p>Our partnership with Sabey allows us to focus on what is most important to Swedish —improving the health and well-being of each person we serve. Sabey has the expertise to handle building operations, maintenance, lease administration, project management, facilities strategy, development, master planning and more. Our partnership frees up our capital to focus on hospital needs rather than facility costs and allows us to expand without negatively impacting our debt capacity and operational funding.</p> <p>Swedish has relationships with a number of development companies who have ownership of office buildings on our campuses in Ballard, Mill Creek, First Hill, Redmond and Issaquah. These relationships allow Swedish to focus on providing healthcare, rather than being a landlord. In addition, Sabey has invested considerably in capital improvements on the Cherry Hill campus and has been instrumental in the development of the Swedish Neurosciences Center, including bringing together experts in the field of neurosciences and research.</p>	
<ul style="list-style-type: none"> <li>Is Swedish or Sabey driving the expansion of the Cherry Hill Campus?</li> </ul>	<p>Swedish is responsible for identifying what the future health care needs of our region will be during the next 30+ years and how our doctors and our physical campus can best serve those needs. As our real estate partner, we rely on Sabey to assist us with our facilities strategy, master planning, development and more. Right now the campus is often running near 100 percent occupancy so our Cherry Hill campus must grow if it is to continue providing the high level of care, research, innovation and life-saving work performed at the hospital every day.</p>	

**GRAPHIC 1 PERCEPTION SKETCH (Addressed on Page 13)**

