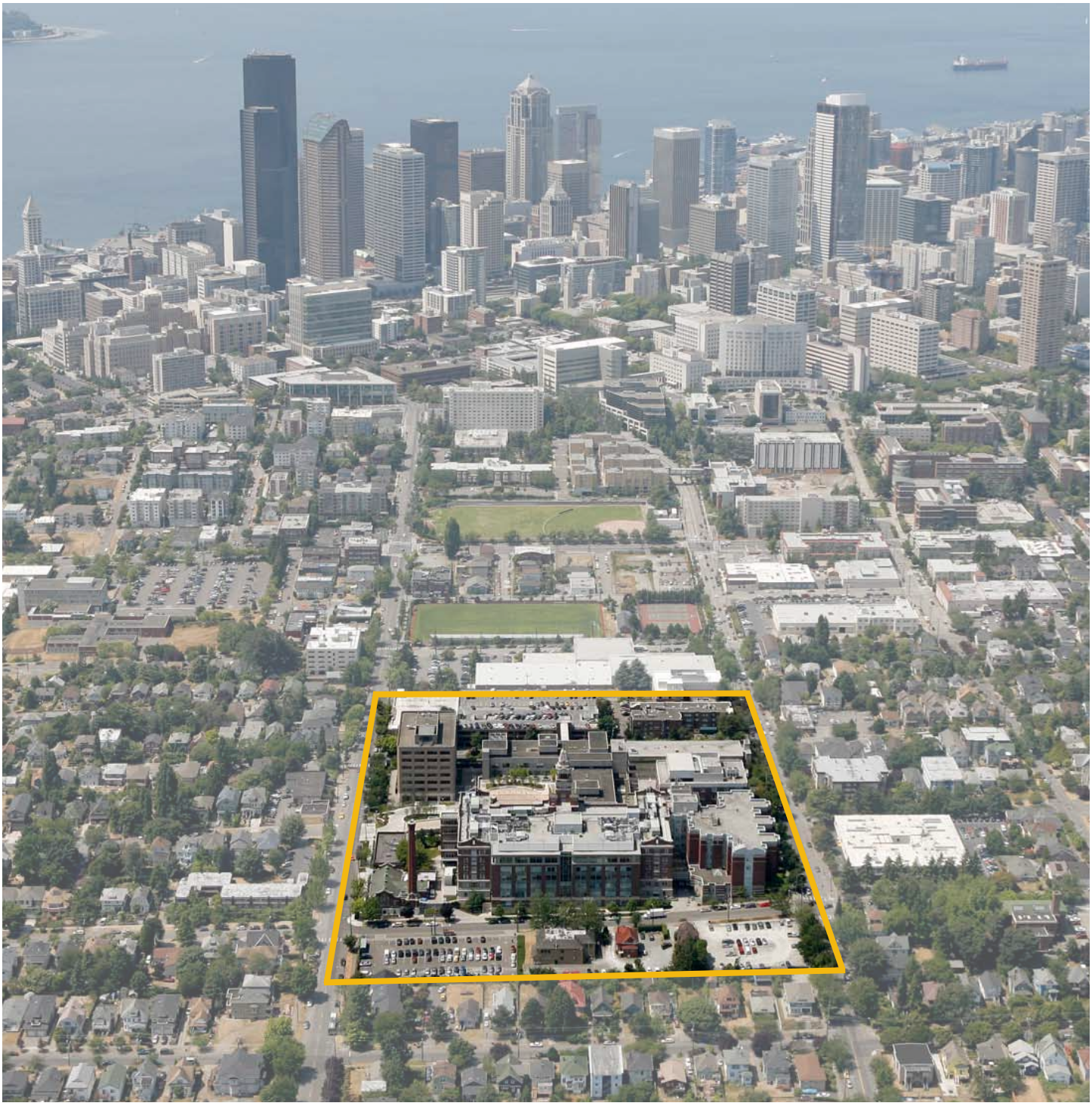

Swedish Medical Center Concept Plan

Cherry Hill Campus

Major Institution Master Plan Application

SWEDISH MEDICAL CENTER
CHERRY HILL CAMPUS

DPD # 3012953

February 7, 2013

Swedish Medical Center
Cherry Hill Campus
500 17th Ave
Seattle, Washington 98122

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I. Introduction

Swedish Medical Center – Cherry Hill Campus (Swedish) intends to prepare a new major institution master plan (MIMP) for its Cherry Hill campus, consistent with all applicable City of Seattle requirements.

A "Notice of Intent" was submitted to the City Department of Planning and Development (DPD) on November 21, 2011. Swedish has worked with the Department of Neighborhoods (DON) to assist with the formation of a new Citizens Advisory Committee (CAC). It has been approved by the Seattle City Council and convened.

The Concept Plan is intended to be submitted to DPD on/ or around the first of February 2013.

Swedish's prior master plan for the Cherry Hill Campus was adopted by Ordinance 117238 on August 2, 1994 allowing development of up to 564,000 square feet of net new construction over a fifteen year period, expiring in 2009.

Development rights for 238,032 square feet remained at the expiration of this MIMP.

Three minor amendments were made to the 1994 MIMP:

- to modify a setback for a parking garage (2006);
- to increase the height and bulk to accommodate the NW Kidney Center (2007)
- to extend the expiration date of the MIMP for two years until August, 2011 (2008).

The MIMP is created to guide development for long time horizons: fifteen – twenty-five years and more. This Concept Plan includes descriptions of proposed and possible development strategies, and defines the envelope within which the institution may seek to develop future projects.

The concepts will be further refined during the upcoming planning process. Swedish looks forward to working together with the City and the community to efficiently complete the new master plan that will support the organization's Strategic Plan.

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 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 100,000 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 healthcare 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 healthcare crisis, and supporting research projects that help to create valuable medical advances, both here at home and across the world. In 2012, Swedish's community benefits and uncompensated care, totaled more than $140 million.

Today, Swedish continues as 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.

The Cherry Hill campus was formerly the flagship hospital of the Sisters of Providence, with several of the buildings dating back to 1910. In the year 2000, Swedish acquired the campus and changed its purpose from a general community medical center to a specialized regional medical center focused on cardiovascular and neuroscience services. Now the home of the Swedish Heart and Vascular Institute and the Swedish Neurosciences Institute, these programs have grown into regional and national referral centers for patients seeking care for treatment of some of the most complex heart, vascular and neurological diseases. 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 research and treatment of cardiac and neurological diseases at Cherry Hill.

Some of the services provided at the campus include:

- Emergency Services
- Multiple Sclerosis Center
- Cardiovascular Wellness Services
- Heart & Vascular Institute
- Clinical Research Program
- Neuroscience Institute
- Rehabilitation Services
- Telehealth Center
- Ivy Brain Tumor Center
- Radiosurgery Center
- Inpatient Psychiatric Center

In addition, there are a number of public amenities on the campus:

- Cafeteria
- Starbucks
- Inn at Cherry Hill
- Public Meeting Spaces
- Patient/Education Kiosks
- Community Pharmacy
- Retail
- Chapel/ Reflection Room
- Access to information about Public Transportation Routes

2. SMC Cherry Hill Campus Goals & Needs

Building Resources

The Cherry Hill campus includes the 1910 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 Central 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 Center Building Plaza project).

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 (added in 2008 with Center Building Plaza expansion).

Drivers of Campus Growth

Growth at the campus is constrained by the campus boundaries and by the fact that there is no space on the campus to place a new building without demolishing an existing, still functioning building.
At some point in the foreseeable future, the inpatient facilities will require replacement and possibly, expansion. 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:

1. 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.

2. 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.

3. Regional Growth –
The Puget Sound region in general has seen significant population growth in the last 20 years, a trend that is now increasing within Seattle's Center 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.

4. 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 cardiac and neurological care. We are forecasting a need for growth and expansion based on the campus' regional referral status in these specialty areas.

5. Cost Pressures –
Given all of these pressures, healthcare providers will be challenged to continue to provide quality care to the additional people seeking care at a cost that is affordable and sustainable. Swedish will be

looking to reduce the cost of care through efficiency and cutting out waste. Replacement and remodeling of older, inefficient buildings can be required to obtain these efficiency gains and to ensure the optimal use of resources. We will need to improve our efficiencies around the management of supply costs, one of the highest costs of healthcare. Our current campus configuration is inefficient.

6. 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 in Downtown Seattle, is well positioned to become the Regional Referral Center for the Providence Health System.

7. 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 need to focus on this approach.

8. Outpatient Care Requirements –
Outpatient services and related long term and post-acute services are increasingly important for the coordination of clinical care and Cherry Hill is currently limited in its ability to grow these types of services.

9. Research & Education –
Our vision calls for increasing the research and educational capabilities of the Cherry Hill campus and for collaboration with Seattle University around clinical education, particularly in nursing.

10. Required Facility Upgrades – The current campus footprint has reached its capacity limiting our ability to provide additional services to meet the growth needs. We will need to expand and replace our inpatient beds in order to meet the needs of the population, improve our efficiency, and maintain our 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 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.

11. Programmatic Needs –
As explained, Swedish Medical Center has established the Cherry Hill Campus as its 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 and leading-edge facilities including the most technologically advanced operating rooms and services. Swedish serves patients outside the area with TeleHealth access and conducts physician and surgeon education in the latest noninvasive medical techniques using the broadcasting capabilities established on the campus. A specially-trained Inpatient Neurology Team provides a high level of care and compassion focused on improving outcomes and renewing hope.

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

Among these drivers, some may be more important over the next 20 years and some may be less so. We do not assume that all of these drivers will simultaneously dictate maximum growth at the Cherry Hill campus. But the aggregate effect of these drivers will be to require substantial increases in campus development over the next two decades. This conceptual plan assumes two new development alternatives: a concentrated alternative and a dispersed alternative (both at 1.8 million additional s.f., for a total of 3.0 million s.f. gross building area). Neither of these alternatives would provide adequate new space to satisfy all the possible needs identified above; but assuming that the 20-year horizon includes growth based on some – but not all – of these drivers, the two alternatives provide cases that may be adequate to address the long-term needs of the campus.

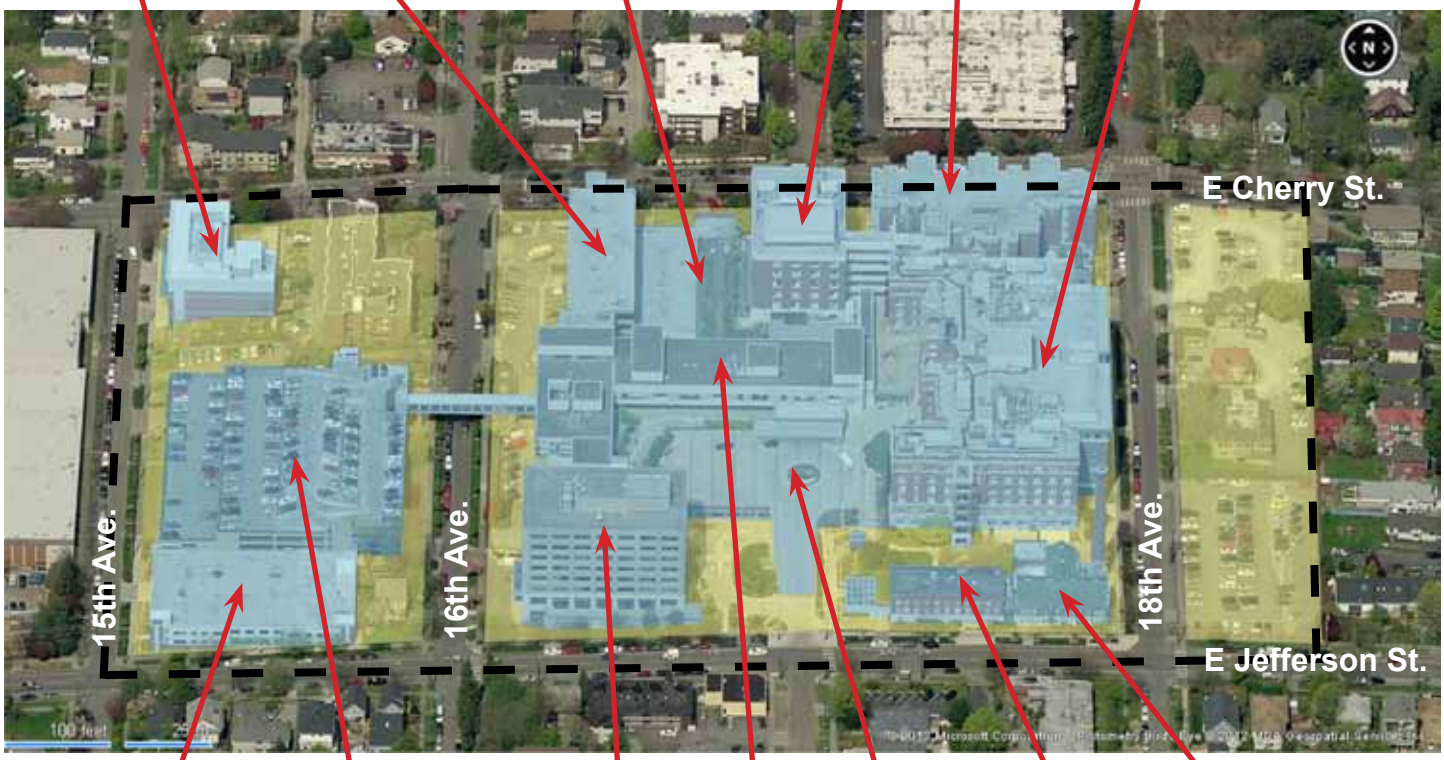

Figure 1

Existing Cherry Hill Campus

(Dates of primary construction)

3. Campus Vicinity & Existing Conditions

The context of SMC Cherry Hill is depicted in Figure 2. The CH Campus is located at the east edge of First Hill, specifically within the Squire Park Neighborhood. It is located 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 existing SMC CH Campus is defined by the two arterials of East Cherry St. as the north boundary and East Jefferson St. as the southern boundary. 15th Avenue and the back of SU athletic buildings are the west boundary. The mid-block between 18th and 19th Avenues is the eastern boundary.

Figure 2

Vicinity Map

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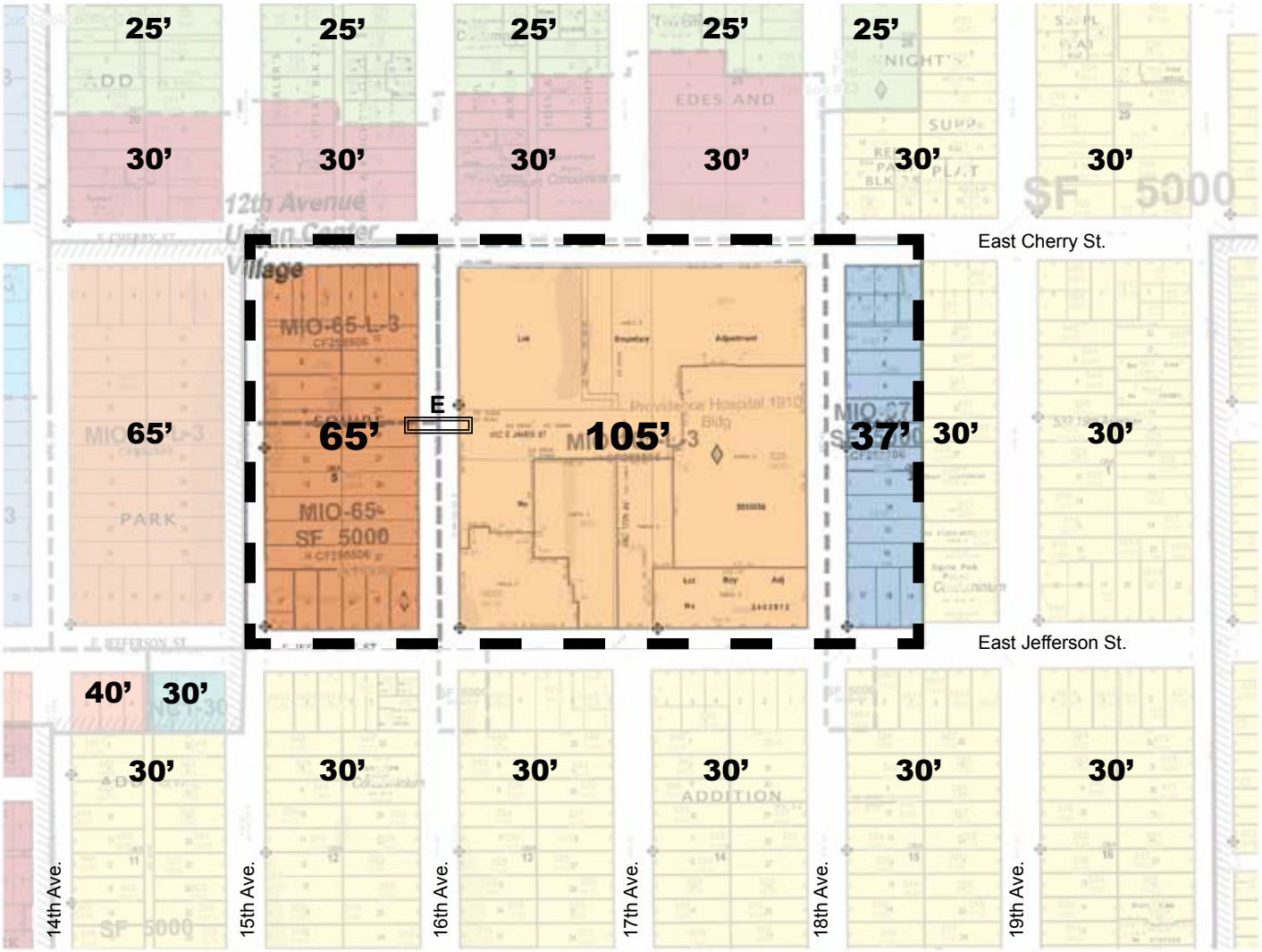

E

Existing Skybridge

Current MIMP Boundary

Site Area w/in Boundary: 577,204 SF

Underlying Zoning is L-3 & SF-5000 within the MIO Boundary

Legend

- MIO-105
- MIO-65
- MIO-37
- NC2-40
- NC1-30
- L-3
- L-1
- SF-5000

Figure 3

1994 Approved MIO Zoning

Maximum Allowable Heights

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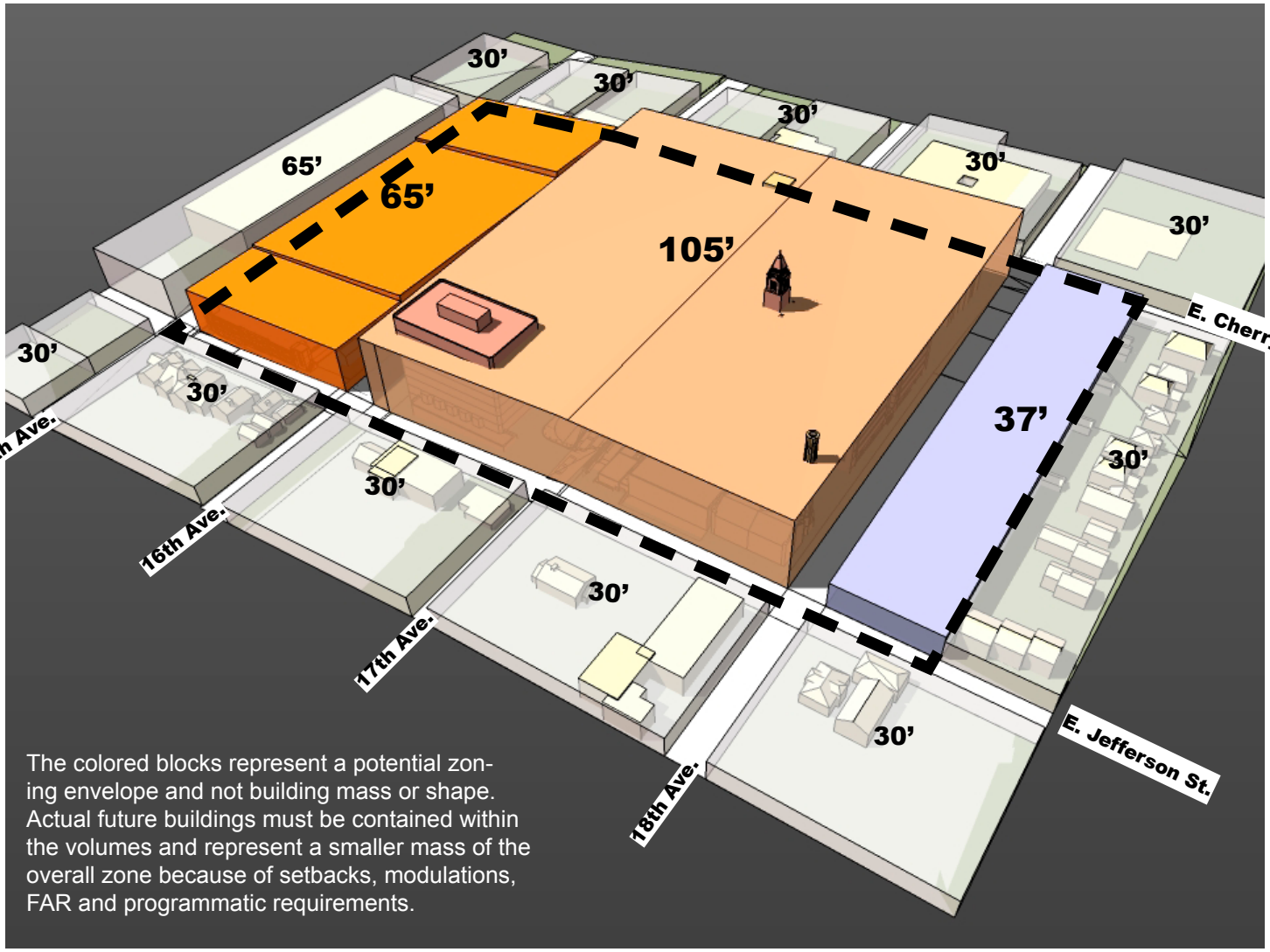

Legend

- MIO-105
- MIO-65
- MIO-37
- NC2-40
- NC1-30
- L-3
- L-1
- SF-5000

Figure 4

1994 Approved MIMP Envelope

Approved Building Area: 1.3 Million SF / Used 1.2 Million SF
Approved Parking: 1,725 Spaces / Used 1,560 Spaces
FAR: 2.3
Site Area: 550,600 SF

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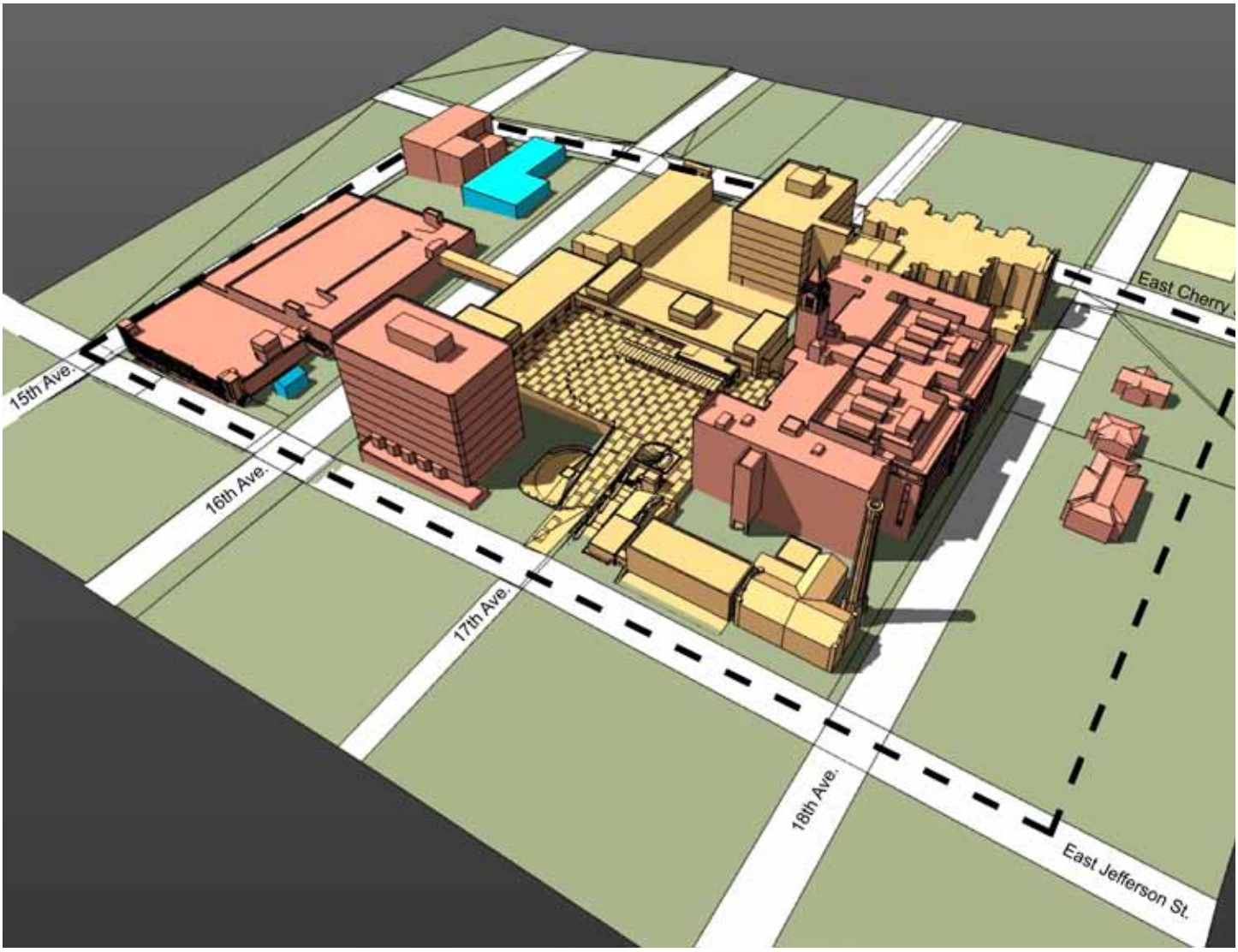

Ownership by Building

- SWEDISH MEDICAL CENTER
- SABEY CORPORATION
- OTHER OWNERS

Figure 5

Campus Ownership 3D View

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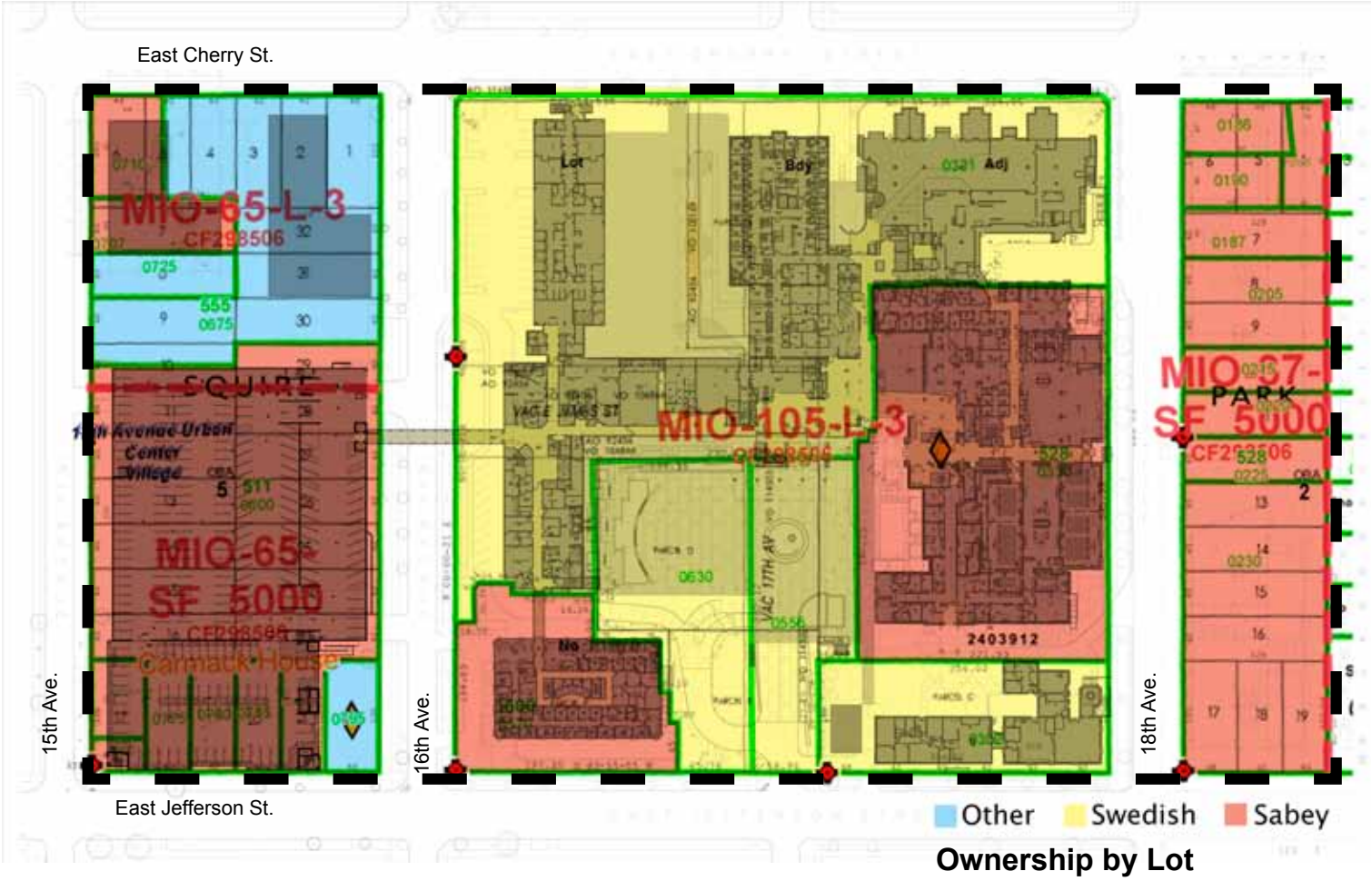

Ownership by Lot

Ownership of the existing MIO Boundary is primarily SMC & Sabey Corp. The Carmack home at 16th & E. Jefferson and the Seattle Medical & Rehabilitation is under other ownership.

Figure 6

Campus Ownership Site Plan

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4. Site Plan with Proposed Institutional Boundaries

The Seattle Land Use Code requires major institutions to have a MIMP in place so they can accommodate appropriate growth and changing needs of the major institution. The city encourages concentration of growth and development on existing campuses, but like all inner city hospitals the dilemma is how to evolve with limited room to shift spaces without disrupting service.

The focus of this Master Plan is to:

1. Anticipate future space needs based on the wide range of growth drivers noted earlier in the concept plan, various opportunities and growth of the primary core services and support services for the next twenty – years.

2. Identify Buildings:
- which are positioned well for anticipated future needs.
- which will need to be re-purposed for future needs.
- which need to be replaced with new buildings for future needs.
- which sites for future building are needed.

3. Provide flexibility for good medical campus planning principles.
- Identifiable entries, easy access to parking
- Intuitive wayfinding
- Separation of flows (public & back-of-house)
- Service Zoning (in-patient & out-patients)
- Operational efficiency
- Flexible Futures
- Brand Consistency

The campus is encumbered with aging and compromised buildings that will not meet modern healthcare needs in the future. A strategy of creating an "empty chair" into which particular functions could move during demolition and construction of new projects is needed. The current Cherry Hill core functions are centered around the existing operating theater which is one of the newest sections of the hospital, thus the functional core must remain tied closely to its current location. The only "empty chair" (site not encumbered by operational buildings) that exists today within the current boundaries is the half block on 18th Ave. The narrow width of the half block limits its efficiency as a site for medically related buildings as the institution develops.

The proposed boundary adjustments in this conceptual plan look at what function is needed and where it is best located to create an optimal arrangement for the future operations of the Cherry Hill Campus and the neighborhood.

Expansion into adjacent blocks currently outside the MIMP would help accomplish:

- appropriate buffers and transitions to surrounding properties.
- the provision of various opportunities for future flexibility.
- placement of medical services in better locations to support a well-functioning campus.
- the "empty chair" for transitional growth

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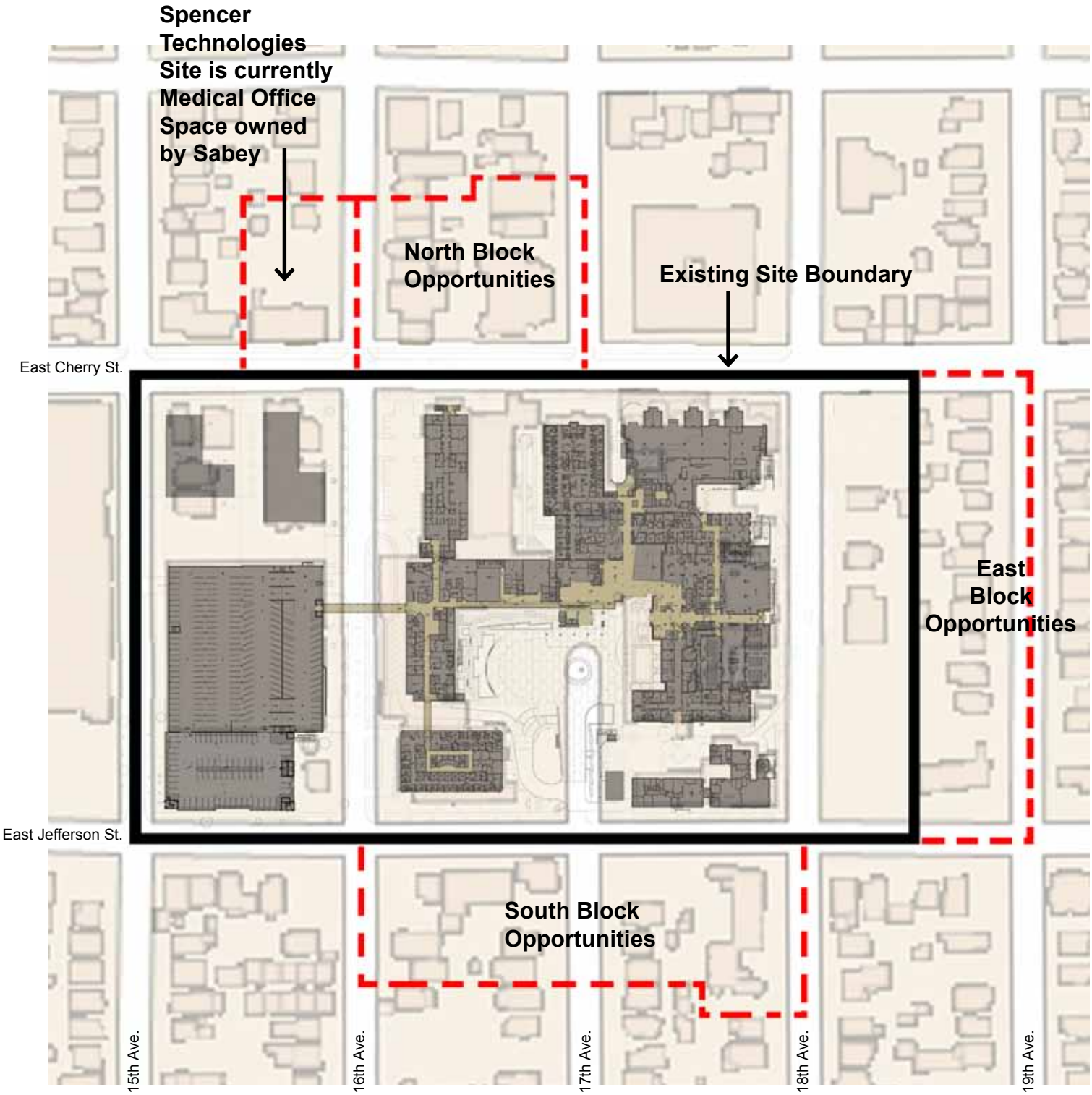

The different boundary expansions allow for different opportunities as properties become available.

Figure 7

Potential Boundary Adjustments

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5. Planned Development, Planned Uses & Alternate Proposals

The proposed MIO boundaries, height districts and underlying zoning are shown as three alternates in Figures 8 through 13. The strategies all look to place the appropriate hospital functions around the current operating theater and existing core functions. The goal is to maintain some of the current envelope heights where appropriate and place new, higher vertical envelopes toward the center of campus and down hill toward Seattle University, thereby concentrating development in the center of campus and stepping the heights down toward the edges as a transition to the surrounding properties. The objective of the MIMP is to increase flexibility as the medical center plans for the future while accommodating best medical practices and the needs of the neighborhood.

Alternate 1 - No Action: (Figures 8, 9)

- Maintains existing campus MIO boundaries & height limits
- No logical growth opportunities
- Minor vertical growth
- FAR limits further growth
- Restricts operational improvements

Alternate 2 - Concentrated Option

Increase vertical capacity to MIO 90 - MIO 200: (Figures 10, 11)

- Allows adequate vertical growth capabilities & concentrates growth
- Creates greater height transitions to neighboring properties
- Limited boundary expansion to Spencer Technologies Site (currently MOB)
- Increases FAR to amount needed for identified drivers
- Improve internal connections & circulation
- Future flexibility

Alternate 3 - Dispersed Option

Increase vertical to MIO 37 - MIO 200 & expand boundary: (Figures 12, 13)

- Allows adequate vertical growth capabilities & concentrates growth w/ stepped approach
- Creates more steps in height transitions to neighboring properties
- Potential boundary expansion to neighboring blocks
- Increases FAR to amount needed for identified drivers
- Development density is dispersed over campus / room for additional open spaces
- Improve internal connections & circulation
- Future flexibility

Alternate 1 - No Action:

Alternate 1 would:

- Maintain existing campus MIO boundaries and street right-of-ways.

- Severely limit the future growth and continued modernization of the campus.

- Would increase costs of future remodelling by restricting the ability to demolish and replace obsolete structures. Remodelling of units also would have to occur while continuing to operate the same department.

- Very limited growth could only occur with an increase of the FAR & increase building heights to current maximum heights (only limited potential).

Alternate 2 - Concentrated Option:

Alternate 2 would:

-Provide flexible capacity for future building expansion.

-Have limited boundary expansion to the Spencer Technologies property.

- Expand vertical capacity from MIO 37', 65', 105' to MIO 90', 105', 200'.

- Addition of approximately 1.8 million GSF of building area, for a total of approximately 3 million GSF.

- Addition of approximately 3,000 parking stalls, for a total of approximately 4,500 stalls.

- Street vacations of 16th Avenue and 18th Avenue.

Alternate 3 - Dispersed Option:

Alternate 3 would:

-Provide flexible capacity for future building expansion.

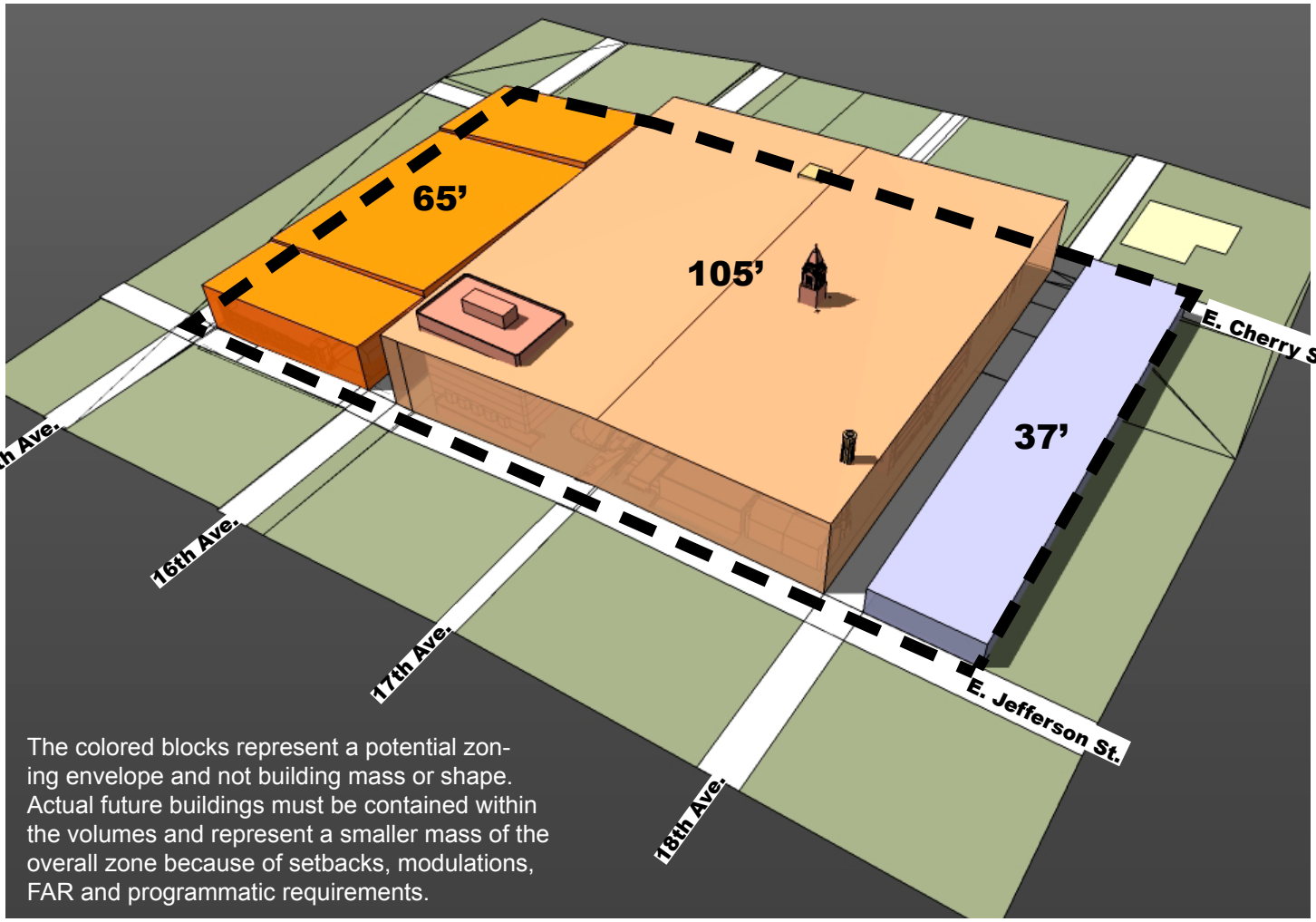
-Have potential MIO boundary expansion to some blocks north, eastern half block of 18/19th and/or some south blocks. Potential expansion to surrounding adjacent blocks only as properties become available to purchase by Swedish or Sabey.

- Expand vertical capacity from L-3. SF-5000, MIO 37', 65', 105' to MIO 37', 50', 65', 90', 105', 160', 200'.

- Addition of approximately 1.8 million GSF of building area, for a total of approximately 3 million GSF.

- Addition of approximately 3,000 parking stalls, for a total of approximately 4,500 stalls.

- Street vacations of 16th Avenue and 18th Avenue.



Alternate #1 - No Action

- NO EXPANSION OF ZONING HEIGHT LIMITS (MIO 37’, MIO 65’, MIO 105’)
- LIMITED AVAILABLE CAPACITY FOR BUILDING EXPANSION
- MAINTAIN EXISTING MIO BOUNDARY
- NO STREET VACATIONS

Legend

MIO-105
MIO-65
MIO-37

Figure 8

Alternate #1 - 3D Zoning Envelope Diagram

Total Structure Area: 1.6 Million SF
Gross Building Area: 1.2 Million SF
Parking: 1,560 Spaces
Site Area: 577,204 SF
FAR: 2.3

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Figure 9

Alternate #1 - Site Plan

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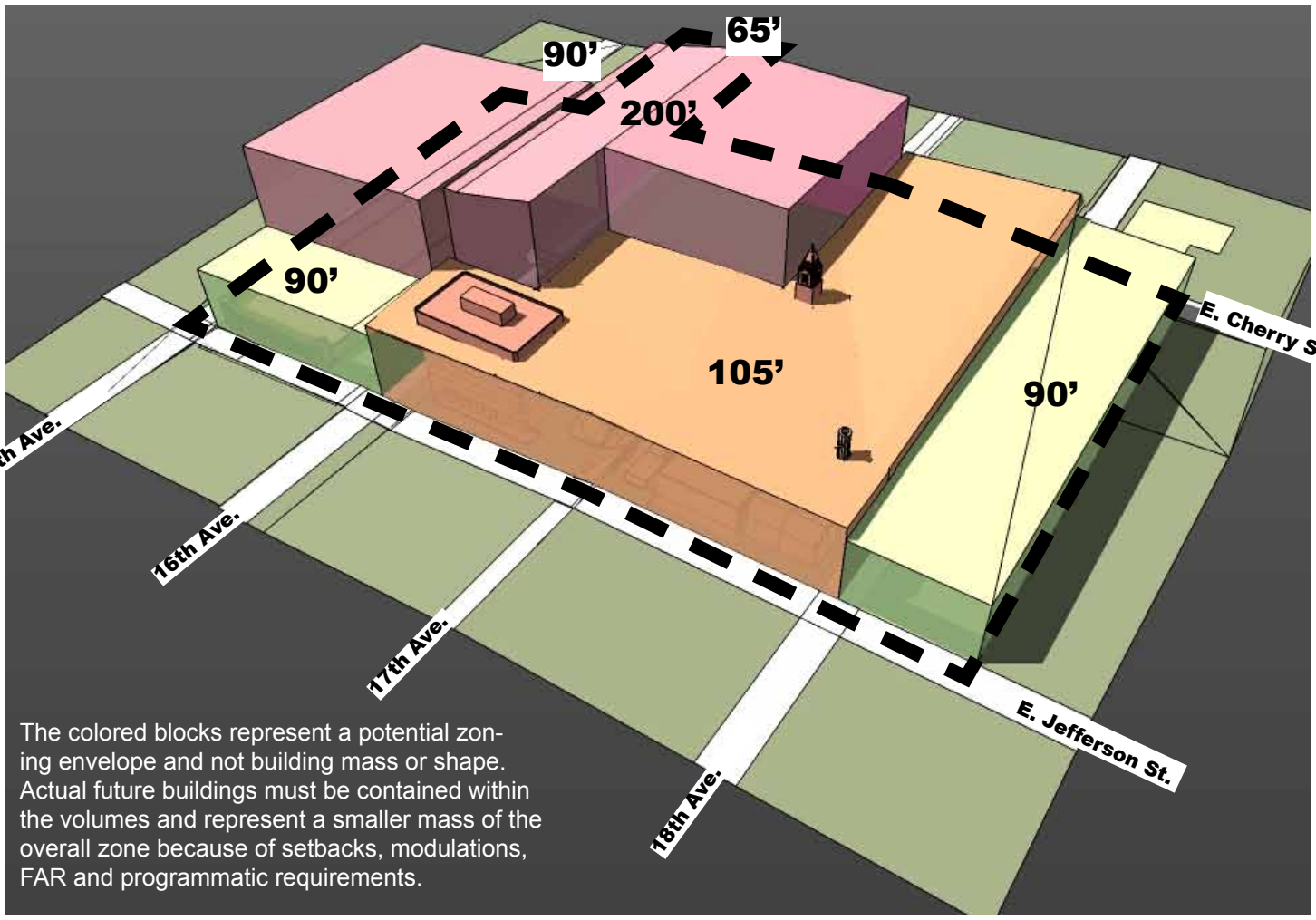

Alternate #2 - Increased Vertical Capacity

- EXPANSION OF ZONING HEIGHT LIMITS
(MIO 90’, MIO 105’, MIO 200’)
- FUTURE FLEXIBLE CAPACITY FOR BUILDING EXPANSION
- MAINTAIN EXISTING MIO BOUNDARY & EXPAND TO SPENCER TECHNOLOGIES SITE
- 16th Ave. & 18th Ave. STREET VACATIONS

Legend
MIO-200
MIO-160
MIO -105
MIO-90
MIO-65
MIO-50
MIO-37

Figure 10

Alternate #2 - 3D Zoning Envelope Diagram

Total Structure Area: 4.5 Million SF
Gross Building Area: 3 Million SF
(1.2 M SF Existing &1.8 M SF New)
Parking: 4,500 Spaces (2,940 New)
Site Area: 601,204 SF
FAR: 5.1

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Figure 11

Alternate #2 - Site Plan

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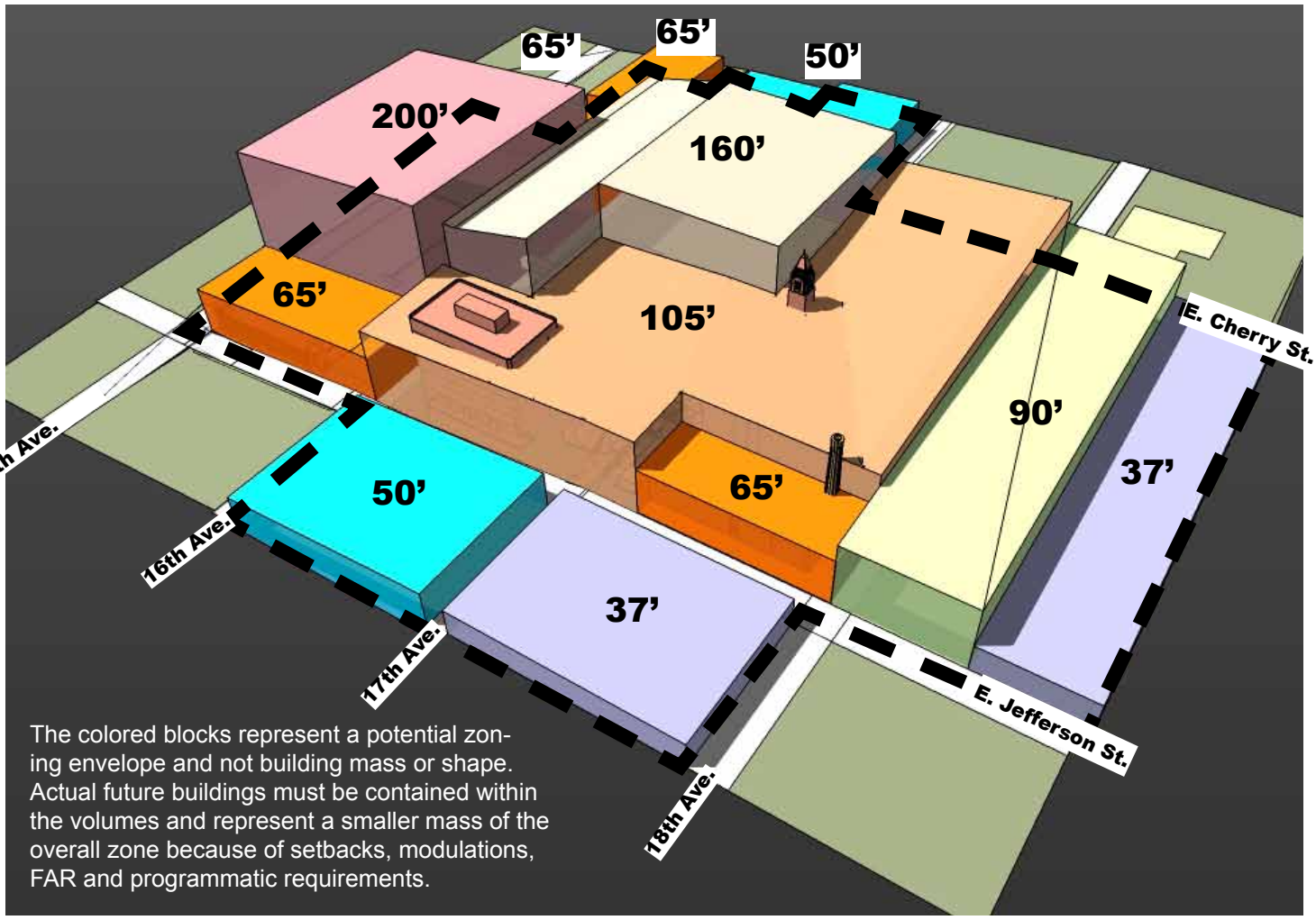

Alternate #3 - Increased Vertical Capacity & Boundary Expansion

- EXPANSION OF ZONING HEIGHT LIMITS (MIO 37’, MIO 50’, MIO 65’, MIO 90’, MIO 105’, MIO 160’, MIO 200’)
- FUTURE FLEXIBLE CAPACITY FOR BUILDING EXPANSION
- EXPAND EXISTING MIO BOUNDARY
- 16th Ave. & 18th Ave. STREET VACATIONS

Legend
MIO-200
MIO-160
MIO -105
MIO-90
MIO-65
MIO-50
MIO-37

Figure 12

Alternate #3 - 3D Zoning Envelope Diagram

Total Structure Area: 4.5 Million SF
Gross Building Area: 3 Million SF
(1.2 M SF Existing & 1.8 M SF New)
Parking: 4,500 Spaces (2,940 New)
Site Area: 823,284 SF
FAR: 3.7

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Figure 13

Alternate #3 - Site Plan

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6. Planned Street Vacations

Issues to the current campus that warrant the need for the 16th Avenue street vacation between E. Cherry St. and E. Jefferson St.:

- Emergency access and ambulance flow
- Service and Loading capabilities for the future campus
- Patient care connectivity across the campus

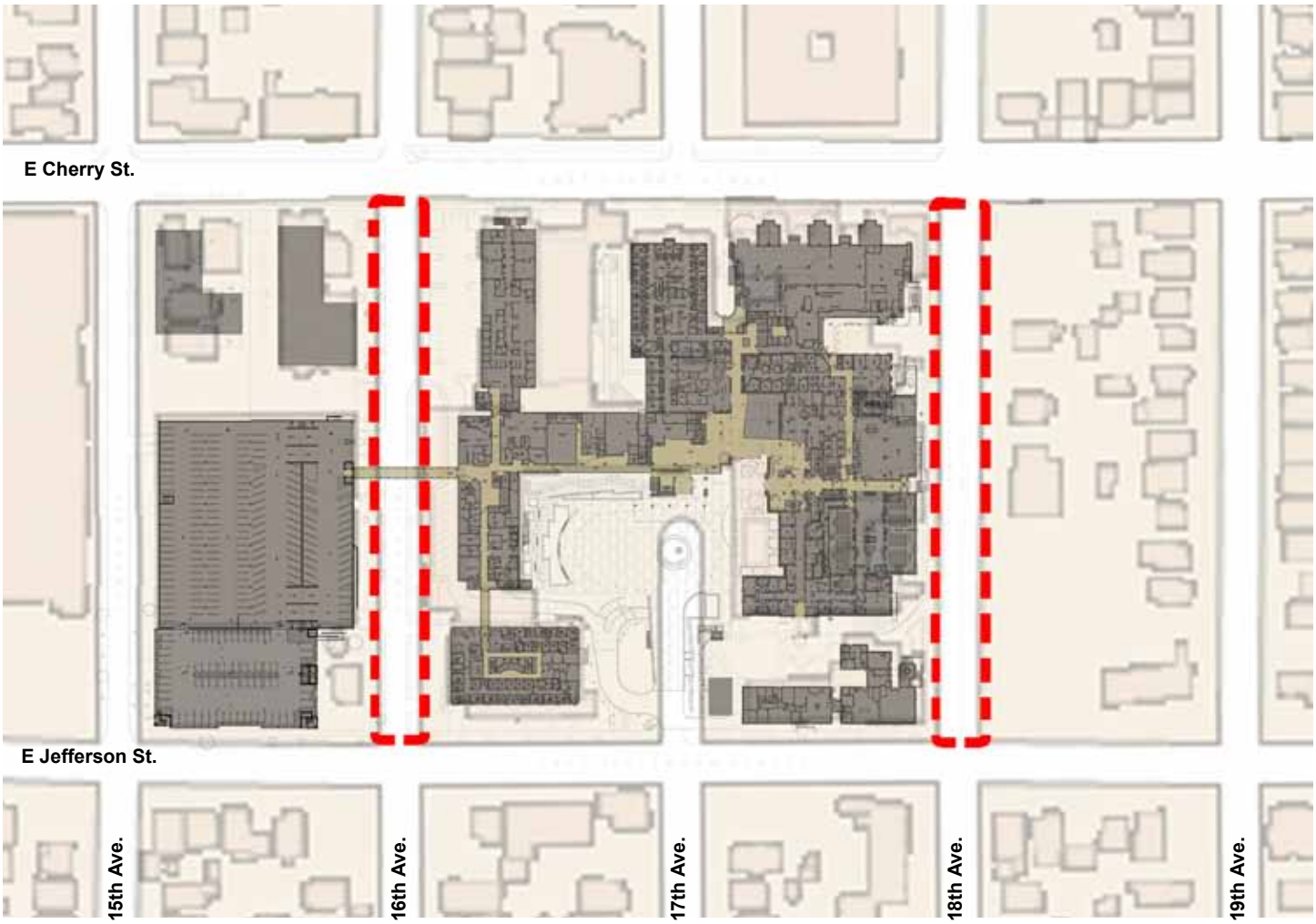

Figure 14

Proposed Street Vacation

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7. Planned Parking Development and Access

Future locations for underground campus needed parking.

- balanced distribution
- empty “chair” locations for phasing projects
- elimination of surface lots
- main locations: West Garage, Main Plaza Garage, East Garage, North Garage

Existing Parking

Proposed Parking Site

Parking Access & Egress

Patient Drop-Off / Pick-Up

Emergency Access & Egress

Service Vehicle Access

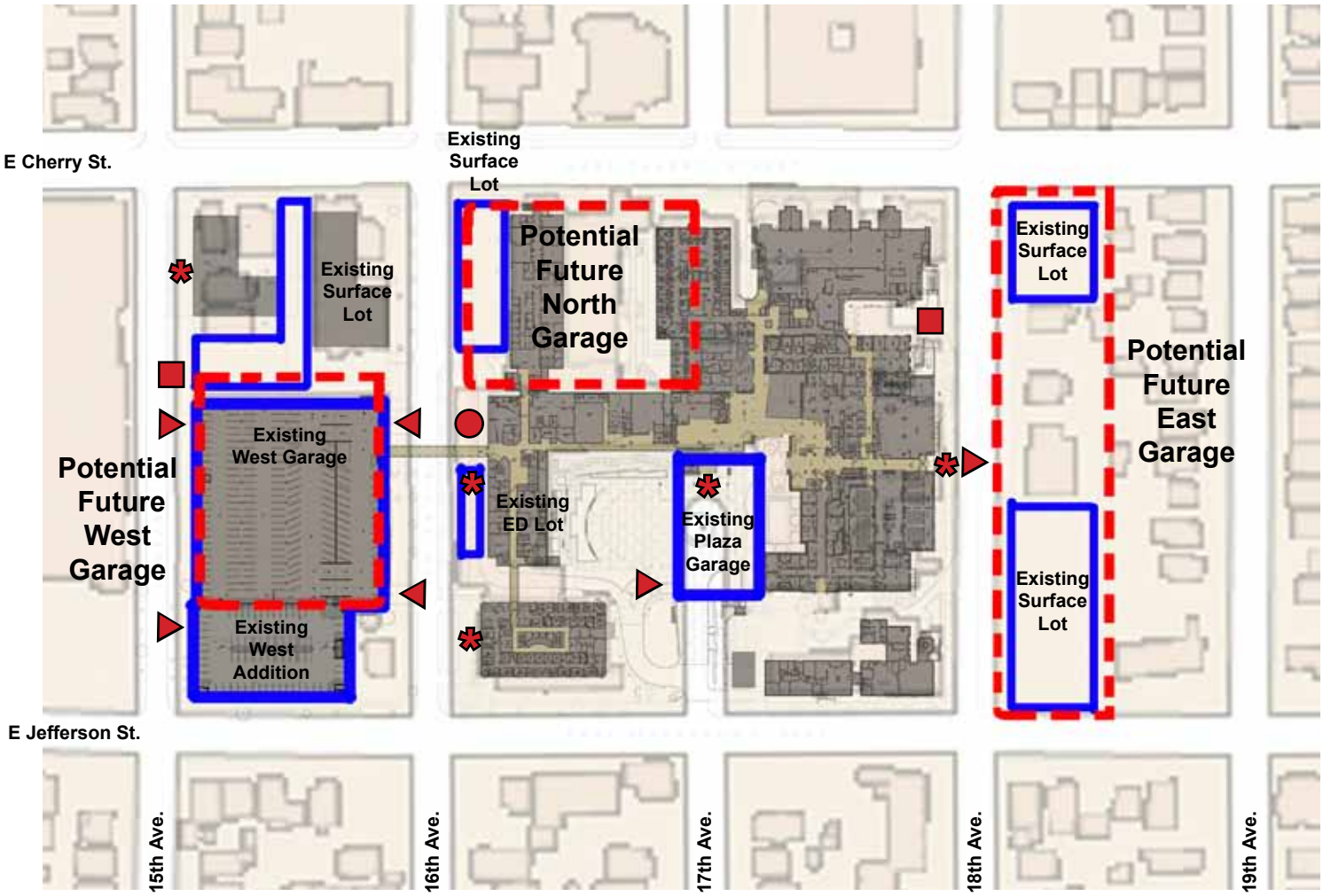

Figure 15

Proposed Parking

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8. Neighborhood Uses & Character

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.

Although Squire Park became a solid residential neighborhood, it always had a considerable institutional presence. Squire Park and the larger Central Area developed into a diverse residential neighborhood, becoming the home to many racial and ethnic minorities over the years, including African Americans, Japanese, Filipino, and Jewish populations. After World War II, booming development in the suburbs surrounding Seattle drew the middle-class population away from the Central Area and Squire Park. Lower middle-class and elderly populations remained in the Central Area. The area suffered from blight and disinvestment until the early 1990's, when the technology boom and a rising population in the City of Seattle caused more middle-class populations to move back to the Central Area. This transformation of the Central Area and Squire Park continues today, marked by general economic prosperity, community efforts, and greater investment in housing and businesses in the area.

A significant commercial and light-industrial district developed between the early 1900's and into the 1950's on the western side of the Squire Park neighborhood in the vicinity of 12th Avenue and East Cherry Street. 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 dramatic growth of Seattle University in recent years. Swedish Medical Center—Cherry Hill Campus generally serves as the boundary of commercial and institutional activity along E. Cherry and E. 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 its construction. 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 are under-serviced by convenient bus routes other than on E. Jefferson Street, the only east-west connection. For north-south connections pedestrians must travel to 23rd. Avenue or Broadway which are on the edges of the neighborhood.

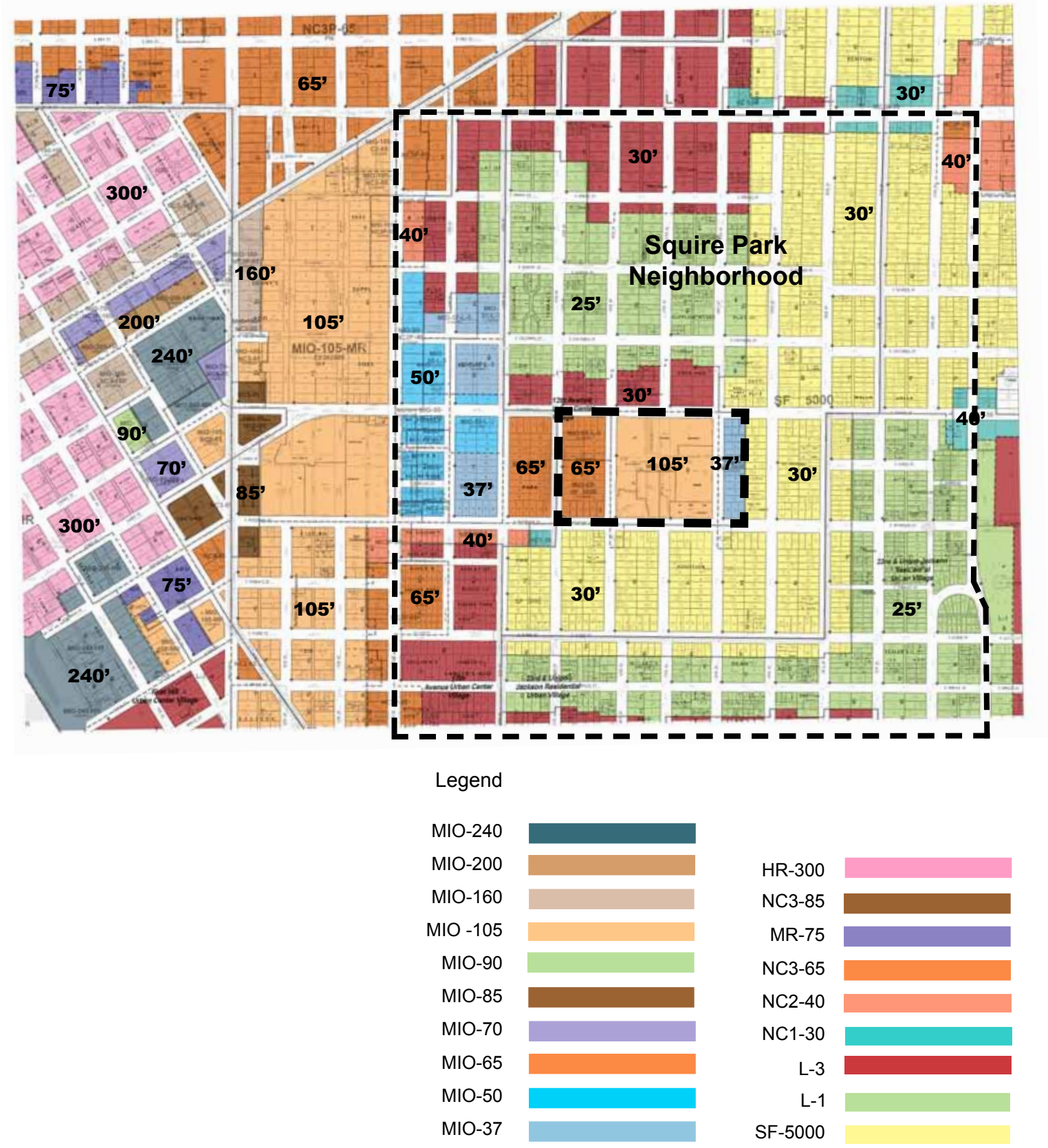

Figure 16

Existing Vicinity Zoning

Maximum Allowable Heights

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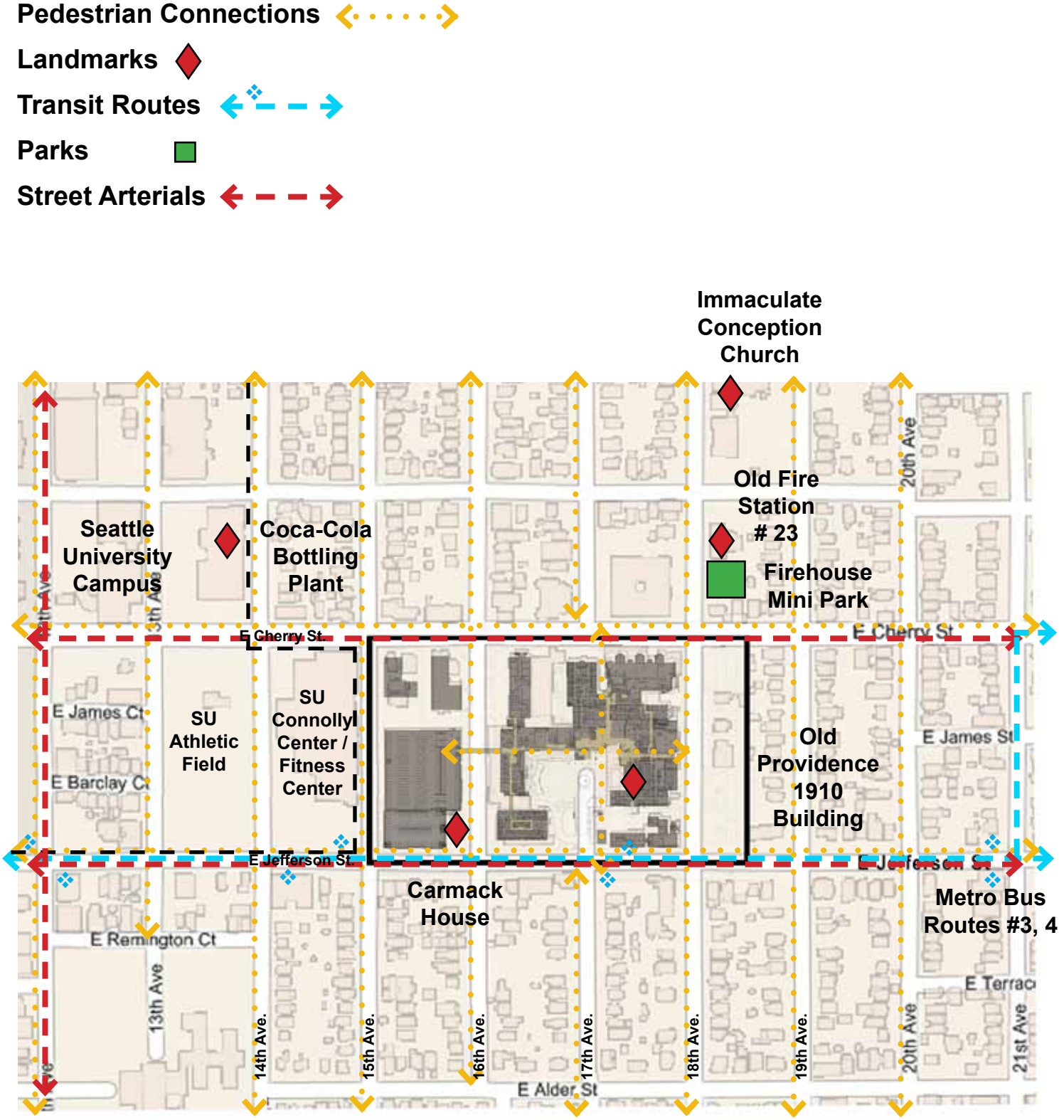

Figure 17

Neighborhood Plan

SWEDISH MEDICAL CENTER

9. Neighborhood Planning Precepts

Land Use Compatibility

• Design medical facilities to concentrate height/bulk/scale and activity intensity toward the center of the campus with less development density as a transition toward the campus edges bordering residential uses.
• Design buildings with scale reducing elements that break-up massing and bulk and that address spill-over impacts such as light/glare, noise, and privacy intrusions.
• Plan for a permeable campus that is not a barrier to neighborhood linkages.
• Contribute to being a place where one wants to live by being a neighborhood resource, such as with wellness education programs, meeting spaces and other caring community outreach.

Traffic & Parking

• Provide sufficient supply of parking, conveniently located.
• Distinguish way-finding with clear pathways, orienting landmarks, campus wide signage and lighting.
• Provide complete streets and green streets so the public right-of-ways provide for multiple functions that enhance the neighborhood.

Amenities & Sustainability

• Enhance street life quality and provide human scale improvements.
• Provide weather protection, pedestrian oriented lighting and conveniences that encourage transit use.
• Reduce car dependence and promote transportation choices.
• Create healthy buildings, assure energy efficiency, manage the waste stream and take actions furthering a low impact sustainable environment.
• Make visual connections between buildings and the landscape, such as healing gardens , pocket parks, and planted atrium with distinctive plants, smells, colors and seasonal plantings change.
• Use landscaping for buffers and screening.
• Provide usable open spaces that are neighborhood resources for residents, employees and visitors alike.

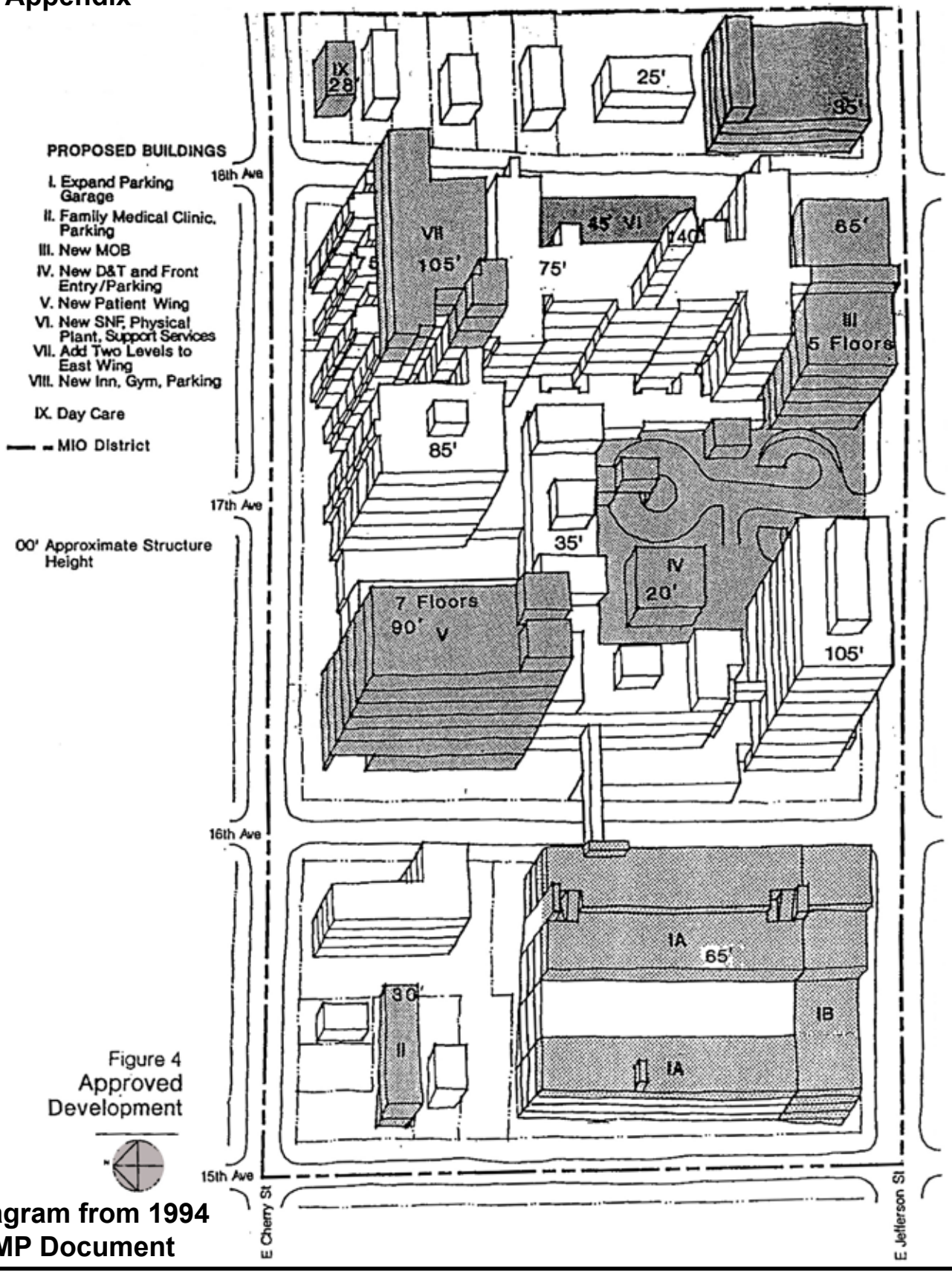

Figure 4
Approved Development

Diagram from 1994 MIMP Document

Appendix Figure 1

Previous Approved Development Projects

DPD #3012953

SWEDISH MEDICAL CENTER

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