

**GROUP HEALTH COOPERATIVE
PROPOSED CENTRAL CAMPUS MASTER PLAN**

Issued by Group Health Cooperative of Puget Sound

and

FINAL ENVIRONMENTAL IMPACT STATEMENT

**Issued by City of Seattle Department of Construction
and Land Use**

MARCH 1987

GROUP HEALTH COOPERATIVE
CENTRAL CAMPUS MASTER PLAN

Issued by

Group Health Cooperative of Puget Sound

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Section I

Background and Master Plan Description

I. BACKGROUND AND MASTER PLAN DESCRIPTION

INTRODUCTION

Group Health Cooperative of Puget Sound

Group Health Cooperative of Puget Sound (GHC) is a nonprofit, staff model health maintenance organization (HMO) incorporated in 1945 and licensed by the State of Washington. GHC provides comprehensive health care services to its enrolled membership in exchange for periodic fixed payments. Services are provided by a staff of physicians employed by GHC. The physicians are assisted by nurses, pharmacists, opticians, psychologists, and other professionals and paraprofessionals who are also GHC employees. GHC is one of the ten largest HMOs in the United States with more than 330,000 enrollees.

GHC has three affiliated corporations: Group Health of Spokane, the Foundation for Group Health Cooperative of Puget Sound, and Group Health of Washington. A for-profit subsidiary is being planned for the purpose of participating in HMO development activities and joint ventures. GHC also has affiliations with 16 community-based hospitals, specialty and research centers, and 11 educational institutions, as well as an agreement with the University of Washington involving education, research, patient care, and shared services.

Group Health Cooperative Facilities

GHC owns and operates two acute care hospitals, Central and Eastside Hospitals, a progressive care facility, 19 primary care outpatient medical centers, and three specialty medical centers. In addition, it has begun leasing and operating a 36-bed nursing unit located within the Tacoma General Hospital facility. Primary care at certain locations and certain specialty care and other services are provided to enrollees by other health care providers on behalf of GHC.

The Cooperative's Puget Sound Service Area is divided into three distinct geographic regions (Central, East, and South) for health care delivery, administrative, and consumer governance purposes. The Central Region extends north to the King and Snohomish Counties' border, south to the Burien area, west to Kitsap County, and east to Lake Washington.

In 1986, with the opening of GHC's Ballard Area Medical Center, Central Region enrollees will have access to seven different primary care facilities. For most specialty care and hospitalization, Central Region enrollees are referred to the Central Hospital and Specialty Center, which is situated on Capitol Hill in Seattle.

Central
Hospital
Campus

The five-acre Central Hospital Campus includes the 358 licensed bed acute care hospital and Progressive Care Facility (PCF), medical office space for 149 physicians (including primary and specialty care and a Family Practice Residency Program), and six smaller buildings which house some administrative, clinical, and support services.

In addition to general acute care and emergency medical and surgical services, the hospital contains a number of specialized services and equipment, including high-risk obstetric services, neonatal intensive care services, an oncology unit, neurology and neurosurgery services, radiation therapy, computerized tomography, and skilled nursing services. Central Hospital and Specialty Center provides these services not only to Central Region enrollees, but also to those consumers who are referred from GHC's East and South Regions for certain kinds of highly specialized care (e.g., neurosurgery). Central Campus, therefore, serves both a regional and a Cooperative-wide patient population.

GHC Central Campus offers and would continue to offer educational seminars for their consumers which are also open to the public. Meeting space is also available to the public on a reservation basis.

Central Campus
Facility
Master Plan

In 1983 it was decided that a new Master Plan for GHC's Central Campus was needed. That plan would be used to guide the programmatic and capital decisions related to both of GHC's hospital and specialty center campuses. Because of the interdependencies between Central and the other Regions highlighted above, it was decided that any facility planning for Central Campus would also have to address the needs and potential development of the other GHC regions. In recognition of the interdependencies that already exist in GHC's multi-hospital system and the changes headed for the health care industry in general, the Master Plan staff chose a planning process called Alternative Futures. This approach begins with the assumption that the future is uncertain but that the uncertainty can be managed.

Rather than following an increasingly outmoded, but nevertheless "traditional," facility planning paradigm which projects one single 10- or 20-year future for an institution based on its past role and programs, the Alternative Futures approach developed by GHC assumes that the institution's future programs and the resultant facility configuration are best represented by a range or a field rather than a single point or line. The planners studied the potential market pressures and responses, both internally and externally exerted, which would in turn help determine the size of the Cooperative, the number of its consumers/customers, the lines of business it would be in, and the services and products it would be providing and where. From that examination, alternative corporate and regional futures were developed. Ultimately,

six different Central Campus futures were fully explored in terms of their on- and off-site development and their capital and operating cost requirements.

The six Alternative Futures vary considerably in terms of their "build out" or potential end points. The differences manifest themselves in two basic areas. These are the required on-site and off-site physical development of Central Campus and the reliance on other sites for the delivery of health care services to Central Region consumers (either GHC's Eastside Hospital or other Seattle area community hospitals and medical centers).

At the same time, it is important to note the similarities between the alternative futures. While the total square footage of development varies by future, the location of the proposed structures and their "footprints" do not change that much. In general, the physical differences in the Futures are reflected in either the number of floors proposed for a particular structure or whether or not that particular structure is even proposed. Further, the Futures are more similar to each other in the early years and begin to follow diverging paths in the later years.

It should be recognized and understood that the Alternative Futures simply represent a range of potential paths. GHC assumes no preference nor predilection to any one Future. Further, it is just as likely that the development path which is actually followed over time may reflect a blending of these Futures. In order to have the capacity to respond to changes in the health care industry, Central Campus development must retain that degree of latitude. To safeguard the interests of GHC's immediate neighbors and the City as a whole in terms of the SEPA and EIS content regulations, GHC has chosen Future #2 as the alternative to which the others are compared since it represents the greatest potential development and environmental impact.

There is certainty only about the Campus' near-term needs (i.e., the next three years) and the Alternative Futures must guide development beyond that point. Although the City and GHC's neighbors need a sense of the timing of development plans, no institution in tune with the health care industry today can accurately forecast the exact timing and scale of those physical changes more than two or three years into the future. In recognition of this expressed desire for "predictability," however, GHC has assigned "best case" dates to the phases of development proposed in each Future.

Since the plan is currently conceptual in nature, building heights and setbacks may vary up to 15% within the Code requirements at such time as when the structures are built.

PURPOSE

During the next ten years, GHC intends to alter its Central Campus in many ways. These proposed changes will trigger City requirements to prepare a Master Plan because they will:

- . Increase gross floor area (GFA) and lot coverage by 120% of the existing June 2, 1983 GFA and lot coverage.
- . Change the use of more than four units of housing.
- . Alter the major institution boundary.
- . Require development within one mile of the Campus boundary.

Because each of these activities, by current Land Use Code, triggers Master Planning for GHC's Major Institution on Capitol Hill, the primary purpose of this plan is to gain City approval of the Master Plan as the new zoning for GHC's Central Campus. It is GHC's contention that the development proposed in this plan is tailored to the needs of the institution with all due consideration of the resultant impacts on the local community and City of Seattle at large.

The secondary purpose of the Master Plan is to create a logical framework for GHC's internal decision-making process to guide the programmatic and capital decisions related to the Central Campus.

PLANNING PROCESS
AND METHODOLOGY

Planning
Timeframe

The master planning process began in the fall of 1983 and was completed internally when the Master Plan was approved by the GHC Board of Trustees in June, 1985. City Council approval of the GHC Major Institutions Master Plan is projected for mid-year 1987.

Participants

More than 80 medical staff, nursing, support, ancillary, and administrative staff from all three regions participated in the planning process, through eight work groups and a Steering Committee. The study areas of the workgroups were:

- Alternative Futures identification for the Cooperative and the Regions.
- Technology changes anticipated to affect inpatient and outpatient services and administration.
- Site Assessment involving traffic, circulation, the neighborhood, landscaping, scale, site of structures, height, setbacks, etc.
- Inpatient care medical space programming.
- Outpatient care medical space programming.
- Ancillary services space programming.
- Administrative and Support functions space programming.

The members of the groups represented a cross-section of interests and expertise, providing a balanced view as well as specialized information.

The planning effort was guided by a Steering Committee composed of senior management and medical staff. The workgroups and the Steering Committee were staffed by analysts and managers from the Planning Division and Central Campus Administration.

A ninth committee, the Citizen's Advisory Committee, which is staffed by but, is independent of, GHC, was formed as required by the City of Seattle's Major Institutions Land Use Code. This committee, which was constituted formally in March 1984, will remain active through the approval of the Master Plan. It has representation from the Capitol Hill Chamber of Commerce and Community Council, as well as renters, homeowners, and business representatives from the neighborhood, a local church, and one elected representative each from the two consumer-directed GHC Medical Center Councils representing the two primary care centers in the Capitol Hill Campus. This committee has advised GHC staff, and will be filing a report to

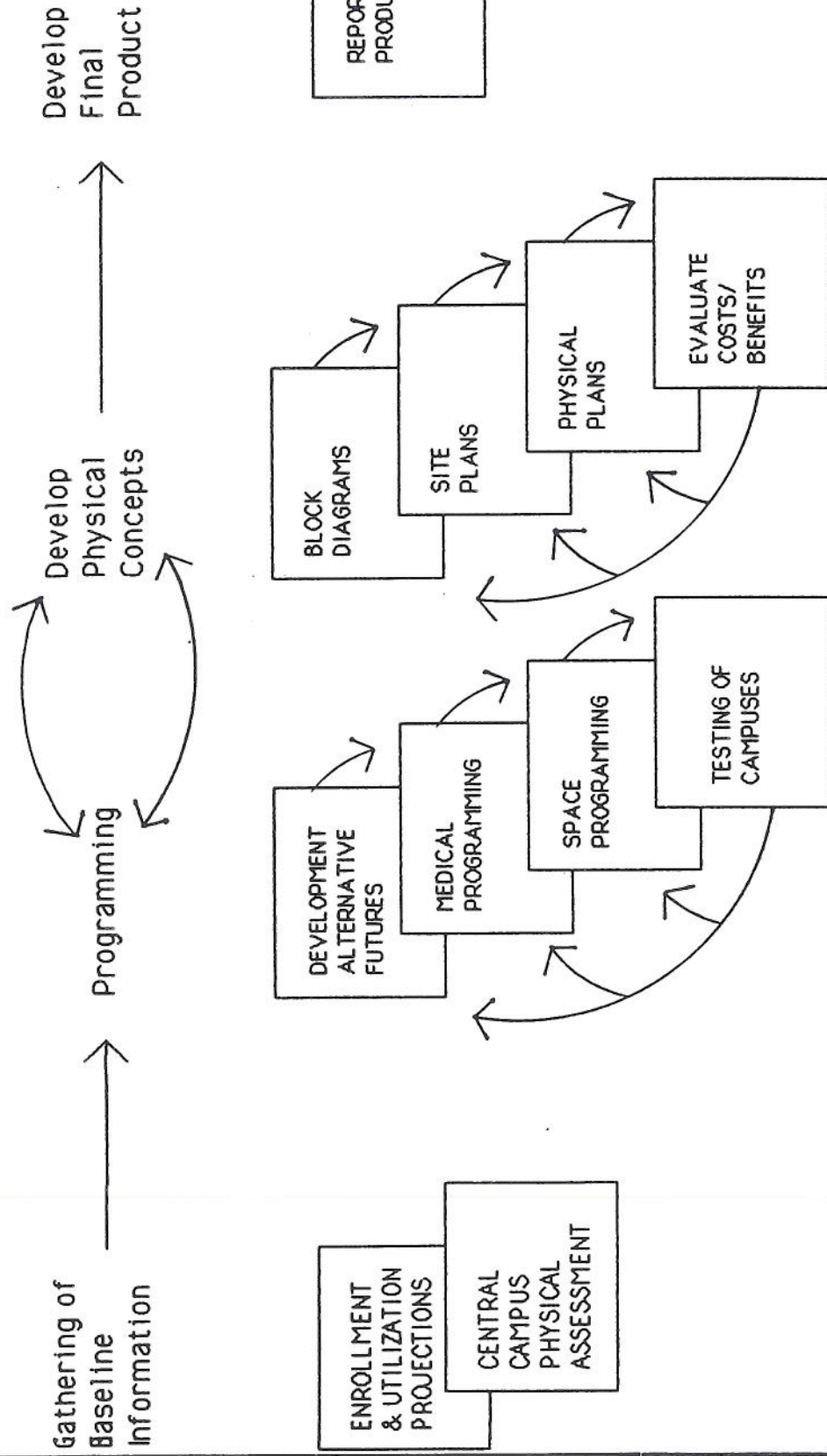
the City on the community's concerns about the Master Plan as well as the environmental assessment of the plan including traffic circulation, parking, retail activity, height, etc.

GHC consumers have also had an active and important role in providing input to the planning process. In 1984, the Planning Committee of the Board of Trustees reviewed two interim reports of the study effort and sponsored a special meeting in May, 1984 on the first interim report. In addition, numerous (51) presentations regarding the Master Planning process were made to various medical staff and GHC consumer forums during 1984 and 1985. At each of these meetings, status reports on master Plan progress were made and suggestions/input were incorporated in the development of both the physical concepts and the final alternatives selected.

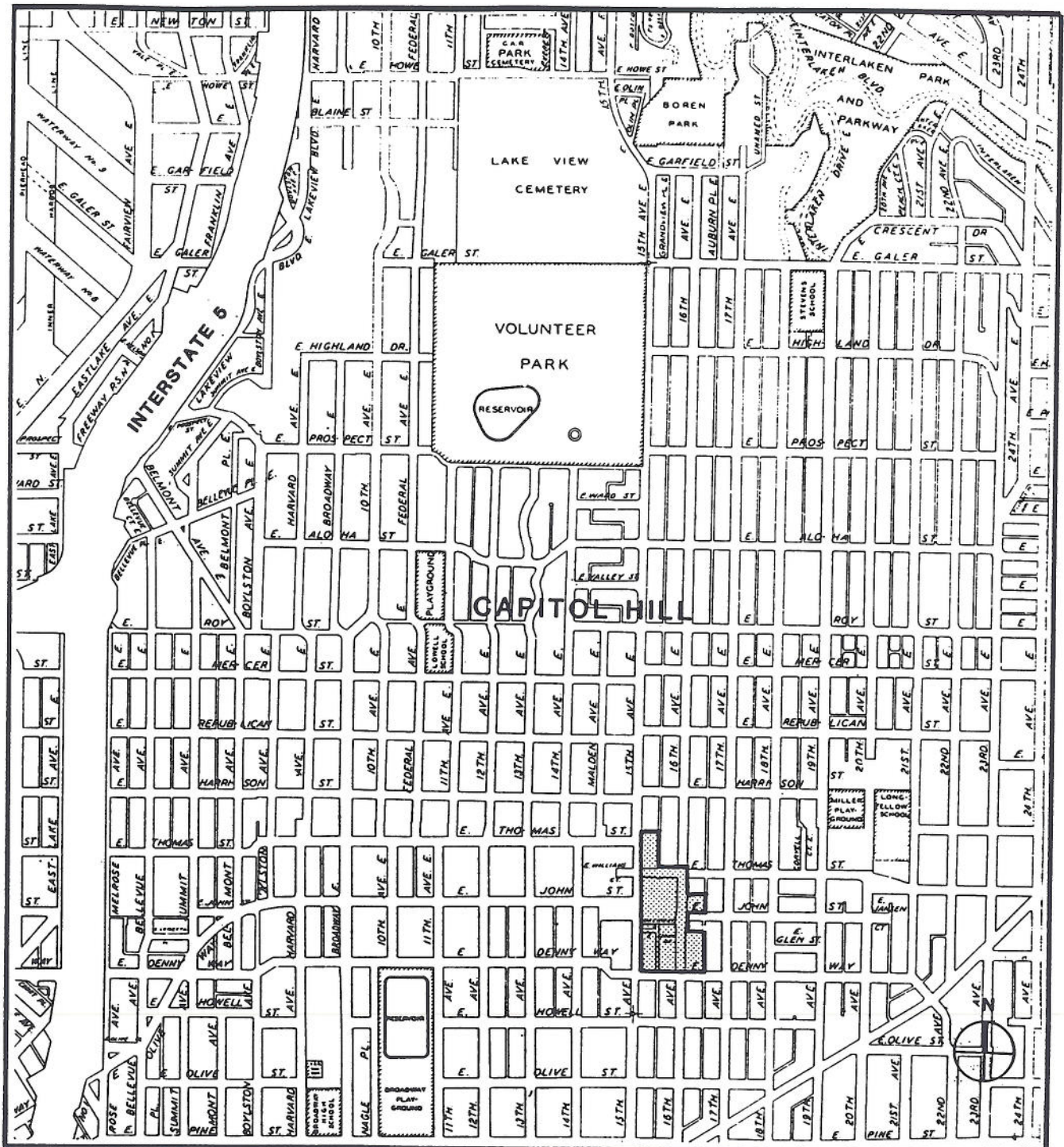
Steps

The development of Alternative Futures and physical concepts by the participants required a deliberately iterative process in which information, concepts, and recommendations were continually evolving as they were reviewed, evaluated, refined or discarded. The steps taken are shown graphically in Figure 1.

MASTER PLAN PROCESS



Group Health Cooperative's Central Campus is located in the Capitol Hill community of Seattle, Washington as shown in Figure 2.



VICINITY MAP

Figure 2

Project Site
Description

Generally speaking, the Campus is bounded by 15th and 16th Avenues East as well as East Denny and East Harrison streets. Figure 3 offers an aerial view of the Campus and years in which structures were built. Figure 4 illustrates existing uses and Campus boundaries which extend over a four block area.

The hospital core is located on the northern half of what is commonly referred to as the "super block" which is bounded by 15th and 16th Avenues East as well as East Thomas and East Denny Way. The seven wings that make up the hospital core (A-G) dominate the character of the Campus relative to height and scale. The main entrance to the hospital is situated mid-block on 16th with secondary access from 15th.

The southern half of this block currently houses annex buildings as well as patient and visitor parking. GHC also leases space to tenant properties on this portion of the block. These spaces currently include retail frontage on the southwest corner of the block along 15th Avenue East and Denny Way and 12 units of housing located in the Cline Apartment Building on 16th Avenue East. A public pedestrian walkway currently exists mid-block between 15th and 16th Avenues East.

Family Health Care (FHC), a primary care facility is located on the northeast corner of 16th Avenue East and East Denny Way. It is bounded by visitor and patient parking to the north and south and non-GHC-owned residential property to the east.

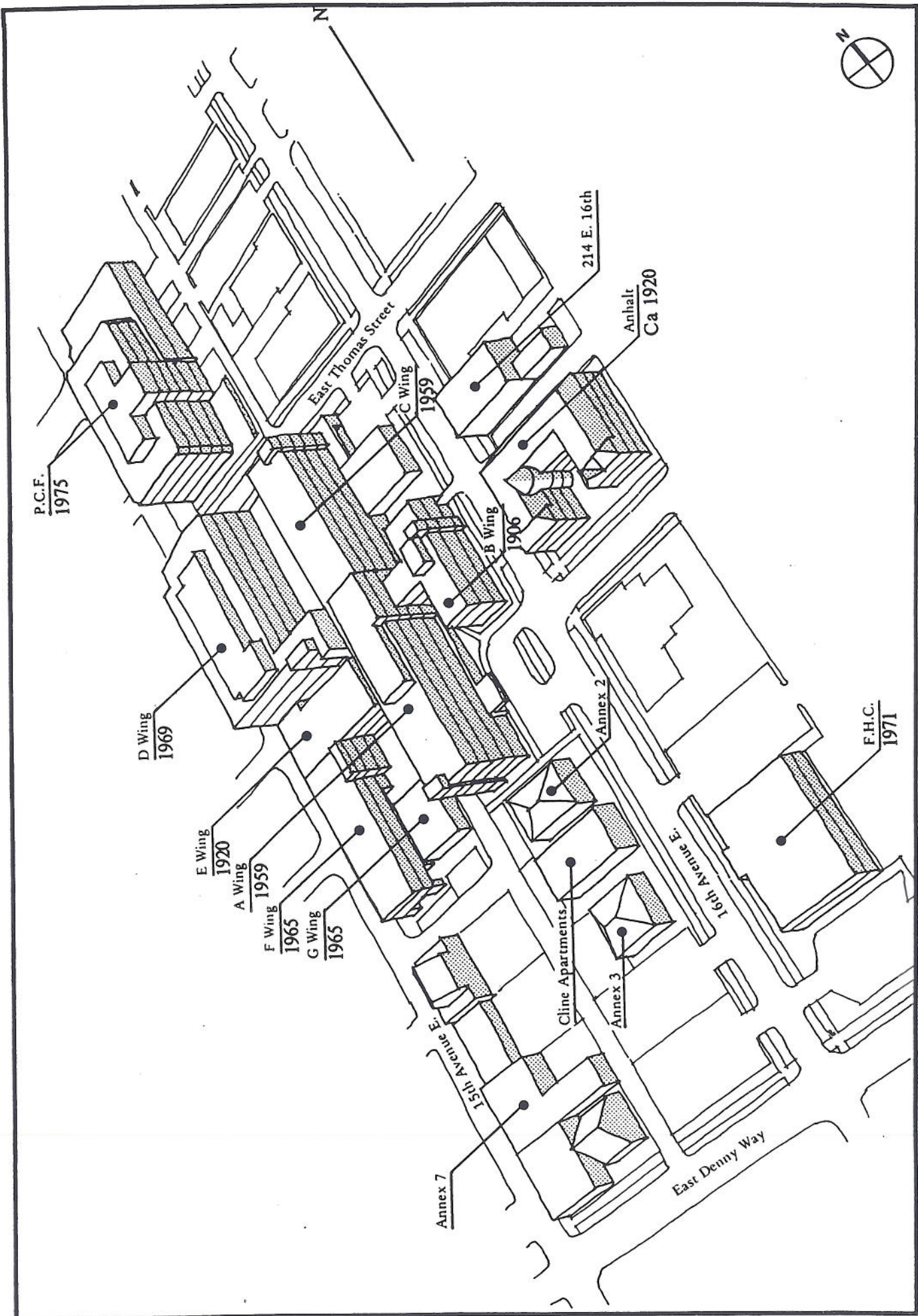
Annex 5 (A-5), also commonly referred to as the Anhalt Building (after the architect who designed it), is located on the northeast corner of East John Street and 16th Avenue East. It currently houses GHC Mental Health/Alcohol and Drug Abuse Treatment (ADAPT) services as well as the Center for Health Studies. To the north of Annex 5 is a below-grade storage facility referred to as Annex 8. At grade, on top of Annex 8, is a parking lot for medical staff and service vendors (e.g., elevator repair).

The Progressive Care Facility (PCF), an outpatient specialty and skilled nursing facility, is located on the northern most section of Campus on the northeast corner of 15th Avenue East and East Thomas Streets. It also contains ground-level retail along 15th Avenue East, administrative offices, and underground employee parking.

Although there will be extensive renovation taking place throughout the Campus, GHC's Master Plan proposes major new development only within the superblock.

GHC-Owned
Property
Outside MIMP
Boundary

GHC owns property outside the City-approved Campus development boundary. These are predominantly employee parking lots, as noted by the P-00 numbers on Figure 4. The exceptions are a six-unit apartment building at 214 - 16th Avenue East and a day care center located at 1821 - 15th Avenue East known as Early Beginnings, which is rented by a non-profit day care center.



GROUP HEALTH COOPERATIVE

CENTRAL CAMPUS: EXISTING CONDITIONS

Figure 3.

EXISTING CONDITIONS

STRUCTURES WITHIN GIC BOUNDARY

(Between 15th and 16th Avenues East)

Progressive Care Facility

Use: Outpatient Specialty, MD offices, Personnel, Skilled Nursing Facility (38 beds), Transportation, Ground-level Retail and Underground Parking.
Height: 64 feet (5 floors)

Central Hospital

Consists of A, C, and D Wings

Use: Inpatient Care (307 beds), Ancillary and Support Services, and Administration
Height: A Wing--61 feet (5 floors), C Wing--61 feet (5 floors), D Wing--75 feet (5 floors)

Central Specialty

Consists of B, E, F and G Wings

Use: Outpatient Specialty Care and Family Practice Residency Program
Height: B Wing--40 feet (3 floors), E Wing--40 feet (3 floors), F Wing--36 feet (3 floors), G Wing--17 feet (1 floor)

Retail

Use: Barber, Jewelry, Apparel, Flowers, Cleaners
Height: 10 feet (1 floor)

Klein Building

Use: Ground Level Retail, Upper floors vacant
Height: 40 feet (3 floors)

Annex-7 (A-7)

Use: GIC Central Medical Coverage/Insurance
Height: 16 feet (1 floor)

Vacant Building

Use: Formerly a tavern
Height: 16 feet (1 floor)

Bookstore

Use: Bookstore
Height: 20 feet (2 floors)

Annex-3 (A-3)

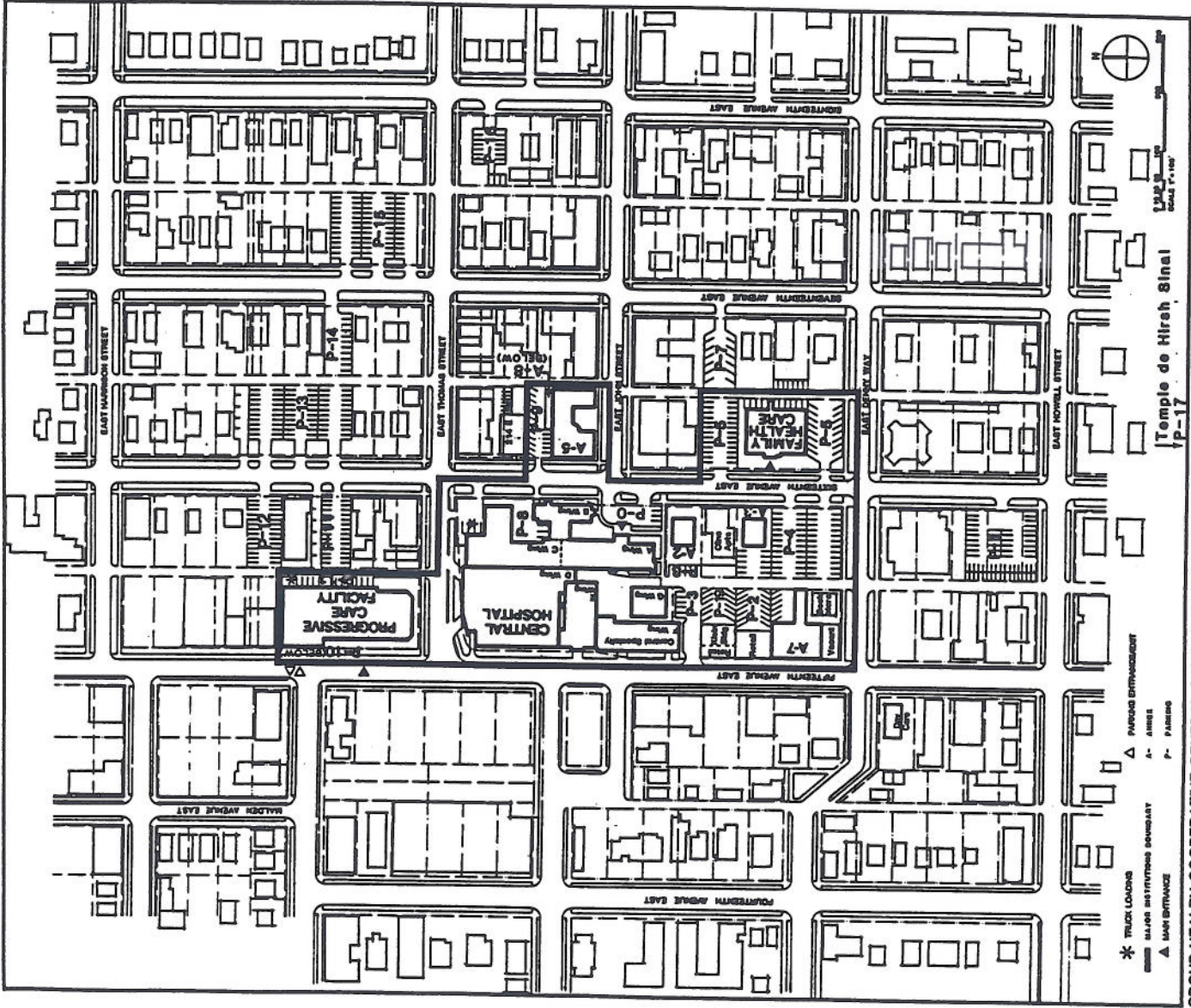
Use: Consumer Relations, Center for Health Studies
Height: 38 feet (2 floors)

Cline Apartments

Use: 12 GIC-owned Apartment Units
Height: 38 feet (2 floors)

Annex-2 (A-2)

Use: Center for Health Studies
Height: 38 feet (3 floors, only 2 floors in use per Fire Code)



GROUP HEALTH COOPERATIVE CENTRAL CAMPUS MASTER PLAN

EXISTING CONDITIONS
Figure 4

STRUCTURES WITHIN GIC BOUNDARY

(Between 16th and 17th Avenues East)

Annex-8 (A-8)

Use: Maintenance and storage
Height: Below grade

Annex-5 (A-5) known as Anna's

Use: Mental Health Service/Alcohol and Drug Abuse Treatment (ADAPT), Center for Health Studies
Height: 36 feet (3 floors)

Family Health Care

Use: Primary Care
Height: 26 feet (2 floors)

GIC FACILITIES OUTSIDE BOUNDARY

Daycare Facility

Use: Child daycare
Height: 15 feet (1 floor)

214 East 16th

Use: 6 GIC-owned apartment units
Height: 24 feet (2 floors)

GIC PARKING WITHIN BOUNDARY

P-0: 10 spaces (4 20-min. patient parking; 3 handicapped; 3 patient load)
P-2: 19 employee spaces; 1 motorcycle
P-3: 11 spaces (4 handicapped; 7 30-min.---pharmacy pickup) 20 bicycle spaces
P-4: 58 outpatient/visitor spaces
P-5: 57 spaces (12 medical staff, 41 outpatient/visitor; 2 handicapped; 2 30-min. pharmacy pickup) 3 bicycle spaces
P-8: 3 medical staff spaces
P-9: 17 spaces (6 vendor, 10 medical staff, 1 handicapped)
P-10: 85 underground employee, medical staff, visitor spaces; 7 motorcycle, 12 bicycle
P-11: 9 medical staff spaces
P-19: 13 spaces (7 employee, 6 retail)
PCF: 3 truck load spaces; 6 bicycle
C-Wing: 3 truck load spaces
ER: 1 ambulance space; 1 motorcycle
Cline: 7 residential spaces

GIC PARKING OUTSIDE BOUNDARY

P-1: 47 (leased) employee spaces
P-7: 14 outpatient/visitor spaces
P-11: 32 spaces (30 medical staff; 2 handicapped)
P-12: 24 medical staff spaces
P-13: 76 outpatient/visitor spaces
P-14: 9 vanpool spaces
P-15: 65 carpool spaces
P-16: 18 employee spaces
P-17 Temple De Hirsch: 82 employee spaces (leased)
214 E. 16th: 6 residential spaces

Neighborhood
Framework

In order to provide a contextual understanding, Figure 5 illustrates the general character of the GHC Campus. Following is a brief description of the surrounding neighborhood.

- . GHC is located on the southwestern corner of the Stevens Neighborhood within the 15th Avenue community shopping district. The area surrounding the shopping strip is characterized by low density multi-family and single-family housing.
- . Fifteenth Avenue East, north of East Thomas on both sides and south on the west side, has been classified as a pedestrian-oriented commercial zone. The remaining streets surrounding the Campus are used mainly for residential access.
- . Fifteenth Avenue East is considered a minor arterial for the north/south direction and East Thomas and John Streets are minor arterials for the east/west direction.
- . GHC dominates the southern edge of the 15th Avenue shopping district in terms of scale and generation of traffic and demand for parking and support of retail businesses.
- . Major traffic routes run along 15th Avenue East with highly utilized bus stops adjacent to the Campus.

MASTER PLAN CONCEPT

Goals of the Design Concept

The major goals in the development of the physical concepts for the Central Campus were:

- . to establish facility and site development plans which had common first steps and dissimilar end points so as to (1) postpone those decisions that most radically reduced development choices until the last possible moment, and (2) complete those development steps common to all futures as soon as possible, and
- . to provide an efficient Campus layout which would allow for convenient adjacent operational functions and maximize patient health care, and
- . to plan a sequence of physical development that minimized disruption of existing service and neighborhood impacts and also minimized the number of times individual departments or programs were relocated within the Campus.

Key Elements of the Design Concept

To meet the primary goal of permitting flexibility in the future while meeting current needs, a single basic concept of physical development was created for approval within this document which has the following key elements (refer back to Figure 3, Existing Conditions for building references):

- . retention of A, C, and D Wings (1959 and 1969 hospital) as the core of the hospital
- . use of PCF for services for women, children, and infants as well as some retail
- . use of the Anhalt Building (A-5) for regional and hospital administration until such time as this function can be returned to the Hospital
- . continued use of Family Health Center for primary care, with a reduction of the number of practitioners housed there
- . location of a new medical office building at the south end of the site with parking and ancillary and support services below grade, connecting to the basement levels A and B and 2nd and 3rd levels of the main hospital
- . designation of the site west of A wing (1959 hospital), presently occupied by E, F, and G wings, for the site of a new ancillary service expansion, and, if additional beds are needed, a patient care tower above it
- . designation of the area east of the A and C wings (1959 hospital) for later expansion of ancillary services, should such expansion ever be required.

All futures share these overall organizational concepts, but vary in the size of the facilities built, and to some extent in the final location of departments. For example, in one of the six alternative futures, the patient care tower includes extensive ancillary space and five new floors of patient beds, while in another only the ancillary base is built. Similarly, in one future the specialty center holds 100 physician office suites while in another it is designed to house only 44. It is important to note that design and phasing options may occur during the implementation of the master plan and that GHC requests approval of these variables provided that impacts are not significantly different from the attached environmental impact statement.

These elements create a basic organization of the Campus where the majority of ancillary and support departments are below grade, easily accessible to both inpatient and outpatient users; the majority of outpatient services are at the south end of the Campus; and all of the inpatient beds are at the north end. This concentrates new construction on the south and west sides of the "superblock" (bounded by 15th and 16th Avenues, Denny Way and Thomas) and provides maximum re-use of sound structures.

Building Massing

The shapes and sizes of all new buildings will contribute to the visual continuity of the Campus. It should be noted that shapes of the Medical Office Building and the patient tower are drawn in the aerial contained in this document as rectangular and triangular, respectively. The actual shapes of these structures (when architecturally designed) may vary considerably and will reflect the programmatic needs identified at that time.

Functional Organization

The Master Plan proposes a functional organization of the Campus based on grouping like-services together, making maximum use of the existing property, segregating (to the extent possible) inpatients from outpatients so as to minimize congestion, and concentrating parking facilities as close to high volume uses as possible so as to minimize neighborhood impacts. This has been partially accomplished by:

- . placing uses adjacent to logical complimentary functions to maximize efficiencies and to minimize walking distances
- . locating parking on the site which has the highest traffic generation, i.e. outpatient care and inpatient admittance thereby minimizing excessive walking distances
- . adding badly needed space by going below grade first, where possible, and adding to those buildings later if needed.

Capitol Hill
Urban Design

Sensitivity to the Campus edges is achieved by paying attention to human scale and use at the street level. Ground level retail will be provided along the 15th Avenue East front of the Medical Office Building and an east/west public walk-through will be available between 15th and 16th Avenues to allow for pedestrian movement midway through the superblock.

The layout of the Campus is a criterion important to first time visitors to GHC. The proposed main entry drive-through for drop-off and parking provide high visibility for pedestrians and automobile access points. This, coupled with a comprehensive system of information and directional signage, will make it possible to find entrances more easily and thereby reduce traffic movement around the Campus.

DESCRIPTION OF GHC CORPORATE ALTERNATIVES

The purpose of developing alternative futures for GHC's corporate and regional levels was to establish a range of likely events and examine their physical development implications for the regional campuses. The Alternative Futures Workgroup developed brief statements of possible corporate futures, which were not meant to be goals but rather a set of statements predictive of the types of changes which might occur. Elements which are described in the futures include the degree of regional autonomy, rate of growth, 'cross-over' between the regions in the use of and delivery of service, aging of the enrollment, organization of medical services, and the effects of alternative benefit plans. The futures represent the range of directions GHC might take in a rapidly changing health care environment, and should be viewed from that perspective.

GHC Corporate Alternatives

The following summary of the alternative futures for Central Campus highlights those elements most affecting the physical and program development of the Campus. Table 1 illustrates the hospital bed and physician office projections by Future. The reader should again recognize that these are only models to demonstrate a range of possible futures for GHC. The models are described in the present tense for emphasis.

Table 1

CENTRAL CAMPUS HOSPITAL BED AND PHYSICIAN OFFICE PROJECTIONS

Future	Central Campus Beds/ Purchased Beds*		Physician Ofcs	
	1990	1995	1990	1995
1	341/26	400/33	129	145
2	367/26	435/33	141	157
3	356/63	426/77	137	156
4	361/26	361/101	109	122
5	223/26	261/33	75	80
5a	253/26	299/33	90	102

*Purchase of beds refers to GHC's current and projected practice of purchasing hospital care at regional specialty centers such as: burn and trauma care at Harborview Medical Center, and open heart surgery at University Hospital, etc.

FUTURE 1: LIMITED CENTERS OF EXCELLENCE

By 1995 GHC has implemented a new service delivery model, based on the concept of "limited centers of excellence" used in the California Kaiser System, in which groups of services are linked together and provided in one hospital of a multi-hospital system. Central and Eastside Regional Medical Centers (RMC's) provide most of the tertiary care for all of GHC, but do not duplicate each other's services.

FUTURE 2: CENTRAL IS TERTIARY CARE CENTER

This future builds on GHC's existing situation. Central Campus remains the tertiary care center for Central and East Region patients. Eastside continues to serve as a large secondary care, or community hospital. South Region provides or purchases its own tertiary services within its immediate vicinity. The continued provision of tertiary care at Central requires the greatest physical expansion of Central Campus of all the futures.

FUTURE 3: DECENTRALIZED REGIONS

GHC regions have decentralized, autonomous administrative and governance structures. GHC does not concentrate tertiary services in any one RMC site, but each region provides, buys, or contracts for medical services for its enrollees. The only exceptions are those currently existing tertiary services at Central for which Central would continue to get Eastside referrals (e.g., neurosurgery). Because Central still provides some tertiary care for East enrollees, the physical requirements in this future are only slightly smaller than Future 2.

FUTURE 4: GHC PURCHASES MORE AND BUILDS LESS

Like the rest of the health care industry, GHC experiences increasing difficulty raising capital. As a result, GHC chooses to buy substantial amounts of care from non-GHC providers (since they find themselves with excess capacity) rather than build the physical capacity to deliver the services. The only capital monies spent on Central Campus are targeted to correct existing physical and functional problems, and to house practitioners. Programmatically, all secondary hospital care demand which exceeds the existing bed supply is bought from outside providers.

FUTURES 5 AND 5A: EASTSIDE IS TERTIARY CARE CENTER

These futures call for a role reversal for Central and Eastside Campuses. Eastside becomes the tertiary center for Central and East Region enrollees, and Central is scaled back to become a community hospital with its predominant focus on secondary care. The only variations between Futures 5 and 5A have to do with different enrollment assumptions. As a result, this programmatic detail is identical but the scale of development is smaller in Future 5 than in Future 5A for Central Campus.

GHC CENTRAL CAMPUS
ALTERNATIVES FUTURES

The six alternatives selected by GHC will be referred to as "Futures" to be consistent with past references. Since Future 2 projects the greatest potential development for Central Campus, it will be described in detail. The remaining five Futures represent similar yet less intensive development and will, therefore, be described in comparison to Future 2 in the form of a comparative table (Table 2) which follows this narrative.

It is important to note that although four phases are proposed, GHC is requesting approval for only phases I, II and III. This is due to the fact that Phase IV is too far in the future to adequately predict environmental impacts. Descriptions of this phase have been included, however, for contextual purposes.

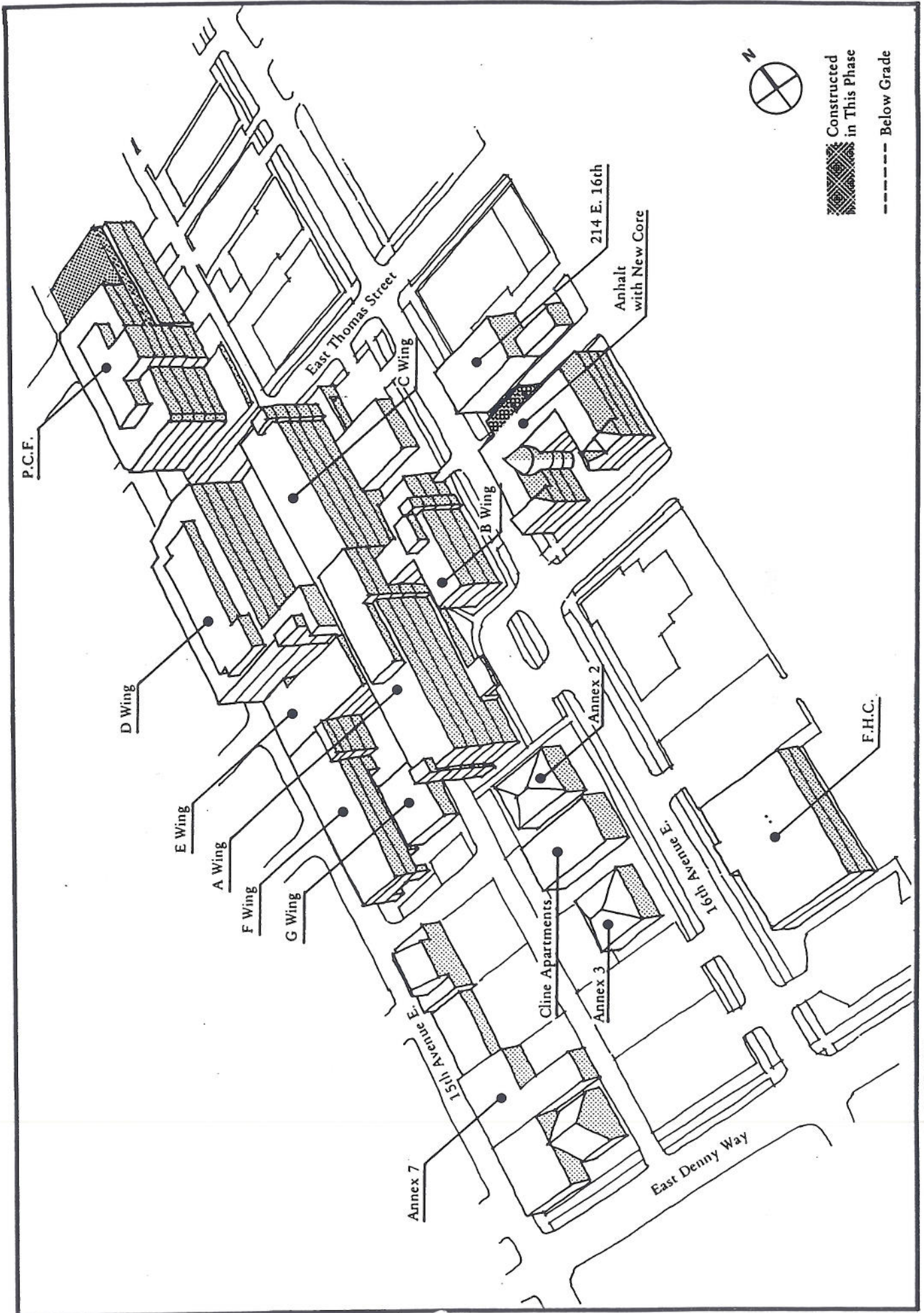
Future 2:
Phase I -
(Present-1988)

Phase I is called "near-term improvements" which represent the commonalities of the alternative futures. They are logical first steps of development and neither preclude nor favor one particular future over another. The 'near-term' encompasses those projects with which GHC can proceed immediately (pending environmental review) under existing zoning regulations and will overlap with some Phase II projects as late as 1988. During this period the Central Campus Master Plan will be under review by the City of Seattle.

Phase I was determined by grouping all of these common projects in a logical construction sequence. It involves primarily internal upgrading and remodeling of existing buildings to address code violations, provide some additional short stay, acute and critical care bed capacity, improve the physical plant, improve patient comfort and improve operational efficiencies. The steps of the near-term improvements are described below and illustrated in Figures 6 and 7:

1. Central Campus upgrade projects

- . Purchase and install new telephone system and relocate existing switchboard and clean linen room.
- . Purchase and install new aerator in Central Service.
- . Replace emergency power transfer switches.
- . Upgrade A and C Wing elevators and install more energy-efficient windows on Levels 3, 4, and 5.



FUTURE 2: PHASE 1
Figure 6

END OF PHASE 1

STRUCTURES WITHIN GIC BOUNDARY

(Between 15th and 16th Avenues East)

Progressive Care Facility

(Name would be changed)

Use: Women's and Children's Center (Inpatient and outpatient); Ground-level Ancillary Support Departments and Retail; Underground Parking.
Height: 64 feet (5 floors)

Central Hospital

Consists of A, C, and D Wings (6th Floor of D Wing redeveloped for beds)
Use: Inpatient Care (307 beds)
Height: A Wing--61 feet (5 floors), C Wing--61 feet (5 floors), D Wing--75 feet (6 floors)

Central Specialty

Consists of B, E, F and G Wings

Use: Outpatient Specialty Care and Family Practice Residency Program, G Wing vacant
Height: B Wing--40 feet (3 floors), E Wing--40 feet (3 floors), F Wing--36 feet (3 floors), G Wing--17 feet (1 floor)

Retail

Use: Barber, Jewelry, Apparel, Flowers, Cleaners
Height: 10 feet (1 floor)

Klein Building

Use: Ground level Retail, upper floors vacant
Height: 40 feet (3 floors)

Annex-7 (A-7)

Use: Vacant
Height: 16 feet (1 floor)

Vacant Building

Use: Formerly a tavern
Height: 16 feet (1 floor)

Bookstore

Use: Bookstore
Height: 20 feet (2 floors)

Annex-3 (A-3)

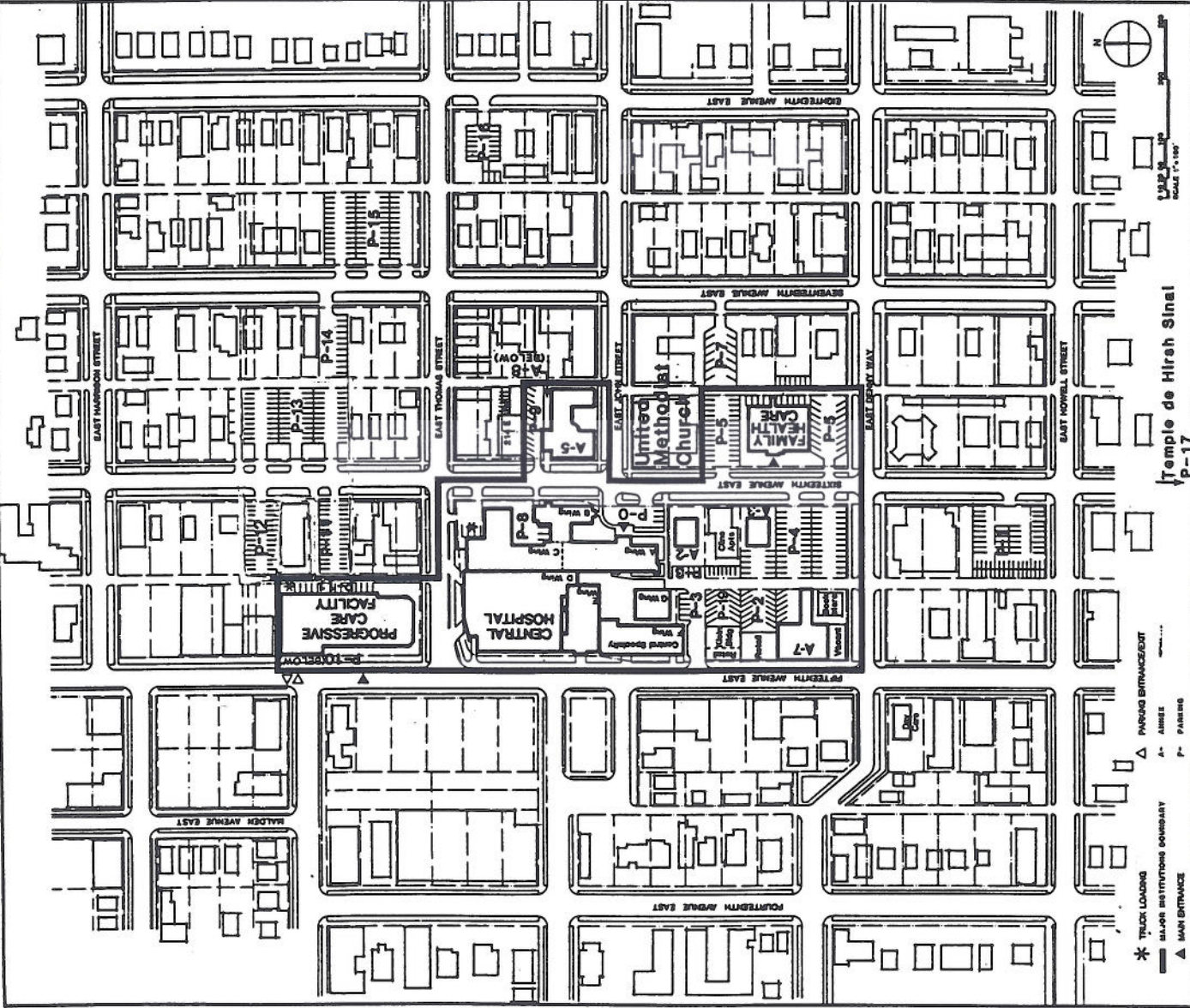
Use: Vacant
Height: 38 feet (2 floors)

Cline Apartments

Use: 12 GIC-owned Apartment Units
Height: 38 feet (2 floors)

Annex-2 (A-2)

Use: Vacant
Height: 38 feet (2 floors)



GROUP HEALTH COOPERATIVE CENTRAL CAMPUS MASTER PLAN

FUTURE 2 PHASE 1

Figure 7

- . Add elevator in Progressive Care Facility (PCF) (in an existing shaft) and improve fire alarm system.
 - . Install D and E Wing fire doors.
 - . Address other structural, mechanical, electrical, and air conditioning problems.
2. Off-Campus relocations outside one mile radius of campus
 - . Relocate Mental Health Services, the alcohol rehabilitation program (ADAPT), and Center for Health Studies off Campus and outside one-mile radius of boundaries.
 - . Relocate optical dispensing from PCF and optometry from G Wing.
 - . Relocate some skilled nursing beds from PCF-4.
 3. Relocate and expand Intensive Care Unit/Critical Care Unit (ICU/CCU) facilities
 - . Remodel Annex 5 (Anhalt) for relocation of D Wing, 6th floor administration and add elevators to make it handicapped accessible.
 - . Relocate and expand the ICU/CCU from A Wing level 4 to D Wing level 6.
 4. Establish Women's and Infants' Center in the building currently known as the Progressive Care Facility and expand the Ambulatory Care Unit (ACU) and surgery capabilities. Extend the third floor of PCF north, adding approximately 5,600 square feet.
 5. Improve Central Campus Physical Plant and Operational Facilities
 - . Relocate services housed in Annexes 2, 3 and 7, both off Campus beyond one mile and within the boundaries to make south end of site available for construction upon City approval of the Master Plan.
 - . Obtain a Housing Demolition Permit for the 12-units in the Cline Apartment Building (121 - 16th Avenue East)
 - . Obtain alley and street vacations for the south half of the alley between 15th Avenue East and 16th Avenue East, East John Court, and the first 10 feet of the Emergency Room entrance and pedestrian walkway.
 - . Provide for interim use parking in order to accommodate those parking spaces that would be displaced during Phase II construction of the Medical Office Building and parking garage.

- . Notify owners of the retail functions at the south end of GHC's property along 15th Avenue East and East Denny of intention to gain approval for and develop the Medical Office Building, and as necessary, negotiate with commercial lessees for termination of existing leases.

Following the completion of Phase I, the GHC futures will be reviewed and reevaluated and a direction selected so that the Medical Office Building, and the parking garage can be sized to meet those near-term and future demands.

Future 2 -
Phase II:
1987-1991

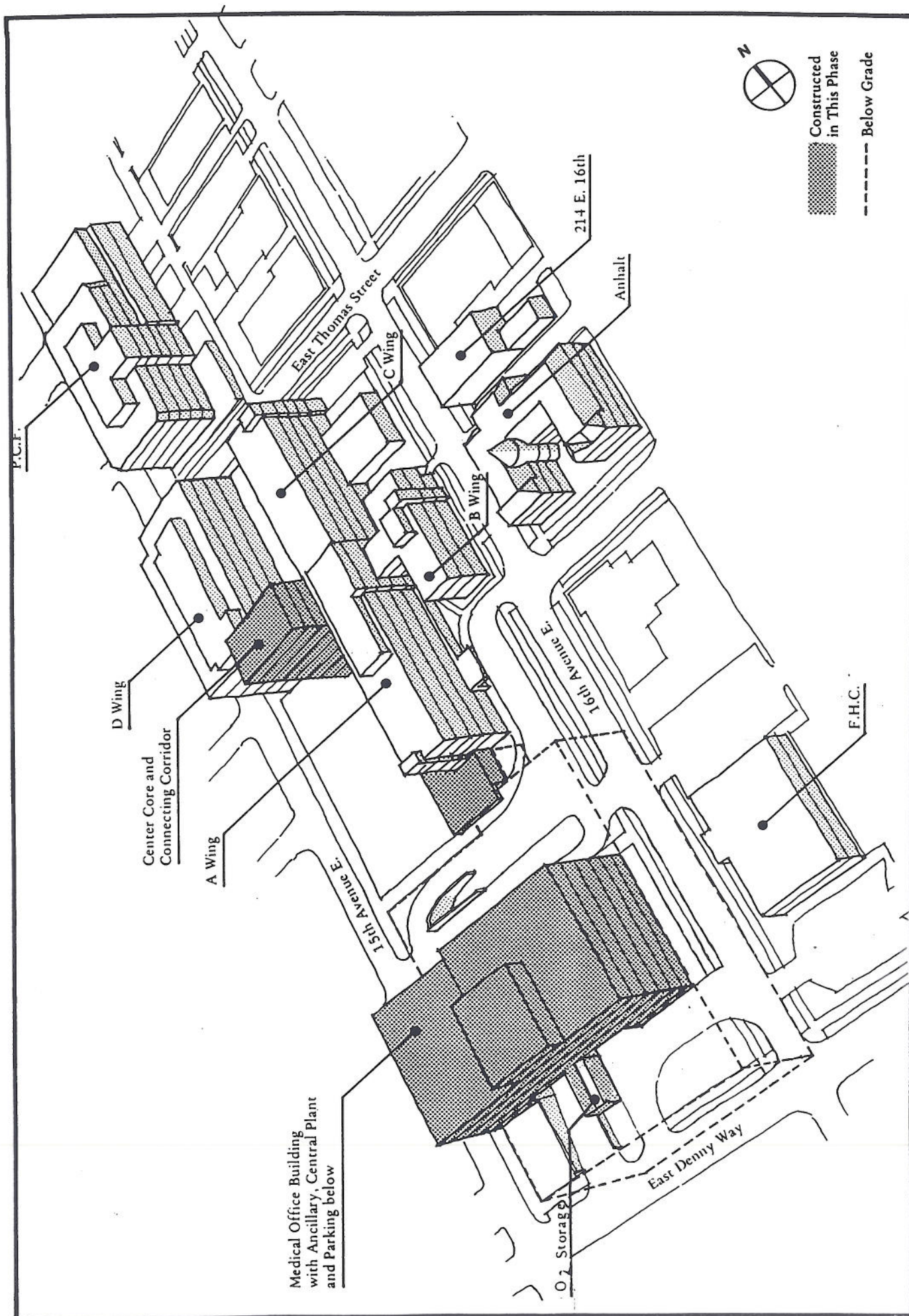
Phase II can commence following receipt of approval of the Master Plan and street vacation from the City of Seattle. As illustrated in Figures 8 and 9, this phase involves the extension of Campus boundaries to include the Capitol Hill United Methodist Church, at 128 16th Avenue East, a GHC-owned six-unit apartment building at 214 - 16th Avenue East, and GHC-owned parking lots P-11, P-12 and P-13 which are currently contiguous to the existing boundary. The construction of a medical office building with underground parking and ancillary space, ground-level retail and an oxygen storage facility at the south end of the site, will require the relocation of existing tenants, demolition of the Cline Building, and demolition of the retail properties along 15th Avenue East and East Denny. The Medical Office Building (MOB) would be connected to the existing A, C and D Wings via an underground ancillary tunnel at Levels A and B. The development of the ancillary tunnel would require demolition of G Wing.

This phase of construction allows for relocation of doctors with offices presently located in E and F Wings as well as some of the physicians in both the second and fifth floors of the Progressive Care Facility (PCF) to the new Medical Office Building, thus allowing E and F Wings to be demolished.

This phase also allows GHC to relinquish leases of 82 parking spaces at Temple De Hirsch (P-17) and 47 spaces at P-1 once the parking garage construction has been completed.

Following is the anticipated sequencing and identification of projects proposed for Phase II:

1. Reduce I-3 designation (65-foot height limitation) to I-2 (50-foot height limitation) for GHC properties along the east side of 16th Avenue East, including the Family Health Center, 216 E. 16th Street Apartments and Annex 5 sites.
2. Extend GHC development boundary to include:
 - . the six-unit apartment building located at 214 - 16th Avenue East (6,300 square feet) and change use gradually to temporary housing for patients and families of patients



END OF PHASE II

STRUCTURES WITHIN GHC BOUNDARY

(Between 15th and 16th Avenues East)

Progressive Care Facility

(Name would be changed)
 Use: Women's and Children's Center
 (Inpatient and outpatient), 38 beds;
 Ground level retail and support;
 underground parking
 Height: 64 feet (5 floors)

Central Hospital

Consists of A, B, C, and D Wings
 Use: Inpatient, Ancillary and Support,
 Ambulatory Care (307 beds), and
 Administration
 Height: A Wing--61 feet (5 floors); B
 Wing--40 feet (3 floors); C Wing--61
 feet (5 floors); D Wing--75 feet (6
 floors)

Medical Office Building (MOB).

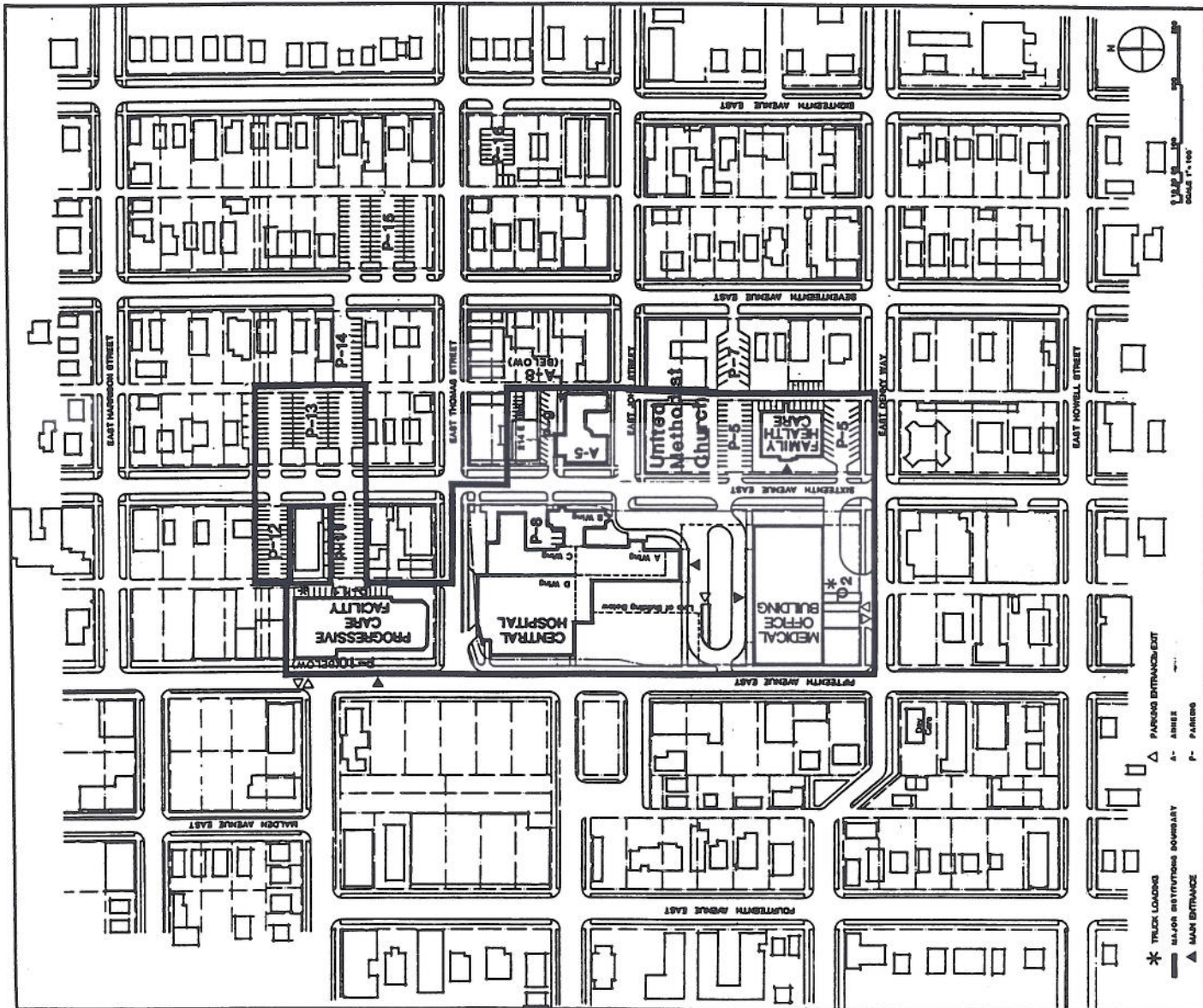
Ancillary and Parking
 Use: 3 levels underground parking for
 716 cars; two levels underground
 Ancillary and Support Services; Ground
 Level Retail; loading dock; 6-11' Above
 Grade Medical Office Building for
 specialists and the Family Practice
 Residency Program

Height: 90 feet above grade (6 floors)

Liquid Oxygen Storage

Use: Storage of oxygen

Height: 16 feet



STRUCTURES WITHIN GHC BOUNDARY
 (Between 16th and 17th Avenues East)

Annex-8 (A-8)

Use: Maintenance and storage
 Height: Below grade

Annex-5 (A-5) known as Anhalt

Use: Administration, Personnel
 Height: 36 feet (3 floors)

Family Health Care

Use: Primary Care
 Height: 26 feet (2 floors)

United Methodist Church

GHC FACILITIES OUTSIDE BOUNDARY

Daycare Facility

Use: Child daycare
 Height: 15 feet (1 floor)

214 East 16th

Use: 6 GHC-owned apartment-type units
 used as temporary housing for families
 of patients
 Height: 24 feet (2 floors)

GHC PARKING WITHIN BOUNDARY

MOB: 650 spaces outpatient/
 visitor/retail customer,
 including 75 employee carpool
 spaces, 15 vendor spaces,
 parking for 40-200 patient
 parking, 3 handicapped,
 3 patient load

P-0: 57 spaces (12 medical staff,
 41 outpatients/visitor; 2
 handicapped; 2 30-min.
 pharmacy pickup; 3 bicycle
 spaces)

P-8: 17 medical staff spaces
 P-9: 17 spaces (6 vendor, 10 medi-
 cal staff, 1 handicapped)

P-10: 85 underground patient/visitor
 spaces; 7 motorcycle,
 12 bicycle

P-11: 32 spaces (30 medical,
 2 handicapped)

P-12: 24 medical staff spaces

P-13: 76 employee spaces

PCF: 3 truck load spaces; 6 bicycle

C-ding: 3 truck load spaces

ER: 1 ambulance space; 1 motor-
 cycle

214 E. 16th: 6 residential spaces

GHC PARKING OUTSIDE BOUNDARY

P-7: 14 outpatient/visitor spaces

P-14: 9 employee spaces

P-15: 65 employee spaces

P-16: 18 employee spaces

- . Capitol Hill the United Methodist Church, located at 128 16th Avenue East, for potential conference/meeting use. The church has requested inclusion within the GHC boundary to mutually benefit both institutions. The potential use of the church sanctuary and other rooms would reduce the need to develop similar space within the new MOB. It would also provide the church with needed revenue for church maintenance for space which is currently underutilized.
 - . GHC-owned surface parking lots P-11, P-12 and P-13, totaling 132 spaces, which are currently contiguous to the existing GHC boundary. These lots will remain parking lots to accommodate parking needs.
3. Demolish structures in preparation of new Medical Office Building, retail, and parking
- . Relocate, as necessary, residential tenants remaining in the Cline Apartment Building.
 - . Relocate, as necessary and as agreed to by commercial tenants with ongoing leases, retail functions located along the east side of 15th Avenue East and the north side of East Denny Way.
 - . Provide interim parking for those 108 spaces to be displaced in parking lots 2-4 and 19.
 - . Demolish vacant structures, including GHC Annexes 2, 3 and 7 (19,205 sq. ft.), G Wing (3,320 sq. ft.), the Cline Building (12,595 sq. ft.), and former retail functions along 15th Avenue East (9,810 sq. ft.) and East Denny Way.
 - . Demolition of housing units must be in compliance with the City's Housing Preservation Ordinance in effect at the time such demolition is requested.
4. Develop a new Medical Office Building (MOB), ancillary space, retail, parking, and an oxygen storage facility.
- . Build new structure at south end of site containing:
 - three levels of underground parking for approximately 716 spaces (219,435 sq. ft.)
 - ground level retail (2,750 sq. ft.)
 - an oxygen storage facility located mid-block at the south end of the MOB (760 sq. ft.)

- new MOB six floors above grade and two levels of underground ancillary services and below-grade tunnel connecting to the existing building totaling 238,565 sq. ft.
- 5. Discontinue leasing 47 parking spaces known as P-1, and 82 spaces at Temple de Hirsch Sinai known as P-17 at such time as when the MOB garage is completed.
- 6. Demolish E and F Wings once specialty doctors are relocated to MOB, totaling 52,350 sq. ft.
- 7. Remodel A, C, and D Wings, including the building of a new six-story central elevator and staircase core adjacent to the existing A and D Wings, totaling 46,380 sq. ft.
- 8. Upgrade A, C and D Wings to modernize nursing units internally.

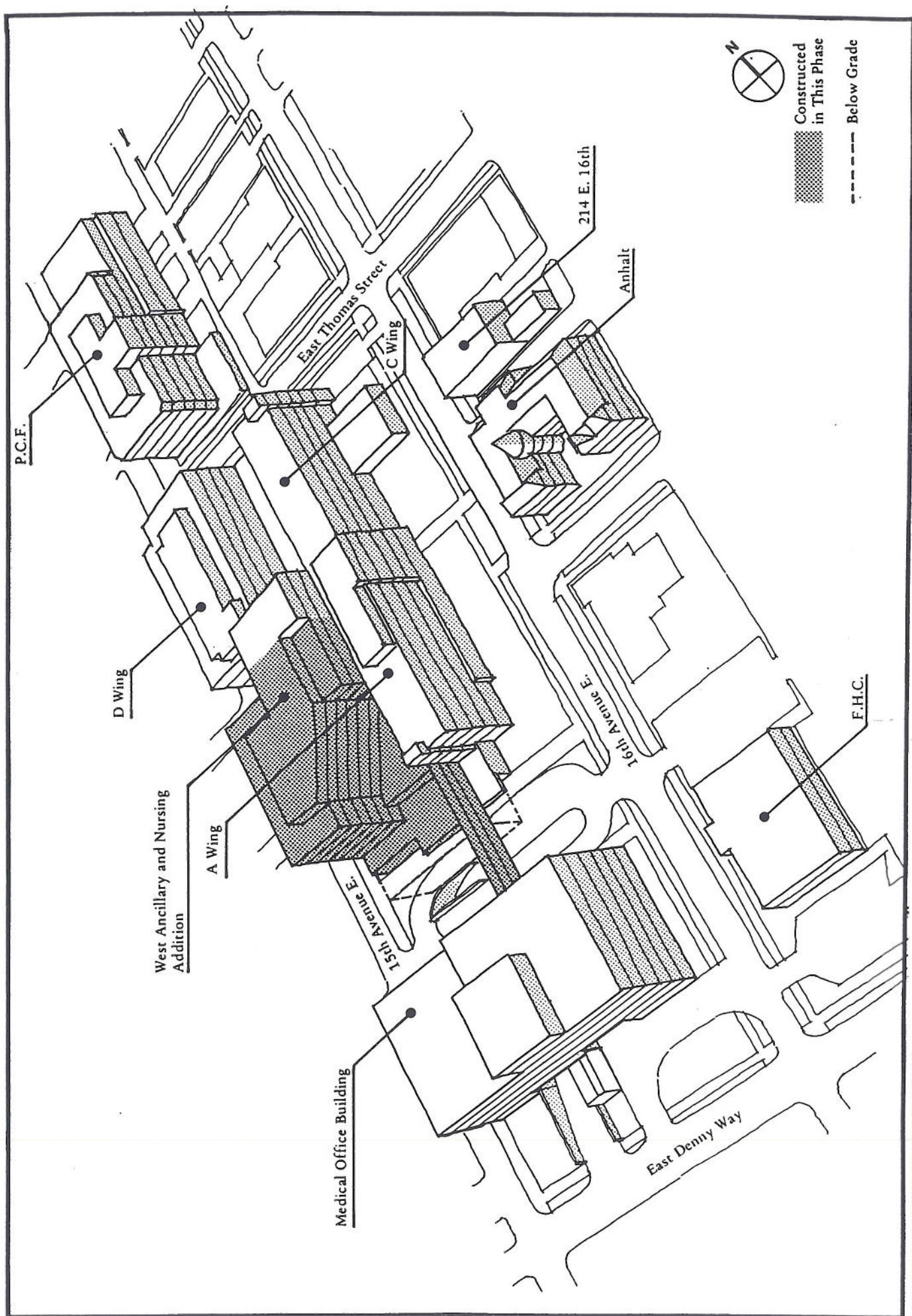
Prior to proceeding with the next phase, GHC should again review and reevaluate the various futures and determine the role Central Campus will serve. It is important to note that under two of the six alternative futures, there would be no need to proceed to the third phase.

Future 2 -
Phase III:
1991-1995

Phase III can conceivably commence at any time following completion of Phase II and the relocation of E and F Wing occupants to the new MOB.

As illustrated in Figures 10 and 11, construction in this phase would provide a new west addition adjacent to the A, C and D Wings of the hospital, known as the West Ancillary Addition. It will consist of four levels, two below grade (A and B), and two levels above grade (1 and 2). In addition, a 4-floor patient care tower would be constructed above the ancillary addition.

1. Develop a 7-story, 105-foot tall west ancillary and patient care tower adjacent to a A, C and D Wings including a 2-level skybridge connection (at floors 2 and 3 to the MOB). The facility will have 128 beds and total 135,155 sq. ft.
2. Retrofit A, C, and D Wings (74,060 sq. ft.)
3. Demolish B Wing (totaling 22,170 sq. ft.).
4. Off-campus parking lots (i.e., P-7, P-14, P-15 and P-16) will remain as accessory parking needed and required for the institution until the end of Phase III of the Master Plan (about 1996). GHC will, at that time and with input from the community, reevaluate its continued need for those parking lots and will, if possible and appropriate



END OF PHASE III

STRUCTURES WITHIN GHC BOUNDARY

(Between 15th and 16th Avenues East)

Progressive Care Facility
(name would be changed)

Use: Women's and Children's Center
(inpatient and outpatient), 38 beds;
Ground level retail and support space,
and underground parking
Height: 64 feet (5 floors)

Central Hospital

Consists of A, C, and D Wings

Use: Inpatient and Ambulatory Care (307 beds)
Height: A Wing--61 feet (5 floors), C Wing--61 feet (5 floors), D Wing--75 feet (6 floors)

West Ancillary and Nursing

Use: 7 levels patient care and Ancillary Services (ground level main hospital entrance, first and second floors ancillary and inpatient, third floor administration, fourth through seventh floors inpatient)
Height: 105 feet (7 floors)

Connecting Corridor

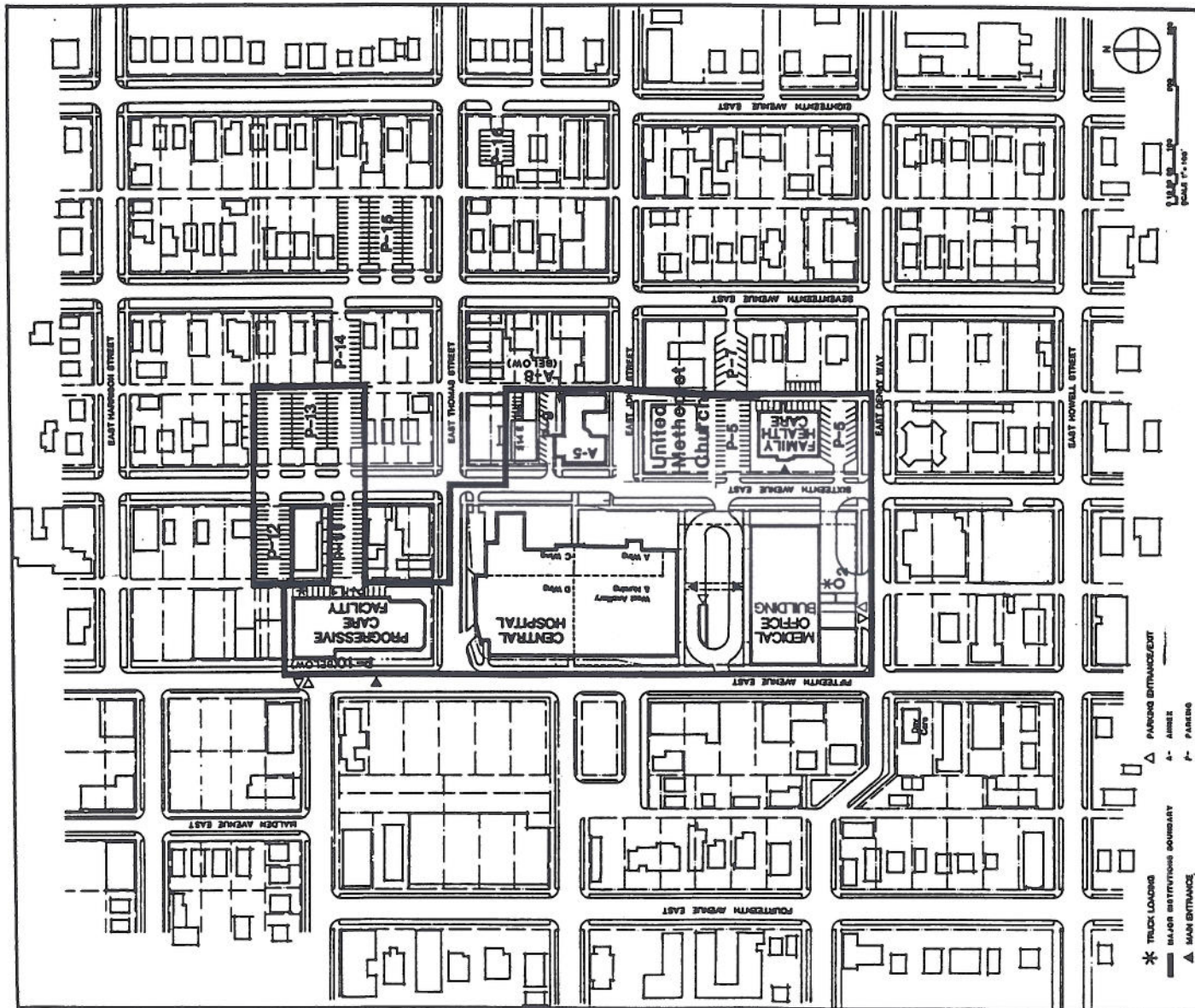
Use: Second and third floor corridor between the MOB and West Ancillary Buildings

Medical Office Building (MOB),
Ancillary and Parking

Use: 3 levels underground parking for 716 cars; 2 levels underground Ancillary Services; Ground Level Retail; 6-level above grade Medical Office Building for specialists and the Family Practice Residency Program
Height: 90 feet above grade (6 floors)

Liquid Oxygen Storage

Use: Storage of oxygen
Height: 16 feet



STRUCTURES WITHIN GHC BOUNDARY

(Between 16th and 17th Avenues East)

Annex-8 (A-8)

Use: Maintenance and storage
Height: Below grade

Annex-5 (A-5) known as Anhalt

Use: Administration, Personnel
Height: 36 feet (3 floors)

Family Health Care

Use: Primary Care

Height: 26 feet (2 floors)

East Ancillary

Use: 3 levels Ancillary Services

Height: 2 floors above grade

United Methodist Church

GHC FACILITIES OUTSIDE BOUNDARY

Daycare Facility

Use: Child daycare

Height: 15 feet (1 floor)

214 East 16th

Use: 6 GHC-owned apartment-type units used as temporary housing for family of patients

Height: 24 feet (2 floors)

GHC PARKING WITHIN BOUNDARY

South Clinic

MOB: 560 spaces outpatient/visitor/retail customer, including 75 employee carpool spaces, 15 vanpool spaces

P-0: 10 spaces (4 20-min. patient parking, 3 handicapped, 3 patient load)

P-5: 57 spaces (12 medical staff, 41 outpatient/visitor; 2 handicapped; 2 30-min. pharmacy pickup; 3 bicycle spaces)

P-8: 3 medical staff spaces

P-9: 17 spaces (6 vendor, 10 medical staff, 1 handicapped)

P-10: 85 underground patient/visitor spaces; 7 motorcycle, 12 bicycle spaces; 30 medical, 2 handicapped

P-11: 32 spaces (30 medical, 2 handicapped)

P-12: 24 medical staff spaces

P-13: 76 employee spaces

P-14: 9 vanpool spaces

P-15: 65 carpool spaces

P-16: 18 employee spaces

GHC PARKING OUTSIDE BOUNDARY

P-7: 14 outpatient/visitor spaces

P-14: 9 vanpool spaces

P-15: 65 carpool spaces

P-16: 18 employee spaces

in the light of such evaluation, revise its Master Plan to permit disposal of those off-campus parking spaces.

Prior to proceeding with the Phase IV projects, GHC should again evaluate the various futures and determine the role Central Campus will serve.

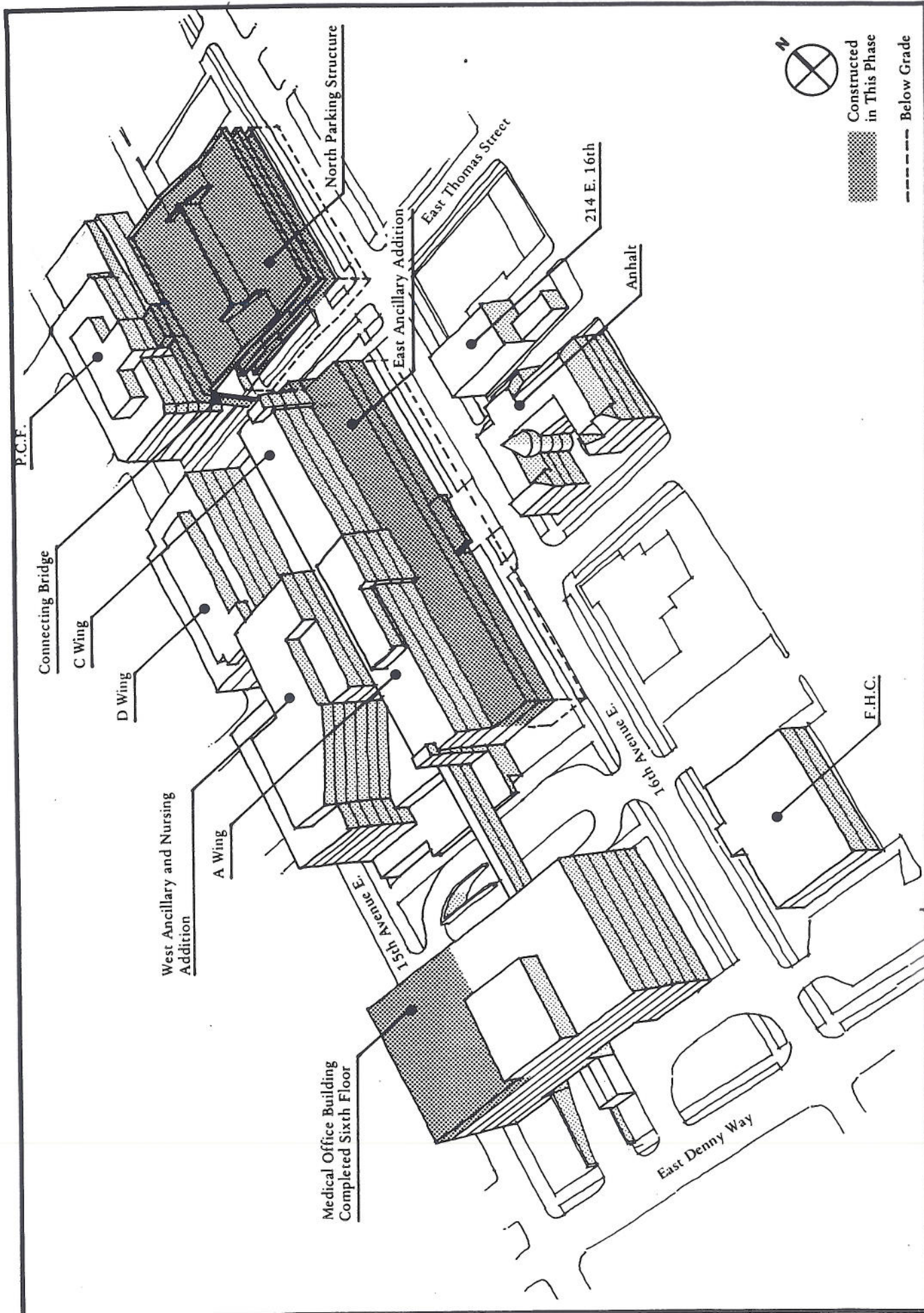
Future 2 -
Phase IV:
1995-1999

Phase IV, which is beyond the scope of the EIS process, would commence at any time following completion of Phase III. The earliest anticipated time Phase IV could be initiated is 1996. Phase IV has a number of components that may be done independently or in any combination. These components include: finishing the last "shelled in" one-half top floor of the MOB, the construction of the east ancillary addition to the A and C Wings, and the construction of a north parking structure as illustrated in Figures 12 and 13.

Again, prior to commencement of any project in this phase, there is the ability to reevaluate the future direction of GHC. If GHC has been on a Future 1, 2 or 3 course to that time and conditions warrant a change to Future 5 or 5A, the campus would need no further construction. On the other hand, if Future 5 or 5A were being followed and a decision were made to change to Future 1, 2 or 3, the ability to increase bed, provider and ancillary functions would still exist.

Future 2 - Phase IV steps include:

1. Retrofit A, C, and D Wings (74,060 sq. ft.).
2. Finish Medical Office Building (additional 14,850 square feet on one-half floor) which was shelled in Phase II.
3. Demolish the existing cafeteria adjacent to the C Wing.
4. Develop east ancillary expansion of A and C Wings consisting of one below grade and two above grade levels (30 feet tall), totaling 58,399 sq. ft.
5. Extend Major Institution boundary to the north; negotiate land purchase or long-term leases; demolish (2) apartment buildings with a total of 27 apartments. (Proposed demolition of housing units would be in compliance with the City's Housing Preservation Ordinance in effect at the time such demolition is requested.)
6. Develop two-story, 90,300 sq. ft., North Parking Garage to accommodate 250 spaces, and give up satellite lots P-7, P-14, P-15, and P-16. (Option: retain satellite lots and do not build garage, in which case, a boundary change request would be initiated.)
7. Develop a skybridge connecting the North Garage to C Wing. (Option: no skybridge if no North Garage is built.)



END OF PHASE IV

STRUCTURES WITHIN GHC BOUNDARY

(Between 15th and 16th
Avenues East)

Progressive Care Facility
(name would be changed)

Use: Women's and Children's Center,
38 beds; Ground level retail and
underground parking
Height: 64 feet (5 floors)

Skybridge

Use: Connection between main hospital
and north garage at third floor level

Central Hospital

Consists of A, C, and D Wings

Use: Inpatient and Ambulatory Care
(307 beds)
Height: A Wing--61 feet (5 floors), C
Wing--61 feet (5 floors), D Wing--75
feet (6 floors)

West Ancillary and Nursing

Use: Patient care and Ancillary
Services
Height: 105 feet

Connecting Corridor

Use: Second and third floor connecting
corridor between MOB and West Ancillary
Wing

Medical Office Building (MOB), Ancillary and Parking

Use: 3 levels underground parking for
716 cars; 2 levels underground Ancillary
Services; Ground Level Retail; 7-level
above grade Medical Office Building for
specialists and Family Practice
Residency Program

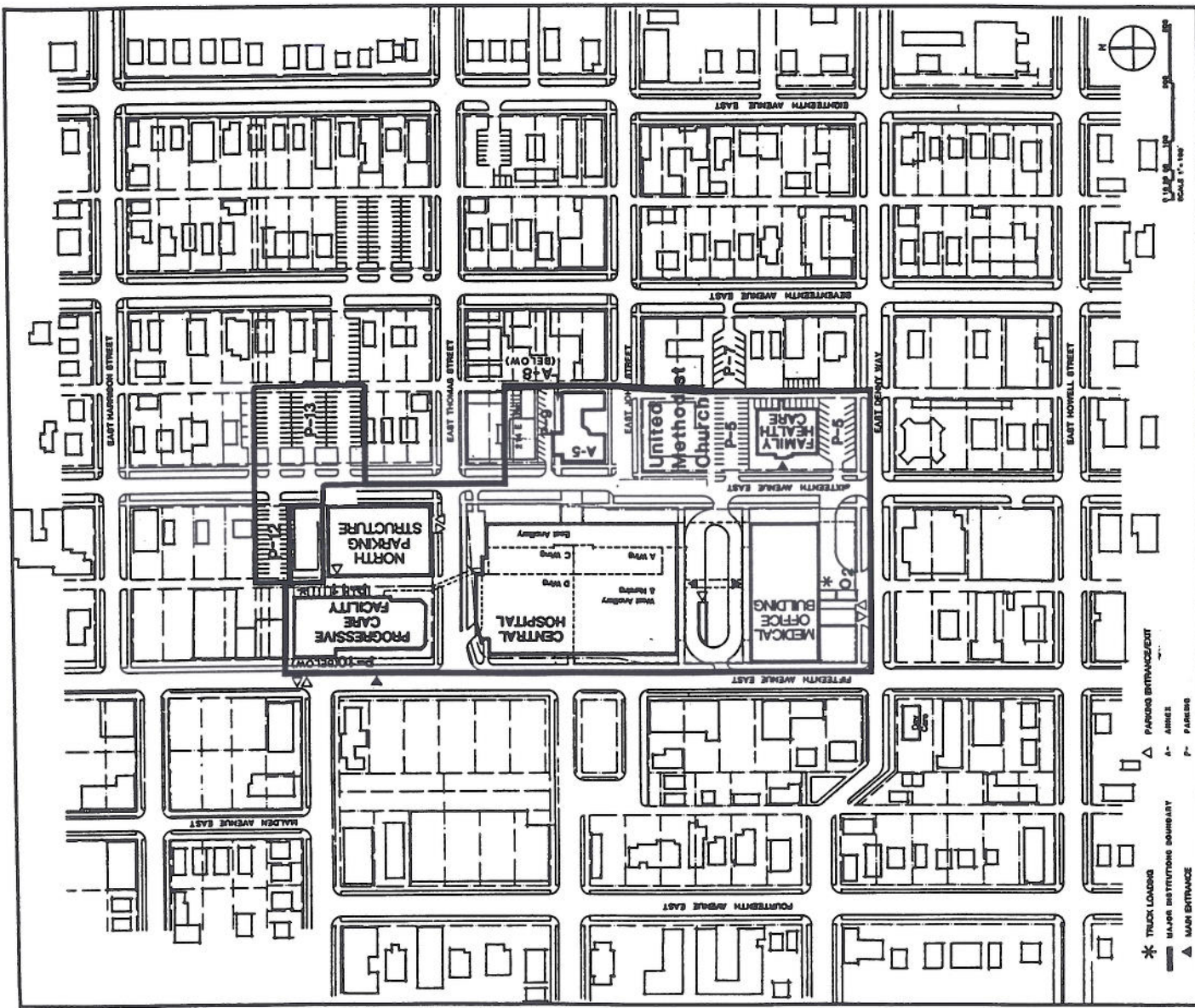
Height: 90 feet above grade (7 floors)

Liquid Oxygen Storage

Use: Storage of oxygen
Height: 16 feet

North Parking Garage

Use: 4 levels parking, 2 above grade
and 2 below grade
Height: 34 feet



GROUP HEALTH COOPERATIVE CENTRAL CAMPUS MASTER PLAN
FUTURE 2: PHASE IV
Figure 13

STRUCTURES WITHIN GHC BOUNDARY
(Between 16th and 17th Avenues East)

Annex-B (A-8)
Use: Maintenance and storage
Height: Below grade

Annex-5 (A-5) known as Anhalt
Use: Administration, Personnel
Height: 36 feet (3 floors)

Family Health Care
Use: Primary Care
Height: 26 feet (2 floors)

United Methodist Church
GHC FACILITIES OUTSIDE BOUNDARY

Daycare Facility
Use: Child daycare
Height: 15 feet (1 floor)

214 East 16th
Use: 6 GHC-owned apartment-type units
used as temporary housing for family of
patients
Height: 24 feet (2 floors)

GHC PARKING WITHIN BOUNDARY
MOB: 650 spaces outpatient/visitor/
retail customer, including 75
employee carpool spaces, 15
vanpool spaces
P-0: 10 spaces (4 20-min. patient
parking, 3 handicapped,
3 patient load)
P-5: 57 spaces (12 medical staff,
41 outpatient/visitor; 2 hand-
icapped; 2 30-min. pharmacy
pickup; 3 bicycle spaces)
P-8: 3 medical staff spaces
P-9: 17 spaces (6 vendor, 10 medical
staff, 1 handicapped)
P-10: 85 underground patient/visitor
spaces; 7 motorcycle, 12
bicycle
P-12: 24 medical staff spaces
P-13: 76 employee spaces
PCR: 3 truck load spaces; 6 bicycle
C-Wing: 3 truck load spaces
ER: 1 ambulance space; 1 motorcycle
214 E. 16th: 6 residential spaces

How the Other
Futures Differ
from Future 2

Futures 1, 3, 4, 5, and 5A would all require a lesser degree of expansion or development at Central Campus. The phasing, steps, and key elements are very similar, but the size and capacity of the buildings are reduced. In Futures 4 and 5, the West Patient Care Tower is not built at all. Alternative Future 3 is very similar to Future 2 in its physical requirements, even though the medical programs and services delivered on-site differ slightly. Futures 5A and 5 shift the bulk of construction activity after Phase II to GHC's Eastside Hospital. Future 4 stops any further development of the Campus after the creation of the Medical Office Building and, therefore, does not replace or increase the acute care beds or ancillary services on Campus beyond that point. Table 2 highlights these differences.

Table 2

COMPARISON OF GHC MASTER PLAN ALTERNATIVES

	Future 2	Future 1	Future 3	Future 4	Future 5	Future 5A
PHASE I (Present-1988)						
<ul style="list-style-type: none"> Near-term improvements are similar for all futures. See narrative description in MIMP, Section I.F. 						
Phase Review: Evaluation of Central Campus role and future direction						
PHASE II (1987-1991)						
Step 1: Preparation for development of Medical Office Building (MOB), et al.						
<ul style="list-style-type: none"> Vacation of south half of alley between 15th and 16th Avenues East and John Court as well as first 10 feet of the emergency entrance 			Same in all Futures			
<ul style="list-style-type: none"> Relocation of tenants and demolition of GHC-owned 12-unit Cline Apartment Building (12,595 sq.ft.) 			Same in all Futures			
<ul style="list-style-type: none"> Relocation of tenants and demolition of retail functions on future MOB site (9,810 sq.ft.) 			Same in all Futures			
<ul style="list-style-type: none"> Elimination of and temporary provision for 108 parking spaces in preparation of MOB construction 			Same in all Futures			
<ul style="list-style-type: none"> Demolition of G-Wing and annexes 2, 3, and 7 			Same in all Futures			
Step 2: Development of MOB/ancillary support/garage building at south end of campus, including:						
<ul style="list-style-type: none"> 3 levels of underground parking for approximately 716 cars (219,435 sq.ft.) 	Same as Future 2	Same as Future 2	Same as Future 2	2 levels of underground parking for approx. 270 cars (92,235 sf)	2 levels of underground parking for approx. 358 cars (120,444 sf)	3 levels of underground parking for approx. 465 cars (149,054 sf)
<ul style="list-style-type: none"> Ground-level retail (2,750 sq.ft.) 	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2
<ul style="list-style-type: none"> Oxygen storage (760 sq.ft.) 	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2
<ul style="list-style-type: none"> 6-story, 90-foot tall (excluding mechanical) MOB/ancillary and support service building including 2 levels of below-grade ancillary services and tunnel connections to the existing hospital (238,565 sq.ft.) 	5-story, 75-foot tall (excluding mechanical) MOB, etc. (224,615 sq.ft.); same below-grade floors and tunnels	Same as Future 1	Same as Future 1	Same as Future 1	4-story, 60-foot tall (excluding mechanical) MOB, etc. (158,116 sq.ft.)	4-story, 60-foot tall (excluding mechanical) MOB, etc. (158,116 sq.ft.)

Table 2 (continued)

Future 2	Future 1	Future 3	Future 4	Future 5	Future 5A
Step 3: Demolition of E and F Wings once physicians are relocated to new MOB offices (52,350 sf)	←	-----Same as Future 2-----	-----	-----	-----→
Step 4: Development of new elevator and staircase core adjacent to the existing A and D Wings and a lateral core adjacent to west side of A Wing, 1st floor (46,380 sq.ft.)	←	-----Same as Future 2-----	-----→	Slightly larger elevator and stair core adjacent to A and D Wings (47,620 sq.ft.)	Same as Future 2
Step 5:		Relocate 35 physicians off-campus, 10 with-in one mile of the boundary			
PHASE III (1991-1995)					
Step 1: Development of a 7-story, 105-foot tall (excluding mechanical) West Wing Patient Care Tower adjacent to A and D Wings including a 2-level skybridge connection (at floors 2 and 3) to the MOB built in Phase II; 128 beds (135,155 sq.ft.)	6-story, 90-foot tall West Wing Patient Care Tower; same sky-bridge; 96 beds (118,545 sq.ft.)	5-story, 75-foot tall West Wing Patient Care Tower; same sky-bridge; 96 beds (101,935 sq.ft.)	No West Wing Patient Care Tower	No West Wing Patient Care Tower	2-story, 30-foot tall West Wing Patient Care Tower; same sky-bridge; no new beds (59,415 sq.ft.)
Step 2: Retrofit A, C, and D Wings (74,060 sq.ft.)	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2	Same as Future 2
Step 3: Demolish B Wing (22,170 sq.ft.)	Same as Future 2	Same as Future 2	Leave B Wing standing and maintain	Leave B Wing standing and maintain	Leave B Wing standing and maintain
PHASE IV					
Step 1: Cafeteria becomes part of expanded A and C Wings (7,820 sf)	←	-----No Phase IV-----	-----	-----	-----→
Step 2: Expand A and C Wings 2 stories above grade, 30 feet tall (A=33,690 sf; C=24,709 sf)	←	-----No Phase IV-----	-----	-----	-----→
Step 3: Build north garage for 250 cars (90,300 sq.ft.)	←	-----No Phase IV-----	-----	-----	-----→

Section II

Elements of Major Institutions Master Plan

II. ELEMENTS OF THE MAJOR INSTITUTIONS LAND USE CODE AND MASTER PLAN

The City of Seattle's Major Institutions Land Use Code (SMC 23.48) applies to 18 health care and educational institutions in the Seattle area. It establishes development standards, growth boundaries, as well as height restrictions. An institution has the option of conforming to these standards or preparing a master plan which establishes new standards tailored to the needs of the institution and the surrounding community. This document represents a Major Institutions Master Plan which GHC has opted to prepare.

The Master Plan is required to include thirteen descriptive elements. The following is a description of these elements as they relate to the GHC Master Plan (SMC 23.81 adopted as 23.80).

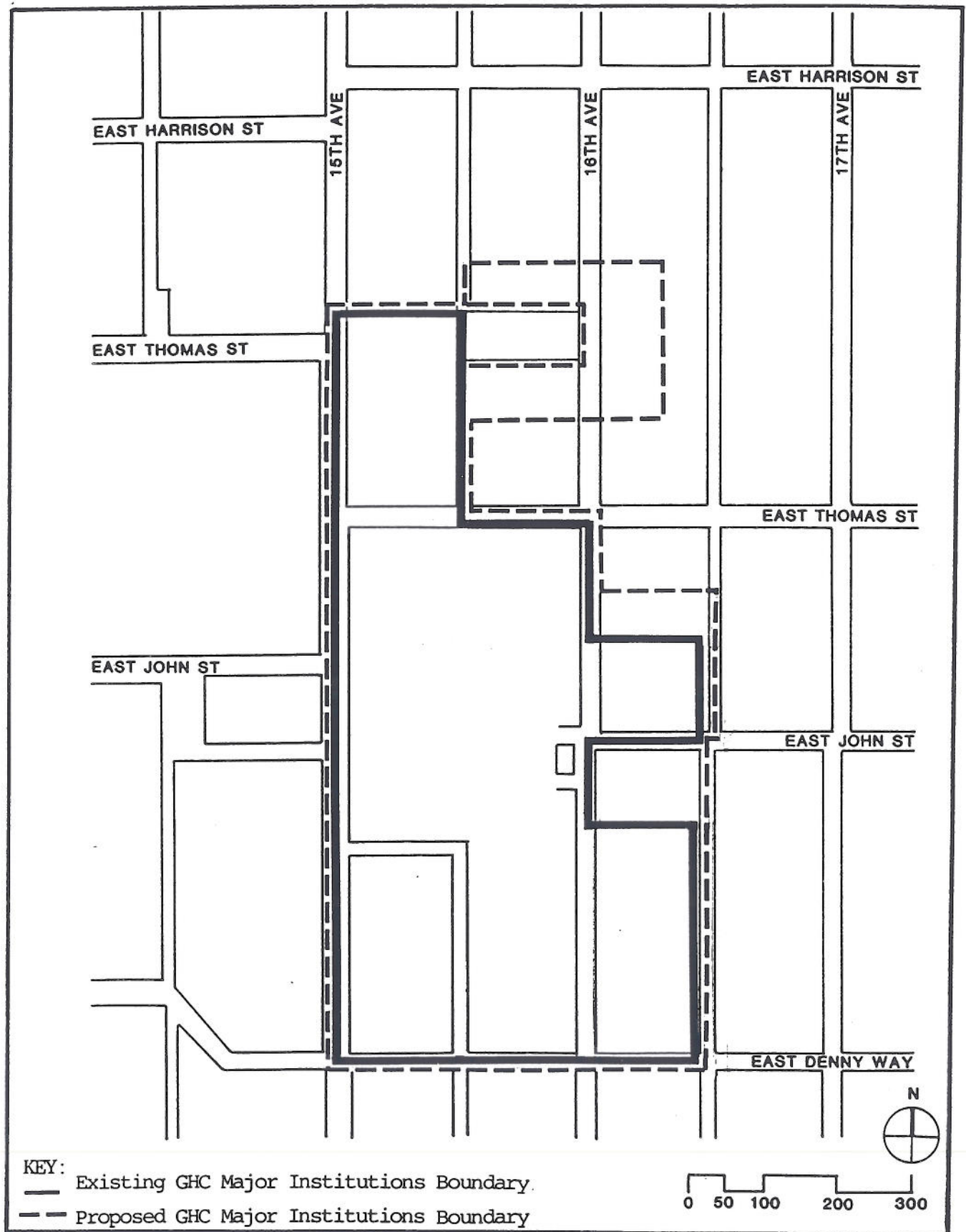
BOUNDARIES

The existing and proposed development boundaries for GHC's Central Campus are illustrated in Figure 14. The proposed boundary changes include the addition of:

- . Capitol Hill United Methodist Church, located at 16th Avenue East, an institution which has requested inclusion in the GHC boundary and from which GHC may at some point be able to lease meeting room and/or conference space, and
- . 214 - 16th Avenue East apartments, GHC-owned units since 1970 proposed for future use as temporary housing for patients and families of patients
- . GHC-owned surface parking lots P-11, P-12 and P-13, totaling 132 spaces, which are currently contiguous to the existing GHC boundary.

NON-INSTITUTIONAL ZONE DESIGNATIONS

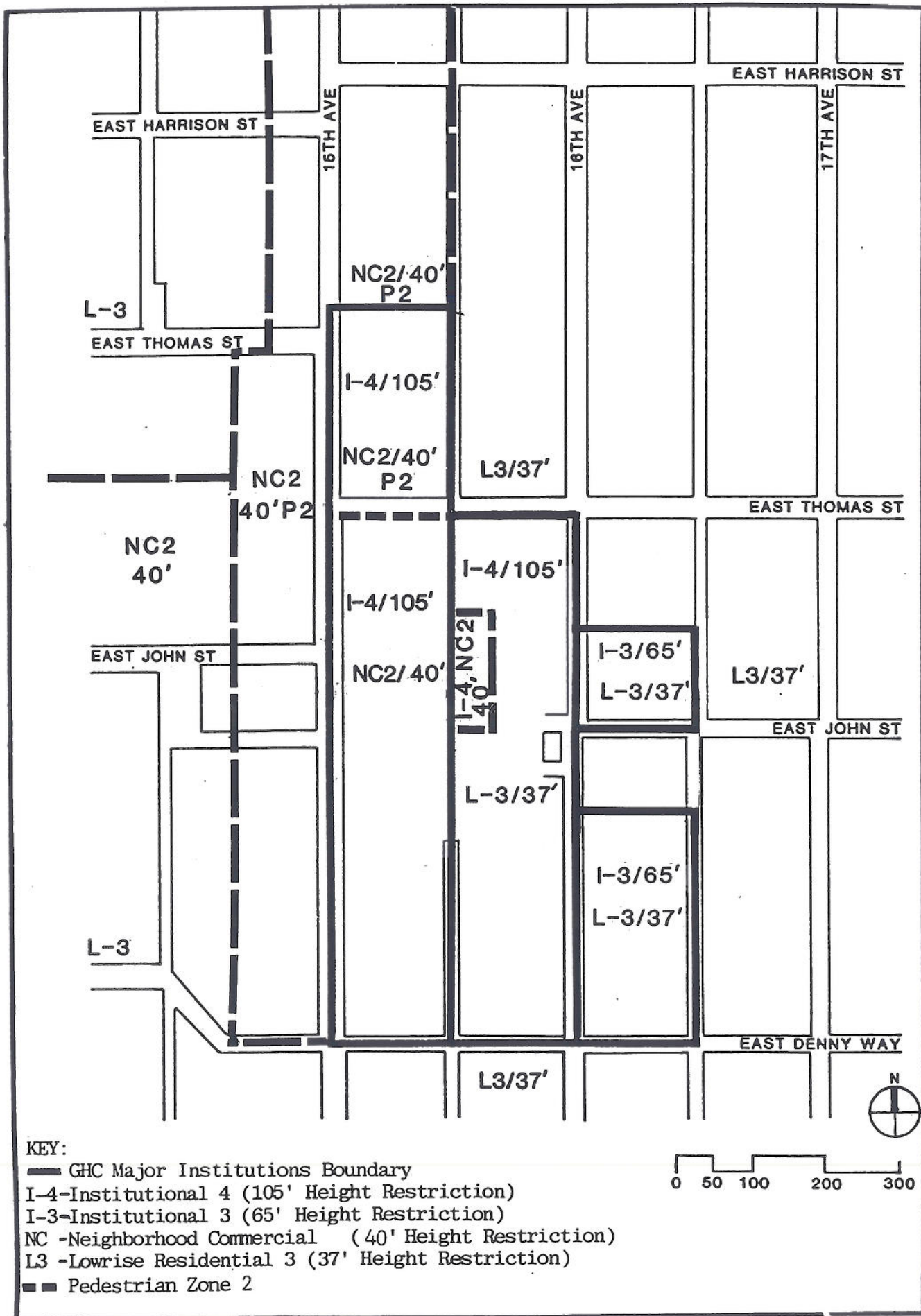
All property within the boundaries of a major institution have two zone classifications. The overriding zone is the major institution's classification. These will be discussed later in the Master Plan. The underlying zoning is the non-institution classifications by which the property would be required to comply if a proposal were made which would create a use other than one associated with the major institution. These classifications usually complement surrounding uses or zoning. Figure 15 illustrates the classifications. Along the 15th Avenue East shopping district, GHC properties have an underlying zoning of Neighborhood Commercial (NC). A pedestrian oriented business district extends the length of the GHC building frontages along 15th Avenue East north of East Thomas Street. The purpose of this district is to preserve, protect and encourage the pedestrian scale and character of the established business district.



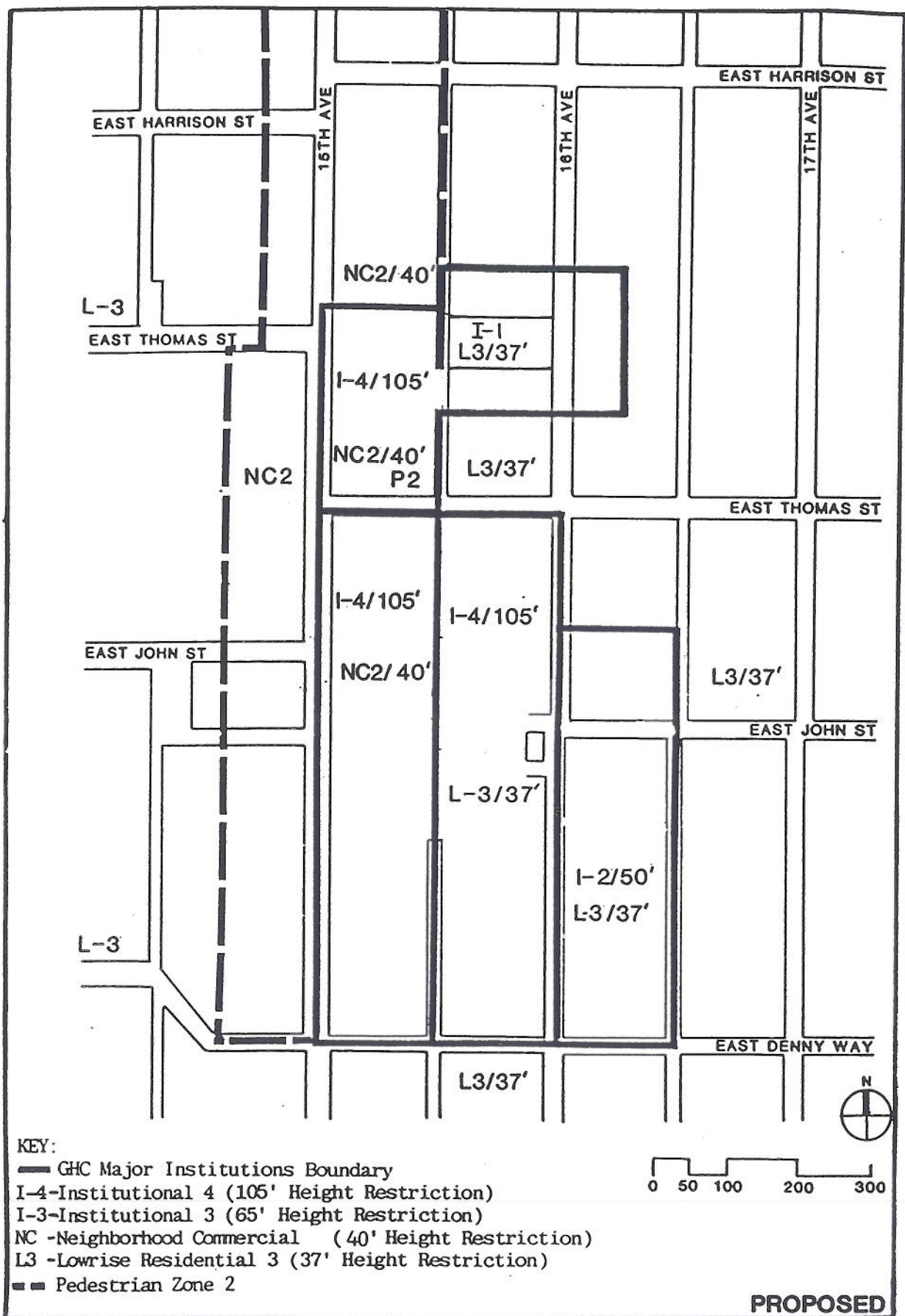
GROUP HEALTH COOPERATIVE

EXISTING AND PROPOSED DEVELOPMENT BOUNDARIES

Figure 14



The underlying zoning along the 15th Avenue East shopping district is Neighborhood Commercial (NC2) designation with a 40-foot height limitation (NC/40) as shown in Figure 15. The remaining underlying zoning reflects the residential character of the property surrounding GHC and has a Residential Lowrise 3 designation with a 37 foot height limitation. It is important to reiterate that these zoning classifications apply only when uses other than those associated with the major institutions are proposed. GHC proposes to retain the underlying L3/37 foot classification on the properties proposed for inclusion in the boundaries.



SITE PLANS

Existing Development

A site plan illustrating the height and location of existing Campus development is presented in Figure 4, Section II.

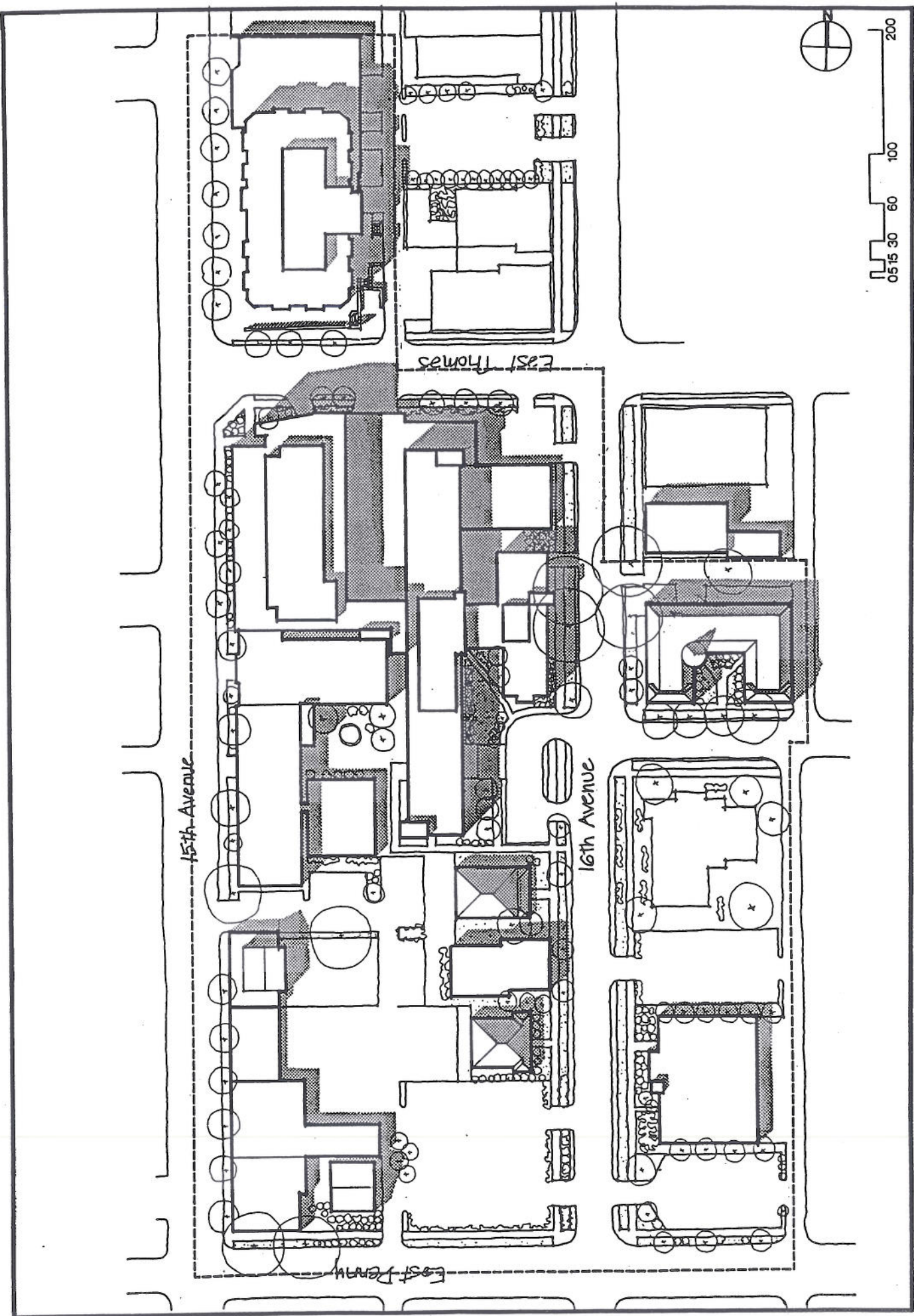
Proposed Development

Site plans and aeriels illustrating location and uses of proposed development for the completion of Future 2 Phases I-IV development are depicted in Figures 6 through 13 (Section II).

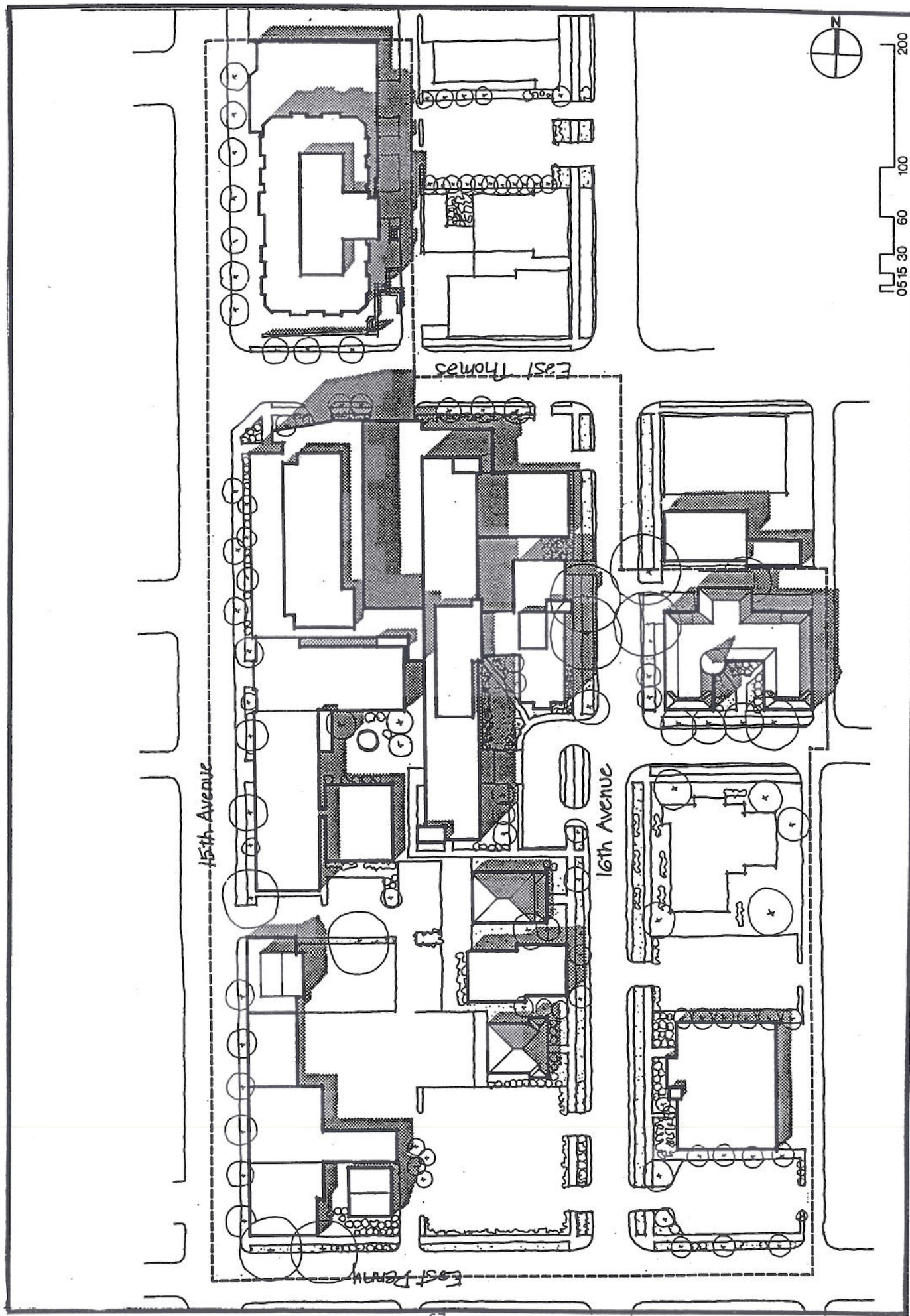
Existing and Proposed Land- scaping and Open Space Plan

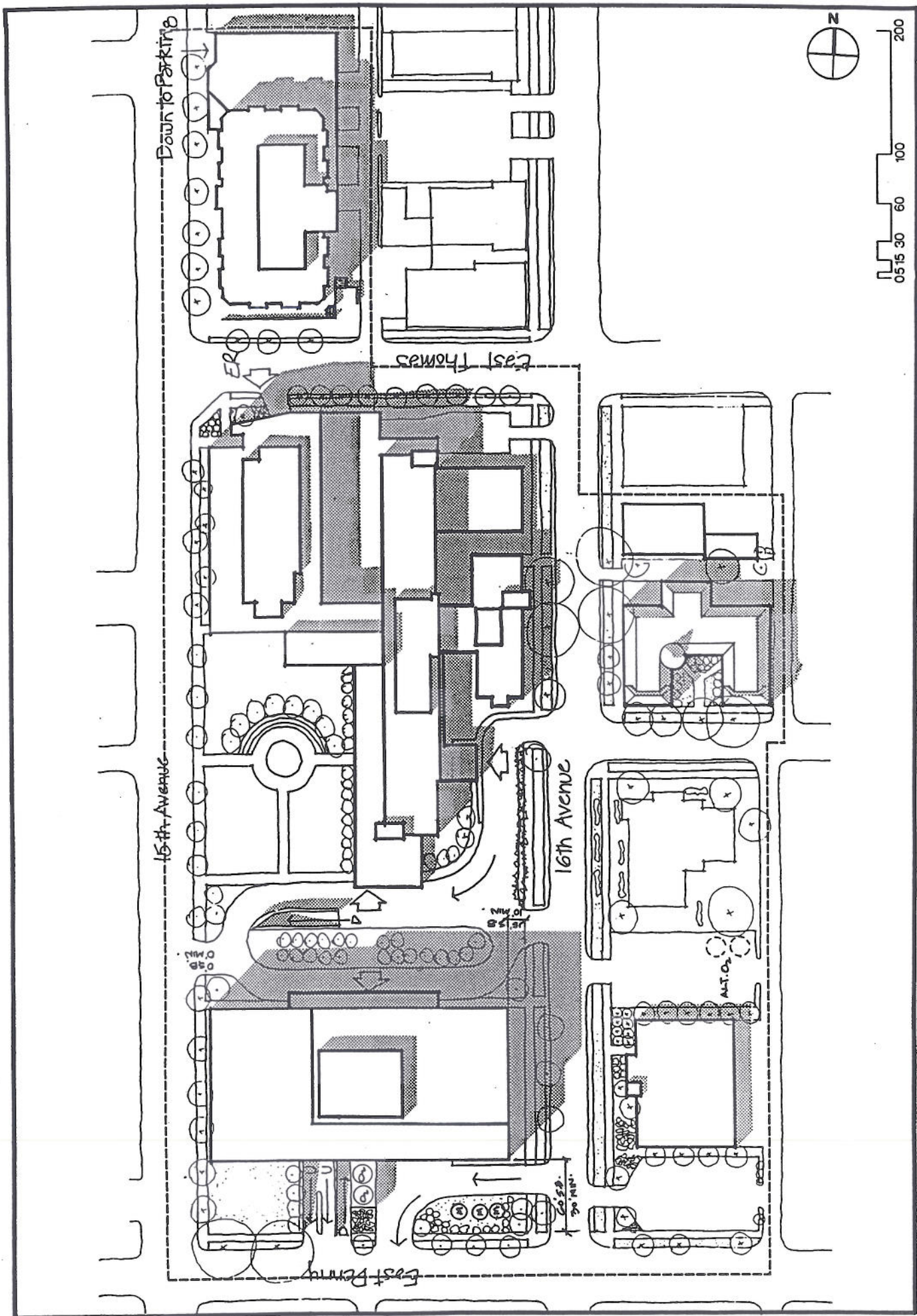
The landscape plan proposes the retention of as much existing vegetation as feasible given that new development will eliminate some existing ground cover and shrubs and trees. Additional landscaping in conformance with the Major Institutions Land Use Code will be provided. Additional vegetation would involve the use of similar species to establish continuity. Landscaping will be used primarily for purposes of aesthetics, and to develop a campus environment. Low shrubs and adequate lighting will be provided to maintain pedestrian safety. Figures 17 through 21 illustrate existing and conceptual sketch of proposed landscaping, for Future 2 by Phase.

(Note: For purposes of better visual understanding of the illustrations, shadowing has been added. Illustrations do not reflect actual shadowing patterns.)

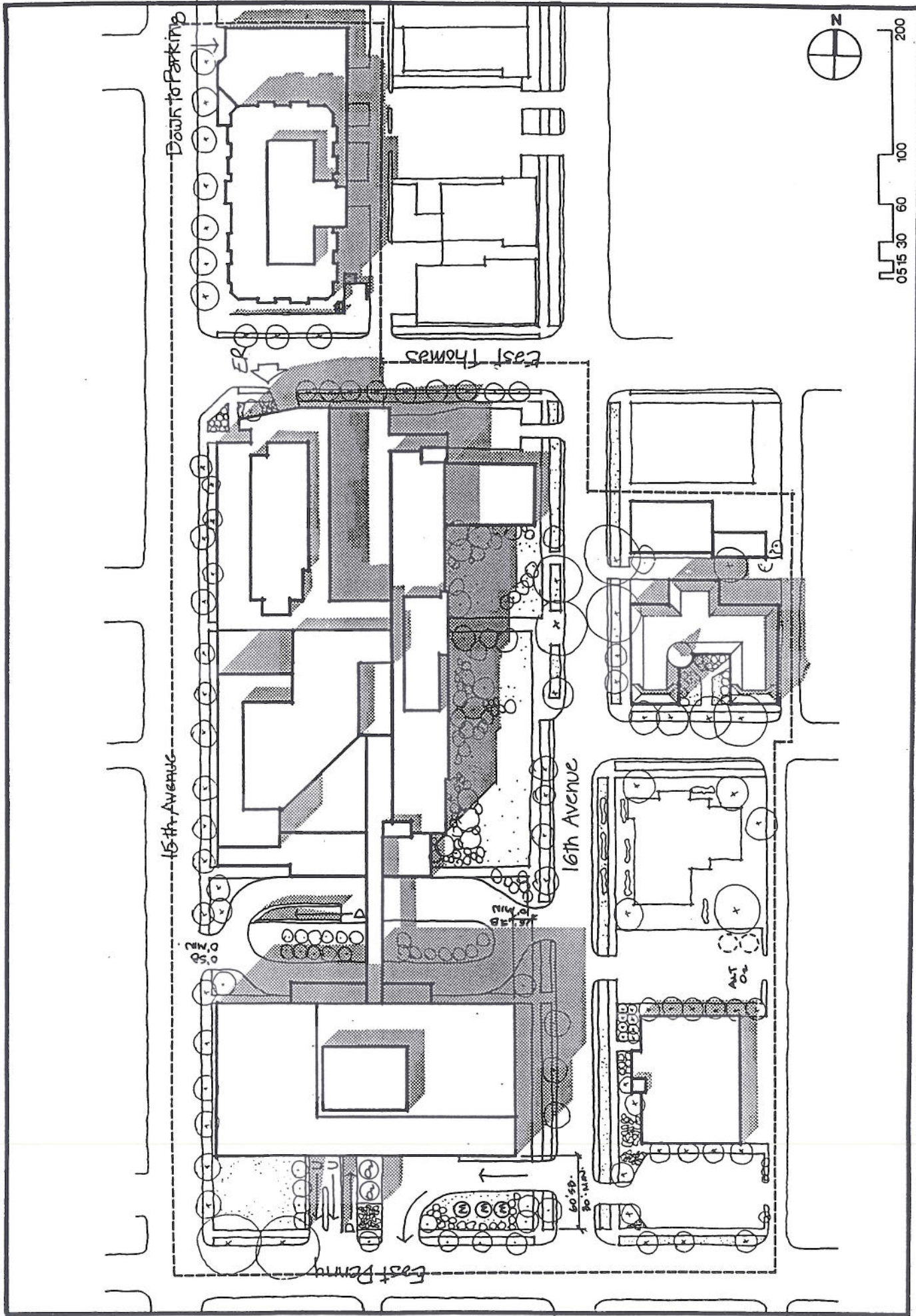


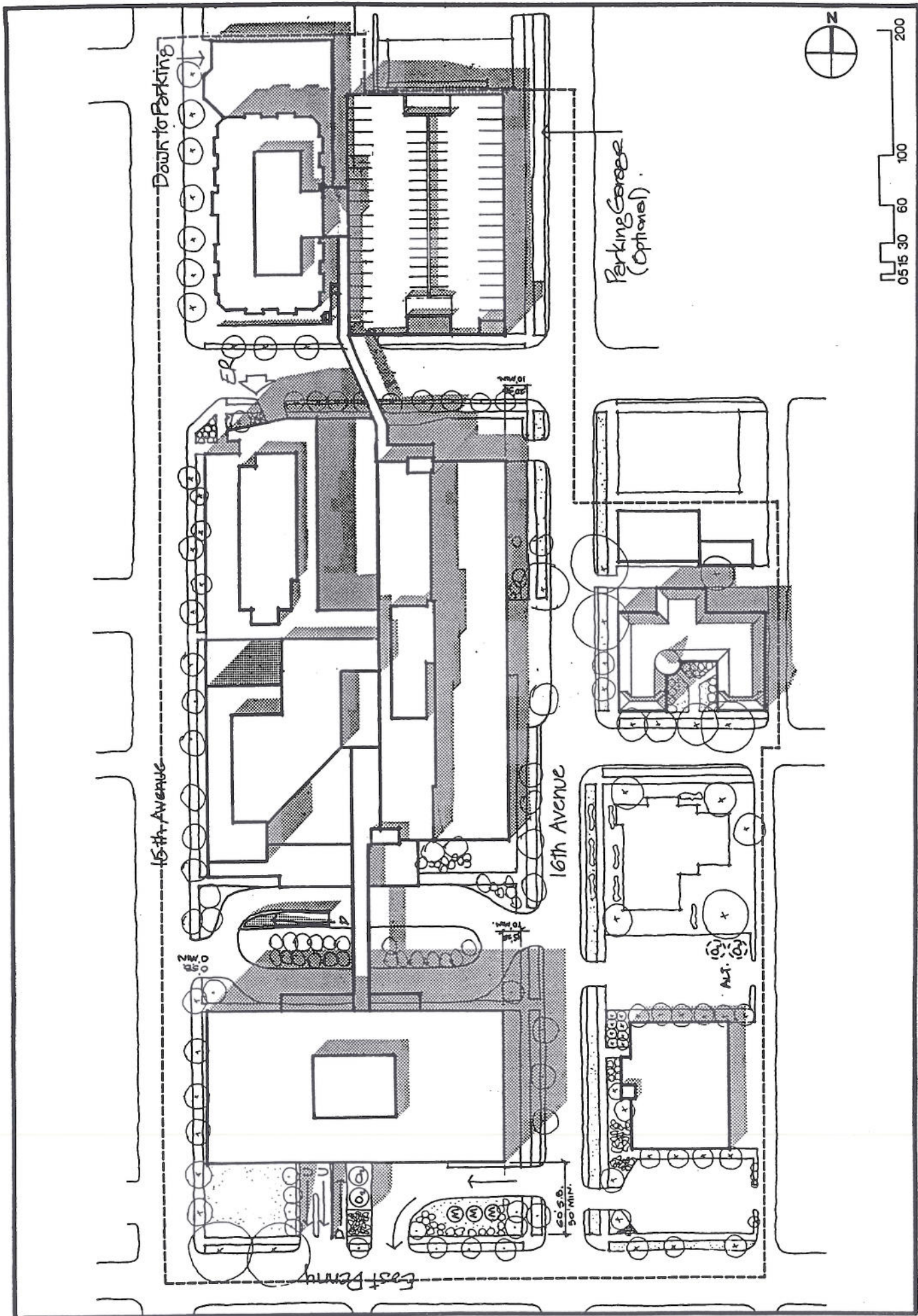
EXISTING LANDSCAPING
Figure 17





GROUP HEALTH COOPERATIVE
 PROPOSED LANDSCAPING FUTURE 2 PHASE II
 Figure 19





PROPOSED LANDSCAPING FUTURE 2 PHASE IV
Figure 21

INSTITUTIONAL ZONES AND DEVELOPMENT STANDARDS

Institutions choosing to prepare a master plan have the option of following the Major Institutions Land Use Code development standards as guidelines or developing standards which are tailored to the needs of the institution. GHC has opted to use these as guidelines and establish their own zoning.

Following is an identification of the development standards proposed for the master plan:

- . Heights: GHC proposes to comply with the height limitation set by the existing zoning classification as shown in Figure 15 for the structures currently in the boundary. Since the plan is currently conceptual in nature, building heights may vary up to 15% within the Code requirements at such time as when the structures are built. GHC further proposes to reduce the height limits of the properties currently zoned I-3/65 feet to I-2/50 feet and extend this designation to two of the properties proposed for inclusion into the boundaries as shown in Figure 16 (namely, the United Methodist Church and the apartment building at 214 - 16th Avenue East). This classification would be more consistent with the zoning of sites currently adjacent to the GHC properties proposed for this height limit (i.e., the Family Health Center and Annex 5 [Anhalt] sites). A zone classification of I-1/37 feet is proposed for the parking lots P-11, P-12 and P-13 which are also proposed for inclusion in the boundary. Since no development is proposed for these properties, the lowest development standard is appropriate.

GHC proposes to comply with the Major Institutions Land Use Code guidelines regarding:

- . Light and Glare
- . Noise
- . Signage
- . Transportation and Parking
- . Landscaping
- . Above grade setbacks

DESCRIPTION AND IMPACTS
OF PARKING AND TRAFFIC
CIRCULATION

Existing
Conditions

Traffic:

Employee population distribution by zip code shows 4.2% of employees live in the Seattle core area (the core including Capitol Hill, First Hill and the CBD), 62.4% live north of the core, 23.1% live south of the core, and 10.6% come from all other areas.

GHC periodically surveys Central Campus employees to understand their commuting patterns and assist them in finding alternatives to Single Occupancy Vehicles. Based on the May 1985 survey of Central Campus employees, approximately:

- . 53% of the total daily employee population drive alone to GHC Central Campus
- . 16% are involved in ride sharing arrangement
- . 11% take Metro
- . 3% use the GHC shuttle
- . 3% arrive at Central via commuter pool vanpools
- . 5% walk
- . 2% arrive by bicycle
- . 8% use a car plus other transportation methods
- . 1% use motorcycles
- . 1% use multiple transportation methods not including an automobile
- . 1% use the ferry and other transportation methods

Note: Sample size of survey was 426 peak hour employees; 63% responded to the survey.

Traffic volumes along 15th Avenue East in the vicinity of Capitol Hill facilities have increased 46% during the last ten years (Seattle Engineering Department), although GHC has not had any major new construction since 1976.

Level of Service (LOS) is used to describe the ability of an intersection to accommodate the peak hour traffic with varying amounts of delay. LOS is expressed on a scale from LOS "A" (free flow) to LOS "E" (very long delay). Generally, LOS "D" approaches unstable flow with tolerance operating speeds maintained. Table 3 illustrates existing GHC intersection LOS for the four main intersections around the Central Campus.

Table 3

EXISTING LEVELS OF SERVICE
AT MAIN GHC INTERSECTIONS

<u>Intersections</u>	<u>P.M. Peak</u>
15th East and East Thomas	D*
15th East and East John	A
15th East and East Denny	A
16th East and East Thomas	E**

*Adjusted based on observed signal progression problems

**Represents conditions for left-turning vehicles from 16th going west. All other movements operate at a better LOS.

Vehicular traffic in the immediate area was analyzed by traffic consultants and not surprisingly found to have a number of problems. Considerable delays are experienced at the intersection of 15th Avenue East and East Thomas due to poor signal phasing which favors the north/south traffic when in actuality the volume of traffic east/west is greater. Other delays are experienced by hospital traffic on 16th Avenue East trying to enter Thomas going west (or westbound). That intersection is particularly difficult because it is also the entrance to the hospital's loading dock and trucks backing into the dock frequently block 16th Avenue East completely during their maneuvering process.

Pedestrian conflicts occur at the same intersections described above, due to poor signal phasing and the location of the loading dock. The ambulance entrance for the emergency department is only yards away from the signal at 15th and East Thomas and a crosswalk between the main hospital and the PCF.

Parking: GHC currently has 279 off-street parking spaces within the GHC boundary. GHC also operates another 293 off-street parking spaces outside the boundary. All the parking is on surface lots with the exception of 75 spaces, which are located below grade in the Progressive Care Facility.

Currently, 74 spaces outside the boundary are allocated for employee carpool/vanpool parking. There are 9 motorcycle spaces on campus, as well as 44 bicycle spaces and 6 loading berths.

Relationship to
External Street
System

The campus itself has no internal circulation system separate from the City street grid (except minor turnaround drives at the front door and emergency room entrance), and the alleyway running north/south in the Superblock connecting East John Court to East Denny Way.

Fifteenth Avenue East is classified as a minor arterial and defines the western edge of the campus. East Thomas and East John Streets which are also classified as minor arterials run in an east/west direction. East Denny is classified as an access street and defines the southern edge of the campus. Sixteenth Avenue East is also an access street and bisects the campus north/south.

A Residential Parking Zone surrounds GHC Central Campus as is shown in Figure 22. The purpose of the zone is to discourage parkers who are not residents in the area by regulating the permitted length of parking. Commonly, a two-hour parking limit is allowed. See Figure 22.

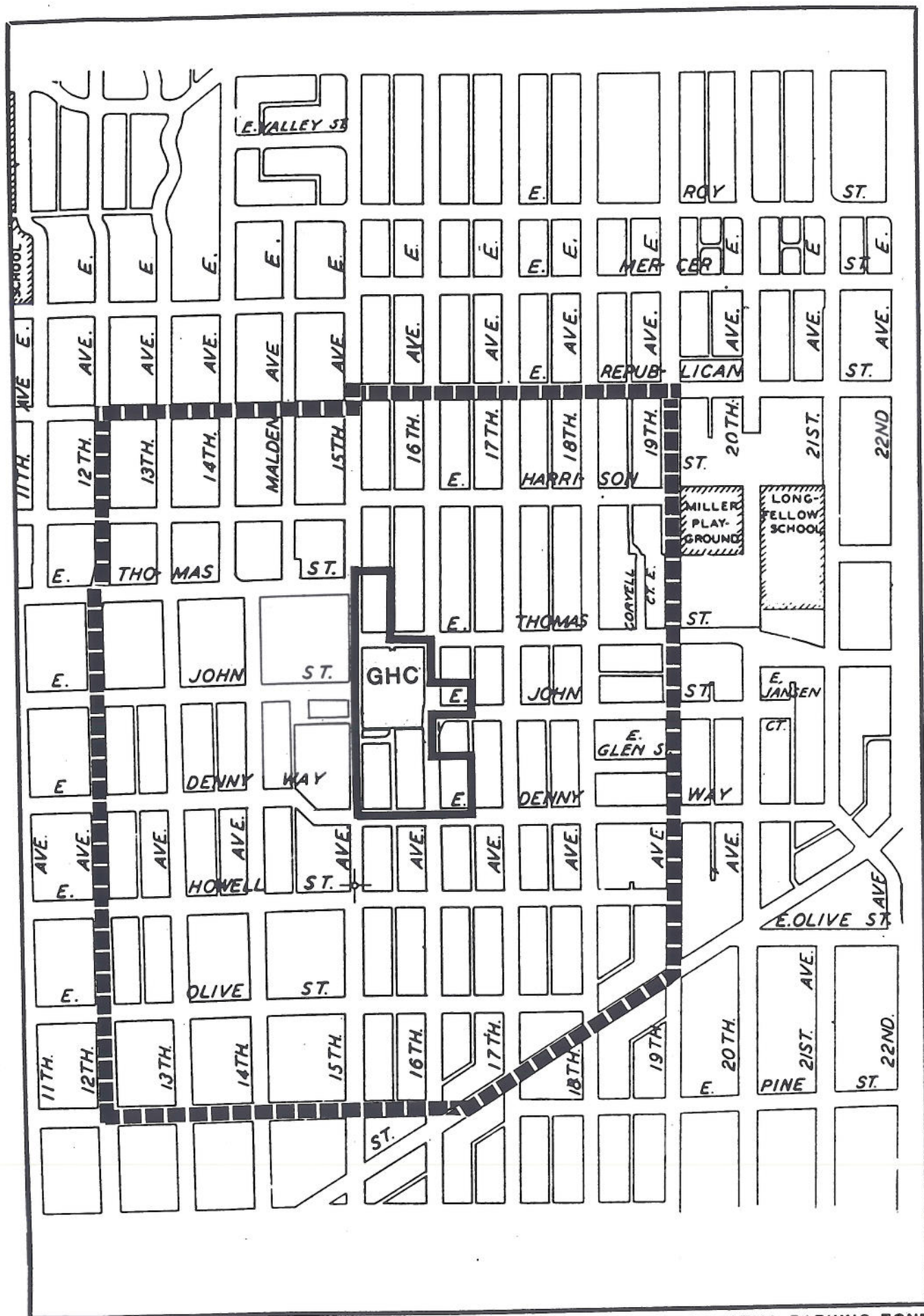
Proposed
Improvements
and Impacts

Traffic: If approved by the City Engineering Department, the major traffic and site problems will be resolved by proposals for better signal phasing, turning improvements, and the separation of service and emergency room traffic when the loading/service functions are moved to the proposed Medical Office Building (MOB). The proposed MOB will be separated from the hospital by a drive-through connecting 15th and 16th Avenues, providing easy access to both clinic and hospital as well as a well-defined entry for pedestrians and vehicles. It also will house as many as 716 underground parking spaces.

The proposed facilities will generate an additional 15% vehicular movement in the general area of the GHC campus by the end of Phase II, 1991, and a cumulative 32% increase by the end of Phase III, 1995.

After 1991, only minor changes will occur to intersection level of service in the vicinity of GHC. It is possible that some of the neighborhood streets will operate better than today due to the availability of additional spaces at the new centralized facilities and, therefore, less circulation of patients, employees, etc., around the neighborhood streets searching for parking spaces.

Even though greater GHC-related traffic impact is anticipated at the East Denny Way intersection with 15th Avenue East due to the access points to the new garage, that intersection will continue to operate at an acceptable level of service, LOS



Parking: The 716-car garage proposed for the south end of the Super-block will displace 108 surface spaces. Upon completion of development of the garage, GHC will discontinue leasing 82 spaces outside the boundaries (P1 and P17). The net gain of parking will be 129 spaces. This will provide the Code-required parking spaces for development through Phase III.

The loss of parking during construction of the proposed garage will create a short-term (12 months or less) increase in parking deficit. Close management of parking demand and temporary measures to increase supply nearby will be necessary to minimize the inconvenience of the loss of parking.

See Section III.C.3, Transportation, in the Draft EIS for more detailed traffic and parking impact analysis.

TRANSPORTATION MANAGEMENT PLAN

Existing Transportation Management Program

This section describes the Transportation Management Program at Group Health Cooperative Central Campus (GHC). The first part describes the transportation management activities that GHC currently undertakes to reduce single occupancy vehicle use among employees. The second part of this section presents the Transportation Management Plan (TMP) for GHC. The TMP is one of the requirements of the City of Seattle Major Institutions Land Use Code. The TMP demonstrates an administrative and financial commitment to a transportation management program.

The existing transportation management program at GHC has been quite successful. All employees are eligible for these programs, but the programs are targeted specifically at those employees who commute during peak hours. Single occupancy vehicle (SOV) use among employees who commute during the peak hour is 53.8%, based on an employee survey conducted in May, 1985. The transportation mode split of these employees and hospital-based physicians is shown in Table 4. Transportation management efforts undertaken by GHC to encourage this mode split are described in this section.

Table 4

EXISTING GHC CENTRAL CAMPUS TRANSPORTATION MODE SPLIT

<u>Travel Mode</u>	<u>Peak Hour Employee % Frequency</u>
Drive car alone	53.8
Drive with passengers	3.8
As a passenger - car stays here	3.0
Share driving - carpool	6.4
As a passenger - car not here	7.9
Vanpool	3.0
Bus - with and without transfer	11.1
Walk	8.6
Bike	2.3
Motorcycle	.4
Total	100%

Source: Group Health Central Campus Employee Survey,
May 1985

Organization: The transportation management program at GHC is promoted by three different departments, all with some responsibility for transportation services. These three departments are:

- . Safety, Security, and Parking Division - responsible for assigning carpool and vanpool parking, monitoring and enforcing car/vanpool lot, and all single occupant vehicle parking.
- . Commuting Services Division - Responsible for promoting ridesharing and selling transit passes.
- . Shuttle Services Division - Responsible for promoting and selling shuttle passes as well as operating and maintaining shuttle vehicles.

Of the three departments, the Commuting Services Department has the greatest responsibility for transportation management efforts. In 1985, .4 FTE and approximately \$30,000 were budgeted for ridesharing activities, including promotional activities, ridematching, carpool registration and transit pass sales.

In June 1985, the Commuting Services and Parking Division responsibilities were consolidated under the Parking Division. The effect of this change on transportation management efforts will be evaluated during the first review of the Transportation Management Program by the Transportation Coordinator.

Transit: Public transit is used by 11% of employees and physicians during peak hours. Group Health Cooperative promotes transit use with a subsidy of \$6.00 for a one-zone monthly Metro Transit Pass and \$9.00 for a two-zone monthly Metro Transit Pass. This represents 26% of the cost of one zone pass and 25% of the cost of a two zone pass. Since 1979, GHC has sold over 300 passes per month at a subsidy of approximately 25% of the cost and an investment of approximately \$150,000 in total. The transit passes are sold on campus at the business office. Transit schedules are displayed permanently in the lobby of the Progressive Care Facility.

Carpools: As of April 1985, GHC had 32 carpools organized and registered with the Commuting Services Department. One of these carpools is a two-person carpool, all others are three-person carpools.

GHC promotes carpooling through preferential parking and pricing policies. A conveniently located surface lot (P-15) with 65 spaces is reserved for carpool parking. The parking rates for carpools are \$18 per month for carpools of two persons and \$15 per month for a carpool of three persons. This is \$2-\$5 below the cost of a single occupant vehicle

parking space and represents a 10-25% savings. Two-person carpool parking prices are the same as a one-zone subsidized bus pass and 25% less than a two-zone bus pass. Three-person carpool parking prices are 16% lower than a one-zone bus pass and 38% less than a two-zone pass.

Carpools are registered through the Commuting Services Department and the carpool permits are renewed every other year. The number of registered carpools has fluctuated between about 20-50 carpools since 1980.

Parking spaces unused by carpools in the carpool parking lot are sold as SOV parking. SOV parkers are warned at the time they purchase a permit in this lot that they may be "bumped" by a carpool. Carpool parking is enforced by attendants who supervise the carpool lot approximately once per week. The attendants report violators (those who are SOV with a carpool permit) to the Parking Division. The Parking Division contacts repeat violators by phone to confirm carpool status and discontinues the carpool permit if the driver no longer uses a carpool.

Vanpools: GHC promotes vanpooling by subsidizing vanpool fares and providing free van parking in the carpool parking lot. Vans for pooling are leased from Metro Commuter Pool by GHC employees. Two vanpools have been organized, both from the northend. One vanpool is used by 15 employees in the 8:30 a.m.-5:30 p.m. shift and the other vanpool is used by 7-10 employees in the 7:00 a.m.-3:30 p.m. shift. The vanpools stop at the park-and-ride lot at 175th N.E., Northgate, and the parking lot at 100th N.E. GHC subsidizes the vanpool fares at the equivalent rate of a transit pass subsidy. The transit pass subsidy is applied directly to the vanpool fare.

Bicycles: Approximately 40 employees and physicians use bicycles as a commute mode at GHC. GHC provides bicycle racks just outside the main lobby door and issues free PCF parking garage passes for bicycle parking. Most of the bicyclists use the garage passes and park there. GHC also has available shower and changing facilities in employee locker rooms that bicyclists can use. City bicycle maps are available on campus and are posted in the Commuting Services office.

Single Occupant Vehicle: GHC charges for all SOV parking. The rates are \$25 per month for parking in the PCF garage and \$20 per month for parking in the surface lots. These parking rates have been the same for two years. Before that, parking was free. All employee parking is currently used at capacity and there is a waiting list for a parking space. According to the May 1985 GHC employee transportation survey, 43.5% of employees who drive SOVs walk three or more blocks from their parking site to Central Campus and 56.5% walk three blocks or less.

GHC Shuttle Service: GHC encourages employee use of GHC shuttle service for employee commute trips on two shuttle routes, the eastside and southend routes. The eastside route carries approximately 33 employees and the southend shuttle carries 28-30 employees for work trips daily. Employees pay \$27 per month to commute on the eastside shuttle and \$29 per month to commute on the southend shuttle. Employees who park at the Temple De Hirsh Sinai lot (P-17) use a GHC shuttle that runs between the parking lot and the hospital. The fee for riding on the parking lot shuttle is included in the \$20/month cost of the parking at that lot. The GHC shuttle is available for inter-facility trips by patients and staff. Schedules are posted in all departments.

Ridematching: GHC uses a park-and-pool board to assist employees in ridematching. The park-and-pool board is located in the hallway near the cafeteria. Employees interested in ridematching leave their names, address, and phone number and are phoned by other employees seeking a ridematch. Employees are also encouraged to use the regional Metro Commuter Pool computerized ridematch system. Employees submit a Metro Ridematch Application and receive a list of possible ridematches in the mail from Metro.

Promotional Activities: GHC has conducted a variety of activities to promote ride-sharing over the past few years. This section describes promotional activities that were being conducted in 1984 and 1985. Similar promotional efforts were conducted in 1982 and 1983.

- . GHC, Metro Transit, and Metro Commuter Pool brochures are posted near the Commuting Services office. Brochures describe carpooling, Metro bus passes, and GHC shuttle service.
 - . Advertisements about the shuttle service are placed in the GHC employee newsletter approximately every other month.
 - . Flyers are sent to all departments advertising space in the northend vanpool.
 - . Brochures describing parking and commuting options are distributed in new employee orientation package by Personnel.
 - . Flyers that describe parking/commuting are distributed to new and prospective staff by nursing administration.
 - . Metro Pass Plus brochures are distributed with a memo to all departments for posting.
-
- . Carpooling brochures are placed on windshields of cars found parked illegally in carpool parking areas. The brochures describe the carpool preferential parking program.

Proposed
Transportation
Management Plan

The remainder of this section describes the actions that GHC might undertake to reduce single occupant vehicle use between now and the completion of Phase III of the Master Plan, 1995. This Transportation Management Plan will apply to GHC regardless of the alternative expansion scenarios adopted. The target year of 1995, completion of the Master Plan, is specified in the City's Major Institution Code.

Objective: The objective of the Transportation Management Plan is to reduce SOV use by 1995 to 50% (among full-time employees who work at Central Campus, arrive or depart during peak hours, and do not need their car for work purposes during the day). The Transportation Management Plan will apply to all employees, although the 50% SOV goal applies only to these peak hour commute employees. Based on the existing transportation mode split and employee population projections under all alternatives. This would mean changing from SOV use for approximately 45 employees by 1988, 50 more employees by 1991 and an additional 50 to 60 employees by 1995.

General Approach: GHC proposes to reach this objective by adding to the strength of their existing successful transportation management actions with additional incentives and promotional efforts.

Proposed TMP Action: GHC will select from the following list of actions in order to reduce SOV use to 50% or less by 1995.

GHC Shuttle Service

- . Increase service on existing and future GHC shuttles during peak hours to encourage use of the shuttle by employees for commute trips, when possible.
- . Advertise availability of shuttle for commuting in the in-house newsletter.
- . Encourage employee use of GHC shuttle by pricing the shuttle fare equal to the subsidized Metro Transit monthly bus pass fare.

Vanpools

- . Maintain the vanpool fare subsidy at the same discount available for transit passes and increase this subsidy in tandem with any transit pass subsidy increases. (The availability of operating dollars to maintain vanpool subsidy is annually examined by the GHC Consumer Board.)

Transit

- . Increase subsidy on Metro transit monthly passes from 25% to 30%.

- . Offer subsidy for Community Transit monthly passes of 30%.
- . Maintain the bus pass sales office in a central location that is convenient to employees.

Parking Prices

- . Increase cost of monthly parking in GHC lots and garages and consider increasing SOV prices more on lots closest to the Campus and decreasing prices on lots furthest from the Campus. Consideration will be given to the potential for spillover parking changes in traffic circulation and impacts on the Residential Parking Zone (RPZ) parking program before parking prices are determined.
- . Lower monthly carpool and vanpool parking prices.

Preferential Parking

- . Increase the number of stalls reserved for carpools and vanpools and locate them preferentially in the new garage.

Ridematching

- . Increase ridematching efforts by maintaining ridematch application files, telephoning employees to help form car/vanpools and following up on success of car/ vanpools.

Promotion

- . Conduct monthly or semi-annual rideshare information meetings during working hours.
- . Allow employees to attend these meetings on company time if necessary.
- . Place a commuter information center in all buildings with a substantial number of GHC employees.

Brochures

- . Print brochures describing the GHC rideshare options and incentives.
- . Distribute brochures to all new employees in new employee information packets.
- . Make brochures available for all employees through meetings and lobby displays.

Transportation Coordinator

- . Establish the position of the Transportation Coordinator with responsibility for the transportation management activities and information.

Transportation Office

- . Establish an office for the Transportation Coordinator in the PCF lobby or other equally visible or frequently encountered locations that provide rideshare information and increase the visibility of the transportation management activities.
- . Consolidate all transportation management activities into one office and place under the direction of the Transportation Coordinator.

Effectiveness:

The above proposed actions are expected to reduce employee SOV use from 53.8% in 1985 to 50% by 1995 and increase the percentage of employees who use transit, carpools, and vanpools for commute trips. The projected changes in mode split for GHC employees are shown in Table 5. The 1995 projected mode split is based on the estimated effectiveness of the proposed actions and assumes that new employees (250 to 375, depending on the alternative) will have the same mode splits as employees do today without the additional incentives proposed in this plan. This is likely because no improvements in the regional/local transportation conditions or access to central campus are projected.

Table 5

EXISTING AND PROJECTED GHC CENTRAL CAMPUS TRANSPORTATION MODE SPLIT (employee peak hour trips)

	<u>Existing</u>	<u>Projected</u>
Single occupancy vehicle	53.8%	50%
Transit	11.1%	12%-14%
Carpool	21.1%	22%-23%
Vanpool*	3.0%	4%-6%
Walk	8.6%	8.6%
Bicycle	2.3%	2.3%
Motorcycle	.4%	.4%

*includes GHC shuttle

Source: TDA, Inc.

Transit. The TMP will increase the number of peak hour employees who use transit from 128 now to 170-215 by 1995. This increase is based on the estimated effect of a 20% increase in transit pass subsidy (from a 25% to 30% subsidy).

Carpools. The TMP will increase the number of persons carpooling by Phase III from 325 to 340-355. This projection is based on the effect of increasing the relative cost savings in carpool parking prices compared to SOV prices and increasing the number of stalls reserved for carpooling with preferential location.

Vanpools. The TMP will increase vanpool ridership by increasing the subsidy for vanpool fares, shuttle fares, and lowering the price of vanpool parking relative to SOV parking prices and increasing the number of vanpool stalls with preferential location. An increase in participation from 45 now to 60-90 riders by 1995 is projected.

Bicycles, Walking, and Motorcycles. No change in the percentage of employees who use other modes is expected because no incentives are directed toward these modes in the TMP. Based on the increase in employee population, the number of employees who walk, bike, or motorcycle to work is expected to increase from 132 employees to 160-175 employees by 1995 but remain susceptible to seasonal variability (and housing costs in the Capitol Hill area).

Phasing Plan: All of the proposed actions will be implemented by 1995 to attain 50% employee SOV ridership.

Enforcement/Monitoring: Enforcement and monitoring actions are proposed to provide assurance that the 50% SOV goal will be achieved.

Employee Survey. GHC will conduct a biennial survey of employees and physicians to monitor progress toward the 50% SOV goal (once the master plan is adopted).

TMP Review. GHC will review and revise the TMP activities to assure that the 50% SOV goal is attained by 1995.

Field Surveys. GHC will monitor parking violations in the RPZ. The data collected in the field will be used to trigger more aggressive incentives and mitigating measures which are specified in the Environmental Impact Statement for this Master Plan.

Energy

The estimated total annual energy consumption for the full project buildings in Future 2, Phase III, is 164.6×10 BTU's, equivalent to the energy content of approximately 28,370 barrels of unrefined petroleum.

Electricity would be used primarily for lighting and appliances, while natural gas would be used for producing steam for space heating, water heating, air conditioning, sterilization, and cooking. The amount of energy that would be consumed by the full project when constructed would be approximately 52,000,700 kwh of electricity and 2,513,000 therms of natural gas per year. The peak demand requirement for the GHC Central Campus is estimated to be 11,874 kilowatts.

All additions to and new construction within the GHC Central Campus would be designed to conform to the Seattle Energy Code. GHC buildings are well maintained and several ECM's and operation and maintenance measures have already been implemented. According to GHC, as existing buildings are remodeled, they will be retrofitted with additional ECM's, potentially including solar collector arrays, replacing single-pane windows, installation of insulation on pipes, and purchasing a small load chiller for micro climate areas within the hospital.

GHC has also undertaken a cogeneration study in conjunction with NECPA and the Public Utilities Regulatory Policy Act (PURPA). Operating and energy use patterns of hospitals tend to make them good prospects for simultaneous generation of electricity and useful heat to further reduce use of conventional fuels and energy costs. The potential for cogeneration could be one option for meeting the increased energy demands of the Central Campus. GHC is currently cooperating with Seattle City Light's cogeneration feasibility study. According to the 1983 GHC report, "the follow-on cogeneration study will incorporate the results of the conservation analyses. Heat load to be served by the cogenerator will be adjusted for planned conservation. Because of this conservation first, then cogeneration approach, we find few instances in which conservation and cogeneration actions would interact significantly."

GHC is presently working with their architect and the Facilities Department in evaluating the economic feasibility of developing cogeneration based on the results of the study. GHC, with the assistance of Seattle City Light, is committed to cogeneration if the economic assessment demonstrates the cost-effectiveness of a cogeneration facility as compared to a conventional plant.

Utilities

- . Water/Storm Water The existing six-inch water main on 15th Avenue East is substandard and would not accommodate any of the GHC expansion plans; other existing mains may need to be upgraded as well. GHC would participate in water main enlargement as a condition of implementation of any of the alternatives with the exception of the No Action Alternative.
- . Electricity Seattle City Light has determined that they have adequate capacity to handle the proposed loads (Croll, 1985). It will, however, be necessary to remove the existing 26 kV overhead distribution at the location of the proposed Medical Office Building. An easement may be required there for a guy stub pole and anchor on the north side of East Denny Way.
- . Sewer/Solid Waste Implementation of the proposed action would increase the volume of solid waste and sewage. The Seattle Engineering Department has indicated that existing facilities would be adequate to handle increased volumes and that no additional facilities or upgrades would be required. Implementation of the proposed action would result in an increase in solid waste volumes at GHC; Seattle Disposal has indicated that they would be able to accommodate the increase.
- . Telephone Service demand would increase within the GHC MIMP boundary but is expected to be minimal. Additional facilities required to meet the needs of GHC expansion would depend on the customer's preferred serving arrangement. Any construction south of the existing Central Hospital G Wing (such as construction of the Medical Office Building in Phase II of the proposed action) would require the relocation of the aerial plant in the alley between 15th and 16th Avenues East north of East Denny Way.

ALTERNATIVES

Introduction

GHC has outlined six alternative futures as their Central Campus Master Plan. These were the final outcome of deliberation and analysis of approximately one dozen original alternatives. Due to this exhaustive analysis, GHC's Master Plan covers the realm of possibilities excluding a "no action" alternative which is the subject of this section.

No Action Alternative

If GHC chose a no-action alternative, their renovation and expansion projects would be limited to those allowed by Code but not requiring the preparation of a Major Institution Master Plan. GHC could continue with all projects in Phase I of the Master Plan which involve interior renovation and shifting of functions from one location to another and heating, ventilation, and air conditioning upgrades. The Master Plan EIS discussed impacts of this alternative.

PROJECT PHASING

The GHC Master Plan would be implemented in four phases. The time frame for implementing the various phases is not based on specific years but instead on enrollment, funding and programmatic decisions. For purposes of the EIS, a "best case" situation has been selected. This is to say, if enrollment were to continue to increase steadily, if capital funding remains available, and if it were decided that Central should continue to provide tertiary care facilities, then the following time frame could be pursued for Future 2:

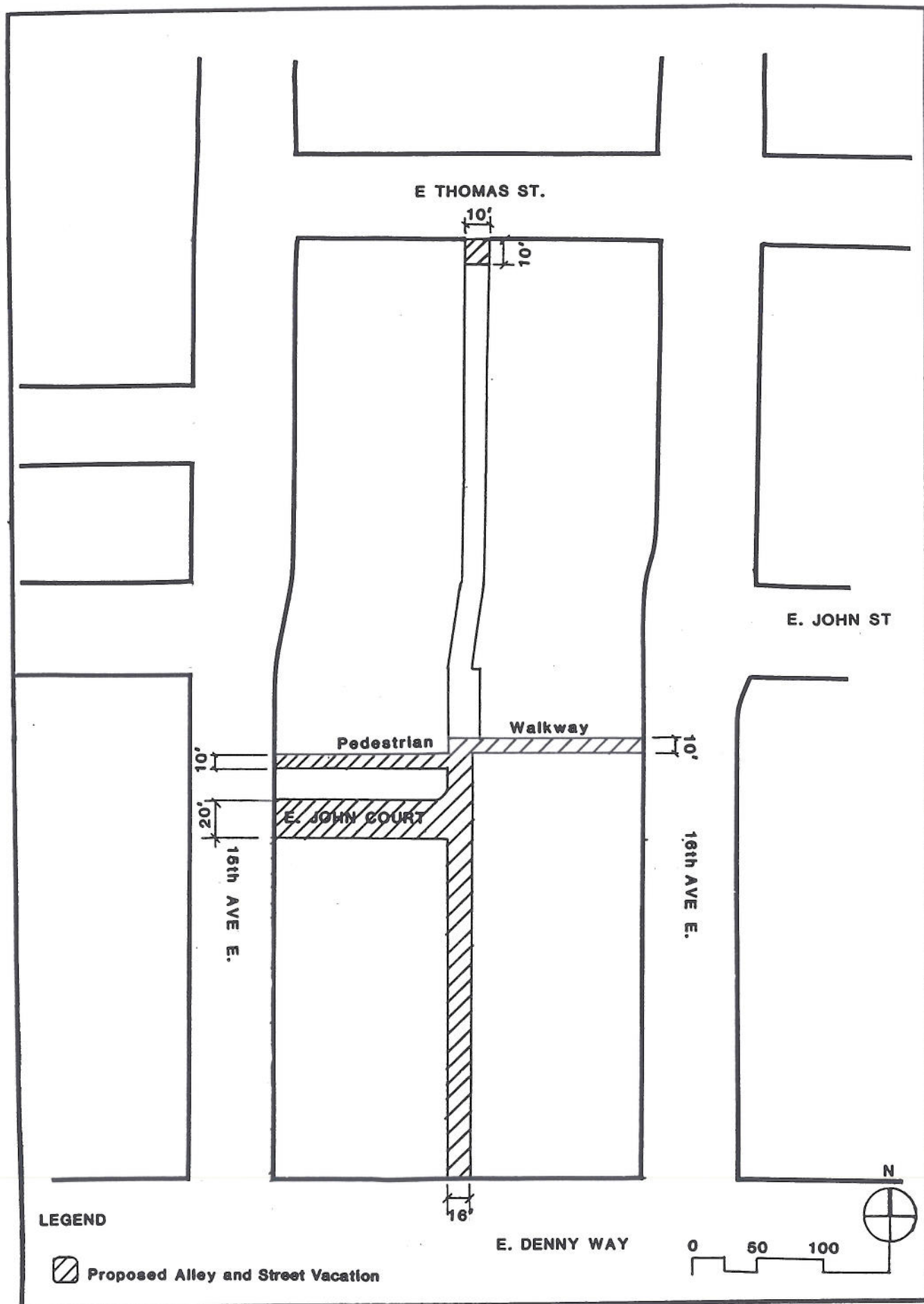
Phase I	1985 - 1988
Phase II	1987 - 1991
Phase III	1991 - 1995
Phase IV	1996 - 2006

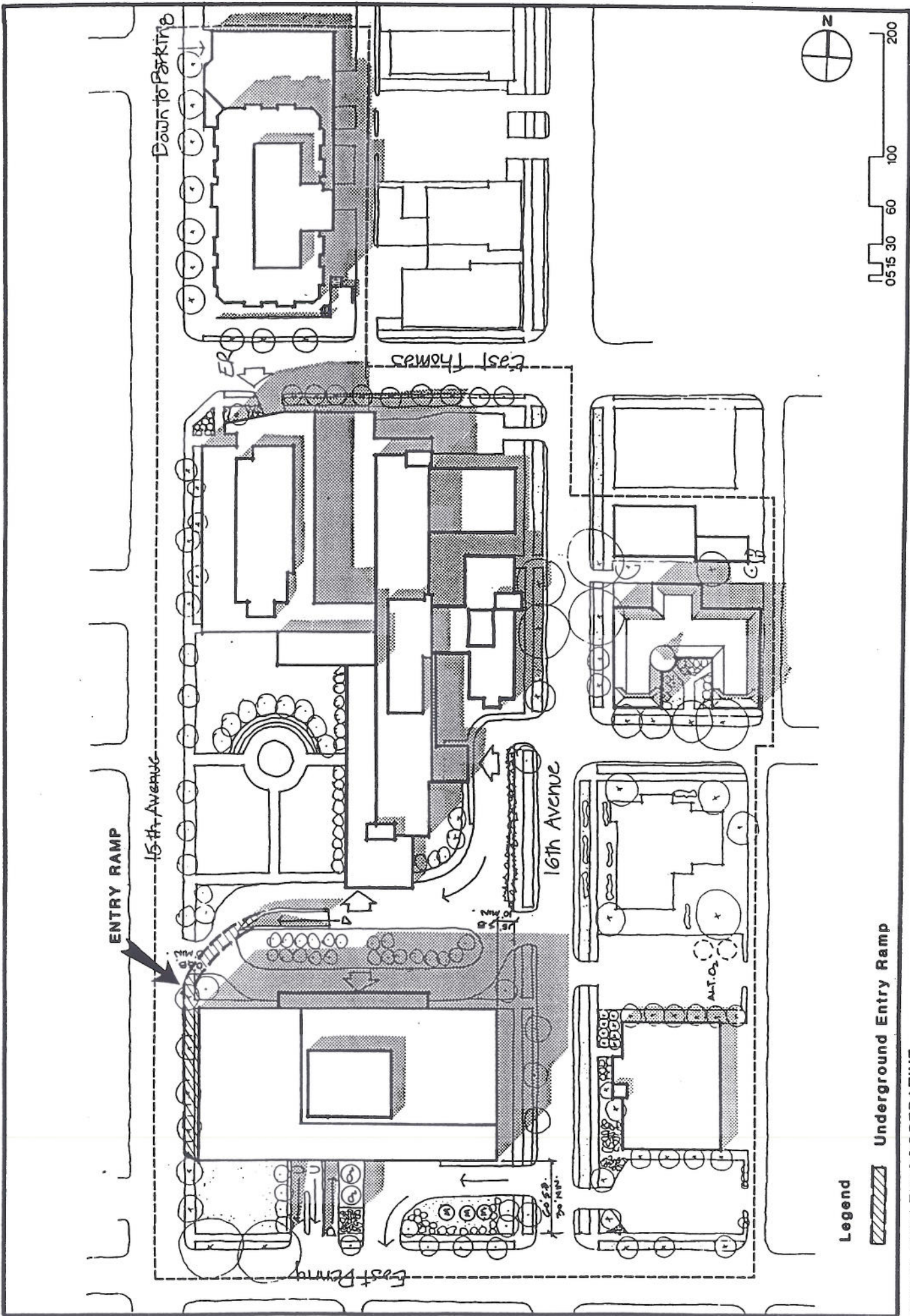
Phase I does not require Major Institution Master Plan approval, although environmental review is required, as none of the planned actions trigger a master plan. GHC is seeking approval of Phases I, II and III only.

Description
and Background

Figure 23 depicts the approved, partially vacated alley (Ordinance 95094) along the north side of GHC's Central Campus 'super block' bounded by Denny Way and East Thomas Street as well as 15th and 16th Avenues East. The Master Plan proposes to vacate: the remainder of the alley, a 10-foot long strip at the north end of the alley, the existing public access way, and East John Court and the street use below grade.

The vacations are necessary to allow for flexibility in locating the proposed medical office building and parking garage as well as open space, vehicular and pedestrian access, and circulation. GHC agrees to a condition of the Master Use Permit for the Medical Office Building stipulating GHC's agreement to provide for a pedestrian walk-through between 15th and 16th Avenues East to replace the existing one. The vacation would provide for a functional campus site plan and be a public benefit.





GROUP HEALTH COOPERATIVE

PROPOSED GARAGE ENTRY RAMP

Figure 24

CONSISTENCY OF MASTER PLAN
WITH LAND USE POLICIES

The following existing and proposed land use plans and policies are reviewed in this section relative to GHC's Master Plan's compliance with them:

- . Major Institutions Policies
- . Housing Preservation Ordinance
- . Neighborhood Commercial Policies
- . Multi-Family Policies
- . Capitol Hill Community Agreement

Major Institutions Policies

The following discussion relates to the consistency of the GHC Master Plan with the applicable implementation guidelines of the major institutions land use policies.

Implementation Guideline 5: Development Requiring a Master Plan

The Master Plan is consistent with this guidelines in that GHC has elected to prepare a master plan in anticipation of eventually triggering the City requirement to prepare one. The policy triggers applicable to GHC for a master plan preparation requirement include:

- . development is planned outside the existing boundaries
- . the institution plans to demolish a residential structure (containing more than four units) within its established boundaries

This guideline also states that the master plan process shall establish boundaries to accommodate anticipated future growth, and shall establish development standards geared to the unique requirements of the particular institution and to its relationship with the impacts on the surrounding area. It should be a concept plan for growth, over a 5 to 10 year period, which would facilitate a comprehensive rather than project-by-project review of possible benefits and impacts of the institutional development. GHC's Master Plan is consistent with this portion of the guideline as well.

The guideline further outlines the content requirements of the master plan as well as requiring a cooperative planning process. The GHC Master Plan is in compliance with these segments of the guideline in that it contains all the elements required of a master plan. Furthermore, GHC, with City approval, has established a citizens' advisory committee to review and have input into the preparation of the plan, thereby complying with the cooperative planning element of this policy.

The remainder of this guideline sets policy for an approved master plan. GHC intends to meet these policy requirements, which include:

- . having the City of Seattle Department of Construction and Land Use (DCLU) evaluate the plan and make its recommendation to the City Council
- . submitting a master plan for City Council approval
- . preparing an environmental assessment
- . using the adopted master plan as zoning provisions for those areas given the Institutions Master Plan

Implementation Guideline 6: Demolition or Conversion of Existing Structures

This guideline stipulates that a residential structure within the boundaries of the institution may be demolished or converted if necessary for the expansion of the facility, excepting for the purpose of a non-required parking lot. GHC intends to demolish a residential structure for the purpose of developing an MOB and required parking which is consistent with this guideline.

Implementation Guideline 7: Decentralization

Decentralization, where appropriate, is encouraged in this guideline. In particular, alternative locations for uses which may not be necessary on the main campus shall be considered. Any branches located within the City of Seattle shall follow the provisions for institutions as included in their respective land use classifications unless the branch itself is of sufficient size and impact to meet the definition of a major institution. GHC intends to further decentralize those facilities which are not absolutely needed on campus and comply with the respective land use classifications.

Housing Preservation Ordinance

The City of Seattle Housing Preservation Ordinance requires that a housing demolition license and fee be paid when more than four units of housing are demolished or converted to a non-residential use. GHC plans to demolish 12 units in the Cline Building in Phase II of the Master Plan. GHC intends to comply with the provisions of the Housing Preservation Ordinance.

GHC also intends to convert six units of housing at 216 - 16th Avenue East to temporary housing for patients undergoing long-term treatment and for families of patients. The Housing Preservation Ordinance does not consider this a change of use and, therefore, does not require a fee for its alteration.

Neighborhood
Commercial
Policies

Land which is zoned 'major institution' also has an underlying zoning that governs development other than that associated with the institution. GHC has both an underlying commercial zoning designation along the 15th Avenue shopping district as well as an underlying multi-family designation for the remainder of the property. This discussion will focus on the commercial zoning policies.

As part of the City effort to overhaul the Seattle Comprehensive Plan, new land use policies have been adopted for neighborhood commercial (NC) areas which supercede the business commercial (BC) zoning. As is illustrated in Figure 15, GHC has an underlying neighborhood commercial 2 (NC2) designation along its 15th Avenue East frontage. The NC policies define this designation as:

"...a pedestrian-oriented shopping area which provides a full range of household and personal goods and services, including convenience and specialty goods, to the surrounding neighborhoods." (SMC 23.16.20)

GHC's Master Plan for the entire Campus is based on institutional use. Therefore, the NC policies are only applicable to the site as guidelines for compatibility with surrounding use. GHC has attempted to meet the spirit of the policies by proposing ground level retail use along a portion of the 15th Avenue East Campus boundary where retail use currently exists. The height limit for this NC area is 40 feet. Since GHC is proposing to comply with the 105-foot height limit set by the Major Institutions Code, the proposed medical office building will exceed NC limits. As can be noted in Figure 15, the northern edge of the Campus along 15th Avenue East also has an NC designation with a pedestrian (P) classification. The policy intent for this P2 classification is:

"to preserve and encourage a pedestrian-oriented retail shopping area where non-auto modes of transportation to and within the district are strongly favored." (SMC 23.16.20)

The Progressive Care Facility (PCF) complies with the spirit of this policy by offering ground-level retail.

Multi-Family
Policies

As was mentioned in the immediately preceding discussion, the zoning underlying the major institutions designation along 15th Avenue East is neighborhood commercial (NC). The remaining underlying zoning is multi-family Lowrise 3 which is consistent with the surrounding land use as is evident by the following applicable locational criteria for designating an area Lowrise 3 (Seattle Municipal Code 23.16.02):

- . areas where a variety of scale patterns exist, but where there is a prevailing pattern of medium bulk and moderate height (30-40 foot heights)
- . areas where edge conditions, topographic breaks, separation by arterials, and open spaces create a break for smaller scale development which allows greater bulk and permits a variety of building widths
- . areas which are well served by public transit and in close proximity to arterials
- . areas which are adjacent to business and commercial areas with comparable or greater height and bulk, or where a transition in scale between areas of smaller and larger sized housing and commercial buildings is desirable

GHC will not be in compliance with the residential use designation or 37-foot height limitation on the west half of the superblock as it is proposing to expand its facilities and comply with the I-4 major institutions code designation.

Capitol Hill
Community
Agreement

In March 1974, GHC signed an agreement with the Capitol Hill Community Council regarding specific GHC potential development directions. The following is a discussion of the elements of this agreement and GHC's level of compliance.

Element:

1. "Group Health will obtain the express prior consent of the Department of Community Development (DCD) of the City of Seattle and the Capitol Hill Land Use Review Board (or its successor) before any real estate now or in the future owned or controlled by Group Health not currently used in connection with Group Health care delivery, administration, support, or parking facilities may be employed for any such uses. This applies only to Capitol Hill."

Compliance. GHC has remained in compliance with notifying the appropriate organizations of plans to convert previously non-GHC health care delivery associated properties for such uses and will seek formal approval of the master plan from the Capitol Hill Community Council.

Element:

2. "The PCF will be planned and constructed in such a way as to afford rentable commercial retail space (equivalent in size and quality) to the space eliminated by the demolition necessary to construct the PCF. Rental rates will be established based upon the going market rate considering term of lease and other usual factors. Group Health reserves the right to use these properties to its best advantage if said space is not rented within 120 days after it becomes available for use and reasonable effort has been made to find a tenant."

Compliance. Since PCF's opening, GHC has made the ground-level retail space available as commercial space.

- Element: 3. "As the Community Council has expressed particular concern about the effect on the neighborhood of parking lots, and since Group Health recognizes and appreciates this concern and such effect, Group Health agrees:
- a. Group Health will continue to implement traffic reduction plans with the goal of phasing out present surface parking lots, especially the two large parking lots in the 300 block of 16th and 17th Avenues East. Toward that end, Group Health is continuing a program to reduce overall parking requirements by car-pooling, public transportation, regionalization of medical facilities, and other feasible and reasonable means. GHC will be phasing out two of the surface parking lots (P-1 and P-17) after Phase II construction is completed. Parking lots P-7, P-14, P-15 and P-16 will remain as accessory parking needed and required for the institution until the end of Phase III of the Master Plan (about 1996). GHC will, at that time and with input from the community, reevaluate its continued need for those parking lots and will, if possible and appropriate in light of such evaluation, revise its Master Plan to permit disposal of those off-campus parking spaces. Parking lots P-11, P-12 and P-13 are proposed for inclusion within the GHC boundary as they will be needed to meet parking demand throughout the duration of the Master Plan as well as through Phase IV.

Compliance. GHC has an ongoing transportation management plan (TMP) and has outlined a proposed TMP for the duration of the master plan in the master plan document.

- b. "Group Health will give consideration to the construction of a low profile (less than 30 feet elevation) parking garage to replace present parking lots. It is presently contemplated that any such parking garage would be located on or in the vicinity of a portion of 16th Avenue East, which may be vacated should Group Health decide to erect such a parking garage. Group Health's preferred location would be the commercially-zoned property facing 15th Avenue East in the same block. Most of this property is already owned by Group Health Cooperative and nothing in this Agreement is intended to restrict Group Health's acquisition of other property in the immediate area necessary to satisfy this objective. Should such a facility be constructed, Group Health intends to make retail rental space

available on the ground floor fronting 15th Avenue East."

Compliance. The GHC Master Plan includes an underground parking garage with ground-level retail fronting on 15th Avenue East. Therefore, GHC is in compliance with this point.

- Element: 4. "The Council agrees that it will not oppose the vacation of 16th Avenue East in front of the Group Health Capitol Hill Family Health Center, nor the construction of a low profile (less than 30 feet elevation) parking garage located on such vacated street and on any adjacent Group Health property, provided that such structure provides for north and south pedestrian passage along 16th Avenue East."

Compliance. GHC is not proposing vacation of 16th Avenue East.

- Element: 5. "Group Health shall begin as soon as practicable to dispose of real property which it owns on Capitol Hill, which property is not presently used for health care delivery, administration, support, or parking facilities. Group Health intends to accomplish disposal of all such property within a period of five years."

Compliance. GHC has disposed of several properties. With the exception of the apartment building at 214 - 16th Avenue East which GHC proposes to include within its institutional boundary, all remaining properties immediately outside of the boundaries are currently used (and will continue to be used) as parking and for day care.

- Element: 6. "Group Health agrees not to oppose the posting of streets surrounding its Capitol Hill health care facilities for a maximum of four-hour parking, with the understanding that appropriate measures by the City would be taken to exempt bona fide residents of the area from such restrictions. Such measures could include issuing suitable automobile window stickers to residents. Group Health does recognize that certain legal restraints are anticipated on the City's implementation of such a proposal. However, Group Health does not object to the implementation of any necessary legislation."

Compliance. Group Health did not oppose the establishment of the Residential Parking Zone (RPZ) surrounding GHC which restricts long-term parking for those other than residents.

- Element: 7. "Both Group Health and the Council will endeavor, in good faith, to keep each other fully informed of any pending plans or actions which involve or affect the known or

expressed interests of the other, and to engage in full, good faith mutual consultation before proceeding with any such plans or actions. In furtherance of this agreement, Group Health shall review with the Council, or its representatives, not less often than annually, the measures and steps it has taken to accomplish these agreements, and particularly the measures to carry out paragraph 3 hereof."

Compliance. GHC has disclosed development plans to the Council and will continue to do so when such plans are in process. The Council has had a designated representative on the formally-constituted Citizens Advisory Committee.

- Element: 8. In consideration of the execution of this agreement by Group Health, the Council agrees not to oppose the issuance of a building permit for the PCF by the City of Seattle.

Compliance. Construction of the Progressive Care Facility was completed in 1976.

ENVIRONMENTAL INFORMATION AND CUMULATIVE IMPACTS

Due to the complex nature of the GHC Master Plan, an environmental impact statement (EIS) has been prepared. Although it is an entirely separate document, issued by the City of Seattle, it is attached with the GHC published Master Plan and follows it. It should be noted that the EIS reviews impacts of Phases I, II and III only. Phase IV is too far in the future to predict environmental impacts with sufficient accuracy.

Cumulative impacts are discussed in the EIS.

Section III
Revisions

MASTER PLAN REVISIONS

- Pages 37, 103: Discussion on revision of GHC development boundary have included additional boundary change to incorporate GHC-owned parking lots which are contiguous to the existing GHC boundary and needed to meet parking demand, i.e. P-11, P-12 and P-13, totaling 132 spaces.
- Pages 37, 94, and Figure 23: Discussion reflects deletion of proposal to vacate underground portions of 15th or 16th Avenues East for the purpose of a ramp leading to parking garage.
- Pages 38, 103: Discussion reflects proposal to allow off-campus parking lots P-7, P-14, P-15 and P-16 to remain as accessory parking needed and required for the institution until the end of Phase III of the Master Plan (about 1996). GHC will, at that time and with input from the community, reevaluate its continued need for those parking lots and will, if possible and appropriate in light of such evaluation, revise its Master Plan to permit disposal of those off-campus parking spaces.
- Page 75: Discussion on request for 0-foot setback along Denny between 15th and 16th Avenues East has been deleted. GHC has agreed to comply with the MILUC guidelines for setbacks above grade.
- Page 94: Discussion reflects GHC agreement to allow a condition through the Master Use Permit process for the Medical Office Building stipulating an east/west pedestrian walk-through midway through the superblock.

Section IV

Errata

MASTER PLAN ERRATA

Pages 53, 59, 101: Discussion in Non-Institutional Zone Designations reflects deletion of discussion on old BC zoning.

Page 57: Figure 15 has been altered to reflect NC zoning adoption.

Pages 77, 81: Parking space numbers have been revised.

Page 101: Discussion reflects deletion of final sentence.

FINAL
ENVIRONMENTAL IMPACT STATEMENT
FOR
GROUP HEALTH COOPERATIVE
CENTRAL CAMPUS

City of Seattle
Department of Construction and Land Use

Prepared in compliance
with the State Environmental Policy Act of 1971,
Chapter 43.21c, Revised Code of Washington, SEPA Guidelines,
Effective April 4, 1984, as revised,
Chapter 197-11 Washington Administrative Code,
and the City of Seattle SEPA Ordinance 111866,
Municipal Code Chapter 25.05, effective October 1, 1984

This document, together with the Draft Environmental Impact Statement
for the Group Health Cooperative Central Campus,
issued on April 14, 1986,
constitutes the Final Environmental Impact Statement for the project.

Date of Issue: March 26, 1987

FACT SHEET

Action Sponsor

Group Health Cooperative
200 15th Avenue East
Seattle, Washington 98112

Proposed Action

The proposal is a Land Use Action to approve a Major Institution Master Plan for Group Health Cooperative, Central Campus.

Project Location

The site is the existing Group Health Cooperative Central Campus located on Capitol Hill in Seattle. The existing boundaries are irregular, but generally extend between 15th Avenue East and the east side of 16th Avenue East, and from East Denny Way to north of East Thomas Street.

Approximate Date
of Implementation

Construction could begin as early as 1987 for Phase II and continue through 1995. Phase III could be completed as early as 1995.

Lead Agency

City of Seattle
Department of Construction and Land Use

Responsible Official
and Contact Person

Jim Barnes, Land Use Specialist
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Seattle, Washington 98104
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Decision Maker

Seattle City Council

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FACT SHEET (continued)

Seton Johnson & Odell, Inc.: Air Quality Analysis

Towne Richards & Chaudiere, Inc.: Noise Analysis

Licenses, Permits
and Other Required
Approvals

City of Seattle:
Institutional Master Plan
Master Use Permits
Demolition Permits
Building Permits
Drainage Permits
Electrical Permits
Mechanical Permits
Sewer Permits
Fire Code Inspections
Street Vacations
Street Use Permits (possibly during construction)
All other permits and approvals

Date of Issue of Draft EIS April 14, 1986

Date of Issue of Final EIS March 26, 1987

Location of
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Cost to Public Copies of this Final Environmental Impact Statement have been printed and made available for public distribution. A limited number of additional copies, if needed, are available free from the Land Use Information Center, Department of Construction and Land Use (Room 408, Municipal Building). When the number of copies is exhausted, then additional copies may be purchased for the cost of reproduction (\$0.25 first page, \$0.10 each additional page).

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Special Interest Groups

Washington Environmental Council
Group Health Cooperative Central Campus Master Plan Citizen Advisory
Committee

Section I

Summary

I. SUMMARY

A. INTRODUCTION

This environmental impact statement (EIS) describes the Group Health Cooperative (GHC) Major Institution Master Plan (MIMP) for Central Campus and the impacts of the plan on the Capitol Hill Community (refer to Figures 1 and 2). GHC Central Campus contains 13 buildings located between East Harrison Street, East Denny Way, 16th Avenue East, and 15th Avenue East. In addition, parking lots are located on 17th Avenue East and on 16th Avenue East.

The proposed action is the approval of Phases II and III of the MIMP for GHC Central Campus. GHC is requesting approval for only two phases, II and III, since Phase I does not entail major construction and Phase IV is too far in the future to adequately predict environmental impacts. For the purposes of projecting impacts, however, years have been attached to the phasing of the projects based on when earliest development could occur:

Phase I	Present through 1987
Phase II	1987-1991
Phase III	1991-1995
Phase IV	1995-2000

The Central Campus Master Plan is a flexible guide for campus development and establishes a basis for decision making. It proposes alternative plans that are referred to as "Futures." The "Futures" represent a range of development alternatives for the Central Campus, each with slightly different development requirements.

B. DESCRIPTION OF THE PROPOSED ACTION AND ALTERNATIVES

The six Futures were developed and refined by GHC. Since Future 2 projects the greatest potential development for Central Campus, it will be described in detail. The remaining five Futures represent similar yet less intensive development. Table 1 illustrates the hospital bed and physician offices by Future (see Figure 2, Vicinity Map, and Figure 3, Existing and Proposed MIMP Boundaries).

Table 1
CENTRAL CAMPUS HOSPITAL BEDS, AND
PHYSICIAN OFFICE PROJECTIONS

Future	Beds		Specialty Ofcs	
	Need In-House/ Purchased*		1990	1995
	1990	1995		
1	341/26	400/33	129	145
2	367/26	435/33	141	157
3	356/63	426/77	137	156
4	361/26	361/101	109	122
5	223/26	261/33	75	80
5a	253/26	299/33	9	102

*Purchase of beds refers to GHC's current and projected continued practice of purchasing care for some GHC enrollees in the form of hospital care and the use of beds and services at regional specialty centers such as: burn and trauma care at Harborview Medical Center, open heart surgery at University Hospital, etc.

Future 1: Limited Centers of Excellence

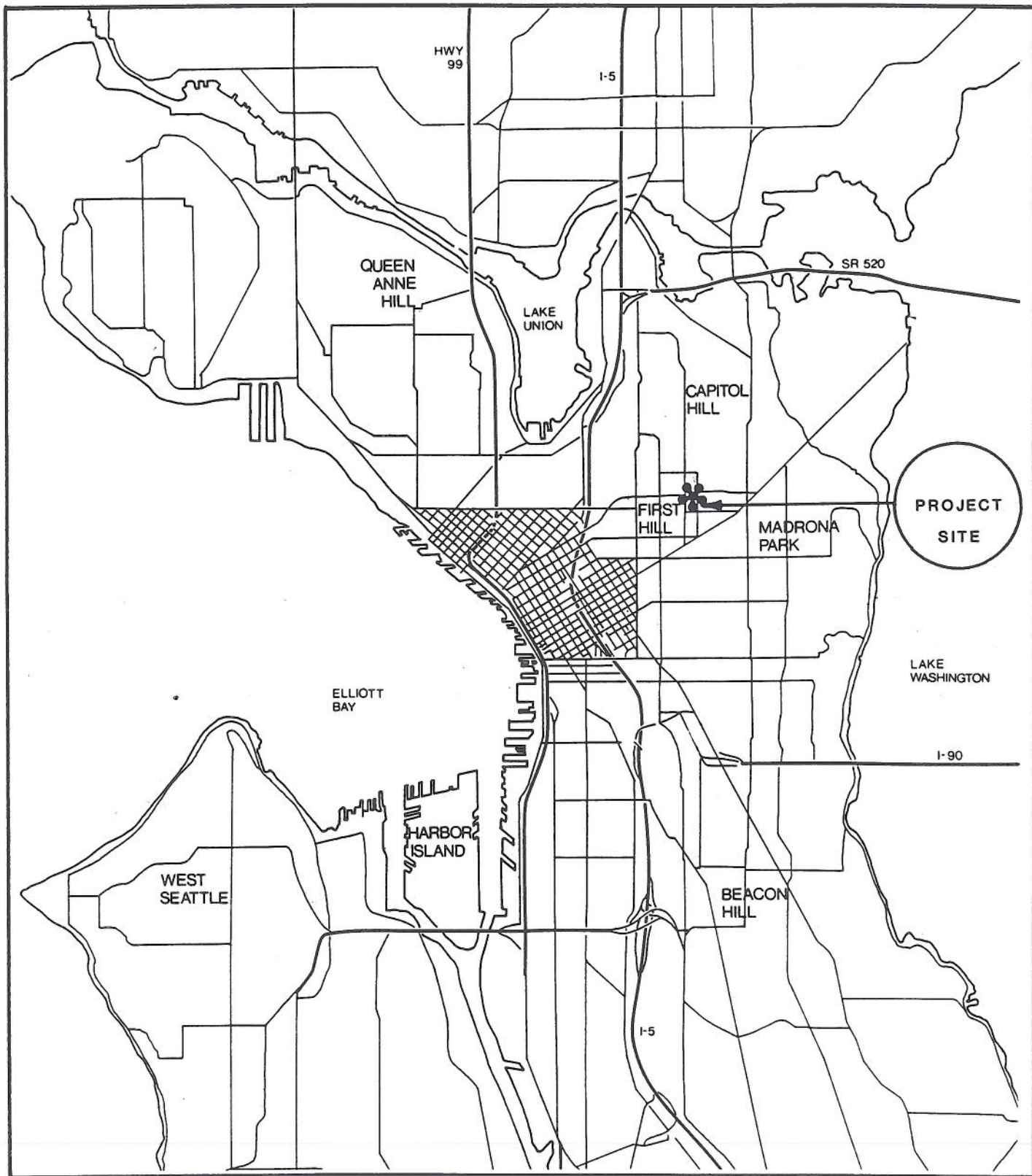
By 1995 GHC has implemented a new service delivery model, based on the concept of "limited centers of excellence" used in the California Kaiser System, in which groups of services are linked together and provided in one hospital of a multi-hospital system. Central and Eastside Regional Medical Centers (RMC's) provide most of the tertiary care for all of GHC, but do not duplicate each other's services.

Future 2: Central is Tertiary/Specialty Care Center

This future builds on GHC's existing situation. Central Campus remains the tertiary care center for Central and East Region patients. Eastside continues to serve as a large secondary care, or community hospital. South Region provides or purchases its own tertiary services within its immediate vicinity. The continued provision of tertiary care at Central requires the greatest physical expansion of Central Campus of all the futures (refer to Figures 4 and 5).

Future 3: Decentralized Regions

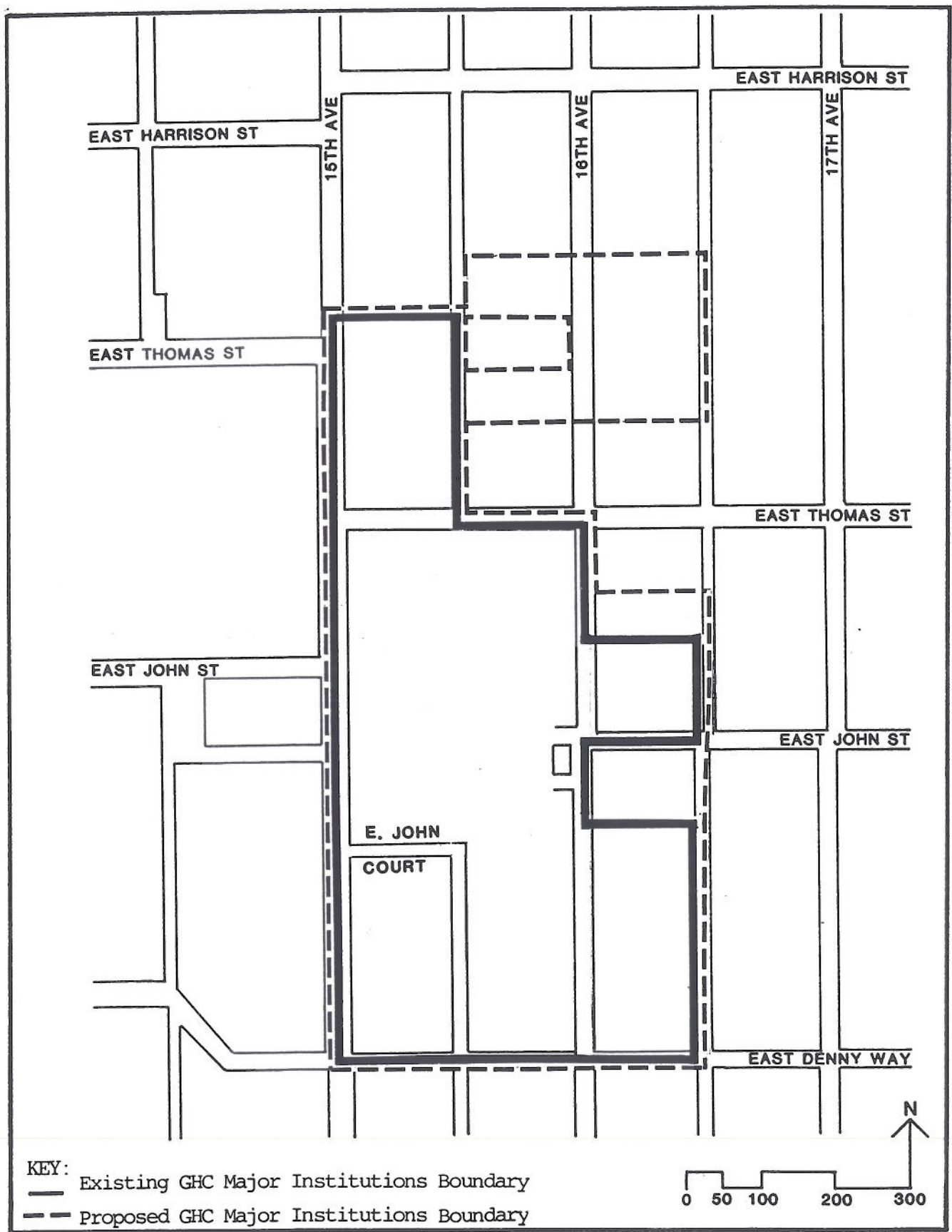
GHC regions have decentralized, autonomous administrative and governance structures. GHC does not concentrate tertiary services in any one RMC site, but each region provides, buys, or contracts for medical services for its enrollees. The only exceptions are those currently existing tertiary services at Central for which Central would continue to get Eastside referrals (e.g., neurosurgery). Because Central still provides some tertiary care for East enrollees, the physical requirements in this future are only slightly smaller than Future 2.



GROUP HEALTH COOPERATIVE

LOCATION MAP
Figure 1

VICINITY MAP
Figure 2



GROUP HEALTH COOPERATIVE

EXISTING AND PROPOSED MIMP BOUNDARIES

Figure 3

END OF PHASE 11

STRUCTURES WITHIN GHC BOUNDARY

(Between 15th and 16th Avenues East)

Progressive Care Facility

(Name would be changed)

Use: Women's and Children's Center (inpatient and outpatient), 30 beds; Ground level retail and support; underground parking
Height: 64 feet (5 floors)

Central Hospital

Consists of A, B, C, and D Wings

Use: Inpatient, Ancillary and Support, Ambulatory Care (307 beds), and Administration Wing--61 feet (5 floors), 8 wings; 40 feet (3 floors), C Wing--61 feet (5 floors), D Wing--75 feet (6 floors)

Medical Office Building (MOB)

Ancillary and Parking

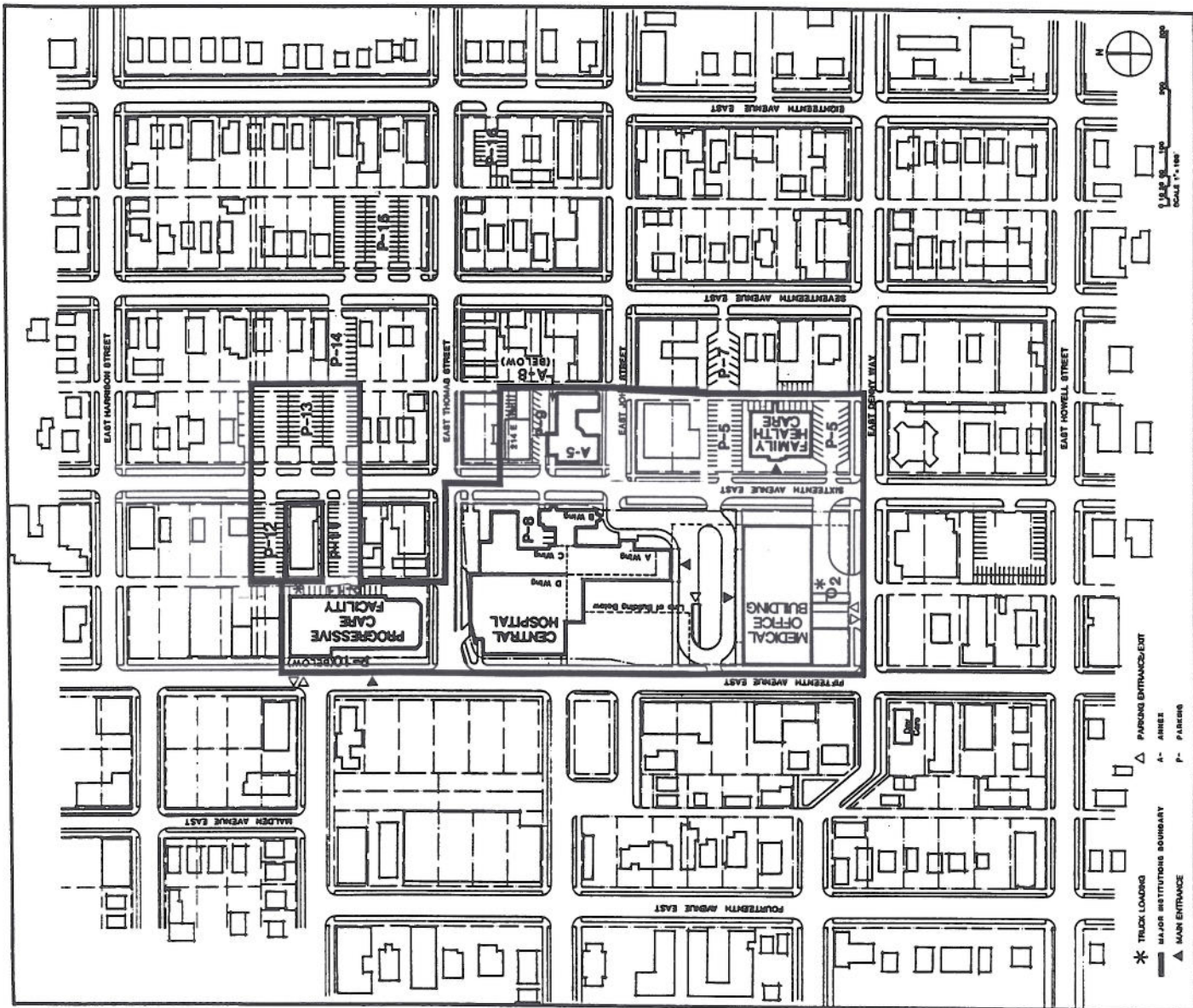
Use: 3 levels underground parking for 716 cars; two levels underground Ancillary and Support Services; Ground Level Retail loading dock; 6-level Above Grade Medical Office Building for specialists and the Family Practice Residency Program

Height: 90 feet above grade (6 floors)

Liquid Oxygen Storage

Use: Storage of oxygen

Height: 16 feet



GROUP HEALTH COOPERATIVE CENTRAL CAMPUS MASTER PLAN

FUTURE 2 PHASE II
Figure 4

STRUCTURES WITHIN GHC BOUNDARY (Between 16th and 17th Avenues East)

Annex-B (A-B)

Use: Maintenance and storage
Height: Below grade

Annex-5 (A-5) known as Anhalt

Use: Administration, Personnel
Height: 36 feet (3 floors)

Family Health Care

Use: Primary Care

Height: 26 feet (2 floors)

United Methodist Church

GHC FACILITIES OUTSIDE BOUNDARY

Daycare Facility

Use: Child daycare

Height: 15 feet (1 floor)

214 East 16th

Use: 6 GHC-owned apartment-type units used as temporary housing for families of patients

Height: 24 feet (2 floors)

GHC PARKING WITHIN BOUNDARY

MOB: 650 spaces outpatient/visitor/retail customer, including 75 employee carpool spaces, 15 vanpool spaces
P-0: 80 spaces, 16 20-min. patient spaces, 3 handicapped, 3 patient load
P-5: 57 spaces (12 medical staff, 41 outpatient/visitor; 2 handicapped; 2 30-min. pharmacy pickup; 3 bicycle spaces)

P-8: 3 medical staff spaces

P-9: 17 spaces (6 vendor, 10 medical staff, 1 handicapped)

P-10: 85 underground patient/visitor spaces; 7 motorcycle, 12 bicycle

P-11: 9 medical staff spaces

PCF: 3 truck load spaces; 6 bicycle

C-Wing: 3 truck load spaces

ER: 1 ambulance space; 1 motorcycle

214 E. 16th: 6 residential spaces

GHC PARKING OUTSIDE BOUNDARY

P-7: 14 outpatient/visitor spaces

P-11: 32 spaces (30 medical, 2 handicapped)

P-12: 24 medical staff spaces

P-13: 76 employee spaces

P-14: 9 employee spaces

P-15: 65 employee spaces

P-16: 18 employee spaces

END OF PHASE III

STRUCTURES WITHIN GHC BOUNDARY

(Between 15th and 16th Avenues East)

Progressive Care Facility

(Name would be changed)

Use: Women's and Children's Center (Inpatient and outpatient), 38 beds; Ground level retail and support space, and underground parking
Height: 64 feet (5 floors)

Central Hospital

Consists of A, C, and D Wings

Use: Inpatient and Ambulatory Care (307 beds)
Height: A Wing--61 feet (5 floors), C Wing--61 feet (5 floors), D Wing--75 feet (6 floors)

West Ancillary and Nursing

Use: 7 levels patient care and Ancillary Services (ground level main hospital entrance, first and second floors ancillary and inpatient, third floor administration, fourth through seventh floors inpatient)
Height: 105 feet (7 floors)

Connecting Corridor

Use: Second and third floor corridor between the MOB and West Ancillary Buildings

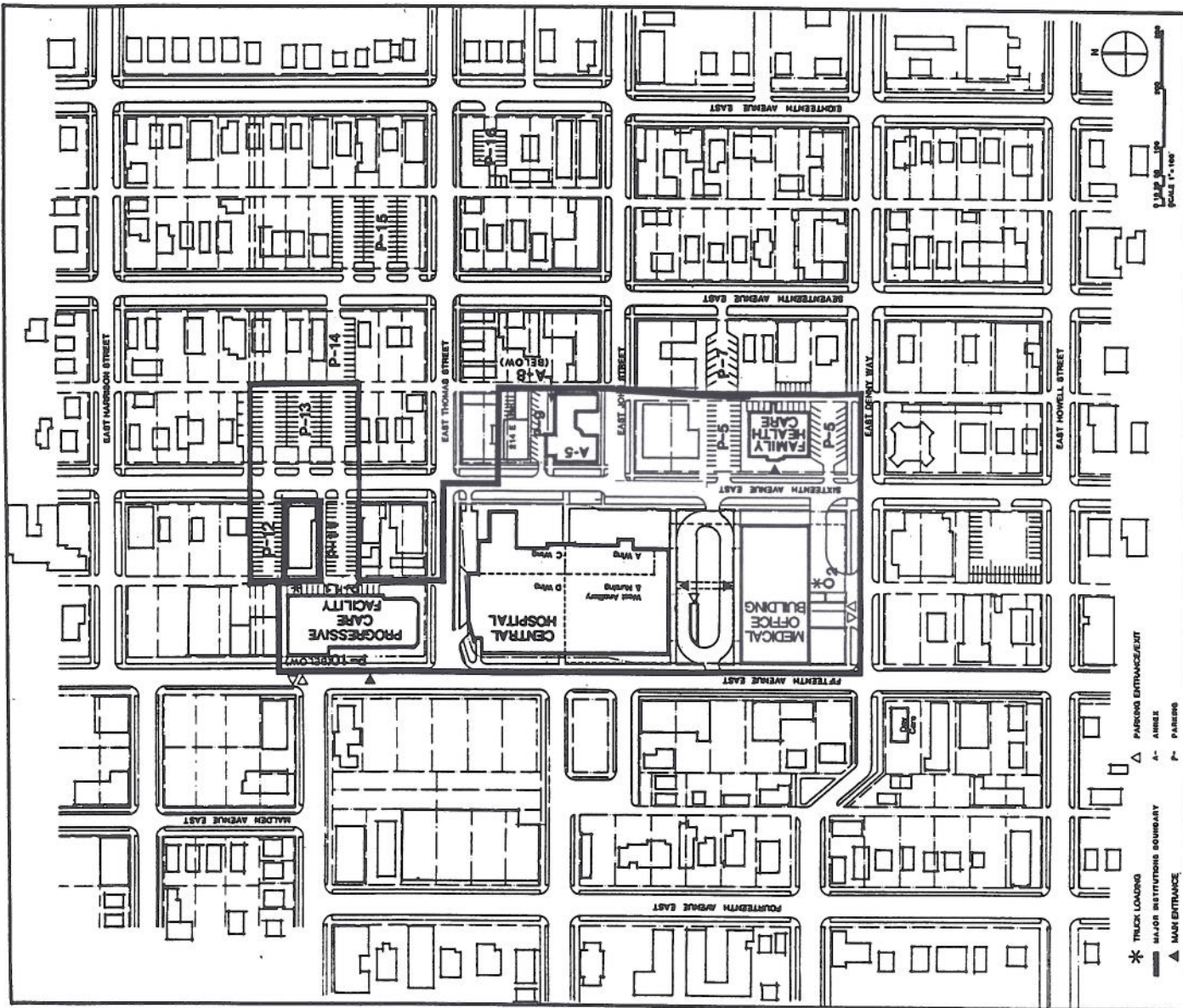
Medical Office Building (MOB)

Ancillary and Parking

Use: 3 levels underground parking for 716 cars; 2 levels underground Ancillary Services; Ground Level Retail; 6-level above grade Medical Office Building for specialists and the Family Practice Residency Program
Height: 90 feet above grade (6 floors)

Liquid Oxygen Storage

Use: Storage of oxygen
Height: 16 feet



GROUP HEALTH COOPERATIVE CENTRAL CAMPUS MASTER PLAN

FUTURE 2: PHASE III
Figure 5

STRUCTURES WITHIN GHC BOUNDARY

(Between 16th and 17th Avenues East)

Annex-B (A-B)

Use: Maintenance and storage
Height: Below grade

Annex-5 (A-5) known as Annall

Use: Administration, Personnel
Height: 36 feet (3 floors)

Family Health Care

Use: Primary Care
Height: 26 feet (2 floors)

East Ancillary

Use: 3 levels Ancillary Services
Height: 2 floors above grade

United Methodist Church

GHC FACILITIES OUTSIDE BOUNDARY

Daycare Facility

Use: Child daycare
Height: 15 feet (1 floor)

214 East 16th

Use: 6 GHC-owned apartment-type units used as temporary housing for family of patients
Height: 24 feet (2 floors)

GHC PARKING WITHIN BOUNDARY

South Clinic

MOB: 560 spaces outpatient/visitor/retail customer, including 75 employee carpool spaces, 15 vanpool spaces

P-0: 10 spaces (4 20-min. patient parking, 3 handicapped, 3 patient load)

P-5: 41 outpatient/visitor; 2 handicapped; 2 30-min. pharmacy pickup; 3 bicycle spaces

P-8: 3 medical staff spaces

P-9: 17 spaces (6 vendor, 10 medical staff, 1 handicapped)

P-10: 85 underground patient/visitor spaces; 7 motorcycle, 12 bicycle spaces; 9 medical staff spaces

P-11: 3 truck load spaces; 6 bicycle

P-12: 1 ambulance space; 1 motorcycle

P-13: 6 residential spaces

P-14: 14 outpatient/visitor spaces

P-15: 32 spaces (30 medical, 2 handicapped)

P-16: 24 medical staff spaces

P-17: 76 employee spaces

P-18: 9 vanpool spaces

P-19: 65 carpool spaces

P-20: 18 employee spaces

GHC PARKING OUTSIDE BOUNDARY

P-7: 14 outpatient/visitor spaces

P-11: 32 spaces (30 medical, 2 handicapped)

P-12: 24 medical staff spaces

P-13: 76 employee spaces

P-14: 9 vanpool spaces

P-15: 65 carpool spaces

P-16: 18 employee spaces

Future 4: Limited Capital for all of GHC

Like the rest of the health care industry, GHC experiences increasing difficulty raising capital. As a result, GHC chooses to buy substantial amounts of care from non-GHC providers (since they find themselves with excess capacity) rather than build the physical capacity to deliver the services. The only capital monies spent on Central Campus are targeted to correct existing physical and functional problems, and to house practitioners. Programmatically, all secondary hospital care demand which exceeds the existing bed supply is bought from outside providers.

Futures 5 and 5A: Eastside is Tertiary Care Center

These futures call for a role reversal for Central and Eastside Campuses. Eastside becomes the tertiary center for Central and East Region enrollees, and Central is scaled back to become a community hospital with its predominant focus on secondary care.

No Action

The final alternative examined in this document is the No Action Alternative, which is characterized by no major construction on Central Campus and no change in the existing MILU boundary.

C. ENVIRONMENTAL IMPACTS OF THE PROPOSED
ACTION AND ALTERNATIVES

Through the mandatory scoping process, six elements of the environment were identified as warranting analysis in the EIS. These elements are air quality, energy, noise, land use (site planning area, relationship to plans and policies, population [employment], housing, light and glare, aesthetics, historic and cultural preservation), transportation, and public services and utilities. The results of their analysis are summarized below.

AIR QUALITY

Significant Impacts

- . Emissions would be greater, but not of significant concern, under any of the build alternatives.

Mitigating Measures

- . None are proposed.

Unavoidable Adverse Impacts

- . None are anticipated.

ENERGY

Significant Impacts

- . Implementation of the proposed action would require up to 707.5×10^9 BTUs (the equivalent to the energy content in 121,980 barrels of crude petroleum) during project construction (calculated in accordance with City of Seattle Department of Construction and Land Use, Director's Rule 15-85, Optional).
- . The proposed action would require up to 164.6×10^9 BTUs (the equivalent to the energy content in 28,370 barrels of crude petroleum) per year for operation. The peak electrical demand for the GHC campus is estimated to be 11,874 kilowatts (Director's Rule 15-85, Optional).
- . The proposed action would also require energy for transportation, developing additional infrastructure, and project demolition after the useful lifetime of the project.

Mitigating Measures

- . All additions to and new construction within the GHC Central Campus would be designed to conform to the Seattle Energy Code.

- . GHC is currently cooperating with Seattle City Light's cogeneration feasibility study. Operating and energy use patterns of hospitals tend to make them good prospects for generation of electricity and useful heat to further reduce use of conventional fuels and cost of energy.
- . GHC is presently working with their architect and the Facilities Department in evaluating the economic feasibility of developing cogeneration based on the results of the study. GHC, with Seattle City Light's assistance, is committed to cogeneration if the economic assessment demonstrates the cost-effectiveness of a cogeneration facility as compared to a conventional plant.

Unavoidable Adverse Impacts

- . The proposed action would result in the consumption of limited electrical, natural gas, and petroleum resources.

NOISE

Significant Impacts

- . There would be slight noise impacts from increased traffic, primarily affecting an alcoholics' halfway house, a church and a child care center near the proposed parking garage on East Denny Way.
- . There would be temporary significant impacts from construction noise affecting a child care center, an alcoholics' halfway house, a church and three apartment buildings south of GHC, and also affecting activities in the existing GHC buildings which adjoin the construction site.

Mitigating Measures

- . Parking facilities could be located and oriented to avoid creating increased traffic on 16th Avenue East and other residential streets in the site vicinity.
- . A professional acoustical consultant could participate in the design and location of building mechanical equipment and emergency generators to insure that the noise will comply with the Seattle Noise Ordinance and not be noticeable above the existing noise.
- . Construction noise impacts could be mitigated using the following measures as identified in the USEPA noise guidelines:
 - the use and maintenance of properly operating mufflers and quieting devices
 - the use of the quietest available machinery and equipment
 - the use of electric equipment in preference to gas, diesel or pneumatic machinery

- locating construction equipment as far from nearby noise sensitive properties as possible
- shutting off idling equipment
- limitation of construction hours to coincide with the normal workday period, 7:30 a.m. to 6 p.m.
- scheduling the noisiest operations near the middle of the day, and notifying nearby residents whenever extremely noisy work will be occurring
- the use of permanent or portable acoustic barriers around point noise sources
- . Construction noise impacts affecting hospital activities could be mitigated by avoiding especially noise-sensitive activities (such as surgery and intensive care) in the most exposed locations during construction, or by constructing temporary exterior or interior walls to cover windows, which are the primary noise transmission path.

Unavoidable Adverse Impacts

- . There would be permanent traffic noise increases of less than 1 dBA on most streets in the site vicinity, and 3 to 4 dBA directly across from the proposed parking garage on east Denny Way, affecting residences, churches and a child care center.
- . There would be significant temporary noise impacts during construction of the expanded facility.

LAND USE

Site and Planning Area

Significant Impacts

- . The project would be consistent with established institutional uses within the Major Institution boundary.
- . There would be an increase in the intensity of use of the existing institution. Even with the increase in intensity of use of the existing institution, adjacent land uses are not expected to change significantly. There are substantial building setbacks along the edges, and ground level retail is still provided along 15th Avenue East. These measures and decreasing intensity of use within the major institution boundaries toward the east provide neighborhood compatibility consistent with the existing conditions.
- . The proposed expansion could intensify the human activity and use of services in the area. With increased population on the site, it is anticipated that demand for proximate commercial services would increase but land use would not change significantly.

- . The proposed development is not expected to result in land use changes in other parts of the neighboring community.

Mitigating Measures

- . Sensitivity to the GHC Central Campus edges would be incorporated into the buildings' design and orientation by paying attention to human scale and use at street level. Ground level retail development would be provided along the 15th Avenue East neighborhood commercial strip. A public walkthrough would link 15th and 16th Avenues East and allow for pedestrian movement midway through the superblock.
- . The proposed Phase II expansion includes development of an open space area just north of the Medical Office Building. This area will provide additional space for relaxation for visitors, patients, and staff of the South Campus area. This area is expected to be better used than the existing landscaped area.

Unavoidable Adverse Impacts

- . The increase in building mass would dramatize the difference between institutional uses and adjacent single- and two-story residential uses.

Relationship to Plans and Policies

The following existing and proposed land use plans and policies are summarized here and are reviewed in the GHC Major Institution Master Plan (MIMP) section on the Consistency of the Plan with Land Use Policies.

- . Major Institutions Policies
- . Housing Preservation Ordinance
- . Neighborhood Commercial Policies
- . Multi-Family Policies
- . Capitol Hill Community Agreement

The MIMP section discusses the relationship of the consistency of the GHC Master Plan with the applicable implementation guidelines of the major institutions policies.

Major Institutions Policies

The GHC Master Plan would comply with the Implementation Guidelines of the Major Institution Policies.

Housing Preservation Ordinance

The City of Seattle Housing Preservation Ordinance requires that a housing demolition license and fee be paid when more than four units of housing are demolished or converted to a non-residential use. GHC plans to demolish 12 units in the Cline Building in Phase II of the Master Plan. GHC will comply with the applicable provisions of the Housing Preservation Ordinance.

Neighborhood Commercial Policies

GHC's Master Plan has attempted to meet the spirit of the Neighborhood Commercial Policies by providing ground-level retail to reinforce the pedestrian orientation. Retail use is proposed along a portion of the 15th Avenue East Campus boundary where retail use currently exists.

Multi-Family Policies

The zoning underlying the major institutions designation along 15th Avenue East is Neighborhood Commercial (NC-2 and NC-2-P). The remaining underlying zoning is multi-family lowrise 3 which is consistent with the surrounding land use. GHC will comply with the I-4 major institutions code designation along 15th Avenue East. It also proposes to reduce the I-3 designation to I-2 east of 16th Avenue East to better fit with the surrounding residential land use.

Capitol Hill Community Agreement

In March 1974, GHC signed an agreement with the Capitol Hill Community Council regarding specific GHC potential development directions. The GHC MIMP will comply with all eight of the relevant elements of the Capitol Hill Community Agreement.

Population

Significant Impacts (Future 2)

- . The average daily population (employment, patients, and visitors) would increase by 22%, or 1,064 people, above existing conditions.
- . There would be an increase in peak hour employees and daily out-patients, by 378 and 518 people, respectively.
- . This increase in average daily population could increase the congestion in the adjacent neighborhood, and affect its character.

Mitigating Measures

- . Refer to sections on Air Quality, Noise, and Transportation for a discussion of relevant mitigating measures that could benefit the adjacent neighborhood.

Unavoidable Adverse Impacts

- . There would be an increase in the average daily population at Central Campus by approximately 1,064 people.

Housing

Significant Impacts

- . Implementation of any of the alternative futures with the exception of the No Action Alternative would result in the demolition and loss

of the Cline Apartments (12 units) and in the conversion of the six units at 214 - 16th Avenue East from apartments to temporary housing for patients and families of patients.

Mitigating Measures

- . GHC would fulfill all of the applicable replacement and relocation requirements of the Housing Preservation Ordinance (HPO) associated with the demolition and loss of 12 rental units.

Unavoidable Adverse Impacts

- . Demolition and/or conversion resulting in the loss of 18 rental units owned by GHC.

Light and Glare

Significant Impacts

- . During the summer at 10:00 a.m., most of 15th Avenue East from the Progressive Care Facility (PCF) building south to the proposed Medical Office Building would be shaded. A small portion on the eastern boundary of the neighborhood park on 15th Avenue East and East John Street would also be shaded during this time by the central hospital core.
- . During the winter when the sun is at its lowest angle, the shading impacts would be substantially longer than those for the summer months. The neighborhood park at 15th Avenue East and East Thomas Street would be completely shaded by the Medical Office Building at 10:00 a.m.
- . The new buildings on the GHC campus would produce additional sources of light from building illumination.
- . A glare diagram that clearly identifies potential adverse glare impacts on residential zones and on arterials is required by the Major Institutions Development Standards when a structure is proposed which will have facades of reflective coated glass or other highly reflective material, and/or which will have more than 30% of the facades comprised of clear or tinted glass. GHC proposes to design structures which meet these standards, thereby not requiring glare diagrams.

Mitigating Measures

- . Exterior lighting within the GHC campus could be shielded and directed away from light sensitive structures in adjacent residential areas. Lighting could be restricted to areas where it would be necessary for safety. Facades of new structures would be designed in conformance with the Major Institutions Code to minimize glare.

Unavoidable Adverse Impacts

- . There would be a slight increase in nighttime illumination in the campus area due to the proposed Medical Office Building and the patient care tower.
- . There would be shadow increases within the vicinity of the GHC area, especially along 15th and 16th Avenues East. The neighborhood park at 15th Avenue East and East John Street would be completely shaded during the winter months at 10:00 a.m.

Aesthetics

Significant Impacts

- . Under all of the build alternatives there would be an increase in the intensity of use of the existing institution and a significant change in the visual character of the campus.
- . The six-story Medical Office Building to be developed during Future 2--Phase II along 15th Avenue East at East Denny Way would impact an area that is currently single-story retail buildings and parking lots.
- . An additional seven-story patient care tower to be developed during Future 2--Phase III also along 15th Avenue East would contribute to the change in visual character from existing single-story retail and the three-story central specialty wing to a much larger and taller facility.
- . There would not be a view impact on the East John Street corridor, but some views to the south of the campus would be affected by the development of the six-story Medical Office Building and the seven-story patient care tower.

Mitigating Measures

- . Sensitivity to the GHC Central Campus edges could be incorporated into the buildings' design and orientation by paying attention to human scale and use at street level. Ground level retail development will be provided along the 15th Avenue East neighborhood commercial strip.
- . A public walkthrough would link 15th and 16th Avenues East and allow for pedestrian movement midway through the superblock.
- . The proposed landscaping plan will retain as much existing vegetation as feasible given that new development will eliminate some existing ground cover, shrubs, and trees. Additional vegetation will include similar native species such as azaleas and rhododendrons to establish continuity of landscaping. New landscaping will be provided in conformance with the Major Institution Code development standards.

- . Similar building materials would be used for the construction of the new Medical Office Building and the patient care tower, and the GHC Central Campus would have a cohesive and unified appearance.

Unavoidable Adverse Impacts

- . There would be a significant change in the visual character of the GHC campus as the result of increases in building mass and the development of new facilities.

Historic and Cultural Preservation

Significant Impacts

- . The Anhalt Building, during Phase I of all futures, will be remodeled in the interior for the relocation of D Wing, 6th floor administration, and elevators would be added in the north facade. The additional elevator structure would be consistent in design although it would be a visible addition.
- . The Methodist Church will not change under any alternatives, except as allowed by code and the Landmark Preservation Board.

Mitigating Measures

- . Any change to the exterior of the Anhalt Building will be consistent with the design integrity of the existing building.

Unavoidable Adverse Impacts

- . The Anhalt Building would have an addition to its original north facade.

TRANSPORTATION

Transportation/Circulation

Significant Impacts

- . The 716-space garage results in a re-distribution of a considerable proportion of Central Campus traffic from more remotely located parking areas toward the intersection of East Denny Way and 15th Avenue East. Future 2 traffic volumes experience a greater increase at these intersections than at most other locations. There is a corresponding decrease of traffic volumes along some street segments to the north of the GHC campus when compared to the volumes projected without any GHC changes.
- . There is either no change or a change in one LOS level between existing and projected conditions. 19th Avenue East and East Thomas Street and 12th Avenue East and East Denny Way are locations where the increased traffic from Alternative 2 results in a deterioration of intersection operations to LOS "E." Both intersections currently

operate at LOS "D." The addition of background traffic would in itself be sufficient to result in LOS "E."

- Existing parking lots along the north side of East Denny Way between 15th Avenue East and 16th Avenue East would be removed during the parking garage construction phase. This would result in slightly lowered traffic volumes along East Denny Way and improved intersection operations at East Denny Way and 16th Avenue East. Some of the parking activity would divert to lots located toward the northern portion of the campus. This would result in a corresponding temporary increase in traffic volumes along East Thomas Street and deterioration of intersection operations at East Thomas Street and 15th Avenue East and East Thomas Street and 16th Avenue East.

Mitigating Measures

- 15th Avenue East and East Thomas/East John Streets Intersection. The signal at this location could be upgraded to accommodate traffic and properly serve the prevailing traffic flow.
- 19th Avenue East and East Thomas Street, 12th Avenue East and East Denny Way, and East Denny Way and 15th Avenue East. Traffic volumes could be monitored if Future 2 is chosen in order to determine if the intersection meets engineering criteria for signalization.
- 15th Avenue East and East John Street. The existing transit stop west of the intersection of 15th Avenue East and East John Street could be relocated to the west side of the intersection of 15th Avenue East and to East John Place.
- During Phase II, once the warehouse/loading dock is relocated to the south end of the campus, the existing emergency room drive could be routed to the east.
- 15th Avenue East and East Denny Way. Three parking spaces on the east side of 15th Avenue East, south of East Denny Way could be eliminated. In addition, eliminate parking on the south side of East Denny Way, across from the proposed garage access and stripe two lanes.
- East Thomas Street between 15th Avenue East and 16th Avenue East. Partial elimination of parking could be necessary on both sides of the street to accommodate traffic circulation improvements. Stripe for two approach lanes to 15th Avenue East, one turning left and one right. Two to three spaces could be removed on the south side of the street to improve sight distance for vehicles turning from 16th Avenue East. Three to four spaces should be removed on the north side near the intersection with 15th Avenue East.
- Construction could be scheduled so that truck traffic does not interfere with peak hour traffic.

Unavoidable Adverse Impacts

- . The increase in traffic resulting from implementation of either Futures 1, 2 or 3 is unavoidable.
- . A temporary increase in traffic volumes along 15th Avenue East and 16th Avenue East in the vicinity of East Thomas Street and along East Thomas Street during the construction phase would be unavoidable.

Parking

Significant Impacts

- . The planned garage would provide approximately 716 spaces and, combined with surface lots totalling 1,131 spaces, would assure adequate parking to meet demand and code requirement. The existing parking supply of 646 spaces would continue until garage construction begins during Phase II.
- . During construction of the parking garage in Phase II, 108 existing spaces located on the garage site would be removed from the current supply. This loss of parking would occur for 9-12 months. During the garage construction period, the campus parking deficit would temporarily increase. Construction crews would add to the parking demand and may not be able to be accommodated on the campus. An additional 106 spaces located outside the boundaries would be relinquished upon completion of the garage.

Mitigating Measures

- . Locate existing parking facilities off campus to sites that have space available or are not used during Central Campus demand periods (such as churches or other uses with off-peak demands). Secure arrangements to use the spaces available and assign the spaces to appropriate staff or visitors. The location of some parking areas meeting the temporary needs of Central Campus could require shuttle service to the campus.
- . Investigate, and if cost-effective, increase subsidies of transit passes to employees and consider 100% subsidy of passes for a specified period to employees in general or to anyone turning in parking permits or Central Campus employees in general.
- . Provide parking attendants responsible for "stacking" selected cars. "Stacked lots" would use parking aisles to increase the capacity of Central Campus lots. Attendants would be necessary to move cars blocked by cars parked in aisles. The labor and insurance costs of attendant parking is considerable, and previous studies conducted by GHC indicate that the small lot sizes, narrow aisles, and landscaping buffers required by ordinance limit the benefit of this measure.
- . Provide direct van or bus service from regional park and ride and park and pool lots to Central Campus through an agreement with Metro Transit.

- . Increase incentives to employees participating in carpool and vanpool programs. Provide special bonus incentives to be determined by GHC during the construction period for employees logging a specified number of trips by HOV.
- . No specific mitigation is required for the post-Phase II parking conditions under any alternative future.

Unavoidable Adverse Impacts

- . The existing parking deficit will increase by 108 spaces for 9-12 months as Lots 1, 2, 3, 4 and 19 are removed to allow for garage and medical office building construction. Additional stress would be placed on parking facilities due to greater demand for limited off-street spaces. Violations of the Residential Parking Zone (RPZ) may increase.
- . Removal of eight (RPZ) parking spaces along the south side of East Denny Way between 15th and 16th Avenues East.

Traffic Safety

Significant Impacts

- . Completion of the parking garage would reduce traffic volumes along East Thomas Street. This would reduce potential conflicts between passenger and emergency vehicles near the Central Campus emergency entrance.

Mitigating Measures

- . To the extent possible, truck traffic during the construction phase could continue to be scheduled away from peak hours so as to minimize potential accident risk situations.
- . The redesign of the emergency room during Phase II will redirect the exit of the emergency room drive to 16th Avenue East rather than to the mid-block exit onto East Thomas.

Unavoidable Adverse Impacts

- . The additional traffic generated by Futures 1, 2 or 3 would increase the exposure of motorists to potential accident risk situations. The specific numerical increase in accidents cannot be reliably quantified because some variables affecting accident occurrence are not measurable or predictable.

Transportation Systems

Significant Impacts

- . There are no major changes anticipated in Metro service to the GHC Central Campus study area.

- . Four of the five GHC shuttle routes would continue as they are currently structured. Following completion of the parking garage, the remotely located Temple de Hirsch parking lot would no longer be used. This would eliminate the need for the Central Parking Lot shuttle route. Implementation of a Transportation Management Plan (TMP) program is expected to increase shuttle use to 1-3% of the employee population from the existing 1% rate. This would result in an increase of 5-10 shuttle riders per day over the four remaining routes. This increase is within the capacity of the existing shuttle system.

Mitigating Measures

- . The GHC shuttle service could be increased and expanded to encourage less automobile use by both employees and patients as follows:
 - A Northsound route could be instituted to serve the north end of Seattle and suburban King County. Schedules should be made convenient for use by employees as well as patients.
 - An earlier northbound run on the Southsound route could be instituted for the convenience of employees. Based on regional growth patterns, it is likely that an increased percentage of the employee population will reside in the southern portion of King County. Therefore, an additional northbound run from Federal Way could enhance the existing shuttle service.

Unavoidable Adverse Impacts

- . None are expected.

Movement of People and Goods

Significant Impacts

- . The increased population under Alternatives 1, 2 or 3 is expected to increase pedestrian totals for employees and staff by 20-30 persons per day by the end of Phase III.
- . Internal pedestrian movements would be altered slightly by the projected vacation of the east-west pedestrian walkway between 15th Avenue East and 16th Avenue East.
- . The increased population under Alternatives 1, 2, 3 is expected to increase bicycle totals at the end of Phase III by 5-10 per day. The existing bicycle facilities on campus are adequate to serve this increase.
- . Level of service (LOS) is not anticipated to change due to the relocation of the truck loading facilities and because of the fact that LOS is measured at peak hours and scheduled deliveries are made during off-peak hours.

Mitigating Measures

- . Any alteration to signal phasing at the intersection of East John Street/East Thomas Street and 15th Avenue East could be coordinated with the existing pedestrian crosswalk pattern.
- . To the extent possible, truck traffic could continue to be scheduled so as not to coincide with the existing peak hour traffic.
- . Continue to schedule Distribution and Support Services Facility (DSSF) truck deliveries and pick-ups to Central Campus at off-peak hours.

PUBLIC SERVICES AND UTILITIES

Fire

Significant Impacts

- . Implementation of any of the Central Campus expansion alternatives, with the exception of the No Action Alternative, will increase the potential for aid car/medic unit responses and require an increase in fire inspections, both during and after construction.

Mitigating Measures

- . The Seattle Fire Department has indicated that it will be able to provide adequate service in the future, given the implementation of any of the alternatives.
- . During the detailed design of the project and as the specific design of the buildings becomes more precise, GHC would work with the Fire Department to satisfy any requirements of the Seattle Fire and Building Codes.
- . GHC will notify the Fire Department in advance for street closures or blockage during construction.

Unavoidable Adverse Impacts

- . There would be an increased demand on the Fire Department, especially for routine and inspectional services.
- . Temporary street blockages in the area of the GHC Central Campus during construction could affect the movement of fire vehicles.

Police

Significant Impacts

- . Implementation of the proposed action would increase the number of people on the site and thus, demand for police service would increase proportionately. Seattle Police Department has indicated that the GHC expansion plans would not severely affect its level of service.

- . During the construction period, there would be an increase in potential for vandalism and accidents around the site. The Police Department has indicated that an additional one and one-half parking enforcement officers would be required during construction and one additional parking enforcement officer required thereafter to provide adequate parking enforcement.

Mitigating Measures

- . GHC could take appropriate measures to insure that the construction sites are safe and secure in order to minimize potential hazards and vandalism.
- . New buildings and public area lighting could be designed and monitored to enhance public safety.

Unavoidable Adverse Impacts

- . There would be an increased demand for service from the Police Department.

Water/Storm Water

Significant Impacts

- . The existing six-inch water main on 15th Avenue East is substandard and would not accommodate any of the GHC expansion plans; other existing mains may need to be upgraded as well.
- . Any increase of impervious surfaces would affect storm sewer capacity. Surface water runoff would be controlled as required by the City's Grading and Drainage Ordinance.

Mitigating Measures

- . GHC could participate in water main enlargement as a condition of implementation of any of the Central Campus expansion alternatives with the exception of the No Action Alternative.

Unavoidable Adverse Impacts

- . There would be an increased demand for water.

Sewer/Solid Waste

Significant Impacts

- . Implementation of the proposed action would increase the volume of solid waste and sewage. SED has indicated that existing facilities would be adequate to handle increased volumes and that no additional facilities or upgrades would be required.
- . Implementation of the proposed action would result in an increase in solid waste volumes at GHC; Seattle Disposal has indicated that they would be able to accommodate the increase.

Mitigating Measures

- . None are proposed.

Unavoidable Adverse Impacts

- . There would be an increased discharge into the sewer system, and there would be an increase in solid waste.

Telephone

Significant Impacts

- . Service demand would increase within the GHC MIMP boundary but is expected to be minimal.
- . Additional facilities required to meet the needs of GHC expansion would depend on the customer's preferred serving arrangement.
- . Any construction south of the existing Central Hospital G wing (such as construction of Medical Office Building in Phase II of the Proposed Action) would require the relocation of the aerial plant in the alley between 15th and 16th Avenues East north of East Denny Way.

Mitigating Measures

- . None are proposed.

Unavoidable Adverse Impacts

- . None are anticipated

Section II

Revisions

REVISIONS

The GHC Central Campus Master Plan has proposed to extend its existing institutional zone boundaries to include those off-campus parking lots that are contiguous to the existing institutional zone. This proposed boundary change would incorporate parking lots P-11, P-12 and P-13 into the GHC institutional zone (refer to Figure 3 in the FEIS). This proposed boundary change is to acknowledge the continued need for and use of those parking lots beyond the planning timeline of the GHC Master Plan. Because there would not be any change in use associated with this boundary expansion, there would not be any significant impacts associated with the proposed change in the GHC institutional zone boundary.

In response to comments from the Seattle Engineering Department and based on further study, GHC has determined that the proposed underground street vacation along 15th Avenue East between East Denny Way and East John Court will not be required; therefore, this alternative would not require any underground street vacation along either 15 or 16th Avenues East. There would not be any impacts on either arterial or changes in the existing conditions associated with the No Action Alternative.

Section III

Comment Letters and Responses

III. COMMENT LETTERS AND RESPONSES

This section includes each comment letter to the Draft EIS that requires a response. The comments that require responses are identified in the right column of each letter and are further delineated by whether the comment is referring to the Master Plan (MP) or the Draft Environmental Impact Statement (EIS). Those responses to comments labeled "MP" are developed by Group Health Cooperative, while those responses to comments labeled "EIS" are developed by the City of Seattle.

JACOB THOMAS
Director



STATE OF WASHINGTON

OFFICE OF ARCHAEOLOGY AND HISTORIC PRESERVATION

111 West Twenty-First Avenue, KL-11 • Olympia, Washington 98504 • (206) 753-4011

May 14, 1986

RECEIVED

MAY 19 1986

Ms. Katy Chaney
Seattle Dept. of Construction and Land Use
400 Municipal Building
Seattle, WA 98104

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Dear Ms. Chaney:

Thank you for allowing us to review the Group Health Cooperative Central Campus Master Plan and Draft Environmental Impact Statement. As noted in the DEIS, the Central Campus area includes two properties of historical and architectural interest: the Anholt Apartment Building at 1820 16th Avenue East, and the Capitol Hill Methodist Church at 128 16th Avenue East. Both buildings are listed in the city's inventory of historic properties and the Methodist Church is a designated city landmark.

Because of the importance of these buildings to the historic fabric of Capitol Hill, we note with approval the stated intention to maintain the character of both structures. In addition, we encourage the Cooperative to consider the distinctive architectural character of the Anholt Building if it proceeds with plans to remodel the interior and add elevators to the north facade. Finally, the master plan should recommend an historical evaluation of any structures likely to be impacted by long range development plans.

If you have any questions about our opinion, please call me at (206) 586-2901.

Sincerely,

Leonard T. Garfield
Leonard T. Garfield
Architectural Historian

lm

OFFICE OF ARCHAEOLOGY AND HISTORIC PRESERVATION

1. MP Comment acknowledged. GHC and their architect will work with the City of Seattle's Landmarks Preservation Board in determining the best and least visible location for the elevator addition on the Anhalt Building. Refer to the Historic and Cultural Preservation section in the Draft EIS for a complete description of the Anhalt Building and the Capitol Hill Methodist Church.

Your
Seattle
Community Development

RECEIVED

JUN 10 1986



DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Memorandum

June 10, 1986

To: Holly Miller, Director, Department of Construction
and Land Use

From: David Moseley, Director *by Andrew Felt*

Subject: Group Health Cooperative Central Campus Master Plan
and Draft Environmental Impact Statement

Attention: Jim Barnes

Thank you for the opportunity to comment on the Master Plan and DEIS for Group Health Cooperative's central campus. Because of the complexity of reviewing two interdependent documents, the Department's comments will be broken into the Master Plan and the DEIS separately.

MASTER PLAN

Alternative Futures

While it is understood that the "futures" were developed to represent possible directions for Group Health in the changing area of health care, there is no statement of a preferred "future." Instead of clearly stating a preference, the Master Plan and the DEIS imply one by focusing on the most development intensive future. It is unfortunate that the most intensive development is used in order to "vest" a great deal of development when a smaller version has fewer impacts on the site and on the community and may actually be a better direction.

1
MP

Figure 4 of the Master Plan should contain existing gross square footage as well as the height and use of each building. Each of the "future" alternatives should also contain a gross square footage summary in order to compare them.

2
MP

The descriptions of the alternatives do not distinguish between services that must be centralized and those that could be located elsewhere. As a result, it is difficult to understand the levels of growth forecasted for each future. Most of them are consistent through Phase II despite the varying levels of physician growth or, in many cases, physician decreases which are supposed to be housed within the Medical Office Building (MOB). In terms of physician growth and total population, Future 3

3
MP

(decentralized regions) has greater impacts and is only slightly less intensive in development square footage. Why is the decentralized future, which should be the least intensive, comparable with the most intensive future?

3
MP

Density

Group Health is located within an NC2 commercial zone and Lowrise-3 residential zone. The height limit is 40 feet in the commercial zone and 37 feet in the lowrise zone. The NC2 commercial area along 15th Avenue East is also designated as a pedestrian overlay zone. These combinations seek to emphasize street-level retail uses and less parking to facilitate transit. Group Health is proposing a 102% increase in gross square feet (from existing 530,000 sq. ft. to 4,184,685 sq. ft.) in a campus that already dominates the lowrise neighborhood. The proposed development will extend the wall of five- to seven-story buildings from north of East Thomas Street with the Progressive Care Facility, to East Denny Way with the Medical Office Building. The Master Plan needs to do a better job of explaining why this amount of growth should be allowed on this site when less intensive alternatives are possible.

4
MP

The Medical Office Building

The Master Plan proposes the construction of an MOB containing 461,510 sq. ft. of surface and sub-surface space, including 238,565 sq. ft. for a 716-car parking structure and support services under ground. Included in this plan is the demolition of approximately 97,280 sq. ft. of space in preparation for the MOB. Since the Master Plan projects an increase of only 22 doctors (from the existing 203 to 225 by 1995) in the most intense growth "future", it is difficult to understand why such a large structure is required. Since the area around East Denny Way is exclusively lowrise with a church and street-level retail, the MOB would completely dominate the area. It would extend the wall of Group Health related mid-rise structures from the corner of 15th Avenue East and East Thomas Avenue all along 15th Avenue East (a street-level retail zone) to East Denny Way. This scale of development is contrary to the NC2 zone designation.

5
MP

6
MP

Street-Level Retail Development

As mentioned previously, the campus area is designated as an NC2 zone along 15th Avenue East. The NC2 zone encourages street-level retail uses. There is currently 9,810 sq. ft. of retail space existing on the site of the future MOB. Through construction of the MOB, the Master Plan proposes the replacement of only 2,750 (28%) of this retail space. No additional retail space development is mentioned in later phases. The plan results in a net decrease in the amount of street-level retail space in an area which is supposed to encourage retail. The location of any replacement retail in the MOB would further break up the street-level retail pattern that ends with the retail space provided at the Progressive Care Facility and would leave a void of over 800 feet along 15th Avenue East without retail frontage. Instead, the streetscape would show large scale institutional structures. Mitigation measures should be used to reduce the bulk of the institutional buildings and blend them with the neighboring area by providing more street-level retail along 15th Avenue East. It should begin at East Thomas Street within the hospital structure and continue south rather than only be located within the MOB.

7
MP

Parking

Group Health currently uses approximately 662 parking spaces. More than half of these spaces are located outside of the institutional boundary. Over 63% of these spaces are used by staff, despite the fact that staff represent only 49% of the central campus population. The proposed Master Plan will increase parking levels 73%, even though the campus population is projected to grow at a 28% rate and vehicle traffic at only 32%. While the proposed parking garage is needed to relieve the parking problems around the campus, the Master Plan proposes to close only one parking lot outside of the institutional boundary -- the Temple El Hirsh lot, with 82 spaces. This proposal, while improving local access, only maintains the parking conflicts in the neighboring area. Any surplus parking proposed in the Master Plan, though contrary to the policies of the pedestrian overlay zone, should be offset by reductions in some of these off-campus lots.

8
MP

Proposed Development Standards

Height: The Master Plan states that building heights may vary up to 15% by final design. This would require a change from the current 1-4 (105') to a higher 1-5 (160') zone. Due to the character of the surrounding area, any change of zone that allows a higher height should not be allowed.

9
MP

Setbacks: The Master Plan proposes no setback for the MOB along East Denny Way. The reasoning for not providing a setback includes the need for design flexibility and that no setback is consistent with the church development across the street. In fact, across the street is a church parking lot, and according to maps used in the draft, the church structure does have a setback. Due to the height and bulk of the MOB and the location of the parking garage entrance/exit driveway, and to be consistent with the current setback pattern in the area, standard setback requirements for the MOB should be followed.

10
MP

Transportation Management Plan

The transportation management plan should provide stronger financial incentives for encouraging transit use than vehicle use. The present program of equal subsidization of transit and parking space for carpool/vanpools doesn't go far enough to discourage vehicular use. Given the present quality of transit connections to the area, transit is a viable alternative.

11
MP

The transportation management plan doesn't discuss any efforts to minimize the vehicular impacts of visitors and outpatients, which represent over 50% of the population visiting the campus. Although the parking garage will provide some improvement in random parking space searches, it won't solve everything. It may be that the visit pattern of these groups doesn't allow for any programs, but efforts at transit subsidization and/or better use of a shuttle service for clinical visits should be considered. The Master Plan shows an increase of 32% in vehicle movement in an already congested area by Phase III. Since visitors and outpatients make up the bulk of these visits, they should be studied in order to be consistent with the Master Plan process.

12
MP

The Master Plan also gives very little time to the discussion of street improvements that may be used to ease the impacts of the increase in vehicular movement. There

13
MP

is discussion of the problems with the alignment of the East John/East Thomas/15th Avenue East intersection, but the location of the parking garage should change the pattern of turning movements south down 15th Avenue East, and turning left at East Denny Way. This pattern will create its own problems. A better discussion of mitigating surface improvements should be done in the FEIS. Costs of providing these improvements should be borne by Group Health Cooperative.

13
MP

Street and Alley Vacations

The Master Plan proposes alley, street, and public access vacation as a means of providing flexibility of design. Neither should be considered further until more site-specific issues are identified. The alley is needed for service access to the few retail uses remaining along 15th Avenue East. Once Group Health has removed those uses for the MOB, the alley vacation might be appropriate. For those same reasons, the underground street vacation along 15th Avenue East should not be considered. It is possible that the Medical Office Building can be shifted east towards 16th Street East and not require the vacation. Finally, any vacation of the public access way should be coupled with dedicated property where the new access is provided. The intent of the vacation is to allow flexibility, and that should be allowed. However, because of the length of the superblock and the nature of the surrounding residential community, a shift in the public dedicated access should be required as well.

14
MP

15
MP

Consistency of Master Plan with Land Use Policies

Major Institutions Policies - (Implementation Guideline 7 - Decentralization): The intent of this guideline is to encourage reduced density of major institutions through the decentralization of facilities to other areas of the city. The Master Plan gives very little discussion of any decentralization of Group Health facilities. The Phase I improvements list the movement of mental health services, alcohol rehabilitation program (ADAPT), optical dispensing, and optometry. There is no discussion of further facilities appropriate for decentralization. The ones listed are obviously not support services, but treatment and outpatient programs. Other similar programs suitable for decentralization have not been discussed. Even the "alternative futures" don't give much of a discussion of decentralization and are, for the most part,

16
MP

very similar through Phase II. In fact, the "future" that is considered the decentralized model has almost as much growth as the most intensive "future". The FEIS should provide a better discussion of decentralization, programs potentially suitable for decentralization, and its impacts on the growth "future" preferred.

16
MP

Neighborhood Commercial Area Policies: The Master Plan states that the spirit of the Neighborhood Commercial Area Policies has been followed. As mentioned in previous comments, the reduction in the amount of retail space provided along 15th Avenue East, the 800 foot retail frontage void created by placing the little retail space provided within the MOB rather than nearer the Progressive Care Facility, and the density of the proposed new structures do not follow the spirit of an underlying zoning designation that encourages street-level retail and pedestrian activity.

17
MP

The Progressive Care Facility is a perfect example of how a Group Health structure that is much larger than neighborhood structures can provide street-level retail to improve the public facade, ease the bulk appearance, and still follow the "spirit" of the Neighborhood Commercial zone. However, Figure 4 of the Master Plan states that the facility is five stories and has a height of 64 feet. This does not comply with the NC 40-foot height limit for the area it occupies, as stated on page 101.

18
MP

Capitol Hill Community Agreement

In Element 3 of the Capitol Hill Community Agreement, Group Health expresses the goal of phasing out neighborhood parking lots; specifically the two large lots in the 300 block of 16th and 17th Avenues East. In fact, Group Health will remove only one surface lot outside its boundaries while increasing parking within the boundaries by 73%. This lot, at Temple El Hirsh, is a remote lot and outside the immediate neighborhood. The Master Plan does not reduce any of the neighborhood surface parking lots despite the construction of a 716-car underground garage.

19
MP

EIS COMMENTS

Many of the DEIS comments stem from previous comments on the Master Plan.

Land Use

The development of an open space area just north of the MOB is not a true mitigating measure. The open space is only temporary and would be removed to construct the West Wing Patient Care Tower. This would occur in Phase III, as soon as funding was available. Since the DEIS covers Phase II development and the open space is not included, it is not a true mitigating measure.

20
EIS

Page 85 states that comparable retail area would be provided for the space removed for the MOB. In fact, only 25% of this space will be replaced and could hardly be considered comparable.

21
EIS

The FEIS should consider use of surrounding surface parking lots as a location for the replacement of housing demolished as part of the Master Plan.

22
EIS

As stated previously, the replacement retail space is not equivalent to the space removed and creates an 800 foot retail space void along the east side of 15th Avenue East. The FEIS should address the provision of more retail space as a mitigating measure.

23
EIS

As stated previously, the Master Plan has not presented a reasonable case of why no setback is needed for the MOB and as such should not be allowed.

24
EIS

Relationship to Plans and Policies

As stated in comments on the Master Plan, the Department does not believe that the plan conforms to:

- o Implementation Guideline 7: Decentralization of the Major Institution Policies
- o Neighborhood Commercial Area Policies
- o Element 3 of the Capitol Hill Community Agreement

25
EIS

Population

The DEIS should examine the decentralization of some facilities as a possible mitigating measure for the significant population impacts.

26
EIS

Table 15 shows a population increase of 28% over the current 3,771; not the 22% increase shown on page 15. Alternative 3 actually shows a greater population increase of 29% and should be discussed in the DEIS (4,864 projected; 1,093 increase). Since the preferred alternative is supposed to be the most intensive future, why does Alternative 3 have a larger population increase? Isn't this supposed to be the decentralized future? (See Table 15.)

27
EIS

Aesthetics

The proposed West Ancillary & Nursing Facility is 105 feet high and the MOB is proposed for 90 feet. As such, they are significantly larger in scale than the Progressive Care Facility (64 feet). When taken together these structures pose a massive increase in density along 15th Avenue East. This is contrary to the statement on page 95. The FEIS should discuss mitigating measures to reduce the density created by these structures such as upper-level setbacks, facade design, and street-level retail. The open space proposed as a mitigating measure is only temporary and not a feature of the entire Master Plan (through Phase III). As such, it cannot be described as a true mitigating measure.

28
EIS

Housing

There is no statement on the type and rent levels of the housing proposed to be demolished. Is it low-income?

29
EIS

The FEIS should explore replacement of the housing units off-site within the surrounding neighborhood as a mitigation measure.

30
EIS

Historic and Cultural Preservation

Due to the historic nature of the Anhalt Building, Group Health should discuss the design of the elevator core with the Seattle Landmarks Preservation Board prior to submission for a permit.

31
EIS

Light and Glare

The shadow and glare analyses show significant impacts on the surrounding neighborhood, and yet mitigation measures are geared only for glare issues. The FEIS should study

32
EIS

upper level setbacks for the proposed structures to determine any improvement in shadowing. This may also ease some of the glare and bulk issues associated with the proposed development.

32
EIS

Parking

The Master Plan proposes a 73% increase in parking while population is projected to grow only 28% and vehicular traffic is projected to grow by 32%. The DEIS indicates a surplus of 173 spaces over code. The FEIS should indicate why this "surplus" parking is required given the significant traffic impacts that result. Also, reduction of the surface lots outside the boundaries, especially along East Thomas, should be used to mitigate this surplus.

33
EIS

Traffic Safety

Despite the completion of the parking garage, all of the surface lots near East Thomas will still be in existence. It is uncertain whether the users of those lots will change and to what degree vehicles can be diverted. The FEIS should address the neighborhood safety issues since these lots would stay and traffic may not be shifted to the garage area. It would appear that impacts may stay as they are now.

34
EIS

Transportation/Circulation

Since the Master Plan proposes the removal of only one remote parking lot, it is doubtful that neighborhood traffic impacts will change significantly.

35
EIS

The FEIS should be clear on whether traffic will truly shift during construction of the Medical Office Building or whether construction will just replace it until the garage is ready for use.

36
EIS

With East Denny Way becoming a major access point for vehicles, can the existing street width and on-street parking accommodate such an increase in vehicular traffic? What efforts will be made to replace any RPZ parking removed? It also appears doubtful that the intersection

37
EIS

38
EIS

Holly Miller
June 10, 1986
Page Ten

of 15th Avenue East and East Denny Way is sufficient to accommodate this increase. The FEIS should address signal improvements and street improvements which may be necessary at 15th Avenue East and East Denny Way to accommodate this growth.

39
EIS

Decentralization is also a possible mitigating measure for these significant traffic impacts.

40
EIS

Comments on page 109 state that the Level of Service (LOS) for the East John/15th Avenue East/East Thomas is estimated at LOS "D" rather than the calculated LOS "B"; table 16 should be corrected with this information. Given the increase in project vehicular activity, will this intersection move from LOS "D" to LOS "E" or "F"? What will be the change in mitigation measures given this impact?

41
EIS

Given the stated problems with the calculated LOS figures, will the intersection at East Denny Way and 15th Avenue East really change from LOS "A" to only LOS "B". It would seem that since this intersection would be part of a major diversionary program, the impacts would be higher.

42
EIS

If the underground ramp were not constructed in the drive-through, isn't it plausible that cars would turn right on 16th Avenue East and right to East Denny Way to the entrance there instead of moving back onto 15th Avenue East? Wouldn't this be a safer route to promote?

43
EIS

Since the garage is proposed for the south end of the campus, wouldn't it divert most of the Group Health traffic? Figure 18 indicates that twice as much Group Health generated traffic would still use East Thomas. What vehicular issues is the garage supposed to resolve and why doesn't it divert more traffic? Are there uses at the north end of the campus that will continue to generate substantial traffic. Have studies been made to locate the underground parking facility in the center of the campus where it can service the most users?

44
EIS

DM:cdm

F&ED 24.6

CITY OF SEATTLE DEPARTMENT OF COMMUNITY DEVELOPMENT (DCD)

1. MP As is described on page 3 of the Draft Master Plan, GHC has chosen Future 2 as the alternative to which the other Futures are compared because it represents the greatest potential development and environmental impact. It should be recognized, however, that the Alternative Futures simply represent a range of potential paths. GHC assumes no preference for any one Future. Further, it is just as likely that the development path that is actually followed over time may reflect a blending of these Futures. It is also important to note that Future 2 does not represent the greatest potential development allowable by Code, but rather it is one possible realistic projection of development potential given GHC programmatic needs, site capacity and community impacts.
2. MP Table 2 presents GHC Central Campus Master Plan gross square footage additions and deletions by Future, phase and use.
3. MP Since 1980, GHC has moved doctors' offices and entire outpatient clinics off-campus, as well as laundry services, accounting, computer services, administration, Dermatology, Contact Lens Clinic, Community Health Services, Center for Health Studies, Center for Health Planning, and Center for Health Promotion.

During the master planning process, eight work groups studied the programming and site assessment issues of Central Campus. Their findings were that the decentralization of the following, and only the following services (the criteria being if they could function autonomously), were still feasible relocation candidates as is discussed on page 31 of the Draft Master Plan:

Off-Campus Relocations

- . Mental Health Services, alcohol rehabilitation program, and Center for Health Studies from the Anhalt Building.
- . Optical Dispensing and Optometry.
- . Some skilled nursing beds from PCF.

All remaining programs and office space at Central Campus are directly supervisory and/or support to the hospital and Central Specialty Center.

The term "decentralized" in reference to Future 3 does not refer to removing services from GHC Central Campus, but rather establishing autonomous health care delivery for each GHC region, i.e. Central, South and East. In this Future, GHC would not concentrate any one service in one regional medical center (like Central or East campuses) to serve all the regions. Rather, each region would be responsible to provide, buy or contract for medical services for its enrollees in that region. This differs from the current practice wherein some services are centralized for all regions (e.g., tertiary care or highly specialized care

Table 2

GROUP HEALTH COOPERATIVE MASTER PLAN
COMPARISON OF GROSS FLOOR AREA BY FUTURE, PHASE, AND USE

Use	Phase II		Phase III	
	<u>Building</u>	<u>Square Footage</u>	<u>Building</u>	<u>Square Footage</u>
Hospital	Existing	370,540	Existing	424,200
	Central core and corridor	+ 46,380	W Wing, beds and	+135,155
	Progressive Care Facility	+ 5,600	skybridge	
	C Wing	+ 920	B Wing	- 22,170
	Oxygen Storage Facility	+ 760	Subtotal	537,185
	Subtotal	424,200		
Structured Parking	Existing (PCF)	36,750	No activity	256,185
	Med. Office Bldg. Garage	+219,435		
	Subtotal	256,185		
Outpatient Buildings	Existing	134,685	No activity	291,315
	E&F Wings	- 52,350		
	Medical Office Building	+238,565		
	Retail	- 9,810		
	Annexes 2,3,7	- 19,205		
	G Wing	- 3,320		
	Retail	+ 2,750		
	Subtotal	291,315		
Residential	Existing	12,595	No activity	6,300
	Cline Building	-12,595		
	214 - 16th Avenue East	+ 6,300		
	Subtotal	6,300		
	TOTAL	978,000	TOTAL	1,090,985

20. EIS Table G lists the average annual accidents by type for locations within the study area that have on the average more than three accidents annually. The majority of these accidents are right-angle accidents at unsignalized intersections on 12th Avenue East and 14th Avenue East. Note that only one street, East Thomas between 15th and 16th Avenues East is immediately adjacent to the Central Campus.

Limited sight distance from narrow streets and overcapacity on-street parking contribute to the risk of vehicle conflicts. This condition can be mitigated by providing more off-street parking to reduce the on-street parking demand and enforcement of the on-street parking restriction of 30 feet from an intersection.

The highest midblock accident location is on East Thomas Street between 15th Avenue East and 16th Avenue East. The majority of accidents at this location could be related to GHC access points along this block, especially the Hospital's emergency entrance. This situation may improve with the proposed parking garage, which would reduce volumes on East Thomas Street. A possible mitigating measure mentioned in the DEIS at this location to reduce the risk of potential conflicts is to redirect the emergency room drive to 16th Avenue East. This measure is planned for Phase II.

21. EIS To the best of knowledge, there are no individual proposed future developments in the surrounding area. Therefore, the future background traffic is based on general increases in population and employment.
22. EIS The following 13 locations within the study area had one pedestrian accident in two years (1983 and 1984). Seven of the 13 (54%) total pedestrian accidents in two years occurred on 15th Avenue East and six of these accidents occurred at intersections.

12th Avenue East and East Denny Way
13th Avenue East between East Pine Street and East Olive Street
15th Avenue East and East John Street
15th Avenue East and East John Street
15th Avenue East and East Mercer Street
15th Avenue East and East Republican Street (N)
15th Avenue East between East Republican Street (N) and E. Mercer
15th Avenue East and East Republican Street (S)
15th Avenue East and East Thomas Street (S)
15th Avenue East and East Madison Street
19th Avenue East and East Madison Street
19th Avenue East between East Thomas Street and East Harrison St.
Malden Avenue East and East Republican Street
East John Street between 12th Avenue East and 13th Avenue East

High pedestrian volumes are generated around Group Health from the nearby commercial areas and from GHC parking access. Transit patrons are another source of pedestrian activity. An estimated 11% of GHC employees and medical staff commute by transit.

Table G

ACCIDENT TYPES FOR LOCATIONS WITH OVER
THREE AVERAGE ANNUAL ACCIDENTS

	<u>Total Average Annual</u>	<u>Right- angle</u>	<u>Rear- end</u>	<u>Head- on</u>	<u>Side- swipe</u>	<u>Pedestrian, bicycle, objects</u>
12th E. and E. Pine	9	5	1	2		1
12th E. and E. Denny Way	7	5		1		1
12th E. and E. Thomas	5	4		1		
12th E. and E. Republican	4	3		1		
14th E. and E. John	4	2	1	1		
14th E. and E. Olive	4	4				
E. Thomas between 15th E. and 16th E.	<u>4</u>	<u>2</u>	<u>1</u>	<u>—</u>	<u>1</u>	<u>—</u>
Total	37	25	3	6	1	2

Source: Seattle Engineering Department

23. EIS There are currently 44 bicycle spaces within the GHC boundary. The location of the existing and proposed spaces are illustrated in Table H.

Table H
BICYCLE SUPPLY

<u>Existing</u>		<u>Phase II-III</u>	
P-0	3	P-0	3
P-3	20	MOB	20
P-5	3	P-5	3
P-10	12	P-10	12
PCF	<u>6</u>	PCF	<u>6</u>
Total	44	Total	44

The Major Institution Code guidelines for number of bicycle parking spaces is 2% of peak hour employees. Based on this guideline, GHC is currently providing more than would be required for the lifetime of the Master Plan as is illustrated in Table I.

Table I
MAJOR INSTITUTION ZONING GUIDELINES
FOR GHC BICYCLE PARKING

<u>Phase</u>	<u>Peak Hour Employee Population</u>	<u>Major Institution Guidelines for Bicycle Parking</u>	<u>Supply</u>
Existing	1,168	23	44
II	1,341	26	44
III	1,546	31	44

Currently, there are no designated bicycle routes within the study area; however, 15th Avenue East is designated a key bicycle street and a future bicycle route is planned for 12th Avenue East.

24. EIS The proposed Master Plan will reduce the impact of GHC on-street parking by increasing the off-street parking supply. The shortfall between off-street parking supply and GHC parking demand will decrease from the present 469 spaces to 339 spaces in Future 2 (refer to response #7-8, above).

The project will increase vehicular traffic by 110 vehicles in the p.m. peak hour. While this traffic will not cause LOS to fall below "D" at critical intersections, it will contribute to existing and projected congestion at the adjacent intersections due to background traffic.

25. EIS Table 16 has been revised to include the Level of Service for Future Conditions Without GHC Modification. The LOS calculations were revised to analyze this new condition. In this review, two corrections were made. The intersection of 15th Avenue East/East Madison Street would change from LOS "C-" to LOS "F" for existing conditions, and from LOS "E" to LOS "F" for projected conditions with and without the project. This LOS reflects the delay for the minor approach (15th Avenue East) only. The intersection of Broadway/East John Street would change from LOS "D-E" to LOS "E" for projected conditions with and without the project.

REVISED

Table 16

EXISTING AND PROJECTED LEVELS OF SERVICE FOR 1995
PHASE III, ALTERNATIVE 2

	Existing LOS	Projected without GHC Modification	Projected with GHC Alternative Future 2
SIGNALIZED INTERSECTION			
Broadway & E. Pine St.	E	E	E
Broadway & E. Denny Way	D	D	D
Broadway & E. John St.	D	E	E
12th Ave. E. & E. Pine St.	D	D	D
12th Ave. E. & E. John St.	E	E	E
15th Ave. E. & E. John St./ E. Thomas St.	B	C	C
16th Ave. E. & E. Madison St./E. Pine St.	D	D	D
19th Ave. E. & E. Madison St.	B	B	B
23rd Ave. E. & E. John St.	C	C	C
FOUR-WAY STOP INTERSECTION			
15th Ave. E. & E. Pine St.	B	B	B
15th Ave. E. & E. Aloha St.	B	C	C
19th Ave. E. & E. Thomas St.	D-	D/E	E
UNSIGNALIZED INTERSECTION*			
12th Ave. E. & E. Denny Way	D	E	E
15th Ave. E. & E. Madison St.	F	F	F
15th Ave. E. & E. Howell St.	A	A	A
15th Ave. E. & E. Denny Way	A	A	B
15th Ave. E. & E. Harrison St.	B	B	C
16th Ave. E. & E. Howell St.	A	A	A
16th Ave. E. & E. Denny Way	A	A	A
16th Ave. E. & E. John St.	A	A	A
16th Ave. E. & E. Thomas St.	B	C	C
16th Ave. E. & E. Harrison St.	A	A	A
19th Ave. E. & E. Denny Way	A	A	A

*Unsignalized intersections LOS rating reflects the approach with the lowest LOS. Therefore, this rating usually reflects the delay for the minor approaches only.

Notes: Only Phase III level of service values are shown since Phase II conditions are always intermediate between that of existing levels of service and that of Phase III.

Source: TDA, Inc.

Seattle Police Department

Patrick S. Fitzsimons, Chief of Police
Charles Royer, Mayor

May 14, 1986

RECEIVED

MAY 14 1986

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION



Katy Chaney, Director
Land Use Division
Department of Construction and Land Use
400 Municipal Building
Seattle, Washington 98104

Dear Ms. Chaney:

Reference: Memorandum Regarding Group Health Cooperative
Central Campus Master Plan and Draft Environmental
Impact Statement dated April 14, 1986; Our EI 86-10

The Seattle Police Department has reviewed the referenced documents from Group Health Cooperative. Our comments focus on the Draft Environmental Impact.

1. Police, Significant Impacts, page 23. The assessment of the increase in demand for police services and the increased number of Parking Enforcement Officers is correct. 1
EIS
2. Site and Planning Area, Mitigating Measures, page 86. Group Health Cooperative should carefully consider crime prevention measures in its architectural designs. For example, the area under consideration has a history of purse snatches. Adequate lighting, elimination of potential hiding places, etc. could certainly increase the level of personal safety. 2
EIS
3. Police, Affected Environment, page 143. The new East Precinct police station is now in operation but this will not decrease response time to emergency calls. The reason for this is that police vehicles are generally in motion in their assigned areas from which they are dispatched, not parked at the station awaiting dispatch. 3
EIS

We hope that this review has been helpful. If additional information or further clarification is required, please contact Peter McLellan, Inspectional Services Division, telephone 625-4461.

Very truly yours,

PATRICK S. FITZSIMONS
Chief of Police


Major M. D. Brasfield
Inspectional Services Division

An equal employment opportunity - affirmative action employer.

MDB:PMM:pp City of Seattle - Police Department, 610 Third Avenue, Seattle, Washington 98104-1886

SEATTLE POLICE DEPARTMENT

1. EIS Comment acknowledged.
2. EIS Comment acknowledged. GHC will work with the architect in considering crime prevention measures in the final architectural designs.
3. EIS Comment acknowledged and is reflected in the Errata Sheet of this FEIS.

**Your
Seattle
Fire Department**

Claude Harris, Chief
Charles Royer, Mayor

RECEIVED

APR 25 1986



April 21, 1986

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Katy Chaney, Director
Land Use Division
Department of Construction and Land Use
400 Municipal Building
Seattle, Washington 98104


RE: Group Health Cooperative - Central Campus Master Plan and
Draft Environmental Impact Statement -- 201 - 16th Ave. E.

Dear Ms. Chaney:

We have reviewed the environmental impact statement and the effects
it would have on the fire protection of the property and on the Fire
Department.

We feel that the impact statement sufficiently covers the Fire Depart-
ment's position on fire protection.

Very truly yours,

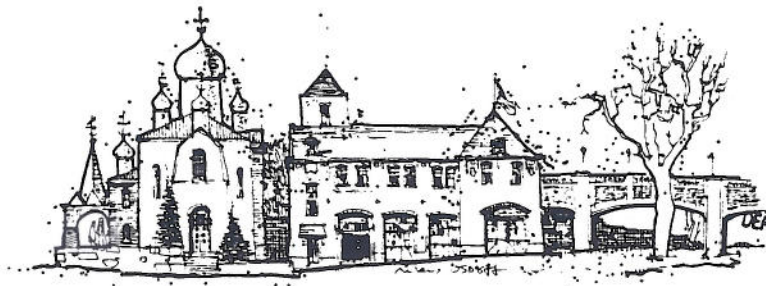

Claude Harris, Chief
Seattle Fire Department

CH:sh
BLH:DDP

1
EIS

SEATTLE FIRE DEPARTMENT

1. EIS Comment acknowledged.



The City of Seattle

LPB-142/86

Landmarks Preservation Board

400 Yesler Building Seattle, Washington 98104 • (206) 625-4501

RECEIVED

MAY 9 1986

DEPT OF CONSTRUCTION AND LAND USE
LAND USE DIVISION

May 5, 1986

Kate Chaney
Land Use Division
Department of Construction and Land Use
400 Municipal Building
Seattle, Washington 98104

Dear Ms. Chaney:

The Landmarks Board has reviewed the Draft Environmental Impact Statement for the Group Health Cooperative Master Plan. The Anhalt Building located at 1820 16th Avenue East, noted on page 102, is an architecturally significant building listed in the Citywide Historic Inventory. The Board believes that an elevator addition is best located on the least visible elevation. The Board would appreciate being included in design review when actual plans for the elevator are under consideration. The comments concerning the Capital Hill Methodist Church are accurate and appropriate. Thank you for your consideration.

Sincerely,

Susan Boyle
Chair

1
EIS

CITY OF SEATTLE LANDMARKS PRESERVATION BOARD

1. EIS Comment acknowledged. GHC and their architect will work with the Landmarks Preservation Board in determining the best and least visible location for the elevator addition on the Anhalt Building.

JA Barnes

CAPITOL HILL HOUSING IMPROVEMENT PROGRAM
COMMUNITY BASED NONPROFIT COOPERATIVE HOUSING DEVELOPMENT
402 15th AVENUE EAST SEATTLE WA 98112 (206) 329-7303

May 12, 1986

Katy Chaney, Director
Department of Construction and Land Use
City of Seattle
400 Municipal Building
Seattle, Washington 98104

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RECEIVED
MAY 15 1986
DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION
DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Subject: #8500563, Group Health Cooperative Master Plan
Draft Environmental Impact Statement

Dear Ms. Chaney:

The Capitol Hill Housing Improvement Program (CHHIP) has reviewed the Proposed Group Health Master Plan and the Draft Environmental Impact Statement issued by your office. While there is much to commend in the Cooperative's long term development and service delivery plans CHHIP is seriously concerned with negative impacts on local housing stock. These comments are intended to call your attention to inadequacies of the Draft EIS in measuring and mitigating the impacts of the Plan on the supply and cost of existing family housing in the Capitol Hill neighborhood.

1. Demolition of Existing Housing

a. Cline Apartments: The Draft EIS identifies the twelve-unit Cline Apartments as containing approximately 12,500 net residential square feet but does not identify specific unit types or current occupancy. Average unit sizes suggest two-plus bedroom housing appropriate for small families--of which there is a critical shortage in Seattle. The Final EIS should provide the following additional information:

- 1) type of units to be demolished;
- 2) number of households to be relocated;
- 3) the number of units used for GHC student, faculty or staff housing prior to August, 1985.
- 4) the average rent charged for the units in 1985.

1
MP

In addition, the Final EIS should evaluate the impacts of demolition on the supply of multibedroom housing in the immediate vicinity. Discussions of mitigation in the Draft EIS mention only compliance with "applicable" provisions of the Seattle Housing Preservation Ordinance. The Final EIS should specify more precisely what mitigation will result from this action--including likely unit types, monthly cost

2
EIS

and location of the required replacement housing. In addition, the Final EIS should discuss additional mitigating measures beyond compliance with local laws.

b. Klein Building: The Draft EIS fails to identify the Klein Building as containing a substantial amount of net residential area. Most of the property was occupied as a residence prior to GHC's acquisition of the property. The Final EIS should identify uses other than retail in the property, including net residential square feet, and more thoroughly discuss the impacts of demolition. In addition, the applicability of the Housing Preservation Ordinance should be discussed, as should mitigation of the identified impacts.

3
MP/
EIS

2. 214 16th Avenue East

The Draft EIS correctly states that the proposed change of use from residential to temporary housing is not considered a "change of use" under the Seattle Housing Preservation Ordinance. Nonetheless, the proposal does constitute a change of use under other applicable codes and has an as yet undetermined environmental impact. Short term lodgings will be substituted for permanent rental housing. *this housing will apparently be available for periods of less than thirty days to individuals on an outpatient basis. The Cooperative's proposed conversion of very scarce family size units for occupancy by one or two persons should be measured as an impact on the environment. The following additional information should be provided:

4
MP

- a. Unit sizes and rents;
- b. number of units currently occupied by GHC patients, staff, and/or faculty;
- c. relocation plans for existing tenants.

The Final EIS should provide additional information about the need and demand for such temporary housing at 214 16th Avenue East and project occupancy rates (per bedroom and per unit) based on current demand of GHC. Discussion in the No Action Alternative should measure the impact on GHC of not removing this stock from the market. The Alternatives section should provide a cost-benefit analysis of the following:

5
EIS

- a. lease of studio and one-bedroom units from private owners in the immediate vicinity;
- b. inclusion of limited group care/living quarters in planned facilities within the current Institutional Boundaries;

6
EIS

c. Partial use of the Cline Apartments as a temporary housing facility.

6
EIS

Finally, discussion of mitigation should identify potential actions by the Cooperative in the immediate vicinity which address loss of housing through Cooperative expansion into previously non-medical/administrative facilities.

7
EIS

3. Agreement with Capitol Hill Community Council

The 1974 Agreement between GHC and the Capitol Hill Community Council states that "Group Health will obtain the express prior consent of the Seattle Department of Community Development and the Capitol Hill Land Use Review Board (or its successor) before any real estate now or in the future owned or controlled by Group Health not currently used in connection with Group Health care delivery, administration, support or parking facilities may be employed for any such uses."

8
MP

The Seattle Department of Community Development and the Capitol Hill Housing Improvement Program remain vital organizations concerned with the overall health of the Capitol Hill community. We respectfully request that Group Health Cooperative consider both as appropriate entities to consult in the matter of 214 16th Avenue East within the spirit of the 1974 Agreement.

4. Surface Parking Lots

The Draft EIS and Master Plan do not project specific timetables for disposition of surface parking lots--a specific component of the 1974 Agreement with the Community Council. The impacts of continued use of surface parking lots situated on residentially zoned land outside the Institutional Boundaries are not examined in the Draft EIS. Specifically, the aesthetic and housing impacts of continued surface parking outside the Boundaries should be quantified. In addition, the Final EIS should include a discussion of possible housing impact mitigation through creative use of certain residential land currently use as parking to provide replacement housing.

9
MP

10
EIS

We look forward to reviewing the Final EIS. Please contact this office if you have any questions about any of the above.

Sincerely,


John Berdes, Director
Capitol Hill Housing Program

CAPITOL HILL HOUSING IMPROVEMENT PROGRAM

1. MP The Cline Apartments, as described in the DEIS, contain 12 one-bedroom apartment units. Currently, eight of these 12 are rented at \$250/month. Rent increases are subject to renegotiation at market rate. The remaining four of the units are used by GHC for patient temporary housing. None of the units are used for GHC student, faculty, or staff housing.
2. EIS GHC intends to comply with the Housing Preservation Ordinance as applicable to the Cline Building. The Ordinance outlines two options:
 - 1) provide replacement housing
 - 2) pay a housing demolition fee, which is directed to a fund for replacement housing

GHC has opted to pay the fee. Replacement housing locations are determined at the discretion of the City.
3. MP/
EIS The Klein Building was purchased by GHC on November 29, 1983. Prior to this date, the structure was a single family residence with ground-level retail. It has been unoccupied from the date of the previous owner's death, which is some months prior to purchase. The impact of demolishing the structure would be the loss of one single-family residential unit and retail. The housing replacement requirement may not apply nor would the tenant relocation assistance as long as the house is unoccupied. The specific requirements of the housing preservation ordinance will be determined when GHC applies for the Klein Building housing demolition permit. GHC proposes to reestablish ground-level retail at this location as a mitigating measure. However, there are no plans to develop a single family residence.
4. MP The apartment units at 214 - 16th Avenue East include two one-bedroom and four two-bedroom units. Three of the two-bedroom units are currently leased out at market rate. The two one-bedroom apartments and one two-bedroom apartment are currently used for short-stay patient use. GHC's proposal to convert all the units into temporary housing for patients would have the impact of providing housing to a different clientele than is currently being served. In reference to complying with other City requirements, including the "just-cause eviction" clause, GHC intends to comply with all applicable codes and ordinances.
5. EIS GHC has identified a demand for temporary housing of patients and their families, which is anticipated to be satisfied by the provision of the six units that have been identified for this function. Currently, patients need to seek housing in the vicinity of GHC. Affordable housing for short-term stay is

difficult to find. By providing such housing adjacent to the hospital, GHC alleviates the burden of patients seeking such housing elsewhere in the community. It also eliminates the need to drive to and from the campus.

6. EIS The Major Institutions Code does not allow GHC to lease space outside the boundary. For this reason, GHC is requesting inclusion of the apartments at 214 16th Avenue East in the boundary. Therefore, the suggestion to lease units from private owners is not feasible. Relative to the suggestion of including limited group care/living quarters in facilities within the boundaries, there is no place available for or conducive to simulating a normal day-to-day living situation. The Cline Apartments' impending demolition requires that the need for such housing be filled at 214 16th Avenue East.
7. EIS As mentioned earlier, 214 - 16th Avenue East housing use will not change; rather, the clientele served will be different.
8. MP GHC does not consider the Capitol Hill Housing Improvement Program as a party or a legal successor in interest to a party to the 1974 Agreement. The Citizens' Advisory Committee, established in conformance with the Major Institution Code to assist in the development of the Master Plan, included representatives of the Capitol Hill Community Council (CHCC) and the Land Use Committee of that group. They represented the interests of the CHCC and the 1974 Agreement and were satisfied with the planning process. Their involvement and the outcome are noted in the attached letter.
9. MP While the 1974 Agreement does include the goal of phasing out the surface parking lots, it does not contain specific time tables. The parking demand analysis presented in response to comment #7-8 of the Seattle Engineering Department letter illustrates that the demand for parking exceeds the proposed supply inclusive of the remaining parking lots outside the boundaries. The impacts on adjacent housing is not anticipated to alter, as the function of the parking lots are not projected to change.
10. EIS As stated earlier, the impacts associated with the demolition of the Cline Building will be mitigated through payment of the housing demolition fee, which is based on construction costs of replacement housing. Current estimates are that GHC would pay \$84,300 into the fund earmarked for developing replacement housing to mitigate the demolition of the Cline Building.

GAYLORD GRAINGER LIBBY O'BRIEN-SMITH ARCHITECTS

July 21, 1986

Zahava Sternberg
Group Health Project Manager of the Master Plan
200 15th Avenue East
Seattle, WA 98112

Dear Zahava:

I am writing to confirm both my representation on the Advisory Committee and to recall the open process that this Master Plan and EIS has followed.

I received notification, dated February 6, 1984, that I had been selected to serve on the Group Health Master Plan Advisory Committee. (Enclosed is my letter qualifying my representation which was at that time sent to and approved by David Lantry, the then President of the CHCC.

Since our first meeting on February 22, 1984, we have met regularly, including some 20 committee meetings and three public hearings, all of which were open to public attendance.

Other members of the Community Council and Land-Use Committee did attend some of these meetings, their concerns included in the minutes as public record.

Included on the mailing list, they were personally invited to attend all subsequent meetings, both public hearings and notification of committee meetings.

We have now completed the time period (5-15-86) when the public could comment on both the Master Plan and EIS. Both the openness of the process and the diligence of the Advisory Committee has ensured that all areas of concern have been raised, discussed and addressed.

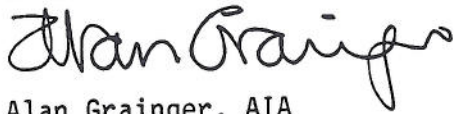
It is our understanding that all constituencies that have been directly represented by committee members, myself representing the Capitol Hill Community Council and the Land Use Committee of that group, and others who have attended the meetings are satisfied with the process and the end product -- noting that all revisions and comments from the DEIS meeting will be a part of the FEIS.

Zahava Sternberg
July 21, 1986
Page 2

We look forward to the conclusion of this process.

Yours,

GAYLORD GRAINGER LIBBY O'BRIEN-SMITH ARCHITECTS



Alan Grainger, AIA
Partner

P.S. Please note that at this time both the CHCC and the Land Use Committee are without President, Chair or members and I have been unable to secure a 'charter' from past presidents to clarify the implication of this, so at this time I am representing 'Past' organizations. What other groups will our Advisory Committee outline?!

AG:lb

Encl.

capitol hill

united methodist church • 128 sixteenth east • seattle 98112

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May 14, 1985

MAY 16 1985

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Jim Leonard
Planning Division
Group Health Cooperative
300 Elliott Avenue West
Seattle, WA 98119

Dear Jim,

During the last Administrative Council meeting of Capitol Hill United Methodist Church it was decided that we want to have the church property, adjoining your Central Campus, included within the institutional boundaries of Group Health Cooperative Master Use Plan, now being revised.

We are seeking this in order to allow the Church and Group Health all possible options for cooperative use or other forms of mutually beneficial arrangements between our two organizations in the future. We have had a good neighborly relationship with Group Health in the past and trust that this more formal cooperative effort will further enhance our relationship and the neighborhood.

Sincerely,

David E. B. Nightingale

David E. B. Nightingale
Chair, Property & Finance Committee
Capitol Hill United Methodist Church

✓ cc: Jim Barnes
Department of Construction and Land Use

Sahava Sternberg, GHC

1
MP

CAPITOL HILL UNITED METHODIST CHURCH

1. MP Comment acknowledged.



Municipality of Metropolitan Seattle

Exchange Bldg. • 821 Second Ave., Seattle, Washington 98104

May 8, 1986

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MAY 12 1986

DEPT. OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Katy Chaney, Director, Land Use Division
Department of Construction and Land Use
400 Municipal Building
Seattle, Washington 98104

Central Campus Master Plan and
Draft Environmental Impact Statement
Group Health Cooperative

Dear Ms. Chaney:

Metro staff has reviewed this document and anticipates no significant adverse impacts to its wastewater facilities.

Public Transportation

The Proposed Transportation Management Plan recommends a number of positive approaches for reducing the number of vehicles in the vicinity of the Group Health central campus. Group Health has done a thorough job of considering HOV options. Metro encourages Group Health to implement the vanpool, transit, parking price, preferential parking, promotion, brochure and transportation coordinator options listed on pages 86 and 87. In addition, Group Health should consider a custom bus. We recommend that the shuttle be considered as a last resort; trips to the site should be reduced, not displaced.

1
MP

2
MP

Thank you for the opportunity to review and comment.

Very truly yours,

Gregory Bush

Gregory M. Bush, Manager
Environmental Planning Division

GMB:plw

METRO

1. MP GHC has already demonstrated commitment to reducing SOV use by employees in the vicinity of the central campus, and will continue to do so in the future.
2. MP Due to the low demand for and the dispersed residential locations of GHC employees and patients, the GHC shuttle is not an attractive means to serve commuters' trip demand currently. As the central campus facilities change and or parking becomes scarce at the east side or other outlying GHC facilities, a custom bus could be considered.

GAYLORD GRAINGER LIBBY O'BRIEN-SMITH ARCHITECTS

May 8, 1986

Mr. Jim Barnes, Land Use Specialist
Department of Construction and Land Use
408 Municipal Building
600 4th Avenue
Seattle, WA 98104

RECEIVED

MAY 12 1986

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

Dear Mr. Barnes:

This letter summarizes the comments by the Group Health Master Plan Citizen Advisory Committee, on the Central Campus Master Plan and Draft Environmental Impact Statement.

These concerns were developed in regular meetings from February 1984 to the present and incorporate comments from a public hearing held on May 7, 1986.

We recommend:

1. not to allow change to the required building set back, above grade on East Denny. 1
MP/
EIS
2. to allow a zero setback, below grade only, on East Denny. 2
MP
3. adoption of the subterranean vacation of the east 10' of 15th Avenue East to facilitate on site traffic circulation to access the proposed underground parking garage. 3
MP
4. the City should take immediate action to improve all the three phase traffic signals at East John, 15th Avenue East and East Thomas. 4
EIS
5. that surface parking lots outside of the institutions boundary be returned to market residential use when parking demands indicate they are not required. 5
MP
6. that Group Health follow all of the mitigating measures outlined in the Draft Environmental Impact Statements for reducing impacts to the neighborhood during construction. 6
EIS

Sincerely,



Alan Grainger, AIA
Chairman, Citizen Advisory Committee
Group Health Cooperative Master Plan

AG:lb

cc: Zahava Sternberg
Group Health Project Manager of the Master Plan

CITIZEN ADVISORY COMMITTEE

(BY ALAN GRAINGER: GAYLORD, GRAINGER, LIBBY,
O'BRIEN, AND SMITH, ARCHITECTS)

1. MP/ EIS GHC has agreed to abide by the above-grade setback guidelines established by the Major Institutions Code for East Denny Way between 15th and 16th Avenues East.
2. MP Comment acknowledged.
3. MP Comment acknowledged.
4. EIS Comment acknowledged.
5. MP Refer to response to comment #9 in the Capitol Hill Housing Improvement Program letter.
6. EIS Comment acknowledged. When the Department of Construction and Land Use (DCLU) issues a decision on the major use permits for the proposed land use action on the Group Health Cooperative Major Institute Master Plan, they can conditionally approve the proposed expansion and require that GHC adhere to any or all of the mitigating measures described in the Draft EIS that would reduce construction impacts on the adjacent residential area.

COMMENTS

PUBLIC HEARING

GROUP HEALTH COOPERATIVE CENTRAL CAMPUS MASTER PLAN DRAFT ENVIRONMENTAL IMPACT STATEMENT

May 7, 1986

The following is a summary of comments made at the Public Hearing for the GHC Central Campus Master Plan Draft Environmental Impact Statement (DEIS) held at 7:00 p.m. in the Sixth Floor Cafeteria in the D-Wing at GHC Central Campus, Seattle, Washington, on May 7, 1986.

Comment from Frank Strang

1. In favor of the proposal. Believes the GHC Master Plan addresses the critical facility needs of the Central Campus. Believes that GHC is a good neighbor and that with an expansion of facilities, GHC will further serve the public's health care needs.

Response to Frank Strang

1. Comments acknowledged.

Comment from Don Ray

1. Lives one block away from GHC Central Campus. Expressed concern over loss of existing retail on the south end of the block on 15th Avenue East.
2. Would the Cline Apartments be demolished if the Master Plan were adopted and implemented?
3. Where would the proposed parking garage be located?
4. Would a pedestrian skybridge be built? Believes that the City of Seattle prohibits skybridges.

Response to Don Ray

1. Included in the Master Plan is a proposal to incorporate ground floor level retail along the full length of the proposed Medical Office Building on 15th Avenue East.
2. Implementation of the Master Plan would result in the demolition and loss of 12 units in the Cline Apartments currently located mid-block on the west side of 16th Avenue West.

3. The proposed parking garage consisting of three levels of underground parking with a capacity of 716 cars would be located under the proposed Medical Office Building on the south end of the GHC campus.
4. The Master Plan includes a provision for a pedestrian skybridge that would be developed between the proposed Medical Office Building and the proposed West Ancillary and Nursing addition. GHC would be allowed to develop a pedestrian skybridge between these two proposed facilities because the proposed skybridge would be built over GHC property. The City of Seattle has only placed restrictions on skybridges where they cross over public rights-of-way.

Comment from Dori Delgarto

1. Lives half block from GHC Central Campus PCF. Expressed concern over future of existing retail businesses along 15th Avenue East. Have any interim provisions been developed for that period of time between when businesses are evicted and when the proposed Medical Office Building is completed?

Response to Dori Delgarto

1. At this time, GHC has not made any plans for arranging for interim space for those affected businesses during the four-year construction period for the proposed Medical Office Building. GHC, however, does intend to negotiate any lease agreements that are current at the time of tenant eviction.

Comment from Mark Gaffney

1. Lives one block from GHC Central Campus and expressed concern about the effect of additional traffic travelling through the residential area south of the proposed Medical Office Building Parking Garage. Are there any plans to widen the road (East Denny Way), eliminate on-street parking, and/or relocate existing bus routes?
2. Are there any provisions for GHC to allow for public use of the proposed parking facility on the weekends?
3. How long will there be public input into the master planning process?
4. How does the expansion of the GHC Central Campus fit in with the overall 15th Avenue retail district, and would GHC doctors build private offices in close proximity to the Central Campus?

Responses to Mark Gaffney

1. Refer to the Transportation section in the Draft EIS for a complete discussion of the effect of increased GHC associated traffic levels on the adjacent residential streets. Widening East Denny Way, eliminating on-street parking, and/or relocating existing bus routes are not proposed. There is a proposal to consider eliminating approximately eight on-street parking spaces near the Parking Garage entrances.

2. The proposed underground parking garage is a public pay facility that would be available at any time for whomever pays.
3. When the Final Master Plan and the Final Environmental Impact Statement are issued, the Seattle City Council will decide how much of the Master Plan to approve and whether to approve the plan. There will be several opportunities to provide input into the decision-making process including: commenting on the Master Plan Draft EIS, the Department of Construction and Land Use's report and staff recommendation, the City Hearing Examiner's public hearing, their report and recommendation and possibly even an additional City Council hearing. At all of these stages in the decision-making process, there will be opportunity for public participation and input.
4. The institution boundaries delineated in the proposed Master Plan and Final EIS would limit any future GHC associated facilities, unless the Master Plan is later amended. Future GHC facilities would not be permitted unless they were included within the institutional boundaries. GHC is also a closed system; all of the GHC affiliated doctors and staff are provided offices by GHC within the institutional boundaries delineated in the Master Plan. GHC does not maintain any affiliation with doctors outside of the cooperative system. Because of the closed system, it is not likely that doctors or related medical offices would disperse into the adjacent residential area.

Section IV

Errata

EIS ERRATA SHEET

Summary

- Page 14: Reference to proposed Neighborhood Commercial policies has been altered to reflect their adoption.
- Page 20: Parking supply figures were corrected.

Land Use

- Page 83: Figures 12 and 13 should be deleted and replaced with Master Plan Figure 15, page 57 as revised in Final Master Plan.
- Page 88: Discussion on the proposed Neighborhood Commercial policies should reflect their adoption.

Transportation

- Page 109: Second paragraph, first sentence, the phrase "approximately 50% of the total traffic...by hospital activity" should be deleted.
- Page 113: A new paragraph should be inserted between the existing third and fourth paragraphs stating: "Futures 2 and 5 represent the highest and lowest traffic generation, respectively, and are used in this analysis to represent the worst and best case scenarios, respectively."
- Page 114: Second paragraph should be revised at the end of the fifth sentence to include a new sentence stating: "Master Plan approval would be subject to GHC agreement to develop and maintain this east-west public walk through."
- Page 115: First paragraph, a new first sentence should be inserted to state: "GHC will not require: an underground street vacation along the width of the sidewalk on 15th Avenue East from East John Court to East Denny Way, or an underground street vacation along the width of the sidewalk along 16th Avenue East between the same two streets."

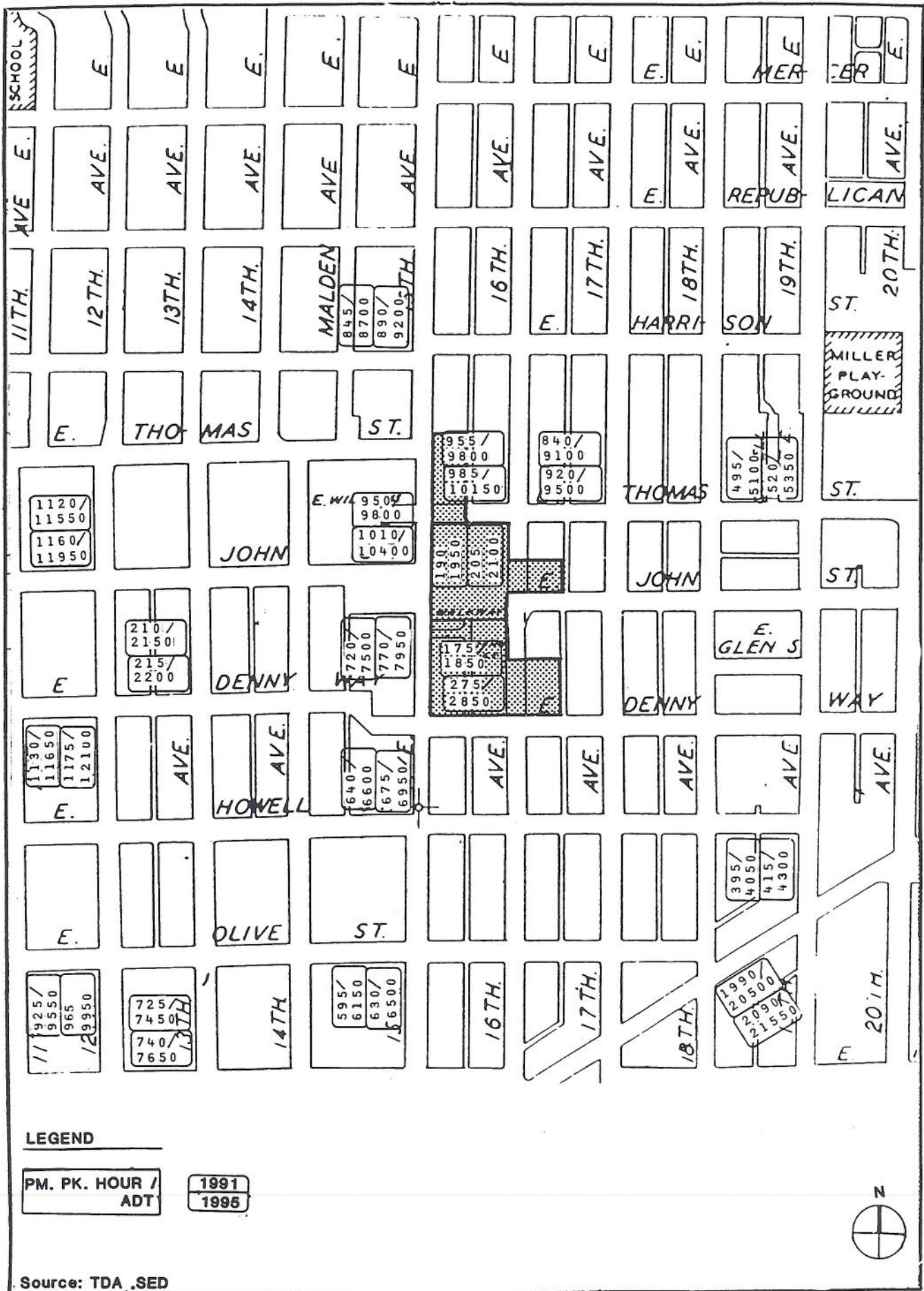
- Page 115: The second, third and fourth paragraphs should be eliminated and replaced by the new underground street vacation discussion included in the Revisions section of this document.
- Page 115: The fifth paragraph should be eliminated.
- Page 119: Figure 19 has been revised to reflect the accurate traffic volumes in the project vicinity.
- Page 121: Figure 20 has been revised to reflect the accurate traffic volumes in the vicinity of the proposed project.

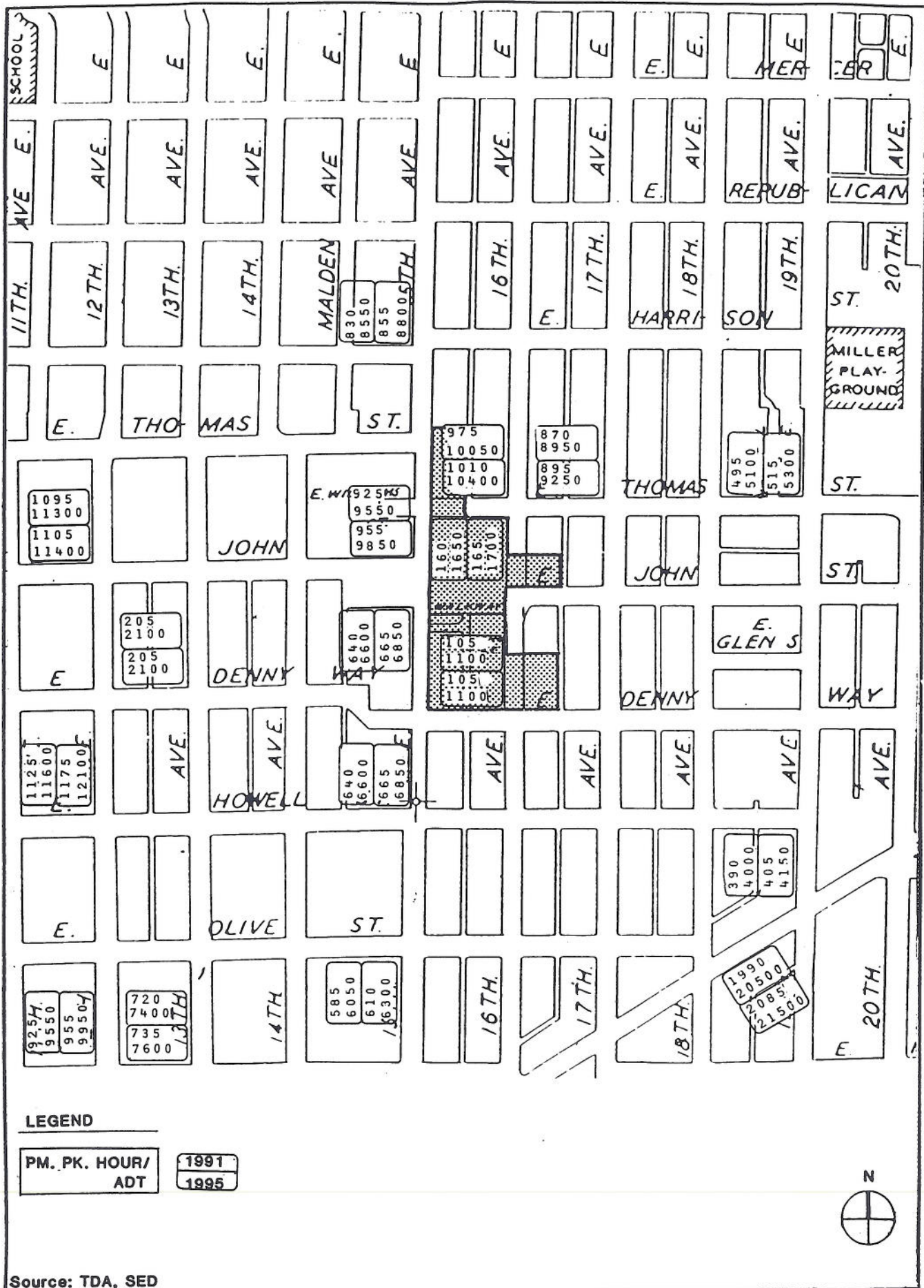
Parking

- Page 125: Discussion on existing parking should reflect the following number changes:
- "Currently, a total of 646 off-street parking spaces are available in 21 lots reserved for staff, patient and visitor use as shown in revised Table 19 and Figure 21 in the DEIS. Approximately 43% of the total off-street supply, or 279 spaces, is located in 11 lots within the Major Institutions Land Use (MILU) designation boundary. Sixty-four percent (410 spaces) of a total of 646 spaces is designated for use by employees and medical staff. The remainder are available for patients and visitors. The existing supply has a practical capacity of 595 spaces. Spaces in parking lots are generally used at 90-95% of capacity. On-street spaces are typically used at 80-85% capacity."
- Page 126: Table 19 is altered to reflect error in existing parking supply as illustrated on the following page.
- Page 130: Second to last paragraph should include the following additional information which was noted in the Master Plan:
- "Parking lot P-1, located outside the GHC boundary and totaling 47 spaces, will also be relinquished. Thus, 35% of the total 373 spaces outside the boundary will be returned to the community. An additional 106 spaces are proposed to be returned at such time as when Phase IV North Parking Garage is approved and developed."
- Page 132: Table 22 should be replaced with Table B in response to Seattle Engineering Department letter, comment #7-8.

Public Services and Utilities

- Page 143: Sixth paragraph, third sentence should read: "Normal emergency response time to the site is within five minutes."





REVISED

Table 19

OFF-STREET PARKING SUPPLY

<u>Lot Designation</u>	<u>Employee</u>	<u>Med. Staff</u>	<u>Emp. Carpool</u>	<u>Emp. Vanpool</u>	<u>Outpatients, Visitors, & Other</u>
INSIDE MILU ZONE					
P-0					10
P-2	19				
P-3					11
P-4					58
P-5		12			45
P-8		3			
P-9		10			7
P-10	37	38			
P-11		9			
P-19	7				6
Cline Apt. Bldg.					7
	<hr/>	<hr/>			<hr/>
SUBTOTAL	63	72			144
OUTSIDE MILU ZONE					
P-1	47				
P-7					14
P-11		30			2
P-12		24			
P-13					76
P-14				9	
P-15			65		
P-16	18				
P-17	82				
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SUBTOTAL	147	54	65	9	92
TOTAL	210	126	65	9	236

(Refer to Figure 21 for lot locations.)

Source: Group Health Cooperative.

Table 2 (continued)

FUTURE I

<u>Use</u>	<u>Phase II</u>		<u>Phase III</u>	
	<u>Building</u>	<u>Square Footage</u>	<u>Building</u>	<u>Square Footage</u>
Hospital	(same as Future 2)	424,200	Existing W Wing and skybridge B Wing	424,200 +118,545 - 22,170
			Subtotal	523,175
			No activity	256,185
Structured Parking	(same as Future 2)	256,185		
Outpatient Buildings	Existing Medical Office Building	134,685	Existing Medical Office Building	277,365
	Annexes 2, 3, 7	+224,615	expansion	+ 14,850
	G Wing	- 19,205	Subtotal	292,215
	E&F Wings	- 3,320		
	Retail 0	- 52,350		
	Retail	- 9,810		
		+ 2,750		
	Subtotal	277,365		
Residential	(same as Future 2)	6,300	No activity	6,300
	TOTAL	964,050	TOTAL	1,077,875

Table 2 (continued)

FUTURE 3

<u>Use</u>	Phase II		Phase III	
	<u>Building</u>	<u>Square Footage</u>	<u>Building</u>	<u>Square Footage</u>
Hospital	(same as Future 2)	424,200	Existing W Wing (smaller) and skybridge B Wing	424,200 +101,935 - 22,170
			Subtotal	503,965
Structured Parking	(same as Future 2)	256,185	No activity	256,185
Outpatient	(same as Future 1)	277,365	No activity	277,365
Residential	(same as Future 2)	6,300	No activity	6,300
	TOTAL	964,050	TOTAL	1,043,815

Table 2 (continued)

FUTURE 4

<u>Use</u>	<u>Phase II</u>		<u>Phase III</u>	
	<u>Building</u>	<u>Square Footage</u>	<u>Building</u>	<u>Square Footage</u>
Hospital	(same as Future 2)	424,200	No activity	424,200
Structured Parking	Existing (PCF) Med. Office Bldg. Garage	36,750 <u>+92,235</u>	No activity	128,985
	Subtotal	128,985		
Outpatient	(same as Future 3)	277,365	No activity	277,365
Residential	(same as Future 2)	6,300	No activity	6,300
	TOTAL	<u>836,850</u>	TOTAL	<u>836,850</u>

Table 2 (continued)

FUTURE 5

<u>Use</u>	<u>Phase II</u>		<u>Phase III</u>	
	<u>Building</u>	<u>Square Footage</u>	<u>Building</u>	<u>Square Footage</u>
Hospital	(same as Future 2)	424,200	No activity	424,200
Structured Parking	Existing	36,750	No activity	157,194
	Med. Office Bldg. Garage	+120,444		
	Subtotal	157,194		
Outpatient	Existing (PCF)	134,685	No activity	210,866
	Medical Office Building	+158,116		
	E&F Wing	- 52,350		
	Retail	- 9,810		
	Annexes 2, 3 and 7	- 19,205		
	G Wing	- 3,320		
	Retail	+ 2,750		
	Subtotal	210,866		
Retail	(same as Future 2)	6,300	No activity	6,300
	TOTAL	798,560	TOTAL	798,560

Table 2 (continued)

FUTURE 5A

<u>Use</u>	<u>Phase II</u>		<u>Phase III</u>	
	<u>Building</u>	<u>Square Footage</u>	<u>Building</u>	<u>Square Footage</u>
Hospital	(same as Future 2)	424,200	Existing W Wing (smaller) skybridge	424,200 + 59,415
	Subtotal		Subtotal	483,615
Structured Parking	Existing (PCF) Med. Office Bldg. Garage	36,750 +149,054	No activity	185,804
	Subtotal	185,804		
Outpatient	Existing E&F Wings Smaller MOB Retail Annexes 2, 3, 7 G Wing Retail	134,685 - 52,350 +158,116 - 9,810 - 19,205 - 3,320 + 2,750	Existing MOB expansion	210,866 + 18,000
	Subtotal	210,866	Subtotal	228,866
Residential	(same as Future 2)	6,300	No activity	6,300
	TOTAL	827,170	TOTAL	904,585

like neurosurgery is provided at Central Campus for patients from all regions). Within this scenario, when each region begins to duplicate services that are now consolidated in one or perhaps two of the three regional medical center campuses, the total building program required will be much greater. Refer to page 25 of the Draft EIS.

4. MP The zoning by which GHC must comply is the Major Institutions Code, not the neighborhood commercial zone. In developing this Code, the City took into consideration the surrounding zoning (i.e., Neighborhood Commercial) and attempted to balance the density and scale of the community with the potential development needs of the institution. GHC is proposing to comply with the setback, height and density guidelines established by the Code.

GHC reviewed a number of Futures prior to settling on the ones presented in this Master Plan. Please note that comment #4 is in error in stating that the MIMP proposes an increase of gross square feet to 4,184,685 square feet. The maximum proposed under Future 2 as shown in Table 2 is 1,090,985 square feet. Some had far greater density requirements. However, GHC attempted to balance the programmatic needs with site capacity constraints and paid close attention to zoning regulations which have taken into consideration neighborhood scale and density. In doing so, GHC has been able to propose a range of development options which both meets their programmatic needs for the flexibility required to keep up with the rapidly changing medical technology and still complies with the zoning regulations established by the City of Seattle.

The development proposed in Future 2 is of a scale designed to meet the programmatic (or health care) needs of the Future 2 enrollment and no more. Each of the alternative Futures represents a variation in enrollment consumer demand for services. Enrollment changes in health care utilization and GHC funding availability, will dictate the required level of development.

5. MP Currently, GHC's Central Campus medical office space is located in cramped, outdated and inadequate space. Furthermore, modern medical technology provides the ability to perform more and more formerly in-patient treatment and diagnosis in out-patient office space. Modern out-patient space requires a great deal more room for medical equipment and staff than did medical buildings built in the 1960s. E-Wing, which is used for out-patient care, was built in the 1920s as an apartment building and has smaller rooms that do not accommodate modern medical equipment or needs. For these reasons, a structure of the capacities outlined in the various Futures is required. It is important to note that although the Medical Office Building and its parking facilities total 461,510 square feet, only 159,600 square feet are above grade. All of the parking and the majority of the support and ancillary services are underground.

6. MP The proposed Medical Office Building meets with the Institution 4 zoning designation established by the City of Seattle and is actually 15 feet less in height than the allowable 105-foot designation. Furthermore, it is important to note that the existing neighboring uses to the south of the proposed MOB include structures that are compatible with the proposal, relative to bulk and density; these include several three- to four-story apartment buildings and the First Church of Christ. The NC2 zoning designation applies only to non-institutional development.
7. MP/
EIS Although the pedestrian overlay zone, which encourages street-level retail, does not extend to the GHC super block, GHC plans to provide retail space on 15th Avenue East where GHC development is proposed in Phase 2. In order to balance institutional space needs with maintenance of retail frontage where it currently exists, GHC is proposing to replace existing retail with similar lineal footage, although gross square footage would be decreased.
8. MP The total number of off-campus and on-campus parking spaces proposed in the GHC Master Plan is well within the Major Institution zoning guidelines. However, it will be inadequate to meet demand as is further described in Seattle Engineering Department response to comment #7-8. Second, the capacity of the parking could not exceed what has been proposed in the MIMP as it would create additional traffic impacts beyond street capacity. Specifically, the LOS for left turns from the minor street at 15th Avenue East and East Denny Way would decrease from LOS D to LOS E with a 1,000-1,200 space garage. Finally, within the boundaries, there is absolutely no capacity for more parking. Therefore, off-campus lots cannot be eliminated other than those two lots relinquished in Phase II (P17 and P1, totaling 108 spaces) until Phase IV is implemented. It is also important to note that the Major Institutions Code does not authorize any governmental agency to require either the change of a permitted use or the sale of private property, which is the implication of this comment as it concerns GHC relinquishing their existing surface lots. Refer to response #7-8 of Seattle Engineering Department (SED) comment letter.
9. MP As stated on page 3 of the Master Plan, "building heights...may vary up to 15% within the Code requirements at such time as when the structures are built." Therefore, the statement that the potential exists for a structure to go above or beyond the established Master Plan zone limitation is inaccurate.
10. MP GHC has agreed to comply with the existing setback regulations established for the frontage along East Denny Way. The Master Plan has been revised to reflect this agreement.
11. MP GHC recognizes the greater effectiveness of increasing transit ridership as opposed to carpool/vanpool to reduce traffic impact in the Central Campus area. However, while transit is a viable

alternative for some GHC employees who work 9 a.m. to 5 p.m., it is not viable for those work on the rotating shifts. The majority of the employees work on shifts which do not coincide with peak-hour transit schedules.

12. MP Shuttle services from Kitsap and Olympia, as well as in between local facilities, are available and used by outpatients. During the implementation of the Master Plan, periodic review of demand for and use of the shuttle will be made. It should be noted that the goal of the Transportation Management Plan as stated in the Major Institutions Code 23.48.18.C.1 is to "reduce the percentage of employees of the major institution who commute to work..." As the question points out, visitor patterns are too erratic to allow for more specific programs.
13. MP The location of the parking garage will increase usage of 15th Avenue East from East John Street to East Denny Way. There is adequate capacity along this leg and at the intersection of East John Street and East Denny Way to absorb this increase as per the response to SED comments #16 and #17.
14. MP Refer to response to Seattle Engineering Department comment #13, as well as the Revisions section of both the Master Plan and EIS. It has been determined that the proposed underground street vacation along either 15th or 16th Avenues will not be required.
15. MP Due to potential maintenance issues, the Seattle Engineering Department has advised against dedicating the east-to-west access. However, GHC is amenable to allow for a condition of approval for the Medical Office Building relative to providing for a public accessway through the Central Campus superblock between 15th and 16th Avenues East. The Master Plan has been revised to reflect this agreement.
16. MP Refer to response #3 of this letter.
17. MP Refer to responses #7 and #4 of this letter.
18. MP Reference, on page 101 of the DEIS, to the height of the PCF being in compliance with recently adopted NC 40 zoning is not correct. The PCF was built under the former BC zoning which allowed for its 64-foot height. The Master Plan Errata reflects the deletion of this statement. However, it is important to note that GHC is not required to comply with the NC Code but rather with the Institution Code requirements with which it does comply.
19. MP As discussed in more detail in response #7-8 of the SED letter, parking demand throughout the implementation of Phase II and III of the Master Plan requires that GHC maintain its surface parking lots, other than P1 and P17, which will be relinquished (108 spaces) on completion of garage construction in Phase II. Phase IV outlines a plan to reduce the majority of the remaining lots provided that another garage is approved for development.

20. EIS Realistically, the open space proposed to replace the Central Specialty Center and G Wing would remain for several years. Depending on the timing and Future selected, it could conceivably remain 10 years or permanently. Due to these development uncertainties, it is difficult to assess whether or not this is a temporary or permanent mitigating measure.
21. EIS GHC is proposing removal of 9,810 square feet of retail space and replacement with 2,750 square feet of new retail space in the MOB. While the gross square footage of replacement retail square feet is less, the linear frontage along 15th Avenue East is similar.
22. EIS Refer to response #10 to the Capitol Hill Housing Improvement Plan letter.
23. EIS Refer to response #7 of this letter.
24. EIS Refer to response #10 of this letter.
25. EIS Refer to response #3 relative to decentralization, response #4 relative to Neighborhood Commercial Area Policies, responses #9 and #19 of Capitol Hill Housing Improvement Program letter, and response #7-8 of the Seattle Engineering Department letter relative to Element 3 of the Capitol Hill Community Agreement.
26. EIS Refer to response #3 of this letter.
27. EIS Comment acknowledged. This correction is incorporated in this FEIS via the Errata Sheet contained at the end of the Comments and Responses section. Future 3, Phase 3 also shows a 22% increase in weekday Central Campus population. Although Future 3 is evaluated as the "decentralized regions" future, the physical requirements and population projections in this alternative are very similar to the proposed action. Refer to response #3.
28. EIS The proposed Medical Office Building to be constructed in Phase II is only 15 feet taller than the adjacent building, D Wing. As such, it is comparable in scale to the existing institutional development. It is also 15 feet less than the Major Institution zoning allow. The structure adjacent to the D Wing is PCF which is correctly noted at 64 feet, 11 feet less in height than D Wing. Plans for the proposed development are still at a conceptual level. As they are refined, attention will be paid to compatibility with the surrounding neighborhood scale. Refer to response #20 relative to comment on open space.
29. EIS The Cline and 214 16th Avenue East Apartments are market rate one- and two-bedroom apartments.

30. EIS The Major Institution Code as well as the Housing Preservation Ordinance gives the proponent the option of developing replacement housing or contributing to a fund for developing replacement housing. GHC has opted to pay the fee, which is based on construction costs for replacement housing. For this reason, it is not offered as a mitigation measure.
31. EIS GHC has agreed to keep Seattle Landmarks Preservation Board informed of elevator core design.
32. EIS GHC and their architect are currently in the design phase of planning the proposed Medical Office Building and the Patient Care Tower. At the time that the design is finalized on these two structures, upper level setback that may reduce shadowing impacts would be considered.
33. EIS Refer to response #7-8 of the Seattle Engineering Department letter.
34. EIS Use of the existing parking lots are anticipated to remain the same. However, traffic circulating in search of parking will decrease due to the development of the parking garage. As such, negative impacts are anticipated to decrease.
35. EIS Two lots outside the boundary are proposed to be relinquished, P-1 totaling 47 spaces and P-17 totaling 82 spaces. Traffic impacts to these lots will be diminished as it will be diverted to the garage.
36. EIS Since the increase in employee and outpatient population will not occur until completion of the Medical Office Building, it is not anticipated that a permanent increase in traffic volumes will be generated during construction. Mitigation measures to reduce temporary construction-related traffic impacts have been reviewed in the Draft EIS, page 183.
37. EIS The traffic analysis conducted on the intersection of 15th Avenue East and East Denny Way suggests that neither signalization nor street widening would be necessary to accommodate the increased traffic volume created by the additional employees, outpatients and visitors generated by the main parking garage and Medical Office Building. Refer to response #13 in this letter and SED comments #16 and #17 regarding the capacity of the intersection of 15th Avenue East and East Denny to absorb the increased traffic.
38. EIS A maximum of 16 RPZ-designated spaces along the south side of East Denny Way may need to be eliminated in order to accommodate the parking facility. This loss will be partially compensated by the increase in parking supply within the facility for GHC traffic and, hence, reduced demand for parking in RPZ spaces. Currently, approximately 469 short-term and long-term GHC generated vehicles park in on-street RPZ spaces. Increased

availability of off-street parking will reduce the GHC demand for on-street spaces by approximately 130 spaces. This reduced demand will increase the availability of on-street parking, even with the loss of 16 RPZ spaces.

- 39. EIS It is anticipated that there is adequate capacity of the intersection of 15th Avenue East and East Denny Way to accommodate the increased traffic as is discussed in response #13 and the response to SED comments #16 and #17.
- 40. EIS Refer to the first paragraph of response to comment #3.
- 41. EIS Table 16 has been amended accordingly. The projected LOS "E" at the intersection of East John/15th Avenue East/East Thomas can be effectively mitigated through the measures stated in the Draft EIS.
- 42. EIS Future 2 adds less than 100 peak hour vehicles to the approach volumes at the intersection of 15th Avenue East and East Denny Way. As a result, level of service changes only from A to B. Refer to the response to this letter's comments #'s 13, 37, 38, 39, and response to SED comments #16 and 17 regarding the capacity of the intersection of 15th Avenue East/East Denny Way to accommodate the additional traffic.
- 43. EIS Given that traffic could enter either on 15th or 16th Avenues East into the drive-through, it is unpredictable as to which direction they would exit. The point of having an underground ramp, however, is to reduce traffic in search of parking around the super block.
- 44. EIS The 1995 traffic volumes in Figure A indicate that there will be increases in traffic at both ends of the campus, with a greater increase occurring at the south end of the campus due to the proposed parking garage. The increase at the north end of the campus is primarily associated with the slight overall increase resulting from the proposed expansion under Future 2. Construction of the garage reduces GHC-related traffic circulating in search of parking.

Various site locations for the parking garage were studied. The center of the campus is currently developed with structures that will remain throughout the lifetime of the Master Plan. Because there is insufficient space to develop the proposed garage in the center of campus, it was not studied as an option. Furthermore, in order to provide an east-west through block access, the garage was purposely shifted further south.

Memorandum




MAY 13 1986

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION

DATE: May 12, 1986

TO: Katy Chaney, Director, Land Use Division
Department of Construction and Land Use

FROM: Lynn Davison, Director 
Environmental Affairs Division

SUBJECT: Draft Environmental Impact Statement (DEIS)
Group Health Cooperative Central Campus Master Plan

City Light staff have reviewed the DEIS on the Group Health Cooperative Central Campus Master Plan and have the following comments:

- o The energy section of the DEIS has not adequately addressed mitigation measures. On pages 11-12 and 66, the proponent expressed reliance on Energy Code compliance as one of only two mitigation strategies. With a project of this magnitude, we recommend consideration of a broad range of energy efficiency measures, such as photoelectric switching and load management, which would reduce costly peak demands. City Light staff would be pleased to assist the proponent to evaluate the cost-effectiveness of available energy conservation measures.
- o We commend the proponent for working with Seattle City Light to consider the cogeneration potential. We hope that the proponent's cost-effectiveness criteria will be established soon enough to permit proceeding with cogeneration, even under less than ideal economic projection. Since cogeneration is the major mitigation strategy being proposed, there should be further discussion of energy use if a cogeneration system is selected. We would want to know whether gas consumption will increase and electricity consumption decrease, or, if the cogeneration is waste burner based, would both gas and electricity consumption decrease.
- o It is clear from the total consumption figure 244,160 BTU's/sq.ft., high even for a hospital, and from the discussion on page 60 that there is still a large potential for efficiency improvement in the existing facility. We suggest that the proponent re-analyze the measures studied in 1983 using current energy rates and commit to mitigation measures that are economically viable; because new structures will last for many years and once built are difficult and expensive to retrofit, it is very important not to lose cost-effective conservation opportunities at the construction phase.

1
EIS

2
EIS

3
EIS

- o This proposed project, and others like it, have cumulative impacts on City Light's system. That we will be able to serve it does not mean there are no impacts in doing so. City Light must constantly upgrade and expand its system to meet both average and peak needs of customers. Load growth requires the acquisition of generation facilities and expansion of distribution systems. Although City Light makes every effort to minimize adverse impacts, the environmental costs of new electric generation can be substantial. The impacts of this work range from effects on soil, air, water, and wildlife habitat to use of solvents, oils, and other hazardous substances. The cumulative environmental impacts of energy generation and transmission on natural resources such as fisheries and wildlife and the use and disposal of toxic materials should be acknowledged in this project's EIS.
- o The existing hospital is served from a single 4 kv service. The service for the additional building will be based on the anticipated building loads, the final design and the construction schedule for each phase of the project. The service configuration will also depend on whether cogeneration is used; this decision will be based on the outcome of studies currently underway.
- o The proponent will be required to pay installation charges for any new or enlarged electrical service.
- o We recommend that as plans and specific building designs are developed, Group Health should contact Larry Hendrickson at 625-3102 to confirm the specific requirements for electric service.
- o Thank you for the opportunity to comment on this DEIS. If there are questions regarding our comments, please call Justin Osemene of my staff at 625-3799.

4
EIS

5
EIS

6
EIS

7
EIS

JD:sb

SEATTLE CITY LIGHT

1. EIS Comment acknowledged. GHC is currently evaluating additional energy efficiency measures that could be implemented on both the existing structures as well as those buildings proposed for development. GHC will work with the architect in developing specific energy conservation measures for each building when the preliminary building designs are finalized. At that time, both GHC and the architect would be receptive to evaluating the cost-effectiveness of additional energy conservation measures with Seattle City Light staff.
2. EIS GHC, their architect and engineer are currently completing their feasibility study. GHC is willing to consider cogeneration even under less than ideal economic analysis because they could use cogeneration as a backup source of power in the event of a power outage. Based on the preliminary feasibility study and modelling, it is unlikely that a natural gas based cogeneration system would decrease either gas or electricity consumption.
3. EIS Comment acknowledged. Refer to Comment #1, above.
4. EIS Comment acknowledged.
5. EIS Comment acknowledged.
6. EIS Comment acknowledged.
7. EIS Comment acknowledged. When GHC and the architect develop specific building design plans, they will contact Seattle City Light to confirm the specific requirements for electric service.

Seattle
Engineering Department

Eugene V. Avery, Director of Engineering
Charles Royer, Mayor

MEMORANDUM

RECEIVED

JUN 10 1986

DEPT OF CONSTRUCTION & LAND USE
LAND USE DIVISION



DATE: May 14, 1986

TO: Katy Chaney, Director, Land Use Division
Department of Construction and Land Use
Attn: Jim Barnes, Land Use Specialist

FROM: James M. Bourey, Director, Office for Planning *JMB*

SUBJECT: Group Health Cooperative Master Plan/DEIS

We have reviewed the Draft Environmental Impact Statement (DEIS) for the Group Health Cooperative Master Plan and have the following comments.

The DEIS needs to more clearly discuss the traffic related impacts of the hospital expansion. More information needs to be presented (especially in tables and figures) in order to provide a more detailed picture of the different phases of the expansion and the traffic related impacts of each phase. A table should be provided that lists the buildings that will be constructed or expanded, which will be demolished, what new uses or services will be provided and the number of additional vehicle trips and the parking demand that will be generated by each new use.

1
EIS

The following are specific comments on the material presented under the following headings in the DEIS.

Vehicular Traffic

The DEIS estimates that the existing average daily and pm peak hour traffic generated by the hospital is 6,715 vehicle trips and 405 vehicle trips, respectively. No information is provided on how these figures were derived. The pm peak hour volume of 405 vehicles is only 6% of the daily traffic, and this seems low.

2
EIS

The DEIS indicates the distribution of the hospital related traffic, which is illustrated in Figure 17. However, this figure does not make a distinction between hospital related traffic and the general traffic in the area. It would be helpful to have a figure which shows the existing and projected hospital related traffic volumes only, and the percentage change the future traffic represents from the existing volumes.

3
EIS

The DEIS states that 50% of the total traffic generated under each of the alternatives is generated by physicians, employees and outpatients with the remaining trips generated by "hospital activity". The DEIS needs to clarify what "hospital activity is" and should provide some information on how it was determined that this category is responsible for 50% of the traffic generated by the hospital.

4
EIS

The DEIS also states that the "maximum combined traffic peak of the two GHC activities will thus occur during the overlaps in the morning period. This maximum represents about 21% of the total GHC traffic generation or about 1800 VTE". These 2 statements need clarification - what are the two GHC activities? The DEIS stated earlier that the pm peak was 405 vehicles. What does the 1800 VTE represent?

5
EIS

Transportation Management Plan

The Transportation Management Plan (TMP) should be structured to "reduce the percentage of employees of the major institution who commute to work by single-occupancy vehicle (SOV) to fifty percent..." in three years - not ten years as presented in the draft Master Plan. GHC should establish exactly how many trips they propose to accommodate in each commute mode. As GHC is currently using substantially all of the incentive measures presented under the "Proposed TMP Action" it seems obvious that all will have to be used to reduce the SOV trips to 50% of all employee trips. A memorandum of agreement can be executed to allow flexibility in the exact level of incentives provided for each commuter mode of travel.

6
EIS

There should be a concerted effort to keep all parking on the institution campus and phase out those lots that are outside the boundary. Future 2, Phase II has an estimated code requirement of 845 stalls. The 1114 stalls projected for the institution (including 716 stalls in the parking garage) is 269 stalls in excess of code requirements.

7
EIS

Even with Phase III of Future 2, only 973 stalls are required. GHC should justify the need for so much extra parking, particularly that portion outside their institutional boundary.

8
MP

In order to control off campus parking and reduce the number of SOV commuters GHC should consider requiring all new employees to park on campus and require the deduction of the parking fee from the employee's paycheck unless they demonstrate that they are commuting by HOV. The parking fees should then be set high enough to encourage the use of HOV due to obvious cost savings.

9
MP

Significant Impacts

Table 17, which shows the number of trips that will be generated in Phase II (1991) and Phase III (1995) under the different alternatives needs to be much more detailed. The table should outline all the proposed changes, i.e., new buildings and additions, purpose or use of the new building, the square footage, and the estimated number of vehicle trips to be generated (or eliminated) by each new use.

10
EIS

Table 18 shows the origin and destination traffic distribution of employees and enrollees of GHC. The table, however, shows only the percentage of traffic that will use a local street, arterial, or freeway. A figure showing how trips will be distributed on the surrounding street system under Phase III should be provided. As new buildings and a parking garage are constructed, the changes in traffic circulation in the GHC area will be the most noticeable and have the most significant impact. In addition, the 27 percent of population using freeways must also use either local streets or arterials to reach the freeways from GHC.

11
EIS

Street Vacations

The information about the proposed street and alley vacations is buried in the EIS in the TRANSPORTATION/CIRCULATION section under Significant Impacts. We believe this information belongs in its own section in the Description of the Alternatives portion of the EIS.

12
EIS

The discussion of the proposed vacations also contains a number of inaccuracies that should be corrected. Further, the discussion of alternatives must contain a description of what could/would be constructed if the city were to deny the requested vacations.

13
EIS

Future 2 - Phase II

It is not clear if Figure 19 shows both general traffic and GHC related traffic or only GHC traffic. This should be clarified, since GHC related traffic is estimated to be around 8,680 trips per day (under Alternative 2, Phase III) and many of the ADT's presented in Figure 19 exceed this number.

14
EIS

Table 16 shows the changes in Level of Service (LOS) for the surrounding street system under Alternative 2 Phase II. The DEIS states that the hospital expansion will result in no change in the LOS or a change in just one level of service between existing and projected conditions at affected intersections. However, 4 of the 9 intersections showing a deterioration in the LOS change from a LOS C or D to E, which is significant.

15
EIS

Mitigating Measures

The most significant traffic impacts of the expansion are anticipated to occur at the intersections of 19th Avenue East/East Thomas Street, 12th Avenue East/East Denny Way, and 15th Avenue East/East Denny Way. These intersections will need to be monitored to determine if and when they meet signal warrants. At that time they will be added to the Engineering Department's signal needs list for comparison of priorities with other intersections to be signalized. GHC should be responsible for a portion of costs of a signal at the above locations, especially at the intersection of 15th Avenue East and East Denny. (The DEIS recommends that GHC be responsible for the majority of the costs of a signal at this location).

16
EIS

Any improvements required to the existing signals at the intersections of 15th Avenue East/John Street, and 15th Avenue East/East Thomas Street should also be funded by GHC.

17
EIS

Parking

The DEIS needs to show the location of the future (Phase III) parking lots, the number of spaces per lot, the net gain in the number of spaces from existing, and the anticipated utilization of these lots. It should be noted that we believe that all of the required future parking should be located within the GHC Major Institutions Boundary. The DEIS needs to discuss the parking demand that will be generated under Alternative 2, Phase III, for each new use, and provide some estimates of the expected parking shortfall that GHC will experience in 1995. The potential impacts the parking spillover will have on the area's on-street parking supply should also be discussed.

18
EIS

The DEIS recommends many good, feasible measures to mitigate parking impacts. However, these measures should also be discussed in terms of what the hospital needs to achieve in a parking demand reduction and how effective these measures will be in achieving that goal.

19
EIS

Traffic Safety

A table listing accidents by location should be provided to identify any problem intersections or midblock areas. The DEIS indicates the highest midblock accident rate is on East Thomas between 15th Avenue East and 16th Avenue East. There are several GHC access points along this street. The DEIS states they may be a contributing factor, but does not discuss any measures to mitigate these accidents. This existing accident problem needs to be addressed.

20
EIS

General Comments

The DEIS does not discuss the potential cumulative traffic impacts that may result from other future development in the area. If no other developments are currently proposed or planned in the GHC area, it should be stated in the DEIS. | **21**
EIS

Pedestrian circulation around the GHC campus needs to be discussed along with any potential vehicle/pedestrian conflicts, especially on 15th Avenue East and on East Thomas Street. | **22**
EIS

Bicycle circulation and parking should also be addressed in the DEIS. | **23**
EIS

The DEIS needs to better address the vehicle circulation and parking impacts of the expansion. The assessment of the potential parking impacts is especially critical since this area has an existing on-street parking shortage. | **24**
EIS

It is not clear from the transportation analysis how significant the transportation impacts of the expansion will be. We hope our concerns will be adequately addressed in the FEIS. | **25**
EIS

Thank you for the opportunity to review this document. If you have any questions or comments, please contact Mark Clemmens at 625-2385.

JMB/LMS:emr

cc: Joan Rosenstock, Office for Planning
Louise Stromberg, Office for Planning
Ed von Borstel, Transportation
Alan Bennett, Commuter Pool

SEATTLE ENGINEERING DEPARTMENT

1. EIS Traffic-related impact analysis of hospital expansion has been based on population projections rather than building use. Since doctors, nurses, and outpatients may use more than one facility on any given day, a campus-wide projection avoids the possibility of duplicating counts. Furthermore, traffic destination is more likely to be a parking garage or lot than facility. Therefore, traffic-related impacts based on use were deemed less accurate than population projections. Refer to response to DCD comment #2 for information on buildings constructed, expanded and demolished by phase and future. Parking demand analysis is provided in response to SED comment #7-8.
2. EIS Traffic generation for all GHC population estimates are based on an International Transportation Engineers (ITE) reference using number of employees as the independent variable, not number of hospital beds as stated in the DEIS. The ITE standard uses a factor of 4.9 average weekday vehicle trip ends per employee. This factor takes into account all hospital employee, physician, outpatient, and visitor traffic associated with the appropriate sized facility. Traffic generation was also calculated by applying mode choice and average vehicle occupancy rates to person trip volumes based on GHC employee and patient counts. A comparison of the two techniques showed that the ITE method was slightly higher and was thus used as an indicator of "worst case" traffic volumes. According to both the ITE estimates and observed patterns at GHC, hospital peak hour traffic does not coincide with that of the adjacent street traffic. This is due to the fact that hospital shift changes occur earlier than typical work shift changes (i.e., 7:00-7:30 a.m., 3:00-3:30 p.m., and 10:30-11:00 p.m.). Only about 6% or .29 trips per employee of total GHC daily traffic coincides with the adjacent street traffic peak hour. Table A shows the daily and p.m. peak hour trip generation based on the ITE rates. Figure 6 shows the traffic generated by Group Health only, and Figure 7 shows the percent increase of GHC-generated traffic.
3. EIS See response to SED comment #16.
4. EIS This statement has been deleted from the EIS.
5. EIS As explained in response to question #2, the peak hour of traffic generation by GHC is different from peak hour of traffic on adjacent streets. GHC will generate 1,800 vehicle trip ends during its peak hour (3:00-3:30 p.m.), when shift changes occur, and 450 vehicle trips during the peak hour of adjacent street traffic, 4:30 p.m. to 5:30 p.m.
6. MP The Major Institution Land Use Code does not specify a three-year time frame in which the TMP must be achieved. Rather, it states that, "When an institution is proposing new development, it shall present evidence that the TMP has made substantial progress toward the 50% maximum SOV" (SMC 23.48.18C5). GHC has already

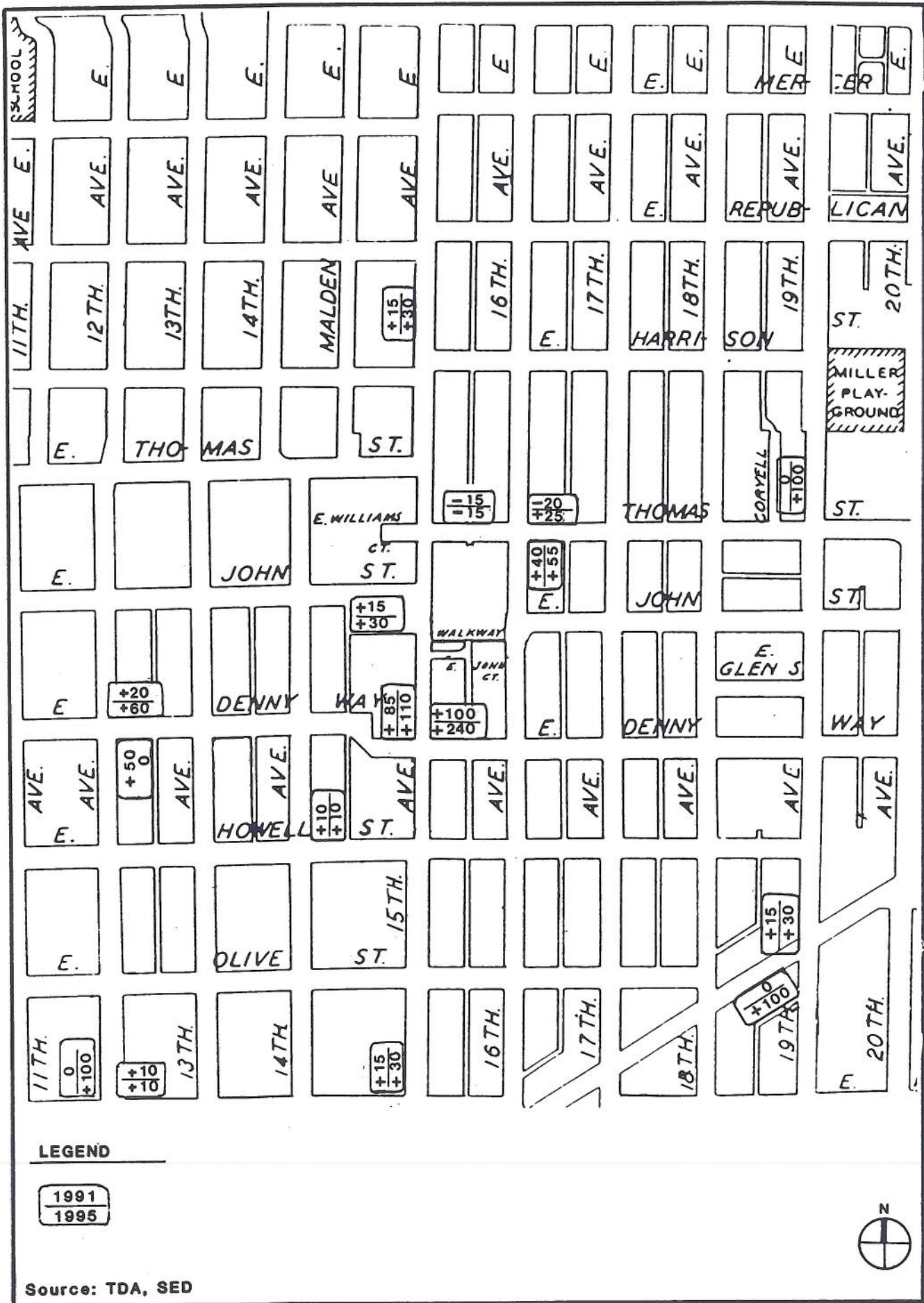


Table A
FUTURE GHC VEHICLE TRIP GENERATION

<u>Alternative Future</u>	<u>Employees</u>	<u>ADT per Employee</u>	<u>ADT</u>	<u>P.M. Peak Hour per Employee</u>	<u>P.M. Peak Hour</u>
Phase II					
1	1,466	4.9	7,183	.29	425
2	1,550	4.9	7,595	.29	450
3	1,503	4.9	7,365	.29	436
4	1,335	4.9	6,542	.29	387
5	1,082	4.9	5,302	.29	314
5a	1,105	4.9	5,415	.29	320
Phase III					
1	1,640	4.9	8,036	.29	476
2	1,771	4.9	8,678	.29	514
3	1,746	4.9	8,555	.29	506
4	1,405	4.9	6,885	.29	407
5	1,180	4.9	5,782	.29	342
5a	1,255	4.9	6,150	.29	364

Source: TDA, Inc.

Table B

MILUC PARKING REQUIREMENTS FOR THE GHC MASTER PLAN
AND GHC SURPLUS/DEFICIT
AS COMPARED TO MILU CODE REQUIREMENTS

	<u>Supply</u>	<u>Minimum Parking Requirement</u>	<u>Maximum Parking Allowed</u>	<u>Surplus/ <Deficit></u>
Existing	646	781	1,054	<135>
Phase I	646	789	1,065	<143>
Phase II				
Future 1	1,131	854	1,153	--
Future 2	1,131	892	1,204	--
Future 3	1,131	879	1,187	--
Future 4	1,016	744	1,004	12
Future 5	746	614	829	--
Future 5A	853	652	880	--
Phase III				
Future 1	1,131	1,009	1,362	--
Future 2	1,131	1,067	1,441	--
Future 3	1,131	1,067	1,441	--
Future 4	1,016	799	1,079	--
Future 5	746	672	907	--
Future 5A	853	777	1,049	--

Source: GHC, Manasse and Associates.

shown commitment to reducing SOV use by employees. They plan to continue and increase this commitment during the development of the Master Plan. The exact number of employees that will shift from SOV mode to transit, walk, bike, or rideshare cannot be predicted accurately. As GHC raises the price of SOV parking, for example, employees could shift to any non-SOV mode. Instead of projecting the number of employees in each commute mode, the TMP projects likely ranges of mode shifts. The appropriate measure of performance is the progress toward achieving the 50% SOV goal, not in achieving specific goals for carpool, vanpool, bicycle, walk or transit use.

- 7-8. MP EIS Relative to the comment that parking should be located within the campus, GHC studies indicated that the only available site for a parking garage was the one proposed. If additional parking facilities were located within the campus, approximately 26 apartment units would require demolition. Prior to any demolition, however, there would be an expansion of institution boundaries required as the first step. The Group Health Master Plan Citizen Advisory Committee has stated their preference to allow surface parking lots to remain for the interim, rather than require the demolition of two existing apartment buildings containing 26 units. Second, the capacity of the garage relative to its impact on traffic generation was assessed at 700-800 cars. Beyond that point, the streets would not be able to handle the amount of traffic generated by the garage. Therefore, until such time as when the north garage is proposed and approved (Phase IV), the majority of the surface parking lots will be required to be used for GHC parking. Refer to response #8 in the Department of Community Development letter.

Regarding the comment on the amount of parking provided being in surplus of Code requirements, the Major Institutions Code allows for a range for number of available parking spaces. "The maximum number of spaces provided shall not exceed one hundred thirty-five percent of the minimum requirement..." (23.48.18A2). Even though GHC is proposing parking that is in excess of the minimum parking requirement by Code guidelines, except for Future 4, Phase II it is within the allowable range as is illustrated in Table B.

Table C displays the range of peak parking demand associated with each Future. Parking demand was determined by multiplying the number of employees, visitors, and outpatients by the expected mode split as is discussed in response to comment #1. Mode split was determined by the results of the Transportation Management Plan (TMP) survey conducted at Group Health Campus. Outpatient mode split was estimated by comparing GHC characteristics with similar hospital facilities. These totals were then multiplied by expected vehicle occupancy rates, which also were derived from survey and comparative methods. Peak accumulation estimates of 20-30% of the daily total were made for outpatient and visitor parking based on information from GHC administration and from comparative studies. The higher estimate of 30% was used for

Table C

FUTURE GHC PARKING DEMAND

Alternative Futures	Total Number			Peak Parking Demand			Total Demand
	Employees	Out- Patients	Visitors	Employees ¹	Out- Patients ²	Visitors ³	
Phase II							
1	1,466	2,000	284	850	300	45	1,195
2	1,550	2,015	297	899	302	48	1,249
3	1,503	2,060	292	872	309	47	1,228
4	1,335	1,553	288	774	233	46	1,053
5	1,082	1,300	288	628	195	46	869
5a	1,105	1,475	288	641	221	46	908
Phase III							
1	1,640	2,316	328	951	347	52	1,350
2	1,771	2,350	357	1,027	353	57	1,437
3	1,746	2,420	349	1,013	363	56	1,432
4	1,413	1,742	288	820	261	46	1,127
5	1,180	1,480	288	684	222	46	952
5a	1,255	1,700	288	728	255	46	1,029

¹Based on the results of the GHC TMP Survey commute modes 53.8% single occupancy vehicle and 10.2% carpool with vehicle parked at GHC and assume carpool ACO of 2.2 for an estimated rate of .58 spaces per employee.

²Assume 80% arrive by car with an ACO of 1.60 from ITE Transportation and Traffic Engineering Handbook with 30% present at one time for a rate of .15 spaces per outpatient.

³Assume 85% arrive by car with an ACO of 1.61 from ITE Transportation and Traffic Engineering Handbook with 30% present at one time for a rate of .16 spaces per visitor.

Source: TDA, Inc.

Table D
PARKING SHORTFALL BY FUTURE AND PHASE

	<u>Demand</u>	<u>Supply</u>	<u>Shortfall</u>
Existing	1,115	646	409
Phase I	1,115	646	409
Phase II			
Future 1	1,195	1,131	64
Future 2	1,249	1,131	118
Future 3	1,228	1,131	97
Future 4	1,053	1,016	37
Future 5	869	746	123
Future 5A	908	853	55
Phase III			
Future 1	1,350	1,131	219
Future 2	1,437	1,131	306
Future 3	1,432	1,131	301
Future 4	1,127	1,016	111
Future 5	952	746	206
Future 5A	1,029	853	176

Source: GHC, Manasse and Associates.

this calculation. The parking demand expressed in Table C represents a conservative estimate of number of spaces needed during peak demand hours.

The parking provided is inadequate to meet demand in any of the Futures by a shortfall as illustrated in Table D.

Due to the fact that GHC is currently at 53.8% SOV use for employees and 50% is the goal, demand reduction as a result of implementing the TMP would not be significant relative to the total demand. Therefore, due to the fact that there is a significant shortfall in meeting parking demand in all Futures, relinquishing the parking lots would have a negative impact on the community.

GHC has outlined a plan for relinquishing parking spaces outside the existing boundaries. By the end of Phase II, 108 spaces (P1 and 17) are relinquished. An additional 106 spaces (P7, 14, 15 and 16) are proposed to be returned to the community at the end of Phase IV, which is outside the scope of this Plan's approval but is described in the Master Plan. However, this can only be accomplished at such time as when the proposed North Garage is built as described in the Master Plan as an option for Future 2, Phase IV.

9. MP Any requirement that GHC employees pay for parking in order to control parking on campus would be subject to collective bargaining with employees and usual management decisions about allocation of funds given competing demands for limited resources. If GHC were to provide free parking on campus as a benefit, this would have the net effect of reducing the parking problem in the RPZ, but increasing the number of SOV and therefore increasing traffic in the neighborhood. Relative to enforcement and traffic consequences, it would be nearly impossible to require employees to park on campus. Furthermore, given the health status of patients seeking care on the GHC campus, it is a priority to provide this population with parking on campus. Finally, it is outside the scope of the MILU Code to govern establishment and personnel policies and practices for an institution.
10. EIS Refer to response #1.
11. EIS Table E shows the percent of GHC generated traffic as assigned onto the surrounding street system.
12. EIS The discussion of the proposed street and alley vacations was included in the Significant Impacts section of the Transportation/Circulation element in the Draft EIS because their most significant impacts would be on adjacent transportation and circulation patterns. Therefore, the Transportation/Circulation element was believed to be the most appropriate section for the proposed street and alley vacation discussion.

13. EIS Comment acknowledged regarding inaccuracies on page 115 of the Draft EIS. See revised language in the EIS Errata section. Relative to alternatives to the street vacation, GHC proposes no ramp or no street vacation. See the Revisions section of the EIS.
14. EIS Figure 19 in the DEIS shows traffic volumes with Alternative Future 2 both at the end of Phase I in 1991 and at the end of Phase II in 1995. These volumes include existing street traffic with background growth since 1985 in addition to traffic generated by Alternative Future 2 GHC traffic.
15. EIS Those intersections that deteriorate to level of service (LOS) "E" would do so with the projected increases in background traffic and do not change with the addition of traffic from the GHC expansion.
16. EIS Table F shows GHC generated traffic volumes as a percentage of all traffic entering the respective intersections. Hence, the greatest percentage increase in GHC-generated traffic volume is 15%, which is projected for the 15th Avenue East and East Denny Way intersection in the case of Future 2, 1995. Percentages for 1991 and 1995 without GHC modifications decrease because GHC traffic volumes remain static while background traffic increases. The parking garage is the major source of changes at the intersections of 15th Avenue East/East Denny Way and 15th Avenue East/East John Street.
17. EIS GHC has agreed to pay for a portion of associated costs of improvements required for existing signals and new signals at intersections of 15th Avenue East/East John Street and 15th Avenue East/East Thomas Street.
18. EIS Figures 4, 5, and 6 on pages 31-33 of the DEIS illustrate existing Phase II and Phase III parking locations, number of spaces existing, gained, or lost, and use for both parking inside and outside the GHC boundary. Refer to first paragraph in response to #7-8 relative to reasoning behind GHC requiring parking outside boundaries. Both the zoning requirements and demand analysis were generated by population projections, not use, as is discussed in response #1 to this letter.
19. EIS The total demand for parking is projected at 1,437 spaces for the worst case Future 2 in Phase III. GHC plans to provide 1,098 actual parking spaces with this Future. The projected off-street shortfall would be 339 spaces, which is a decrease of 130 spaces from the existing shortfall of 469 spaces. Demand is based on the number of employees, visitors, and outpatients, and their mode split. Please refer to response #7-8 for demand projections. Increases in transit pass subsidies, SOV parking rates and other incentives are expected to reduce the demand for employee parking by 30 to 60 spaces. A shortfall would remain even with the TMP goal of 50% because of outpatient and visitor parking demand.

Table E
GHC VEHICLE TRIP ASSIGNMENT

North on 15th Avenue East, north of East Harrison Street	15%
North on 16th Avenue East, north of East Harrison Street	3%
North on 19th Avenue East, north of East Harrison Street	2%
East on East Harrison Street, east of 16th Avenue East	1%
East on East Thomas Street, east of 19th Avenue East	24%
East on East Madison Street, east of 19th Avenue East	6%
West on East Harrison Street, west of 15th Avenue East	1%
West on East Thomas Street, west of 15th Avenue East	1%
West on East John Street, west of 12th Avenue East	28%
West on East Denny Way, west of 12th Avenue East	4%
West on East Pine Street, west of 12th Avenue East	2%
West on East Madison Street, west of 15th Avenue East	13%
Total	100%

Source: TDA, Inc.

Table F
GHC GENERATED TRAFFIC AS A PERCENTAGE OF
TOTAL INTERSECTION TRAFFIC (ADT)

<u>Scenario</u>	<u>15th/ Denny</u>	<u>15th/ John</u>	<u>15th/ Thomas</u>	<u>19th/ Thomas</u>	<u>12th/ Denny</u>
Existing	24%	19%	18%	11%	3%
1991 w/o GHC Modification	23	18	17	10	3
1995 w/o GHC Modification	22	17	17	10	2
1991 with Alternative Future 2	36	23	20	11	4
1995 with Alternative Future 2	39	25	20	11	4

Note: The percent of GHC generated traffic shown in Table F includes traffic for all approaches at each intersection.

Source: TDA, Inc.