



**Major Institution Master Plan
Annual Report
1997-1998**

I. Introduction

A. Major Institution: Northwest Hospital

B. Reporting Year(s): 1997-1998

C. Major Institution Contact Information:

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D. Master Plan Adoption Date and Date of Any Subsequent Amendments:

The Master Plan was adopted November 12, 1991. Amendments include:

- Daycare Addition – Minor – 12/92
- Daycare Entry – Minor – 1/94
- Gamma Knife – Minor – 2/93
- Chapel Addition – Minor – 4/93
- OR Addition – Exempted – 6/97
- Linear Accelerator Addition – Exempted – 6/99

II. Progress in Meeting Master Plan Conditions

A. Provide a general overview of progress made in meeting the goals and conditions of the approved Master Plan:

Northwest Hospital has not yet moved forward with the development of the Phase I-III major projects as described in the Master Plan, therefore many of the

conditions stated in the plan have not been required. However, progress has been made with several of the other conditions of the plan, as described in this report.

In 1997-1998, the hospital had great success with its Transportation Management Program. The establishment of the Metro bus route #318 provided the hospital's staff and patients with a very convenient way to commute to work. The hospital was honored by the Economic Development Council for its "outstanding commitment" to the reduction of single occupancy vehicles, and won the *Diamond Award* for its commitment in the area of transit promotion.

Northwest Hospital remains very committed to recycling and the management of its solid waste stream. The hospital recycled approximately 480 tons of material in 1997-1998.

In mid-1998, the hospital shut down its medical waste incinerator due to an increase in HCL emissions. At that time, it became necessary to make significant changes to the hospital's solid waste management program, and the hospital began utilizing an outside company to dispose of its medical waste. Additional testing of the incinerator occurred in early 1999, and HCL levels were undetectable. Today, the modifications to the waste stream remain in effect, and the incinerator remains off while the hospital evaluates disposal alternatives.

The hospital continues to give approximately \$5 million per year in charity care and support to the community, and provides support via health education, clinical research, senior programs, and to charitable organizations and school programs.

Northwest Hospital has recently reactivated its Citizen Advisory Committee, and the first meeting with the new members was held on April 20, 1999.

B. List each condition and provide a brief narrative statement about the progress made towards compliance:

Development Phasing

No major projects relating to the hospital's Master Plan were initiated in 1997 or 1998.

Street Improvements/Traffic Mitigation

Several street improvements have been made since the adoption of the hospital's Master Plan. The hospital installed trees on 115th street, paved walkways on N.120th, and berms on the north and south sides of the campus. In addition, the hospital contributed to the cost of installing left turn lanes on Meridian N., both at Northgate Way and 115th street, and also contributed to the cost of the light at Aurora and 115th street. The right turn lane has been widened at 115th street and Aurora, although the work was completed by others.

Additional street improvements will be made in conjunction with the construction of the Phase I-III major projects, per the conditions of the Master Plan.

Transportation Management Plan (TMP)

Northwest Hospital reported progress toward meeting its TMP goals during 1997 and 1998 in the Med-Info Community Newsletter (August and November 1997 issues, and August and December 1998 issues).

During 1997 and 1998, the hospital continued to implement measures to reduce the number of employees commuting to work in single occupancy vehicles. In many cases, the hospital exceeded the requirements of the TMP elements described in the hospital's Master Plan. The following are some of the hospital's successes:

- In 1998, the hospital was recognized by the Economic Development Council (EDC) for its "outstanding commitment" in the area of transit, in recognition of its transportation plan and bus service, as well as its commitment to the reduction of single occupancy vehicles driving to and from the hospital.
- The hospital was also presented with the *Diamond Award*, as one of 17 King County major work sites recognized by the EDC. The establishment of the Metro 318 bus route was key to being presented with this award.
- The hospital maintains a "guaranteed ride home" program for all employees commuting to campus by non-SOV modes.
- Free parking for carpoolers with two or more members is also provided, and a dedicated "carpool lot" located close to buildings was established in 1994, as an incentive for carpooling. In addition, on-campus SOV parking within the "SOV parking lot" is allowed on days when a carpooling partner is sick or on vacation.
- The hospital continued to support employee telecommuting. This eliminated approximately 2,080 annual SOV round trips onto campus in 1997 and 1998.
- The hospital's agreement with Metro and North Seattle Community College was renewed. This allows Metro to continue the custom route #318 bus service, which provides service to our staff and community between the hospital campus, the Outpatient Medical Center, the Northgate Transit Center, and other key points.
- Northwest Hospital continues a 100% subsidy for the Flex Pass Program for employees as an incentive to leave their vehicles at home. The combined cost of the program is \$125,814 per year.

- As a result of our residential neighbors having voted to install 2-hour parking restrictions in the neighborhood, it was determined that implementation and maintenance of a Residential Parking Zone (RPZ) was not required. Spill-over parking into the surrounding residential streets is now non-existent.

Vehicle Emission Mitigation

No air quality studies have been required to date.

Storm Water/Drainage Control

The detention pond has been sized to handle all proposed Master Plan site development. Other drainage modifications may be required by SED upon the construction of Phase I-III major projects.

Access to Campus

No new driveways or interior road connections to N. 120th street have been constructed.

Solid Waste Disposal

The hospital reported to the community about its waste management plan twice during 1997 (August and November), and twice during 1998 (August and December) in the Med-Info Community Newsletter.

Northwest Hospital's continuing goals are:

- to reduce waste generated
- to recycle everything possible
- to safely dispose of anything that cannot be recycled or reused
- to educate employees and the public about waste management
- to monitor and improve its waste management program

In 1997, employees recycled 120.7 tons of mixed paper, 4.4 tons of newspaper, 2.1 tons of kitchen grease has been sent to a rendering plant, and 60.6 tons of glass, cans, milk cartons and plastics were also recycled. In addition, 50 tons of yard waste was composted. In all, employees removed more than 237.8 tons of material from the waste stream.

In 1998, employees recycled 140.1 tons of mixed paper, 2.1 tons of kitchen grease, and 61.8 tons of glass, cans, milk cartons and plastics. In addition, approximately 50 tons of yard waste was composted. Employees removed more than 258.6 tons of material from the waste stream.

Air Quality

During 1997, the hospital generated about 1,500 pounds of infectious waste per day. The waste is incinerated three days per week, generally Monday, Wednesday and Friday. The incinerator usually ends burning about 3:00 p.m., with some

steam venting lasting into the evening. The hospital avoids processing materials late in the day, on weekends and on holidays.

In April of 1997, an independent testing firm performed a source test on the incinerator. Emissions measured were extremely low, and well within regulatory limits.

In compliance with conditions of the Master Plan, the hospital reported to the community twice in 1997 in the Med-Info Community Newsletter (August and November issues) about the operation of the incinerator.

During 1998, the hospital generated about 1,418 pounds of combined infectious waste and sharps per day. Until August 8th, the infectious waste was incinerated three days per week. For safety purposes, sharps (averaging 141 pounds per day), were disposed of through a licensed outside vendor. In April of 1998, an independent testing firm performed a source test on the incinerator. The results indicated HCL emissions to be higher than previous test results, which caused PSAPCA, the hospital's regulatory agency, to request additional testing. The incinerator was retested again in July 1998. The test results indicated HCL levels greater than before and above the limits set for the incinerator by PSAPCA. In view of these results, the hospital voluntarily shut down incinerator operations in order to investigate and determine the cause of the increased HCL levels. The cause of the increase in HCL emissions was thought to have been the burning of additional plastic which had been recently added to the waste stream. That plastic was removed, the medical waste stream revised, and the incinerator tested again on January 6, 1999. The results of that test indicated HCL levels that were undetectable. The incinerator continues to be turned off, and all medical waste is being disposed of by the same outside vendor that handles and disposes the hospital's sharps.

Continuous HCL monitoring equipment was reviewed with PSAPCA in 1998. It was determined that new, reliable, technology was not available at this time.

Northwest Hospital has adopted as its fugitive dust policy the provisions of PSAPCA's Regulation I, Section 9.15, Fugitive Dust. Ash removal was in conformance with those regulations in 1997 and 1998.

The hospital reported to the community twice in 1998 in the Med-Info Community Newsletter (August and December issues) about the operation of the incinerator.

Water Service

These conditions will be applicable upon the construction of the Phase I-III major projects.

Aesthetics

The mature tree survey is on file with DCLU. The N.120th street berm has been completed. The other conditions will be applicable upon the construction of the Phase I-III major projects.

Basic Construction Limitations

All contractors working on the hospital grounds comply with the noise and traffic restrictions per the Master Plan. Other conditions will be applicable upon the construction of the Phase I-III major projects.

Land Use Concerns – Decentralization, Policy Consistency and Process

Purchase of “Allstate” Site: The hospital purchased the Outpatient Medical Center, (Allstate) site in 1991. The building houses physician/medical offices, outpatient and administrative departments of the hospital, as well as the hospital’s ambulatory surgery center.

Citizen Advisory Committee Composition/Activities: No committee meetings occurred in 1997 or 1998. According to Steve Sheppard at the Department of Neighborhoods, in 1996 the committee approved to suspend additional meetings until the vacancies were filled, and/or until the hospital began moving forward with any of the Phase I – III projects.

The Department of Neighborhoods has recently (March 1999) filled the vacancies on Northwest Hospital’s CAC, and the first meeting with the new members was held on April 20, 1999.

1997 CAC members were:

- Ennis Cooper Patient/Consumer/Neighbor Interests
- Dave Daly President of Evergreen Washelli Cemetery
- Faye Garneau Aurora Merchants Association
- Karen Higgins Patient/Consumer/Neighbor Interests
- Richard Powers Stendall Place Association
- Barry Samet Lichten Springs Community Council
- Ken Scheide Northwest Hospital Volunteer
- Louis Stanton Haller Lake Community Club
- Diane Tarr Seattle Police Dept. & Haller Lake Community Club

CAC membership changes in 1998 and early 1999 included:

Resignations:

- Richard Powers Stendall Place Association
- Karen Higgins Patient/Consumer/Neighbor Interests

Additions:

- Ruth Shipp-Dart Stendall Place Association
- Marilyn Holmes Patient/Consumer/Neighbor Interests

Charity Care Update: In 1997, Northwest Hospital gave more than \$5.8 million in charity care and support to the community. The hospital provided \$2,078,000 in charity care to more than 6,000 patients. The hospital also provided more than \$2,405,000 in clinical research and \$1,363,000 in community services.

In 1998, charity care and community support exceeded \$4.5 million. The hospital provided approximately \$2,158,000 in charity care to more than 9,000 patients, and provided more than \$2,300,000 in clinical research and community services.

These 1997 and 1998 services included the following:

- Seattle Schools
- Shoreline Schools
- Health education for the community
- John Marshall Alternative School
- Meals for the homeless
- MED-INFO free health information line and newsletter
- Fremont Public Association
- Childhaven
- Patient transportation
- Clinical research
- Senior/elder support

Information regarding charity care and community service provided by Northwest Hospital during 1997 and 1998 were presented in the August 1997 issue of the Med-Info Community Newsletter.

III. Major Institution Development Activity Initiated or Under Construction Within the MIO Boundary During the Reporting Period

A. List & Describe Development Activity Initiated or Under Construction (Non-Leased Activity):

No projects relating to the hospital's Master Plan were initiated in 1997 or 1998, with the exception of an exempted change in 1997 for a small building addition and an associated remodel of the hospital's surgery department.

The Master Plan describes a 13,305 square foot, one-story addition to house a Heart Catheterization Lab and support service space. As mentioned in the 1996 annual report, the Cath Lab procedure room was instead constructed within the existing building. In the fall of 1997, a one story, 3,000 square foot building addition was constructed adjacent to the surgery department. The new area houses the department's central supply and support services. In addition, the

project included the remodel of a portion of the existing surgery area, including 3 operating rooms, the locker room, lounge, patient holding and control area. The project was completed in June 1998.

The following Phase I - III projects continue to be delayed:

- West Campus Medical Office Building 59,353 sf
- Administration Annex 13,000 sf
- A-wing/B-wing Corridor Connector 2,205 sf
- West Campus Parking Garage 900 stalls
- Twin Tower 149,946 sf
- Specialty Center I 65,000 sf

B. Major Institution Leasing Activity to Non-Major Institution Uses:

1. Non-Major Institution Leasing Activity Existing on December 31, 1996:

Building Name: Medical Arts Building
 Use: On-campus medical office building
 Lease SF: There were no "Non-Major Institution Uses" in this building in 1996. The hospital leased approx. 30% of the building for its own use, and the remainder of the building housed independent physician practices and other medical-related businesses associated with the hospital.

Building Name: Medical Office Building
 Use: On-campus medical office building
 Lease SF: There were no "Non-Major Institution Uses" in this building in 1996. The hospital leased approx. 40% of the building for its own use, and the remainder of the building housed independent physician practices and other medical-related businesses associated with the hospital.

Building Name: Professional Building
 Use: On-campus medical office building
 Lease SF: There were no "Non-Major Institution Uses" in this building in 1996. The hospital leased approx. 60% of the building for its own use, and the remainder of the building housed independent physician practices and other medical-related businesses associated with the hospital.

2. Non-Major Institution Leasing Activity During the Reporting Period 1997-1998:

Building Name: Medical Arts Building
Use: On-campus medical office building
Lease SF: There were no "Non-Major Institution Uses" in this building in 1997-1998. The hospital leased approx. 31% of the building for its own use (36% in 1998), and the remainder of the building housed independent physician practices and other medical-related businesses associated with the hospital.

Building Name: Medical Office Building
Use: On-campus medical office building
Lease SF: There were no "Non-Major Institution Uses" in this building in 1997-1998. The hospital leased approx. 42% of the building for its own use (69% in 1998), and the remainder of the building housed independent physician practices and other medical-related businesses associated with the hospital.

Building Name: Professional Building
Use: On-campus medical office building
Lease SF: There were no "Non-Major Institution Uses" in this building in 1997-1998. The hospital leased approx. 69% of the building for its own use (61% in 1998), and the remainder of the building housed independent physician practices and other medical-related businesses associated with the hospital.

IV. Major Institution Development Activity Outside but within 2,500 Feet of the MIO District Boundary

A. Land and Building Ownership and Leasing Activity existing on December 31, 1996:

1. Land and Building Ownership:

There were no land or building ownership activities existing outside but within 2,500' of the MIO boundary on December 31, 1996.

2. Leasing Activity:

Building Name: Northgate Medical Office Building
Owned/Leased: Leased from Northgate Mall
Use: Lab, print shop, storage, medical office subleases

Lease SF: The hospital leased 44,764 square feet, and subleased a portion of the space to private physician practices and other businesses.

B. Land and Building Acquisition During the Reporting Period:

During 1997 and 1998, Northwest Hospital did not enter into any land or building acquisitions beyond the major institutional overlay district, or within the 2,500' radius of the hospital, as specified in the Master Plan.

C. Leasing Activity During the Reporting Period:

During 1997 and 1998, Northwest Hospital did not enter into any new leasing agreements beyond the major institutional overlay district, or within the 2,500' radius of the hospital, as specified in the Master Plan. During that time period, the hospital continued to lease space in the Northgate Medical Office Building as described in section IV.A.2.

V. Progress in Meeting Transportation Management Program (TMP) Goals and Objectives

A. Provide a general overview of progress made in achieving the goals and objectives contained in the TMP towards the reduction of single-occupant vehicle use by major institution employees, and staff and/or students:

As mentioned in section II (B) of this report, during 1997 and 1998, the hospital continued to implement measures to reduce the number of employees commuting to work in single occupancy vehicles. In many cases, the hospital exceeded the requirements of the TMP elements described in the hospital's Master Plan.

Northwest Hospital successfully negotiated an agreement with Metro and North Seattle Community College to develop a three-year contract to provide a new, custom bus route. The new route (#318) provides service between the hospital campus, the Outpatient Medical Center ("Allstate" site), the Northgate Transit Center and other key points.

In 1998, the hospital was recognized by the Economic Development Council (EDC) for its "outstanding commitment" in the area of transit, in recognition of its transportation plan and the development of bus route #318. In addition, the hospital was also presented with the *Diamond Award*, as one of 17 King County major work sites recognized by the EDC.

Northwest Hospital implemented the Flex-Pass program, allowing staff a better opportunity to use Metro to commute to work. An increase exceeding the TMP

subsidy requirement was put into place, covering 100% of the hospital's Flex Pass program costs. A 75% subsidy also covers other bus service providers and walk-on ferry passes. The hospital has held transportation fairs, and has promoted participation in programs such as "Fly To Work" campaigns to create interest in alternative commute modes.

Northwest Hospital reported progress toward meeting its TMP goals during 1997 and 1998 in the Med-Info Community Newsletter (August and November 1997 issues, and August and December 1998 issues).

B. List each goal and objective and provide a brief narrative statement about the progress made towards compliance:

The following are the goals of the TMP:

Goal 1 - To make a substantial commitment to a Transportation Management Program.

Commitment to the Transportation Management Program continues each year. In 1997, the hospital joined forces with Metro for a custom shuttle service serving both the Northwest Hospital campus, Northgate Mall and the Northwest Outpatient Medical Center. Northwest Hospital increased its Flex Pass subsidy to 100%, while maintaining a 75% subsidy for vanpools, walk-on ferry passes and other transit provider programs.

Goal 2 - To reduce the percentage of all employees, including doctors who commute to work by single occupant vehicles to seventy percent.

Northwest Hospital continues to promote a number of programs described in the TMP, such as carpooling; bike riding, vanpool use, telecommuting, and the use of transit and/or the shuttle.

Goal 3 - To minimize adverse impacts of Northwest Hospital campus related on-street parking on neighborhood residences and businesses, consistent with the requirements of the Major Institutions Code.

The City of Seattle has changed the parking requirements in the surrounding neighborhoods to two-hour parking zones, therefore Northwest Hospital staff cannot park in those areas.

Goal 4 - To provide for enforcement of the TMP elements.

Northwest Hospital enforces a strict parking policy using signage, security surveillance, permitting, and Photo ID controlled access gates.

Goal 5 - To ensure that all program elements can be effectively implemented, monitored, and updated.

Annual analysis and budget reviews are used to continuously search for new and updated ways to reduce the number of SOV users.

The following are the elements of the TMP:

Transportation Management Administration

Northwest Hospital's Transportation Management Administration's ITC is Gaylen L. Krebs (206-368-2795). The ITC is active in the annual budgeting process to fund the transportation management programs. Working with the community, the City of Seattle, and Metro, Northwest Hospital continues to make efforts to find alternatives to SOV commuting.

Periodic Promotional Events

Northwest Hospital sponsors periodic promotional events that promote alternatives to SOV travel to the hospital campus. Some of the programs are the "Ride to Work, Fly to Work" campaign, transportation information fairs, and employee e-mail informational ads. Northwest Hospital also informs the surrounding community by publishing our TMP updates in the Med-Info Community Newsletter, which encourages employees and patients to use Metro's custom bus service for their visits to Northwest Hospital's campus.

Commuter Information Center

Northwest Hospital maintains a commuter information center in the main hospital lobby providing the name and phone number for the ITC. Details and time schedules for the campus shuttle service route is posted in all of the medical office buildings, on and off campus. These schedules have been enlarged to assist the elderly and vision impaired participants.

Strategies to Reduce Peak Period Single Occupancy Vehicle (SOV) Use

The hospital continues to work with Metro's marketing division, which effectively enhances the custom bus service. Two buses run simultaneously north and south, every half-hour, providing employees and patients with fast, efficient service. The organization of this program includes a 100% subsidy, which greatly increases the potential for employee participation.

Carpool/Vanpool strategies remain one of the most viable means of SOV reduction. The hospital used the ride-match program through Metro as an integral part of the hospital-sponsored transportation fairs. Through the "Networking Group" chaired by Metro, the hospital helps support our local Northgate area ITC's with their ride matching needs. Northwest Hospital maintains assigned carpool parking spaces for staff that commute via carpools and vanpools. Vanpools are subsidized at 75% as an incentive for creation and continued use. All transportation methods other than SOV have a "guaranteed ride home" in the event of an immediate emergency. The hospital also provides a covered shelter for bicycles and mopeds.

Parking Management

Parking management is enforced in a variety of ways. New employees learn about the parking program through the new hire orientation session, where they receive a copy of the current parking policy. During daytime peak business hours, parking is mandated for business use only as an SOV. Parking is provided for SOV vehicles for individuals with tenure of 8 years or more in a gated lot.

Neighborhood parking control has been unnecessary due to the City of Seattle enforcing 2-hour parking within the neighborhoods surrounding the campus.

Tenant Participation

Tenant parking is restricted to clearly marked areas within each parking lot, which is monitored by parking personnel. We have had partial compliance in this area, and are now in the process of re-evaluating and establishing more efficient methods for identification and enforcement of tenant parking.

Employee Survey

An employee mode split survey was completed as required by the Washington Clean Air Act. In 1999, the hospital will be funding a survey by an outside vendor to update the mode split data.

Reporting

Quarterly reporting to the Seattle Engineering Department continued through the fourth quarter of 1995. The report included the number of SOV on-site permits issued, number of carpool permits, and number of participants. Also included was the number of transit and ferry passes subsidized by the hospital, as well as labor and program costs. For 1996-1998, an annual report was prepared, and a TMP progress report was published twice per year in the Med-Info Community Newsletter.

Program Evaluation

The most recent survey for program evaluation was conducted in 1998 with the following report analyses: SOV: 74%-Carpool: 13%-Bus 5%-Vanpool 0%-bicycle 1%-Walk 3%-Others 4%. The mode-split information represents employees who regularly arrive between 6 and 9 AM three or more days a week, corresponding to the target population as presented in the hospital's TMP and the Master Plan Final Conditions of Approval.