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**MAJOR INSTITUTIONS MASTER
PLAN PROCESS**

**SWEDISH MEDICAL CENTER FIRST HILL
CAMPUS MASTER PLAN CITIZENS
ADVISORY COMMITTEE FINAL REPORT
AND RECOMMENDATIONS**

JUNE 2005

This report is produced pursuant to City of Seattle Ordinance 115002 and Seattle Municipal Code Section 23.69, and contains the findings and recommendations of the Major Institutions Master Plan Citizen's Advisory Committee for the Swedish Medical Center First Hill Campus Master Planning Process.



City of Seattle

Department of Neighborhoods

Yvonne Sanchez, Director

Gregory J. Nickels, Mayor

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SWEDISH MASTER PLAN CITIZENS ADVISORY COMMITTEE

Swedish Medical Center Citizens Advisory Committee

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James P Rothwell (Chair)
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Beverly Baker
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June 2005

Dear Hearing Examiner and City Council:

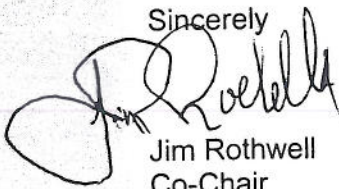
The members of the Swedish Medical Center First Hill Campus Master Plan Citizen's Advisory Committee are pleased to forward to you our final report and recommendations concerning the Swedish Medical Center First Hill Campus Major Institutions Master Plan.

The Committee was formed to provide community review and recommendations concerning the Major Institutions Master Plan for the Swedish Medical Center First Hill Campus. After taking public testimony, reviewing draft and final plan documents and supporting environmental documents, and conducting 13 separate Committee meetings, the Committee has concluded as follows:

1. Swedish Medical Center is a significant asset to the Region, City and Neighborhood.
2. The environmental documents produced in association with the Swedish Medical Center First Hill Campus Master Plan are adequate and adequately identify the impacts of the proposed development.
3. There are impacts to the surrounding community as a result of the present and proposed development at Swedish Medical Center First Hill Campus, but that by and large, the conditions and mitigating elements established in the Plan, EIS, DPD Director's Report and additional Committee recommendations adequately mitigate the known impacts of the proposed development.

We therefore recommend that the Swedish Medical Center First Hill Campus Major Institutions Master Plan be approved with those changes and modifications as recommended in the Department of Planning and Development Director's Report and with further changes identified in the attached Committee report.

Sincerely



Jim Rothwell
Co-Chair



Deborah M Gibby
Co Chair



June 2005
Swedish Medical Center First Hill Campus Master Plan
Citizen Advisory Committee Final Report

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Section I

INTRODUCTION AND GENERAL OVERVIEW

“The intent of the Major Institution Master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of major institutions development on surrounding neighborhoods.” And, that the Advisory Committee comments shall be focused on identifying and mitigating the potential impacts of institutional development on the surrounding community based upon the objectives listed in the major Institutions policies and Chapter 25.05, SEPA.”

Seattle Municipal Code Sections 23.69.025
and 23,69.032 D1

The First Hill Neighborhood in Seattle is home to a broad mix of urban uses, including medium and high density residential, major hospitals and educational facilities and office commercial and retail establishments. Within the Pacific Northwest, few neighborhoods are as urban.

With this urban setting comes major advantages. The neighborhood contains a vibrant mix of housing types that include high density options that are difficult to find elsewhere in Seattle, is close to the Seattle Central Business District, and convenient to major cultural facilities. But there are also major challenges. Chief among these is an abundance of medical and educational institutions, utilizing a significant portion of the neighborhood's available land. These major institutions include Virginia Mason Medical Center, Swedish Medical Center, Harborview Medical Center and a portion of Seattle University.

Swedish Medical Center occupies a central portion of the neighborhood. It provides critically needed medical services and major employment opportunities to both First Hill, the City in general and the wider region. As such is considered important and valuable by the residents of First Hill. Unavoidably, it also impacts the neighborhood in other ways. Development within the Medical Center Campus is dense and likely to become more so over time. Traffic to and from the medical center definitely impacts the overall transportation system in the neighborhood and adds to the needs for utility upgrades.

Swedish Medical Center has proposed a plan that would significantly increase density within its campus boundaries. This has the potential of significant impacts associated with the appearance of bulk and scale. Given this the CAC reviewed the proposed plan with a eye towards reducing the impacts of the bulk and scale of the proposed plan without jeopardizing the needs of the Medical Center to provide modern and efficient floor plates for its medical services. In general, the CAC was guided by the following general principles:

- That the overall increase in density as expressed both by the proposed floor area ratio (FAR) and the overlay heights, including the proposed rezones was acceptable to the CAC so long as special efforts were made to reduce the impacts of that bulk and scale, particularly along the perimeter streets of the Swedish Medical Center First Hill Campus.

- That the development on the campus should be arranged so that the greatest bulk and density is located in the Center of the Swedish Medical Center First Hill Campus
- That design guidelines to guide future development and inform the future Swedish Medical Center First Hill Campus Citizens Advisory Committee Standing Committee should be developed.
- That a specific Wayfinding Plan in addition to the required TMP be developed and reviewed by the CAC. (See Attachment A)

Swedish Medical Center has worked closely with the CAC and responded positively to virtually all of its recommendations. They have agreed to the development of both the wayfinding plan and the design guidelines; modified street and alley vacation request to eliminate all such actions that were considered problematic by the CAC; and generally agreed to a tower and base structure concept that addresses most of the initial CAC concerns regarding bulk and scale impacts. As a result the CAC is able to broadly endorse the plan as presently written and its immediate recommendations are almost entirely related to clarifications to the future design guidelines.

Section II Recommendations

The following are the recommendations of the Swedish Medical Center Medical Center First Hill Campus Citizen Advisory Committee.

Recommendations generally related to the development program Seattle Municipal Code (SMC) Section 23.69.030 Subsection E

Related to SMC Section 23.69.030 E1 – Alternatives.

- **Endorsement of Adequacy of Alternatives Considered** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee (CAC) has reviewed the alternatives proposed including the preferred alternatives. The CAC finds that the alternatives represent a fair outline of alternatives and is adequate for the purposes of review of the Swedish Medical Center MIMP and EIS.

Recommendations generally related to SMC Section 23.69.030 E2 – Density as expressed as a MIO district-wide FAR and SMC Section 23.69.030 E4a – Specific height and gross floor area of existing and planned development.

The Swedish Medical Center First Hill Campus Citizens Advisory Committee (CAC) is fully aware that Swedish Medical Center First Hill Campus MIMP, sets forth an ambitious program of development and proposes generous heights limits and high overall density limits that appear to be essentially a complete build-out within the allowed building envelopes that would be allowed under the zoning. The total FAR proposed at 5.4 would allow for construction on all parcels owned by the Medical Center to the maximum heights and minimum setbacks established by zoning, modified to some extent by the proposed setbacks along the perimeter streets. The CAC also notes that MIMP does not specify gross floor areas for planned projects and instead relies solely upon heights and setbacks.

Swedish Medical Center planners and staff have indicated that these building envelopes and the overall maximum FAR is a “worst case scenario” and will not likely be achieved. Medical Center representatives have committed to a specific role for the Standing Citizen’s Advisory Committee in the review of the designs of the specific planned and potential projects developed under the MIMP and EIS. Given this assurance, the CAC is willing to endorse and accept both the overall campus FAR subject to conditions related to the review of individual projects.

- **Endorsement of the proposed floor area ratio and overall proposed density of development** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee endorses and supports the proposed maximum floor area ratio standard of 5.5 and the total allowable square footage of development at 3,500,000 chargeable square feet, as identified on Pages 58 and 59 of the MIMP subject to the limits on development at specific sites, setbacks, location of open spaces and measures to reduce the appearance of bulk and scale identified elsewhere in the plan and in this report.

Recommendations generally related to SMC Section 23.69.030 E4 a – description of existing planned and future physical development and general design guidelines

- **Endorsement of the general locations for planned and proposed projects** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee supports and endorses the general location identified for all planned and potential projects as shown in figure 2.12 page 44 of the MIMP CAC also supports the likely building forms of the hospital replacement projects (Projects B, C, D and E1) that include a hospital base structure and a narrower tower above.

Endorsement of the General Swedish First Hill Campus and Wayfinding Design Guidelines with minor changes

Swedish Medical Center proposes the adoption of two sets of Design Guidelines to be established concurrent with the adoption of the Swedish First Hill Campus Major Institutions Master Plan: 1) Campus Design Guidelines, and 2) Wayfinding Design Guidelines.

The guidelines shall be applied to and implemented with the proposed master plan projects (MIMP Planned and Potential Projects) when they are architecturally designed in the future. The guidelines provide design direction and a measure for use by DPD and the standing CAC during the Master Use Permit (MUP) review process. The CAC reviewed these guidelines and concurred that they should be established at the time of final approval of the MIMP with minor changes and additions as shown in the strike out version of those documents (Attachment A to this report)

Recommended additional general design guidelines to be applied to all campus

In each of the projects listed in recommendation C above, the upper floor tower is setback from the base structure often to accommodate use for patient beds. The building massing is within and less than the allowable building envelope. The incorporation of these setbacks is an important factor, which has led to the CAC's overall comfort endorsing increased density, FAR and somewhat reduced open space on the Swedish First Hill Campus. The CAC urges that the Medical Center make every possible effort to conform future buildings forms to this concept. However, the CAC recognizes that the projects are not yet designed. Thus specific tower setback dimension and the heights where the tower begins cannot be precisely defined at this time and may be subject to modification at future dates. Therefore, the CAC recommends as follows:

- **CAC recommendation that design guidelines be applied generally to all projects on the Swedish Campus** - Swedish hospital replacement projects be designed with specific attention to perimeter fronting facades that incorporate design solutions that support the following general guidelines:
 - (a) Building bases are desired to be separated from the tower structure, both visually and through massing to promote a human scale character to the street edge. Façade treatments, accentuation of building entries, architecturally interesting detail, transparency and landscape are all encouraged to increase visual interest and variety of the pedestrian experience. Façade treatment and/or quality landscape is specifically desired where façade transparency is not appropriate.
 - (b) Building tower facades should avoid the use of reflective materials and are encouraged to provide differentiation of façade plane through massing (where

appropriate) or fenestration techniques such as projecting sills, lightshelves or shading devices, and/or setback of glazing to create visually interesting patterns. Special care should be taken with regard to the buildings silhouette on the skyline.

Recommendations for site specific conditions design guidelines.

In addition to the general design guidelines listed above, the CAC recommends that the following site-specific design guidelines be noted as guidance to the Swedish Medical Center Standing Citizens Advisory Committee to guide their reviews and comments on any Master Use Permit or Environmental Review related to the specific referenced project.

Planned Project A – Medical Office Building

- That the Standing Citizens Advisory Committee formally review and comment on the specific project design for any permit application requiring any discretionary decision or State Environmental Protection Act (SEPA) review for this site and that its recommendations be forwarded to the Director of the Department of Planning and Development prior to the issuance of any Master Use or Building Permit.
- That the design shall include ground level variations and changes to façade alignments, massing and architectural detailing specifically to increase: 1) the visual interest and variety of experience along the street front and, through the use of a setback, to provide light infiltration to the Plaza just west of the Arnold Plaza.
- That the Madison street front shall include a ten-foot setback from the property line, transparent facades, appropriately scaled signage, street furniture and façade treatments that create an inviting pedestrian environment, support the existing pedestrian character of Madison and create an inviting entrance to the Swedish Medical Center Campus. Weather protection is encouraged along the Madison frontage.
- Retail space shall be encouraged in the frontage along Madison consistent with the First Hill Urban Village Neighborhood Plan.
- That the building façade be set back from the property line to roughly align with the 1101 Madison Building base to the west along Madison, and incorporate a minimum setback of the tower structure above 3 stories (or roughly 45 feet) to correspond with the Director's Report Recommendations.
- That the project shall incorporate all relevant elements included in the wayfinding plan detailed on page 175 of the EIS and referenced on page 26 of the MIMP and further detailed in the CAC recommendation associated with Related to SMC Section 23.69.030 C4f – Pedestrian Circulation - below.

Planned Project B - Hospital Replacement

- That the Standing Citizens Advisory Committee formally review and comment on the specific project design for any permit application requiring any discretionary decision or State Environmental Protection Act (SEPA) review for this site and that its recommendations be forwarded to the Director of the Department of Planning and Development prior to the issuance of any Master Use or Building Permit.
- That to the extent to which it is consistent with the needs to accommodate efficient use of floor plates for Medical Center uses, Project B should incorporate the additional setback for the upper floor towers roughly above the fifth floor above ground level as shown on the massing figure 2.13 on page 46 of the MIMP and as figure 3.36 on page 95 of the EIS and reflected in the Height Bulk and Scale View: Proposed View 10, Figure 3.56 page 106 of the EIS in the final design.

In clarification, the CAC notes that while the massing diagrams and illustrations in the MIMP and EIS shows an upper level setback and the CAC believes that this setback is highly desirable, it should not be considered as absolute restrictions upon the allowable building envelope, but instead as highly desirable design goals. When presenting specific designs for any development at Project B to the Standing Committee, the Medical Center's staff and design team should make every reasonable effort to incorporate this setback. In the event that the setback cannot be incorporated without compromising efficient Medical Center use, the designs should incorporate other features to reduce the appearance of bulk and scale for this building.

- That the street level boulevard, sidewalks and landscaping be appropriately scaled to promote a safe and comfortable pedestrian environment, with special consideration of connections at intersections and entrances to parking garages and loading facilities for both the pedestrian experience and driver safety and visibility.
- That the project shall incorporate all relevant elements included in the wayfinding plan detailed on page 175 of the EIS and referenced on page 26 of the MIMP and further detailed in the Swedish Medical Center First Hill Campus Citizens Advisory Committee recommendations associated with Related to SMC Section 23.69.030 C4f – Pedestrian Circulation – below.

Planned Project C and Potential Project C1 – Hospital Replacement and Future Tower Additions

- That the Standing Citizens Advisory Committee formally review and comment on the specific project design for any permit application requiring any discretionary decision or State Environmental Protection Act (SEPA) review for this site and that its recommendations be forwarded to the Director of the Department of Planning and Development prior to the issuance of any Master Use or Building Permit.
- That to the extent consistent with hospital needs, any development on the site should include provisions for a landscaped pocket, plaza or open space feature

at the Southwest intersection of Marion Street and Boylston directly to the west of the City Parks Department-owned property bounded by Broadway, Marion and Boylston. If provided, this open space should be designed in a way that compliments the adjacent Parks Department triangular parcel to the east and of sufficient size to allow improved sight lines to Marion and Boylston.

- That to the extent to which it is consistent with the needs to accommodate efficient use of floor plates for Medical Center uses, Project C should incorporate the additional setback for the upper floor towers roughly above the fifth floor above ground level as shown on in the massing figure 2.13 on page 46 and figure 2.17 page 53 of the MIMP and massing figure 3.36 on page 95 of the EIS and reflected in the height bulk and scale view: proposed views 9 and 10 Figures 3.56 and 3.58 pages 106 and 107 of the EIS in the final design.
- In clarification, the CAC notes that while the massing diagrams and illustration in the MIMP and EIS shows an upper level setback and the CAC believes that this setback is highly desirable, it should not be considered as absolute restrictions upon the allowable building envelope, but instead as highly desirable design goals. When presenting specific designs for any development at Project B to the Standing Committee, the Medical Center's staff and design team should make every reasonable effort to incorporate this setback. In the event that the setback cannot be incorporated without compromising efficient Medical Center use, the designs should incorporate other features to reduce the appearance of bulk and scale for this building.
- That the street level boulevard, sidewalks and landscaping be appropriately scaled to promote a safe and comfortable pedestrian environment, with consideration of connections at intersections.
- That the project shall incorporate all relevant elements included in the wayfinding plan detailed on page 175 of the EIS and referenced on page 26 of the MIMP and further detailed in the CAC recommendation associated with Related to SMC Section 23.69.030 C4f – Pedestrian Circulation - below.

Planned Project D – Hospital Replacement

- That the Standing Citizens Advisory Committee formally review and comment on the specific project design for any permit application requiring any discretionary decision or State Environmental Protection Act (SEPA) review for this site and that its recommendations be forwarded to the Director of the Department of Planning and Development prior to the issuance of any Master Use or Building Permit.
- That any development on the site shall include provisions for a usable landscaped pocket, plaza or open space as presently shown on Figure 2.16 page 51 of the MIMP at the southwest corner of Cherry and Broadway. This location is desirable and acceptable, and clearly relates to the overall open space concept for the Broadway frontage. However the CAC also recommends that flexibility be maintained in order to allow consideration of different locations and/or configurations for this open space, specifically in order to allow sufficient flexibility to achieve the required floor plates for efficient hospital use of this site.

- That the design shall include ground level changes to façade alignments, massing and architectural detailing specifically to increase transparency at the northwest intersection of James and Broadway.
- That the design shall incorporate scale reducing techniques such as detailing, modulation, materials changes and fenestration.
- That to the extent to which it is consistent with the needs to accommodate efficient use of floor plates for Medical Center uses, Project D should incorporate the additional setback for the upper floor towers roughly above the fifth floor above ground level as shown on in the massing figure 2.13 on page 46 of the MIMP and massing figure 3.36 on page 95 of the EIS and reflected in the height bulk and scale view: proposed view 8, figure 3.54 page 105 of the EIS in the final design.
- In clarification, the CAC notes that while the massing diagrams and illustration in the MIMP and EIS shows an upper level setback and the CAC believes that this setback is highly desirable, it should not be considered as absolute restrictions upon the allowable building envelope, but instead as highly desirable design goals. When presenting specific designs for any development at Project B to the Standing Committee, the Medical Center's staff and design team should make every reasonable effort to incorporate this setback. In the event that the setback cannot be incorporated without compromising efficient Medical Center use, the designs should incorporate other features to reduce the appearance of bulk and scale for this building.
- That consideration be given during the design of the project to the incorporation of a distinctive statement and/or gateway, at the northwest intersection of James and Broadway.
- That the sky bridge associated with this project be designed concurrent with the building and in a manner that specifically compliments the development, is consistent in design to recently constructed sky bridges elsewhere on the Swedish Medical Center First Hill Campus and is sensitive in limiting bulk and scale, providing transparency and lightness in fenestration.
- That the project shall incorporate all relevant elements included in the wayfinding plan detailed on page 175 of the EIS and referenced on page 26 of the MIMP and further detailed in the CAC recommendation associated with Related to SMC Section 23.69.030 C4f – Pedestrian Circulation - below.

Planned Project E and E1 – Central Support Facility with Office Tower Above

- That the Standing Citizens Advisory Committee formally review and comment on the specific project design for any permit application requiring any discretionary decision or State Environmental Protection Act (SEPA) review for this site and that its recommendations be forwarded to the Director of the Department of Planning and Development prior to the issuance of any Master Use or Building Permit.

- That the project shall incorporate all relevant elements included in the wayfinding plan detailed on page 175 of the EIS and referenced on page 26 of the MIMP and further detailed in the CAC recommendation associated with Related to SMC Section 23.69.030 C4f – Pedestrian Circulation - below.
- That future consideration be given to various ways to assure that the streetscape³ is pedestrian oriented, including the possible location of retail-like hospital functions along the Boren Street frontage for Projects E, E1 and especially G.
- That to the extent to which it is consistent with the needs to accommodate efficient use of floor plates for Medical Center uses, Project E1 should incorporate the additional setback for the upper floor towers roughly above the fifth floor above ground level as shown on the massing figure 2.13 on page 46 of the MIMP and Massing figure 3.36 on page 95 of the EIS and reflected in the height bulk and scale view: proposed view 6, Figure 3.50 page 103 of the EIS in the final design.
- In clarification, the CAC notes that while the massing diagrams and illustration in the MIMP and EIS shows an upper level setback and the CAC believes that this setback is highly desirable, it should not be considered as absolute restrictions upon the allowable building envelope, but instead as highly desirable design goals. When presenting specific designs for any development at Project B to the Standing Committee, the Medical Center's staff and design team should make every reasonable effort to incorporate this setback. In the event that the setback cannot be incorporated without compromising efficient Medical Center use, the designs should incorporate other features to reduce the appearance of bulk and scale for this building.

Planned Project G. Hospital Replacement

- That the Standing Citizens Advisory Committee formally review and comment on the specific project design for any permit application requiring any discretionary decision or State Environmental Protection Act (SEPA) review for this site and that its recommendations be forwarded to the Director of the Department of Planning and Development prior to the issuance of any Master Use or Building Permit.
- That the landscaping treatment and façade design relate to the scale and importance of Boren Avenue as a primary through street in the First Hill Neighborhood.
- That the project shall incorporate all relevant elements included in the wayfinding plan detailed on page 175 of the EIS and referenced on page 26 of the MIMP and further detailed in the CAC recommendation associated with Related to SMC Section 23.69.030 C4f – Pedestrian Circulation - below.

Recommendations generally related to SMC Section 23.69.030 E4 b – location of existing landscaping and 23.69.030 C3 e. open space locations.

The CAC is recommending that the Swedish Medical Center Master Plan be amended to clarify the location and amount of open space. The Swedish Medical Center First Hill

Campus Master Plan states on page 50 that a total of 0.5 acres (21,780 square feet) be designated as permanent open space. This area is located at the main entrance of the Medical Center on Broadway and consists of both the vehicle drop off, garage entries, curb cuts and landscaped areas and constitutes about 4% of the campus land area. The MIMP further states on Page 63 that the minimum standard for open space on the First Hill Campus shall be 5% or a total of 32,444 square feet. (648,876 square feet of total campus area X .5 = 32,444 square feet.). The MIMP acknowledges that this is an overall reduction from the currently existing 6% in on-campus open space.

While it is difficult to accurately determine from the information in the MIMP, it appears that present open space on campus consists of about 22,000 square feet in the dedicated open space, 18,000 square feet in the existing open spaces shown on figure 2.16 page 51 of the MIMP (mostly small plazas and entry ways) and 26,000 in the perimeter street setbacks. This is a total of 66,000 square feet or 10% of the campus area. In order to achieve efficient building spaces some of the 18,000 square feet in existing open spaces will be lost including the plaza in the block associated with project E/E1 and the Entry Plaza to the Columbia Building. In a few cases existing plazas will be slightly expanded, still the net result will be a decrease in open space to about 13,000 square feet.

The CAC has concluded that if all three categories of open space are counted, that the stated minimum standard of 5% is probably too low. While not specifically noted in the MIMP or FEIS, the CAC believes that 5% was probably intended to be, or should have been intended to be, the combination of the dedicated open space and the remaining small plazas interior to the campus. If the CAC's rough figures are correct this would amount to 35,000 square feet or about 5.5 % of the total campus land area. If the setbacks are included then the remaining open space under a full build out of the lot coverage shown in the illustrations would be about 9.5%.

Therefore the CAC recommends as follows:

- **CAC recommendation for increased open space above that initially identified in the MIMP** - The CAC recommends that the Swedish Medical Center Major Institutions Master Plan be amended to increase from 5% to 9.5% or roughly 62,000 square feet, the minimum standard for the total campus open space, such area to be inclusive of the designated 27,300 square foot open space along Broadway, and plazas or entry courts and proposed setbacks along the campus' perimeter streets, to the extent they meet with the established Design Guidelines. The areas may be paved (such as plazas) or landscaped but shall not include surface parking lots and driveways. The CAC encourages Swedish to consider open space as publicly accessible where appropriate, in that the campus is located in a residential neighborhood, and is regularly traversed by pedestrians both associated with and independent of the campus activities.
- The MIMP should be amended to include a map of proposed and dedicated open spaces with the underrating that those spaces not identified as dedicated may be shifted so long as the total percentage of campus-wide open space is maintained.

Recommendations generally related to SMC Section 23.69.030 E9 – Street and alley vacations and the location of sky bridges.

Swedish Medical Center is proposing the vacation of the alley in the block bounded by Columbia and Cherry Streets and Boren and Minor Avenues, associated with the

construction of the Support Building (Planned Project E). The CAC reviewed the proposed vacation and concluded that there are no significant adverse effects on the broader community from this action. The alley is completely internal to the Swedish Medical Center Campus and its retention would provide no specific benefit to any other adjacent owner. Its retention would limit development on the site and might lead to either greater than planned densities in other portions of campus.

- **CAC endorsement of the vacation of the alley associated with the construction of Planned Project E** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee supports and endorses the vacation of the alley in the block bounded by Boren, Columbia, Minor and Cherry (associated with Project E). In event that access is needed to the new facility, the CAC would support the provision of this access through a private drive and curb-cut.

In addition Swedish Medical Center is proposing a series of sky bridges and tunnels to connect various buildings. This includes: 1) the relocation of the existing sky bridge over Marion street to be perpendicular to the proposed new development, 2) construction of a new sky bridge over Manor Avenue about mid-block between Marion and Columbia Streets, 3) a new tunnel under Minor Avenue between the Southwest Wing and the proposed Support Building (E1), and 4) a new sky bridge over Cherry Street between Minor Avenue and Broadway between the South Wing and the proposed Hospital Replacement (Building D). The CAC reviewed these proposals and agreed that had no issues with the construction of the sky bridges and tunnels and that they were generally needed and reasonable.

- **CAC endorsement of the proposed sky bridges and tunnels associated with the planned and potential development** – The Swedish Medical Center First Hill Campus Citizens Advisory Committee supports and endorses the proposed locations for the sky bridges and tunnels as shown on figure 2.14, page 48 of the Final Major Institution Master Plan

Recommendations generally related to SMV Section 23.69.030 C3a and c – Setbacks internal and external to the campus.

Swedish Medical Center has proposed setbacks along its external boundary streets (the perimeter of the campus) only and has proposed no setbacks along those streets internal to the campus. The CAC reviewed this concept and concluded that the elimination of setbacks internal to campus was acceptable so long as the perimeter setbacks are imposed.

Therefore the CAC recommends as follows:

- **CAC endorsement of the proposed general setbacks in the MIMP** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee endorses and supports the setbacks identified on figure 3.2 of the MIMP.

Recommendations generally related to SMC Section 23.69.030 C3b – Height limits, Section 23.69.028 4a – Transitions in Height, and Section 23.69.028 4b – Measures to reduce the appearance of bulk of a structure

The Swedish Medical Center First Hill Campus MIMP proposes to retain the existing height district as it currently exists with two exceptions. The first exception is the block bounded by

Boren, Marion, Minor and Columbia which would be changed from a combination of MIO 240 and MIO 90 to a single height of MIO 160. The CAC has carefully looked at this increased height and was persuaded that it was justified in order to bring the MIO district and underlying zoning into alignment. This block is currently developed with a private building (Columbia Building and Eklind Hall) that takes advantage of the higher designation. No adverse impact would accrue from this change. Therefore, the CAC makes the following recommendation.

- **CAC endorsement of the proposed height rezone for Project G** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee endorses and supports the proposed change from MIO 90 and MIO 240 to MIO 160 for the block bounded by Boren, Marion, Minor and Columbia (Planned Project G).

The second change is from MIO 70 to MIO 105 from the block bounded by James Minor, Cherry and Broadway. This change would be intermediary between the MIO 240 covering the main south and southwest wings of the Hospital and the MIO 85 designations on the east side of Broadway. While the CAC has identified this location for special efforts to reduce the appearance of height bulk and scale, the CAC thought that the change in height was needed in order to allow the development of much needed hospital space at this location. The CAC's decision in this case was also greatly influenced by the Medical Centers commitment to specific design review and to incorporate special design elements to reduce the appearance of bulk and scale, incorporate a landscaped plaza as part of the open space for the campus and consider a step back above the sixth floor. (See recommendations related to Project D above)

- **CAC endorsement of the proposed height rezone for Project D** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee endorses and supports the proposed change from MIO 70 and MIO 105 for the block bounded by James, Minor, Cherry and Broadway, subject to the conditions stated for Project D, CAC recommendation C above.

Recommendations generally related to SMC Section 23.69.030 C3d – Landscaping.

Swedish Medical Center has proposed a more dense urban setting for its campus. As noted earlier, this would include the elimination of setbacks along those streets internal to its campus and provision of relatively limited open space. In order to mitigate the possible impacts of this more dense development, Swedish Medical Center has proposed a concept that includes more intensive landscaping of Minor Avenue and Marion Street through their campus as part of their Design Precepts (Figure 1.3 of the MIMP). The CAC reviewed this concept and concurred that more intense landscaping; including the planting of street trees along these routes was necessary and desirable. Therefore, the CAC makes the following recommendation:

- **CAC endorsement of the proposed landscaping of setbacks identified in the MIMP** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee endorses and supports the location of landscaped setback along Madison and the locations for proposed street tree plantings for other internal and external streets on the Swedish Medical Center Campus as shown on Figure 2.16 page 51 of the MIMP.

Recommendations generally related to SMC Section 23.69.030 C4a – Transitions in height.

- **CAC endorsement of the general heights massing for the Swedish Campus -** The Swedish Medical Center First Hill Campus Citizens Advisory Committee specifically endorses and supports the proposals in the Swedish Medical Center First Hill Campus Master Plan to concentrate the greatest height and most intensive development in the Center of its campus and commends the institution for this effort.

Related to SMC Section 23.69.030 C4f – Pedestrian Circulation.

The Swedish Medical Center First Hill Campus Citizens Advisory Committee strongly endorses the development of a wayfinding plan for the Swedish Medical Center First Hill Campus that would include design guidelines to address campus orientation and building and street improvements to improve the pedestrian environment. The Swedish Medical Center First Hill Campus Citizens Advisory Committee believes that the development of this plan is critical to the future evaluation of projects and therefore recommends as follows:

- **CAC recommendation that a Wayfinding Plan be required as a condition of any development -** Prior to the issuance of any project MUP (Master Use Permit) under the revised Swedish Medical Center First Hill Campus Master Plan, that Swedish develop and submit to CAC and DPD a wayfinding plan to include: 1) signage and other measures to direct motor vehicles to parking locations in ways that minimize adverse impacts on the surrounding neighborhood, and 2) increase pedestrian safety and convenience, and that this plan be approved by the City and implemented along public right-of-way site frontages corresponding with each Master Plan Project.

Related to SMC Section 23.69.030 F2 – Programs to reduce traffic Impacts and encourage the use of public transit. Carpools and other alternative to single-occupant vehicles

As part of the evaluation of the MIMP in the EIS, Swedish Medical Center, through its consultant Transpo, evaluated impacts on the surrounding transportation system and the efficiency of the internal transportation system through the Campus. That evaluation recommended the following specific actions:

- (a) Remove on-street parking on one side of Marion Street and Minor Avenue to provide adequate lane widths for passing vehicles.
 - (b) Improve operations at the Nordstrom garage to avoid spillover parking at Madison/Summit street intersections.
 - (c) Implement a comprehensive wayfinding plan, referenced in MIMP conditions
 - (d) Change the existing Transportation Management Plan (TMP) to add additional components that include fully subsidized transit, discount carpool parking, guaranteed ride home and other benefits
 - (e) Review opportunities for crosswalk signalization at campus perimeter street crossings to support safe pedestrian access.
- **CAC endorsement of the removal of Parking from one side of Marion Street and Minor Avenue -** The CAC endorses the actions (a) through (e) listed in the previous paragraph and especially concurs with the need to remove parking from the streets indicated.

**Recommendations generally related to the adequacy of the EIS SMC Section
23.69.030 Subsection G**

- **CAC findings that environmental review was adequate** - The Swedish Medical Center First Hill Campus Citizens Advisory Committee has reviewed and commented on the EIS for the Swedish medical Center Major Institutions Master Plan. The Committee has concluded that the EIS is adequate and endorses the application of all of the mitigation measures identified therein. No additional critical mitigating measures were identified by the CAC

Attachments

Attachment A Strike out version of the proposed Swedish First Hill Campus and Wayfinding Design Guidelines

The following test shows those minimum additions that the CAC proposes be made to the Swedish First Hill Campus Design and Wayfinding Design Guidelines. Recommended additions are underlines and bolded.

Swedish First Hill Campus Design and Wayfinding Design Guidelines

Two sets of Design Guidelines are established for the Swedish First Hill campus:

- 1) Campus Design Guidelines, and
- 2) Wayfinding Design Guidelines.

The guidelines shall be applied to and implemented with the proposed master plan projects (MIMP Planned and Potential Projects) when they are architecturally designed in the future. The guidelines provide design direction and a measure for use by DPD and the standing CAC during the Master Use Permit (MUP) review process.

1) Campus Design Guidelines

Buildings and Spaces

- Concentrate the most intense building mass and height toward the campus center (core hospital zone) to create a height/bulk/scale transition at campus edges along the major arterials.
- Use scale reducing architectural techniques for the buildings at the campus corners along Broadway at James and at Madison and incorporate open space at the triangular areas formed by the change in the street grid.
- Include street-level design features that contribute to a quality pedestrian experience and human scale, such as façade transparency, architectural detailing, and other amenities particularly along Broadway at James and at Madison and along Madison.
- Differentiate individual architectural building designs to be memorable and unique (such as with detailing, materials and color) yet buildings should also contribute to a collective campus form.
- Orient **public** plazas and open spaces to capture the sun (south facing) to attract users and establish memorable outdoor gathering places.

Landscape / Open Space

- Make visual connections between buildings and the landscape, such as with outlooks, courtyards and landscape healing gardens so that interior space is grounded and oriented with the outside.
- **Develop a balance between publicly accessible open space that is welcoming to all citizens with Swedish patron oriented open space. Develop spaces that respect and allow the need for both passive and active activities. The intent should be to create space activity levels that provide opportunities for interaction as well as respect privacy and quiet time.**
- Consider landscape park pockets at Broadway/Cherry and Boylston/Marion
- **Provide certain spaces that encourage public interaction and integrate these into the pedestrian transportation fabric, providing ease of accessibility.**
- Provide certain spaces for meditation and reflection that may be enlivened by seasonal plantings and are special, secure sanctuaries within the intense, urban campus.
- **Where possible, combine and orient open space towards seasonal sunlight, and away from prevailing winds and traffic noise.**

Streetscape

- Enhance street life quality and human-scale amenities to improve the pedestrian experience and to distinguish each street, such as with landscaping, lighting, signage, weather protection, benches, kiosks, paving, and bicycle racks.
- Improve Marion and Minor as safe, landscaped corridors with amenities (greenstreets), accommodating both pedestrians and local traffic that connect Swedish with the First Hill neighborhood.
- Reinforce the Madison frontage as a pedestrian oriented neighborhood shopping street **and encourage building setbacks at Madison / Marion to align with buildings along Madison to the West and/or East.**
- Provide shelters and canopies for weather protection and shading at building entrances and drop-off/loading areas to highlight the activity location and building portal.
- Provide landscape setback buffers along Boren, James and Broadway frontages.
- Use sidewalk area landscaping, street trees, and other street-level plantings to separate and protect pedestrians from traffic lanes.

Lighting

- Provide lighting for safety and navigation, considering illumination levels, color, quality, scale and performance.
- Consider repetitive and consistent lighting fixtures or designs that distinguish the campus, particularly at boundaries and gateways.

- Minimize spill-over lighting by directing outdoor lighting away from any sensitive uses

2) Wayfinding Design Guidelines

Signage

- Provide campus-wide directional and informational signage that directs and informs users plus unifies the First Hill campus identity.
- Consider trailblazer type signage that guides movement sequence and aids direction decisions along a route to a specific destination for cars and people.
- Include standardized graphics, symbols, and color coding with environmental signage for ease in communication and to reinforce the Swedish campus image.

Campus Orientation

- Create identifiable landmarks and obvious pathways for orientation with a hierarchy of campus places that are clearly and directly connected.
- Establish clear identification of key medical center functions including the main hospital, medical office, emergency, service and parking, considering visibility and scale from driving and walking perspectives.
- Establish the identity of multiple campus 'front doors' that provide clear access to Swedish services.
- Distinguish a setting for external public art at key locations that can be campus identity landmarks (the sculpture garden, the art wall, sound/light gallery, etc.).
- Simplify and accent movement intersections (horizontal and vertical) to ease selection of the appropriate direction decision.
- Maintain the continuity of people flow, linking inside and outside routes, and accent identifiable campus gateways and building entrances.

Vehicle Flows

- Continue to evaluate, plan and implement traffic improvement designs at Summit/Madison that minimize on-site and spill-over impacts
- Match access routes with destinations particularly for approaching and departing traffic with early and regular warnings to allow time for route decisions.
- Remove on-street parking if it improves parking access, vehicle flow, and allows adequate lane width to direct cars to garages.
- Make garage entries and exits highly visible and obvious by eliminating obstructions.
- Design to facilitate the total movement sequence from campus approach, to parking, to the user destination and back.
- **Support safe intersection design at internal streets with curb bulbs and/or additional crosswalk graphic.**

Attachment B

CAC Meeting Notes

Special Note: Meeting #1 was a general orientation to the process for the CAC members during which no substantive business can occur. No meeting notes are taken for the orientation meeting. Meeting #3 was a walking tour of the Swedish Medical Center Campus. Other than review and adoption of the previous meeting minutes no substantive business occurred and no meeting notes were taken.

Swedish Medical Center Master Plan Citizens Advisory Committee

MINUTES

Meeting #2

Wednesday, June 16, 2004

Adopted: July 14, 2004

(First Official Meeting – CAC review and comments on the SMC concept plan and scope of the environmental review process.)

Members Present

Bill Clancy
Jim Rothwell
Betsy Mickel

Debby Gibby
Jeff Myter
Eric Bultemeier

Kristi Drebeck Brown
Greg Harris

Staff Present

Steve Sheppard – City of Seattle, DON
Darren Redick – Swedish Medical Center
Vince Vergel de Dios – NBBJ

Michael Jenkins – City of Seattle, DPD
Aliko Katholos - Swedish Medical Center
Kristina Ryhn - NBBJ

I. Opening of Meeting

In the absence of an elected chairperson, Steve Sheppard, Committee Staff and representative of the City of Seattle Department of Neighborhoods, opened the meeting at 5:37 PM. Mr. Sheppard stated that he would facilitate the meeting until a formal chairperson was designated. Introductions followed.

II. Selection of Committee Leadership

Mr. Sheppard opened the floor to nominations for committee leadership. He noted that the CAC had determined that it would have two officers: a chairperson who would facilitate the meeting and sign and approve committee correspondence and review agenda items as needed, and a vice-chair who would fill in in the absence of the chairperson. Jim Rothwell was nominated and elected CAC Chairperson by unanimous vote. Debby Gibby was nominated and elected Vice-Chairperson by acclamation.

III. Discussion of the Scope of Issues to be Considered During the Environmental Review Process

Michael Jenkins briefly discussed the schedule for the review of the environmental scoping. He noted that the lead agency is the City in this case and that the City advertised for comments on the scope of issues to be considered and held a formal scoping meeting to receive comments on the scope of the EIS. He noted that no specific comments were received and that there was little attendance at the meeting, but that this is not unexpected. After the close of the initial comment period, City staff and a representative of MBBJ architects met to discuss the scope. He passed out two items: 1) a schedule of the process and 2) summary of the proposed scope of the EIS.

He noted that there are two general areas being considered. Areas proposed for consideration are: 1) the natural environment including earth, air, water and energy and natural resources, and 2) the built environment including environmental health, land use, relationship to plans and policies, population and housing, historic and cultural preservation, transportation and public services and utilities. (See attachment #1 for details.)

He noted that the EIS also evaluates alternatives. Alternatives that will be included are 1) the proposed action outlined in the initial concept plan; and 2) a no-action alternative. The Environmental Impact Statement will also have a time limit for its application. Vince Vergel de Dios stated that the consultant team is presently aiming to have a preliminary draft EIS and MIMP available for CAC review by August 11th.

Michael Jenkins stated that he and SMC staff and consultants have discussed the need to look at the cumulative impacts of the many institutions on First Hill particularly on transportation. Vince Vergel de Dios noted that this evaluation of cumulative impact would be included in the EIS.

Debby Gibby stated that in the area of transportation impacts, for most of the residents of the area, the lack of available on street and other parking is one of their greatest frustrations. She noted that there have been discussions by the various community organizations on the need for a coordinated parking management plan covering all of the institutions. Mr. Jenkins noted that the code includes both a minimum and maximum limit for off-street parking so that the code constrains each institution from providing unlimited parking. Others noted that there continues to be some uncertainty concerning the effects of possible Sound Transit routing and station siting decisions on the area and that the possible location of a Sound Transit station immediately north of SMC would have a major impact on transportation planning for the hospital. It was suggested that the EIS and transportation management plan should carefully evaluate the effects of various possible Sound Transit decisions on SMC.

Jim Rothwell asked for clarification concerning how the EIS would deal with issues of sustainability. Mr. Jenkins stated that DPD regulations require that there be disclosure of energy needs whenever a master use permit is applied for that involves more than 50,000 gross square feet of new construction. SMC will likely have unusual energy needs and that if it is possible for the institution to incorporate green buildings and LEED certification, this might help their energy counts. Mr. Vergel de Dios stated that SMC presently is aggressively recycling. In addition, there are draft guidelines from the Hospital Association concerning green buildings and sustainability. While these have not been adopted yet, SMC will strive to meet these new guidelines. These guidelines will be somewhat different from the current LEED guidelines.

Debby Gibby suggested that issue of the use and availability of open space in the area should be evaluated either in the EIS or as part of the MIMP. Others noted that the process should look at the effect of SMC development on the vitality and availability of retail services. Mr. Jenkins responded that this issue would be dealt with as it relates to compliance to local plans and policies as reflected in the First Hill Neighborhood Plan.

Steve Sheppard asked whether committee members wished to forward formal comments, or have the minutes serve as the comments. After brief discussion, the CAC members directed that the minutes should serve as the comments with a possible brief transmittal letter listing the areas of concern. Jim Rothwell noted that in addition to the issues discussed today, he wanted to make sure that the issue of wind effects is included in the scope of issues to be addressed in the EIS.

Mr. Rothwell then summarized the areas that the CAC recommended be added to the list of issues to be considered in the environmental review process as follows:

- 1) The impact of parking on the residential community
- 2) Evaluation of cumulative impacts of the various institutions on First Hill
- 3) Sustainability
- 4) Wind analysis – the effect of wind at the street level.
- 5) Evaluation of the effect of development on the availability and use of open space.
- 6) The effects of Sound Transit routing and station siting decision on the SMC transportation management planning.
- 7) streetscape and pedestrian corridor impacts, and
- 8) Infrastructure impacts such as storm and sanitary sewer utilities.

IV. Discussion Issues Related to the SMC Concept Plan

Vince Vergel de Dios introduced Kristina Ryhn who has been working on the concept plan. Initial discussion focused on the location of the Emergency Department and access to and from the Emergency entrance. CAC members noted that streets are narrow in the area and that special care will have to be taken during planning to assure that traffic can be accommodated. One suggestion was to limit parking to one side of the street on the streets leading to the Emergency Department entrance. Darren Redick stated that the location of the Emergency Department is driven in part by internal stacking and its relationship to other critical spaces. Mr. Redick also noted that some of the current congestion in that location could be eliminated by relocating other uses such as the loading dock for food services, waste handling and the oxygen tank. It was also noted that access to parking would be an area that would have to be given special consideration.

Ms. Ryhn stated that the key concept driving the master plan is to keep the core hospital and acute care functions in close proximity to one and other. The goal is to keep the medical office buildings on the perimeter with each having its own parking. This would help reduce congestion in the central hospital core. In addition, all support services would be relocated to a single location on the periphery. CAC members suggested that creating zones where pedestrians were given priority in the central core might also help with creating green spaces and creating a more tranquil atmosphere. Mr. Redick noted that this would also require that special attention be paid to the location of parking for various uses. Currently, most people park off of Madison Street at the Summit Avenue entrance. This is not preferred and the future plan will emphasize the Madison and Summit entrance primarily as the parking for the medical office buildings, with primary parking off of Broadway or possibly Marion.

V. Future Agenda Topics

Vince Vergel de Dios passed out an overall schedule and list of possible CAC meetings. Based upon the second Wednesday CAC meeting schedule, he tried to work out the items to be addressed at each meeting. He noted that there were some challenges. The primary challenge related to the dates for publication of the preliminary draft plan and EIS and the Committee meeting dates. He suggested that the August 11, 2004 meeting be delayed to August 18, 2004 to allow greater CAC review of the preliminary plan which CAC members would not receive until August 12th. After brief discussion, the CAC agreed to delay the August meeting as suggested. It was also suggested that the July meeting be primarily devoted to a tour of the Campus with an emphasis on where changes are envisioned.

VI Adjournment

No further business being before the CAC, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

**MINUTES
Meeting #4**

Wednesday, August 18, 2004
Adopted: September 8, 2004

(Initial review of the Preliminary Progress Copy Draft Major Institutions Master Plan and Environmental Impact Center.)

Members Present

Bill Clancy	Bob Fenn	Kristi Drebeck Brown
Jim Rothwell (chair)	Jeff Myter	Greg Harris
Betsy Mickel	Beverly Baker	Hal Steiner (alternate)
Stephen Jones		

Staff Present

Steve Sheppard – City of Seattle, DON	Michael Jenkins – City of Seattle, DPD
Darren Redick – Swedish Medial Center	Vince Vergel de Dios – NBBJ
Dale Grandlic - Tramell Crow	Lauren Hirt – City of Seattle, DPD
Aliki Katholis - Swedish Medial Center	

I. Opening of Meeting

Jim Rothwell (Chair) opened the meeting at 5:32. The agenda for the meeting was approved. Steve Sheppard noted that the attempt to tape the walking tour had failed and that with traffic noise etc. transcription was not possible. Therefore, minutes for the walking tour (meeting #3) would not be available.

II. Presentation on the Master Plan

Vince Vergel de Dios noted that the preliminary progress copies of the Major Institution Master Plan and Environmental Impact Statement were very much progress copies and has been forwarded only to the CAC. He noted that a proof copy that will reflect CAC comments on this document and some of the missing elements would be available October 11, 2004. This copy will be 95% complete and a draft will be published on November 15, 2004. Following that date, the formal comment period will be issued.

Michael Jenkins from DPD passed out sections of the City of Seattle Municipal Code that deal with the Master Plans. He noted that the Code in SMC 23.69.030A specifies that the Master Plan is a conceptual plan for a Major Institution consisting of three elements: 1) The development standards component; 2) the development program component and 3) the transportation management program component. Mr. Jenkins also noted that SMC 23.69.030 Subsection B specifies that where standards have not been modified by the master plan, the underlying zone standards shall continue to apply. For this reason, he stated that it is important for the CAC members to be relatively familiar with what the provisions of the underlying zoning are. Mr. Jenkins then listed the specific details of the MIMP that shall be included in the development program and development standards and transportation management components as outlined in SMC 23.69.030 Subsections D, E, and F. He also noted that there are provisions for looking at the cumulative impacts of various institutions in close proximity and that Institutions even have the option of developing plans jointly. CAC members noted that the cumulative traffic impact of all of the institutional development on First Hill are significant but that the current preliminary Progress Copy of the Draft Major Institution Master Plan and Environmental Impact Statement does not contain information on this. It was suggested that some efforts be made to evaluate the cumulative traffic impacts on key arterial streets.

Mr. Jenkins then proceeded to a detailed review of the various provisions of the underlying zoning, only key items of, which are included in these minutes. He noted that the campus is zoned High-rise residential with some NC3 160 which is relatively equivalent in many ways to High-rise. Steve Sheppard noted that most of the provisions of the underlying zoning will probably be superseded by the provisions of the MIMP and asked that Michael focus on which provisions might not be modified. Mr. Jenkins noted that the code is rather prescriptive concerning institutional height and modulation within the underlying zone. Steve Sheppard noted that the institutions normally would include amended standards concerning height. These provisions will normally be less prescriptive than the underlying zoning and that the Committee's role is to look at the modifications that are proposed in comparison to the provisions of the underlying zoning and determine if the proposed modifications are reasonable. The CAC may also suggest some conditions that they believe should be included in the plan in order to mitigate any adverse impacts of the less prescriptive standards on the surrounding neighborhood. Mr. Jenkins noted that the areas along Madison and wrapping around onto a portion of Broadway are also designated as a pedestrian zone. In the pedestrian zone, development other than that authorized under the MIMP, requires retail street use and provides that development be brought out to the street in order to create a more vibrant street front. Mr. Jenkins noted that the CAC might want to specify that there be no setbacks in the pedestrian zone or that institutional developments adhere as close as possible to the provision of the pedestrian zone

Mr. Jenkins also directed the Committee's attention to other provisions of SMC 23.47 that, unless modified, require: 1) varying Floor Area Ratios, 2) modulation or other elements to soften facades any blank façade over 30 feet in width, 3) venting and odor control provisions, and 4) light and glare standards and SMC 25.05 that deal with environmental policies and procedures.

CAC members asked if Mr. Jenkins intended to present a matrix or list of proposed modifications in the MIMP compared to the underlying zoning. Mr. Jenkins responded that he will likely return to the CAC with some more specifics concerning this issue. Vince Vergel de Dios stated that Swedish has retained legal advisors that are looking at the relationship of current zoning and proposed MIMP provisions and that a matrix based on some of that advice will be provided at the next meeting. Mr. Jenkins agreed to participate in the development of this matrix. Others noted that it would be helpful to the Committee to have a listing of potential issues that should be reviewed by the Committee. Mr. Jenkins noted that other institutions have produced maps of setbacks and other standards that are relatively easy to understand and that this will likely also be done for this plan.

Steve Sheppard noted that the information provided in the MIMP essentially presents a maximum building envelope and is a worst case scenario for the bulk height and scale of development. The City Code no longer requires the institution to identify the specific use of each building block or design the features of a building. Mr. Jenkins noted that in looking at these envelopes that the Committee should look at various trade-offs for the impacts of the bulk height and scale given through the MIMP. Examples might be locations of gateways, open space, some step backs at upper levels, or use of certain materials on buildings. Actual building designs are reviewed by the Standing Master Plan Citizens Advisory Committee that is the successor of the Master Plan Citizens Advisory Committee formed during the development of the MIMP.

Discussion then turned to observations and comments on the drafts. CAC members asked for further clarification concerning the relationship of the Sound Transit (RTA) station location to the plan. Swedish staff responded that the consultant has been asked to look at the relationship between the Swedish MIMP and the RTA Central North Link. Transpo will be looking closely at the location of the station to see how it would effect transportation in the area. Vince Vergel de Dios noted that there is one station with two entries.

Jim Rothwell asked for clarification on the relationship of the plan to the various urban village and urban center planning areas. Steve Sheppard volunteered to bring a map to the next CAC meeting that would show the location of the urban Centers and Urban Villages. Michael Jenkins summarized those items that he believed should be made available to the Committee at the next meeting as follows:

- i. A map of the Urban Centers and Urban villages
- ii. Previous year MIMP reports
- iii. Matrix evaluating the requirements of the underlying zoning and the MIMP proposals.

Betsy Mickel noted that there might be problems with the vacation of the small section of Boylston between Marion and its intersection with Broadway. She noted that this might impede traffic turning south on Boylston from Broadway and that this is currently used as a relief from congestion at the intersection of Madison and Broadway.

III. Adjournment

No further business being before the Committee, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

Meeting #5

Wednesday, September 8, 2004

Adopted: November 10 2004

Review of Preliminary Progress Copy Draft Major Institution Master Plan and Environmental Impact Statement

Members Present

Bill Clancy	Bob Fenn	Kristi Drebeck Brown
Jim Rothwell (chair)	Greg Harris	Stephen Jones
Debbie Gibby (vice chair)	Betsey Mickel	

Staff Present

Steve Sheppard – City of Seattle, DON	Michael Jenkins – City of Seattle, DPD
Darren Redick – Swedish Medial Center	Vince Vergel de Dios – NBBJ
Dale Grandlic - Tramell Crow	Lauren Hirt – City of Seattle, DPD
Kristina Ryhn – NBBJ	Aliki Katholos - Swedish Medial Center

I. Opening of Meeting

Jim Rothwell (Chair) opened the meeting at 5:32. The agenda for the meeting was approved. The minutes for meeting 4 were approved with one substantive change – to clarify on page 3 that the concern over turning traffic related to turns form Broadway to Boylston. No other substantive changes being proposed the minutes were approved as amended.

II. Presentation and discussion of additional information requested by CAC

Relationship of the Urban Villages to the Plan - Steve Sheppard briefly went over the relationship of the campus to the City's Urban Villages and Urban Hubs. He noted that the City has Urban Villages and Urban Centers. First Hill Capitol Hill is an Urban Center and it is the intent of both City and State Legislation that these urban centers be the location for higher density growth. Within each urban Center are Urban Center Villages that becomes one of the bases for planning for the area. There are four villages in the area: 1) First Hill; 2) Pike Pine; Capitol Hill; and 12th Avenue. Mr. Sheppard noted that the zoning for the area clearly reflects this intent.

Zoning Standards – Vince Vergel de Dios noted that NBBJ has gone through a careful review of the zoning standards as they effect the area. He passed out a table that showed the zoning standards. He noted that the Master Plan can change most of the zoning standards, but there are some areas where it is a little more complicated. He suggested that the major areas of concern related to zoning for the CAC would probably related to height and setback. Mr. Vergel de Dios also provided a graphic of zoning changes and noted that there are two areas where zoning is proposed to be changed: 1) The Broadway Annex site where present MIO height is 70 feet and the proposed is 105 feet to better match the heights allowed for adjacent private owners; and 2) The block occupied by the Alexandria which was recently re-zoned to a height of 160 feet and the proposal for the SMC property in this vicinity would bring the MIO height to match this new underlying 160 foot allowable height.

Members noted that some of the language in the plan would imply that the goal of the MIMP was to maximize the scale of development. Debby Gibby stated that she agreed with the previous comment and that the concept plan and other documents go to lengths to discuss compatibility on the edges, but the MIMP and DEIS are much less clear on this. She stated that her greatest concern was with the bulk height and scale at the corners of the institution. After further discussion,

members suggested that the CAC might want to negotiate a type of design review for the projects that come out of the plan by the Standing CAC

Mr. Vergel de Dios stated that Swedish is proposing a ten foot landscaped setback along Boren and James Streets. This came out of information gained in the CAC tour where members expressed a preference of the 10-foot setback. Swedish is also proposing a ten-foot setback along Madison Street, but in this case it would not be landscaped. This is to respond to the notion that the CAC liked the setback of the 1101 Madison Building. Swedish is proposing a zero setback for internal streets. Betsey Mickel stated that she saw not in favor of an automatic zero setbacks for the internal streets. Others noted that the greatest impact might be at the location noted as building site D and asked what the change in thinking was that resulted in this change. Mr. Vergel de Dios noted that he past MIMP envisioned a parking garage at that location and that now it is seen as the location for a medical building. The floor plates required for medical uses are driving the building envelope at this location. After further discussion Mr. Vergel de Dios stated that he would get members more information on the setbacks.

Vacation of Boylston – Mr. Vergel de Dios s noted that there has obviously been questions raised concerning this vacation and that the transportation consultants suggest that this is not the proper vacation and that instead they would recommend wither no vacation of the segment of Marion Street. CAC members agreed and stated that it was a good way to access the parking garage. Given that both the CAC and Swedish staff agreed that this vacation was problematic, a decision was made to drop this from the plan.

Emergency Services Admissions Volumes – Daren Reddik gave a brief presentation on traffic and patient count at the Emergency Department. He stated that what drives the service load and number of ambulances arriving at campus is the actual services located on campus. There has been a gradual increase in arrivals here and at other hospitals in the region. While this may continue, it is unlikely that the proposed development would cause dramatic increases in emergency department use. He did note that there has been some consolidation of emergency services from Providence to Swedish. Debby Gibby asked for information on the growth of admissions over the last two years. Mr. Vergel de Dios stated that that information could be provided at the next meeting.

III. Discussion of the preliminary DMIMP and DEIS

Discussion then turned to development of CAC comments concerning the Progress Copies of the MIMP and DEIS.

Debby Gibby observed that the MIMP does not include information on the capacity of the storm sewer system. She noted that she had asked for this information previously but that it still isn't included.

1. That the height, bulk, scale, and setbacks proposed in the plan at the intersection of James Street and Broadway plan has the potential to overwhelm that location. Further evaluation of various methods to reduce this impact should be explored and evaluated in the Plan and EIS. Special attention should be directed to reducing the impact of the Hospital Replacement: Building D on surrounding development to the south and east.
2. That greater attention should be given to evaluating various methods to enhance the proposed Marion Street and Minor Avenue Pedestrian Corridors including: a) creation of inviting gateway features at the intersection of Minor Avenue and James Street and Minor Avenue and Madison Street, Marion Avenue and Boren Street and possibly Marion Avenue and Broadway; and b) signage or other features to enhance a sense of entry at these locations.
3. That special consideration should be given to enhancing signing circulation and access at the intersection of Minor Avenue and Madison Street adjacent to the planned Medical Office Building as one method to help address the circulation problems that currently occur at Summit Avenue and Madison Street. The EIS should specifically evaluate both signing alternatives and possible spot widening of Minor Avenue at this location. The Committee notes that under the current proposal this street will access the emergency department and that increased traffic volumes at this intersection would seem highly likely.
4. That the EIS include a graphic representation of the preferred traffic patterns into and through the campus, including representations of anticipated traffic volumes on key streets and at key intersections. Specific patterns should include visitor and employee vehicles, emergency vehicles and service/delivery vehicles.

5. That the MIMP and EIS include a detailed evaluation and specific design recommendations concerning the treatment of the combined public right of way and setback areas, both along the edges of the campus and for the internal streets with special attention to Marion Street and Minor Avenue and their roles as major pedestrian corridors and that the MIMP and EIS specifically include cross sections showing the proposed treatment of those internal streets where a zero setback is proposed.
6. That the MIMP be amended to eliminate further consideration of the street vacation of the small section of Boylston Avenue between Marion Street and Broadway, but that further evaluation continue for the alley vacation of the north-south alley in the block bounded by Columbia Street, Cherry Street, Boren Avenue and Minor Avenue.
7. That the Plan and EIS evaluate methods to discourage and/or further restrict left turns to from Marion onto Broadway Avenue and Boylston Avenue onto Broadway.
8. That the Swedish Medical Center Master Plan Citizens Advisory Committee formally endorses both the relocation of the existing sky bridge over Marion Street and the proposed addition of sky bridges over Minor Avenue and Cherry Street, on condition that special efforts are made to achieve the greatest transparency possible.
9. That the Swedish Medical Center Master Plan Citizens Advisory Committee formally endorses the overall campus-wide FAR as proposed and commends Swedish Medical Center for its current envisioned massing plan and appropriate scale.

IV. Adjournment

No further business being before the Committee, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

Meeting #6

Wednesday, October 13, 2004

Adopted: January 12, 2005

Review of Preliminary Progress Copy Draft Major Institution Master Plan and Environmental Impact Statement

Members Present

Bill Clancy	Bob Fenn	Kristi Drebeck-Brown
Jim Rothwell (chair)	Greg Harris	Stephen Jones
Debbie Gibby (vice chair)	Betsey Mickel	

Staff Present

Michael Jenkins – City of Seattle, DPD	Vince Vergel de Dios – NBBJ
Dale Grandlic - Tramell Crow	Lauren Hirt – City of Seattle, DPD
Kristina Ryhn – NBBJ	Steve Sheppard – City of Seattle, DON
Milton Ire – Transpo	

I. Opening of Meeting

Jim Rothwell (Chair) opened the meeting at 5:32. The agenda for the meeting was approved. Approval of minutes was delayed.

II. Presentation on changes to the Draft Documents

Vince Vergel de Dios briefly went over recent changes in the draft documents. He noted that some parking data is still not in the draft documents. This information will be available soon.

CHANGES IN THE DRAFT MIMP

He noted that the campus vision section has been expanded to include additional discussion of possible mitigation to bulk and scale at the annex site. There is also some additional discussion of preserving flexibility in the event that light rail is constructed and an explicit commitment to sustainability on the part of Swedish Medical Center.

The Development program now includes an added section on local circulation and access as requested by the CAC. This includes discussion of inpatient, outpatient, service and emergency circulation and access is described. The Development program has also been changed to eliminate the street vacation in the north in direct response to the CAC recommendation. An urban design discussion has also been included.

The Development Standards section has been changed to include an expanded zoning map that now included allowable heights in the surrounding area and finally the entire transportation management element is now included.

CHANGES IN THE DRAFT ENVIRONMENTAL IMPACT STATEMENT

The summary is now complete and gives a better understanding of the entire flow of the document. In addition the wind analysis has been amended to correct some mistakes in building heights. This change resulted in a reduction of anticipated impacts. The Land use section has been changes to reflect information on zoning, urban villages and other information

presented to the CAC at previous meetings. The Historical assessment section and associated technical appendixes are now included. There is also a new utility capacity analysis and a short-term construction impacts section.

GENERAL DISCUSSION

Michael Jenkins noted that there will be a public hearing on the DEIS and MIMP. He observed that he feels that there will likely be little public comment or interest in this meeting. He therefore asked that the CAC representatives help publicize the meeting. He noted that the public hearing would be on December 15, 2004 in the Key Tower Room 2240 at 5:30 PM.

III. Presentation on the Transportation Management Element

Milton Ire with Transpo was introduced to discuss the transportation elements of the plan and particularly the traffic study conclusions. He noted that his organization has done similar studies for other institutions. He briefly described methodology. He noted that there are no street changes associated with the proposed activities and that the analysis has concluded that there are no major adverse impacts associated with any street change. He noted that the only change still included in the plan is the alley vacation and that analysis indicates that there will be no impact associated with this.

Projected traffic volumes is related to total trip generations. This is associated with both planned and potential projects. The increase in traffic generation associated with planned projects is between 10% and 15%. The potential projects add another 10% to 15% for a total of between 20% and 30% increase. The actual analysis for 2020 is focused on identifying the impacts of the planned projects, but the potential projects are also disclosed in the analysis. Traffic operations were evaluated for 20 different locations for both AM and PM peaks taking into account the projected increases in traffic. Ultimately the analysis indicates that there will be little or not change in the level of Services at the intersections associated with the increased traffic from Swedish Medical Center. The one exception is at James and seventh where it is projected that the intersection which is currently at level of service "F" (the worst possible) would continue to function at that level, but that delays would be even greater than at present. He noted that this corridor is currently being studied by the City for improvements.

Circulation and access for emergency vehicles would be relocated to the southeast corner of Minor and Marion. This will increase the use of Marion, but the analysis indicates no significant adverse impact associated with that change. Garage accesses will remain unchanged for the existing garages. Access to the planned new garages will be mainly off of Marion and Minor. There appear to be no major adverse impacts associated with these changes. The centralization of the loading and service delivery to the new central building will greatly reduce the impacts of loading.

Currently about 30% of all employees and staff utilize transit. The projection is that this will either stay stable or increase slightly. This does not account for the possible location of a light rail station near the campus. This action may increase transit use. There are no adverse impacts associated with the continued high transit use at Swedish.

The parking supply is anticipated to improve the ratio of parking supply to demand so that overflow parking into the neighborhoods is not anticipated to increase and may decrease with construction of the new garages for the planned projects. The situation will again approach the current levels when all potential projects are included.

Debbie Gibby noted that Swedish is a 24-hour a day facility and that parking is often in greatest demand after normal work hours. She noted that at this time many prefer to seek free on street parking, especially after 6:00 PM, and avoid use of the existing garages. She noted that this is a parking management issue rather than a supply issue.

Michael Jenkins noted that many of the planned projects would displace surface parking. Staff responded that the new parking supply increase reflects the net of new parking gains and loss of existing surface lots. Others noted that the greatest existing problem is congestion and back up to the entrance of the Nordstrom Garage. Staff noted that there are no major changes in the proposed action to this location. Some suggestions are made concerning eliminating conflicts between valet and regular parking and possible better signing or wayfinding to direct potential users to different parking locations. CAC members suggested that some attention needs to be given to this problem as part of this effort since the increase in on-campus population would make an existing difficult situation even worse.

Michael Jenkins stated that he was looking at cumulative impacts between the various institutions on First Hill. Staff noted that the analysis does look at this in determining traffic volumes and conditions at intersections. He also noted that there

was a technical code requirement that the relocation of the emergency vehicle access be off of an arterial street and that it was his belief that because of this the relocation would require the granting of a administrative conditional use. He suggested that the current EIS contain sufficient discussion of this to allow a speedy consideration of granting the conditional use when the Master Use Permit is applied for.

Debbie Gibby noted that the increase in traffic associated with the relocation of the emergency entrance might be more significant than projected. Staff responded by reviewing the illustrations of the various drop-off points and noting that the plan will eliminate conflicts.

Betsey Mickel noted that the James street corridor is the most congested n the area and asked for more clarification on the status of the City James Street Study. Staff noted that the study has not yet begun and that if additional information is available prior to the publication of the EIS it will be included.

IV. Historic Preservation

Vince Vergel de Dios briefly reviewed the status of the historic preservation survey of the Swedish Campus. He noted that all buildings have been surveyed and assigned one of three classifications: 1) a building which has been designated as an historic landmark on either the National of local registers or a building that would likely meet the criteria for such a listing; 2) Buildings that may meet landmark criteria.; and 3) buildings that would not meet any criteria.

Mr. de Dios noted that there are no buildings included in category one and two in category 2 that might meet local criteria. The two are: 1) The Annex building (Old Blue Cross Building) and 2) the Index building. Both are 1950's vintage buildings. Neither has been nominated for designation at this point. Debbie Gibby suggested that it would be unlikely that many in the community would favor designation of these buildings. She noted that the Charlotte building might have been of interest for p-reservation but that it has undergone such extensive modification of over the years that it does not appear to qualify for designation

V. Adjournment

No further business being before the CAC the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

Meeting #7

Wednesday, November 10, 2004

Adopted: January 12, 2005

Initial Review of Draft Major Institution Master Plan and Environmental Impact Statement

Members Present

Bob Fenn	Jeff Myter	Greg Harris
Hal Steiner	Debbie Gibby (vice chair)	Beverly Baker
Eric Bultemeier	Betsey Mickel	

Staff Present

Steve Sheppard – City of Seattle, DON	Daren Redick – Swedish Medical Center
Vince Vergel de Dios – NBBJ	Dale Grandlic - Tramell Crow
Lauren Hurt – City of Seattle, DPD	Kristina Ryhn – NBBJ

I. Opening of Meeting

Debbie Gibby (Vice Chair) opened the meeting at 5:38. The agenda for the meeting was approved.

II. Review of Draft Meeting Minutes

The minutes for meetings # 5 and #6 were approved with minor changes to correct typographical errors.

III. Review and Comments on the Draft Major Institutions Master Plan and EIS

Vince Vergel de Dios provided brief responses to questions that had been raised at the last meeting. The first question concerned the projections for parking supply. He noted that population numbers have now been supplied and that this allows a better calculation of parking demand and allowable supply. The City Code specifies both a minimum and maximum allowed parking with the maximum 135% of the minimum. Based upon code-required calculations the current range for parking is between a low of 3,412 and a high of 4,607 spaces. The current supply of off-street parking at the Swedish campus is 3,743 spaces. Under the proposed MIMP, additional parking would be provided. The projected code-required range for planned projects is between a low of about 3,900 to about 5,300 spaces. A total of about 5,100 spaces would be supplied. With all planned and potential projects included, the code-directed range would increase to between a low of about 4,200 to about 5,700 spaces. A total of about 5,200 spaces would be supplied.

The second issue related to traffic problems off of Summit Avenue. Darren Redick stated that the Medical Center staff has been concerned about congestion in this area for some time and has taken several actions over the last two years to try to address this problem, including: 1) changing the direction of flow to eliminate backing up; 2) moving valet parking and instructing the attendants to be more directive; and 3) relocating van drop-off locations. In addition, changes have been made at the entrance to the garage off of Boylston to make it easier to access from that location, and hopefully reduce volumes at the Summit entrance. This included removal of the parking meters near the entry. Some assigned parking has been relocated to other garages and changes have been made to signage to indicate that this garage is primarily intended to be parking for the medical office buildings, rather than the medical center. Additional actions are under study, including lane changes.

After further discussion, CAC members suggested that the Medical Center consider signage to direct people to continue past Summit further along Madison either to Boylston or Broadway in order to access the main garage entrances. Various possible locations and routes for such signage were discussed and it was noted that all appeared to have some problems.

Discussion turned to identification of possible CAC formal comments to the MIMP and DEIS. It was noted that the proof copies that the CAC members had is at least 95% complete and that the CAC can feel comfortable starting their review based upon these copies. Steve Sheppard noted that the CAC has already provided comments to the draft progress copy. He suggested that the CAC review those comments to see if they have been addressed or should be forwarded again as formal comments to the MIMP and DEIS.

CAC members noted that Swedish is proposing expansion of services without a significant increase in hospital beds and that the overall concept of transitioning to increased medical office buildings, medical support services, upgrades to existing buildings appears to be appropriate.

Debbie Gibby expressed support for this position and added that the key to making these changes and expansions work for the surrounding community will be the degree to which the campus plan creates a friendly environment that fits into the surrounding community. This includes both the aesthetics of the proposed buildings and the ease of both vehicular and pedestrian accesses to and through the campus. She also noted that one of the keys to this is that the entrances to the campus receive special attention.

Greg Harris noted that one of the stated goals of the plan is to create better access from the community to the campus and create entry points and that the current proposals seem vague on this point and do not yet include compelling proposals that appear to do this. He suggested that the plan should give more attention to ways to create these gateways and inviting entrances. Others noted that particular attention needs to be given to the flow of people and cars at Madison Street and Summit Avenue.

Greg also noted that there is continuing concern about the impact of the height bulk and scale of development at the corners of the campus. He noted that one area of particular concern is at the corner of Broadway and James which is designated as potential Project D. Vince Vergel de Dios responded that two changes have been made to address this. In the DEIS section on height bulk and scale related to that corner some mitigating measures have been identified for that corner. In addition, in the framework plan precepts it identifies a goal of putting the greatest bulk height and scale in the center of the Campus. Greg noted that the issue appears to be the use of the building since it is projected as the location for orthopedic surgery and will therefore, need a set floor plate which significantly reduces options for addressing concerns regarding height bulk and scale at that location. Greg asked if it would be feasible to seek an aerial vacation of Cherry Street between Marion and Broadway and do something similar to the Convention Center bridging of Pike Street. In that case, the orthopedic surgery could be pulled north from James Street and directly connected to the South Wing.

Steve Sheppard stated that while this might be technically feasible from an engineering standpoint, he questioned whether it could ever actually be accomplished. He noted that the aerial vacation associated with the convention center took years to do, was highly controversial at the time, did not comply with generally established City policies and remains controversial to this day.

Debbie Gibby noted that the CAC has the option of proposing a greater setback on both James and Madison. Swedish staff noted that this would reduce the floor plate and might seriously jeopardize the ability to construct the proposed orthopedic surgery. Mr. Gibby responded that the issue might be an item of negotiation. Swedish staff suggested that various other options be evaluated including massing at the corner and ways to minimize its appearance. This could be setbacks, transparency, or building materials. After further discussion, the CAC suggested that following wording as a possible comment.

- The CAC remains concerned with the building massing at the corner of Broadway and Madison (identified as Project D in the MIMP) and recommends that further study be done of this location to identify additional mitigation of the height bulk and scale impacts, including possible increased setbacks.

Betsey Mickel suggested that this comment also clearly should be applied to Building F at the corner of Madison and Marion. No vote was taken on the specific wording.

Members asked for clarification concerning the design review of buildings. Vince Vergel de Dios noted that there is no formal design review for the buildings, and instead those responsibilities fall upon the Standing Master Plan Advisory Committee.

At this point, Vince Vergel de Dios summarized comments he had heard to this point as follows:

- The amount and type of use of the proposed master plan development program appear appropriate. Hospital, clinical, medical office, research and other support uses are all consistent with the medical major institution.
- A campus-friendly environment that fits into the surrounding community is proposed by Swedish and supported by the CAC.
- An open and accessible campus with clear 'gateways' is desirable. More attention should be given to how to specifically improve the campus entrances. The flow of people and cars at Madison and Summit needs special attention. Boylston improvements that make the Nordstrom garage more accessible need attention.
- The corners of the campus should avoid being too massive (particularly at Project D at James. Broadway and at Project F at Broadway and along Boylston. Setbacks or other height bulk and scale appearance reducing measures should be considered. *(Editor's Note: This comment is essentially the same as that identified above)*

There was general agreement that this accurately reflected the current discussion; however, no vote was taken on the specific wording.

Greg Harris asked for clarification on the CAC's position on the alley vacation associated with Building E/E-1. Steve Sheppard responded that the previous position of the CAC concerning the street and alley vacations the MIMP be amended to eliminate further consideration of the street vacation of the small section of Boylston Avenue between Marion Street and Broadway, but that further evaluation continue for the alley vacation of the north-south alley in the block bounded by Columbia Street, Cherry Street, Boren Avenue and Minor Avenue. Vince Vergel de Dios noted that the MIMP has been amended to eliminate the street vacation and that only the alley vacation remains. It was suggested that the CAC express its concurrence with the elimination of the street vacation and its continued support for the alley vacation. The following wording was suggested.

- The alley vacation associated with Building E/E-1 is resolvable and is supported by the CAC. The previously proposed Boylston Street segment vacation is not supported and the CAC commends Swedish for its decision to eliminate this possible action from further consideration.

It was noted that the major expansion of pedestrian and vehicular traffic will not be the result of increased in-patient load, but instead will be driven by expansions in the medial office buildings and outpatient clinics. It was noted that this is the population that should receive the greatest emphasis in the TMP to reduce trips that are generated.

Vince Vergel de Dios asked if CAC members had any comments concerning the historic analysis. He specifically asked if there were any concerns with the conclusion that the Invex and Annex buildings may have historic significance. Debby Gibby said that neither of these buildings has historic significance and can be removed. She noted that there are some terra cotta details on the North/Northeast building that are of interest and should be removed or saved and displayed in some manner. Others concurred.

Vince Vergel de Dios also asked whether the CAC had any specific concerns with the proposed sky bridges or tunnel. After brief discussion, members responded that they had no concerns or issues with these proposals and concurred that the connections are generally needed.

Discussion turned to the Development standard and particularly the MIO heights. Vince Vergel de Dios noted that there are two changes proposed that would change the designation of the area Building Site D from MIO-70 to MIO 105 and for the Columbia Building Site from a combination of MIO 90 and MIO 240 to one consistent designation of MIO 160. Debbie Gibby stated that the heights seem reasonable, but also noted that this height increase for Site D was associated with the setback and bulk height and scale issue at this site. She offered the observation that less height along a portion of Site D might be appropriate.

After further discussion the following wording was suggested:

- The CAC supports the two MIO height rezones as proposed. However, height, bulk and scale impacts associated with greater height at these locations need to be further evaluated and greater mitigation is needed along Boren and particularly at James and Broadway.

Members noted that there might be significant construction impacts from all of the development that is proposed. It was noted that both Sound Transit construction and Swedish construction might conceivably occur at the same time and that this has the potential of significantly affecting the community. The following wording for a possible comment was suggested:

- The CAC is concerned with construction impacts, particularly if multiple First Hill projects occur simultaneously, and the institution and City will need to carefully consider the timing and phasing and, when this is known, develop measures to mitigate the short-term impacts.

Steve Sheppard thanked the members for their attention to this issue. He suggested that members carefully look at both the comments made tonight and other issues and be prepared at the next meeting to address these. He asked that members particularly look at the issues of setbacks, landscaping as it relates to helping integrate the campus into the community, the sufficiency of the proposed transportation management plan, and the sufficiency of any mitigation measures proposed in the DEIS. He noted that the CAC would have to develop its formal comment letter at the December 8, 2004 meeting.

IV. Adjournment

No further business being before the CAC the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

Meeting #8

Wednesday, December 8, 2004

Adopted: January 12, 2005

Continued Review of Draft Major Institution Master Plan and Environmental Impact Statement

Members Present

Jeff Myrter
Eric Bultemeier

Greg Harris
Betsey Mickel

Debbie Gibby (vice chair)
Jerry O'Leary

Staff Present

Steve Sheppard – City of Seattle, DON
Vince Vergel de Dios – NBBJ
Kristina Ryhn – NBBJ

Daren Redick – Swedish Medical Center
Lauren Hirt – City of Seattle, DPD
Michael Jenkins – City of Seattle DPD

I. Opening of Meeting

Debbie Gibby (Vice Chair) opened the meeting at 5:33.

II. Review and Comments on the Draft Major Institutions Master Plan and EIS

Debbie Gibby opened the floor to comments on the drafts. Steve Sheppard noted that the minutes for meeting #7 includes a listing of comments from the last meeting. He noted that Vince Vergel de Dios also had provided a list. He noted that the lists appeared to match very closely.

Jerry O'Leary noted that some of the comments from the last meeting appeared to be very general and would benefit from more specificity. As an example he noted that the minutes for meeting seven states:

- An open and accessible campus with clear 'gateways' is desirable. More attention should be given to how to specifically improve the campus entrances. The flow of people and cars at Madison and Summit needs special attention.

Jerry O'leary stated that this statement really said very little and noted that if the CAC is concerned about Madison and Summit, then the CAC should be more specific and clearly state how access should be limited to those streets. Following additional discussion, the CAC decided to: 1) review the comments from the last meeting to add additional concerns where appropriate; and 2) review all of the comments and revise wording to add more specificity where appropriate.

Jerry O'Leary noted that he had recently attended a meeting on overall park development in the neighborhood. He suggested that the CAC add the following comment to its list:

- The final Plan and EIS should contain a more detailed analysis of potential connections between the Swedish Campus' open spaces and pedestrian systems and potential park and open space development in surrounding areas.

The CAC accepted this wording.

Debbie Gibby suggested that the EIS be amended to reflect the past CAC's concern about potential capacity problems for water and sewer service in the area. She noted that the information in the EIS was not sufficient and that there needs to be more information concerning how this possible problem will be mitigated. Steve Sheppard stated that the EIS appears to state that there may be a deficiency associated with the supply of water if all planned and potential projects are constructed and the situation is unclear concerning storm water drainage. Debbie Gibby suggested the following wording:

- The final EIS should contain additional and more definitive information concerning possible deficiencies in area utilities service (with particular emphasis on the provision of water and sewer services) related to the cumulative development associated with the Swedish Medical Center Major Institutions Master Plan's planned and potential projects. This analysis should include a full and comprehensive identification of measures to address and mitigate potential deficiencies.

Michael Jenkins noted that the DEIS has been provided to Seattle Public Utilities and that they will undoubtedly comment on this issue. He noted that if deficiencies are identified and mitigation measures suggested, Swedish would be responsible for paying the costs associated with the upgrading of utilities associated with the planned and potential projects as they occurred.

The CAC approved the suggested wording.

Betsey Mickel stated that gateways and accessibility are important on campus and have been the subject of a great deal of discussion. She suggested that the CAC be much more specific concerning this issue. She noted that the issue is really how to divert traffic from Summit and Boylston. Michael Jenkins suggested that the issue was broader and really relates to the development of a comprehensive way finding plan for the Campus. This plan would direct traffic to the most appropriate routes. Others noted that the plan would have to be quite detailed and suggested that the CAC's comment be quite detailed regarding its major concerns. After further discussion, the following wording was suggested

- The MIMP should contain a specific detailed way finding plan that deals with pedestrian and vehicular traffic as it relates to the entire perimeter of the Swedish Campus, with a special emphasis in the initial phases of development on the development of strategies and methods to intercept traffic on Madison before it reaches Summit and direct it to both Minor, Madison and Boylston.

Greg Harris noted that the CAC comment concerning Building D be amended to add the following wording:

- The corners of the campus should avoid being too massive (particularly at Site D at James. Broadway and Site F at Broadway as shown on page 42 – figure 2.11 of the Swedish Medical Center Draft Major Institution Master Plan). Setbacks or other height bulk and scale appearance reducing measures should be considered. **For any building constructed on Site D shown on page 42 – figure 2.11 of the Swedish Medical Center Draft Major Institution Master Plan, design of the building should include a significant amount of transparency at the corner of James Street and Broadway.** (Editor's note: wording shown in bold is added portion.)

Jeff Myer noted that the present orientation of the footprint for Building A appears to emphasize entry at Summit Avenue by directing attention towards the entry to the Nordstrom Garage. Members suggested that re-designation of that building footprint be considered. The following wording was suggested concerning this issue:

- The design of any building constructed on Site A, shown on page 42 – figure 2.11 of the Swedish Medical Center Draft Major Institution Master Plan, should be done in a way that emphasizes, to the maximum extent feasible a sense of entry to Minor Avenue from Madison Street. This should include consideration of street-level transparency, greater than mandated setbacks, façade orientation and other measures to promote this goal.

Betsey Mickel noted that there are similar issues effecting any building eventually constructed on Site F. She noted that the building should not overpower the corner. Others noted that the site is different. It is in a designated pedestrian zone and,

therefore, is subject to certain street-level retail requirements and other requirements concerning reduced setbacks. The following wording was suggested:

- The design of any building constructed on Site F, shown on page 42 – figure 2.11 of the Swedish Medical Center Draft Major Institution Master Plan, should be done in a way that emphasizes vehicular traffic turning on Boylston Avenue.

Jerry O'Leary noted that the statement at the last meeting "A campus-friendly environment that fits into the surrounding community is proposed by Swedish and supported by the CAC" was very vague and needed to be strengthened. Michael Jenkins suggested that the CAC include explicit wording concerning this issue and that the term "campus-friendly environment" needed to be clearly defined. Swedish staff responded that the campus was friendly in the sense that it had defined boundaries, that one knew when one had entered the campus and that there were no impediments to entry to the campus. Debby Gibby added that the term also should include the sense that there is a security throughout the campus, especially for pedestrians. In addition, she stated that the concept should be expanded to indicate that green space should exist near sidewalks, first floor designs of buildings should emphasize interest at street level and lighting levels should be great enough to assure safety. Members suggested that this clarification be added to the wording from the last meeting. The following amended wording was suggested.

- A campus-friendly environment that fits into the surrounding community is proposed by Swedish and supported by the CAC. **This should include creating clearly defined campus boundaries, design elements that clearly indicate when one has entered the campus, removal of all impediments to vehicular or pedestrian entry to the campus, provision of adequate green space near sidewalks, first floor building designs that emphasize interest at street level and lighting levels great enough to assure pedestrian safety.** (Editor's note: wording shown in bold is added portion.)

Jerry O'Leary noted that one of the major issues is access to the parking garages. The garages sometimes back up onto the public streets. Debby Gibby agreed and noted that most traffic is coming from the west.

The following wording was suggested:

- Both existing and new entrances to parking garages on the Swedish Medical Center Campus should be either re-engineered or designed to allow efficient and unimpeded entry and avoid back-ups to the public streets including consideration of payment upon exit.

Jeff Myrter stated that the CAC has discussed the problems with parking, especially on Minor Avenue. He noted that with parking on both sides of the street, this street is really too tight and suggested that parking be restricted on at least one side of the street. It was also noted that with the relocation of the ER to this area, smoother flow of traffic on this street would be even more important. The following wording was suggested:

- In recognition of the planned function of Minor, Boylston and Marion Avenues as major vehicular and pedestrian access streets, the MIMP should include consideration of options that would remove on-street parking from one side of each of these streets.

Members suggested that the wording of the statement concerning historic buildings be changed to indicate that this is a CAC position since there has been no formal evaluation either way from Historic Preservation staff. The revised wording would be as follows:

- **It is the opinion of the members of the Swedish Medical Center Master Plan Citizens Advisory Committee that the Invex and Annex building likely have no historical significance.** Some terra cotta details on the north/northeast building are of interest and efforts should be take to remove/preserve/display the artifacts before their demolition. (Editor's note: wording shown in bold is added portion.)

Discussion then turned to a discussion of the sky bridges. Members noted that the CAC had looked at the issue of sky bridges in some detail and that it was not accurate to note that there were no concerns, but that there was agreement that

the sky bridges were needed. Betsey Mickel stated that her clear understanding was that the opinion of the CAC was that the CACF supports the development of sky bridges where necessary for the efficient and safe function of the Medical Center, but not for simple convenience. Others stated that they felt that the Medical Center should still have to justify and demonstrate the need for each of the proposed sky bridges.

The following wording was suggested concerning this issue:

- The CAC generally supports the development of sky bridges and tunnels as necessary to promote logical circulation, so long as the need for each is fully evaluated during the permitting and environmental review processes. The CAC does not support the addition of sky bridges in addition to those shown in this MIMP.

This concluded the formal review and members directed staff to produce a draft letter for review and approval by the Chair.

IV. Adjournment

No further business being before the CAC, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

Meeting #9

Wednesday, January 12, 2005

Adopted: February 9, 2005

Discussion of Wayfinding

Members Present

Beverly Barker	Debbie Gibby (vice chair)	Betsey Mickel
Jerry O'Leary	Jim Rothwell (chairperson)	Kristi Drebeck Brown

Staff Present

Steve Sheppard – City of Seattle, DON	Daren Redick – Swedish Medical Center
Vince Vergel de Dios – NBBJ	Lauren Hirt – City of Seattle, DPD
Kurt Gahnberg - Transpo	Dale Grandlic – Swedish Medical Center
Diane Lasko – NBBJ	Aliki Katholos – Swedish Medical Center

I. Opening of Meeting

James Rothwell, chairperson, opened the meeting at 5:38.

II. Review of Minutes

The minutes for Meetings # 7 and #8 were approved without substantive changes.

III. Review of Wayfinding

Vince Vergel de Dios introduced Kurt Gahnberg to discuss wayfinding issues. Mr. Vergel de Dios noted that this includes discussion of pedestrian movement around the campus, traffic management, parking management and distribution, and signage.

Mr. Gahnberg noted that the discussion is preliminary. He provided two graphics showing both existing and proposed parking locations. He noted that this includes identification of the primary inbound routes to the campus. These routes appear to handle about 80% of all of the traffic bound for the campus. He noted that the Summit and Madison intersection is identified as a problem. The institution is looking at ways to address this, including possibly creating a protected curb lane and/or changes in the internal operations of the garage. He also noted that there had been discussion of diversion of people from that Summit and Madison Garage to other more appropriate locations. He noted that it appears that no more than 10% of the users of this garage should be diverted and that 90% or more of the users are appropriately using the garage. Because of this, even with diversion, changes will have to be considered for the garage entry and operations if the noted problems are to be adequately addressed. He also noted that under the new plan there would be nine different parking locations versus the current six locations.

He noted that the most cost-effective use of funds for signage would be on the three major routes since these handle 80% of the traffic. He noted that the estimate of daily traffic is the percentage of total new trips generated from the projected new uses on campus. Members asked whether this reflected the existing traffic plus the new trips or only the new trips. Mr. Gahnberg stated that the percentage breakdown is for new added trips but that he believes that the total current and projected route allocations will be similar.

Mr. Gahnberg also noted that Minor is identified as a major route that serves both as access to many of the garage entrances and as a major pedestrian spine for the campus. This will require careful planning to assure that both functions work well. Some possible solutions may include further restrictions on parking along this street. If this is done it might also be appropriate to include neighborhood traffic calming measures such as curb-bulbs. Vince Vergel de Dios noted that the MIMP is a conceptual document and will probably not include a detailed wayfinding plan. However, the MIMP might include commitments that Swedish develop a wayfinding plan that is reviewed by the Standing Advisory Committee. Members noted that Swedish has sold and is proposing sale of some of the medical office buildings. It was suggested that the wayfinding plan and TMP apply to each of these associated uses. At the master plan level, a simple statement that Swedish is encouraged to work cooperatively with other constituents of the campus towards a coordinated plan is probably all that should be included. To the extent that the institution provides mail-outs that might include common wayfinding maps noting which MOB's and/or Swedish facilities are best served from which garage. Committee members noted that Boylston Avenue had been identified as another major route to and through the campus.

Members also noted that there are concerns about the function and safety of the pedestrian crossing of Minor and James. This is an unmarked crosswalk with an overhead sign. It was suggested that this location be improved to have on-street markings or some other methods to increase safety. Members also noted that improvements would be needed along the major pedestrian corridors. Vince Vergel de Dios observed that improvements along these streets would likely be marked as part of each building upgrade over time. There would be an overall design standard. Debby Gibby stated that the entire length of James from the I-5 Freeway (6th Avenue) to Broadway is a problem and the Swedish turns are not the only problem. After further discussion it was noted that addressing problems on this corridor far transcends any problems associated with Swedish, appears to be worse on James than Madison, and that a full City corridor study of James is definitely needed. Steve Sheppard stated that he would raise this issue with SDOT. It was noted that SDOT is scheduled to undertake a corridor study of James but it is unclear when this will occur.

IV. Future Schedule

Vince Vergel de Dios briefly went over the future schedule. He noted that the next major milestone is the delivery of the proof version of the final EIS. After that document is received, the CAC will have one meeting on February 9, 2005 to review any changes and let Swedish know if there appears to be any problems. IN order to allow time for any changes to the final, comments on the proof copy will have to be received by February 28, 2005. The date for the release of the final is March 14, 2005. Mr. Vergel de Dios noted that the release date is after the March 9, 2005 meeting. He asked the CAC to consider possible changes to its meeting schedules to accommodate these schedules. After brief discussion, the CAC decided to hold February 23 for a possible follow-up meeting, if needed. A decision would be made on February 8, concerning the need for a March 9 meeting.

Steve Sheppard briefly went over the remaining major CAC responsibility. He stated that while it seems relatively complicated in the code, it is really pretty simple. Assuming that the Institution meets its publication date for the Final EIS of March 14, 2005, the CAC then has twelve weeks to complete its final report which means that the CAC final report would be completed by June 6, 2005. He noted that the CAC and DPD share drafts so that each can reference the others work in their finals.

Specifically, the Seattle Municipal Code requires that both the CAC and DPD independently produce a DPD Draft Directors Report and a Draft CAC Report. Mr. Sheppard noted that the CAC report may include any number of minority reports. Assuming that the EIS and MIMP are issued on March 18, the date for the production of the Draft CAC report will be April 18, 2005. Following CAC receipt of the Draft DPD Director's Report, the CAC must forward its formal comments to DPD within three weeks of receipt of that draft. In this case that is currently scheduled to occur by May 2, 2005. Two weeks thereafter DPD must issue its Final Director's Report. The CAC has two weeks following its receipt of that report to finalize its report. Up until the end, the CAC is free to change its report in any way that it wishes. The CAC's report will be presented to the City of Seattle Hearing Examiner. Typically the Chairperson and/or Co Chairperson formally presents the conclusions and findings of the CAC report to the Hearing Examiner. At this point the CAC's participation diminishes significantly since further City Council deliberations are basically on the record and not de novo.

Mr. Sheppard noted that both the DPD Director's and CAC Reports would typically identify recommended conditions upon the adoption of the MIMP. However, he cautioned that any conditions recommended must be reasonably associated with the impacts of the development under the MIMP. Many CAC's have recommended that certain development be brought

before the Standing Committee for review and comment on efforts to address concerns regarding methods to reduce the appearance of height bulk and scale.

V. Adjournment

No further business being before the committee, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

**MINUTES
Meeting #10
Wednesday, February 9, 2005**

Adopted: April 20, 2005
Discussion of Wayfinding

Members Present

Beverly Barker
Jim Rothwell (chairperson)
Robert Fenn

Jerry O'Leary
Kristi Drebeck Brown

Staff Present

Steve Sheppard – City of Seattle, DON
Vince Vergel de Dios – NBBJ
Kristina Ryan

Michael Jenkins - City of Seattle, DPD
Lauren Hirt – City of Seattle, DPD
Dale Grandlic - Swedish

I. Opening of Meeting

James Rothwell, chairperson, opened the meeting at 5:43.

II. Review of Minutes

The minutes for Meeting 9 were approved without substantive changes.

III. Discussion of the Proof Copies of the Final MIMP and EIS

Vince Vergel de Dios briefly went over the changes to the documents from the Drafts. He noted the following changes to the MIMP: 1) addition of references to the commitment to develop a way-finding plan; 2) changes to the development program to include a new pedestrian circulation discussion; 3) addition of a zoning comparison matrix, and 4) revised/reformatted Transportation Management Plan (TMP). Mr. Vergel de Dios reported that changes to the EIS include: 1) a commitment to mitigate diesel exhaust effects; 2) a more complete discussion of utilities adequacy and deficiencies; 3) Additional information on historic assessment; 4) additional discussion of the sky bridges and tunnels; 5) Additional mitigating measure for cars entering the Nordstrom Garage; 6) Additional information on the alley vacations; and 7) addition of a new chapter that includes all of the comment letters and responses to the comments. He noted that most changes were minor and were in response to comments from the CAC.

CAC member noted that the MOB's have recently been sold and asked if the new owners would continue to be bound by the provisions of the MIMP. Mr. Vergel de Dios responded that the provisions of the TMP would bind them. Since the uses are functionally related to the Swedish, they come under the provision of the MIMP. Swedish will continue to own the land under the building. Michael Jenkins noted that at the time that a change of use was sought that Swedish would have to clarify the functional relationship.

Michael Jenkins stated that he intends to initiate discussions with Swedish concerning the continued logic, or lack thereof, of maintaining the underlying zoning. He noted that it appears that the underlying zoning is no longer relevant. He noted that it might be logical to seek rezones as part of this process. However than might extend the MIMP development process somewhat. Brief discussion followed without resolution of the question. However, Swedish representatives indicated that if such a process significantly delayed the process, then they would be reluctant to go in this direction.

Steve Sheppard suggested that the CAC members take a look at the responses to the CAC's comments to assure that they are adequate. He stated that if there are additional changes or responses are needed it should be identified now. CAC members noted that most of the responses were adequate. Jim Rothwell noted that the response to item 10 (mitigating the Madison and Summit traffic situation) – states that a full range of access improvements will be explored. He expressed some concern that he would have liked to see a more detail outline of what improvements would be explored. He stated that more specifics are needed. Michael Jenkins responded that the appropriate time to identify mitigation for this location would be when changes are made in the major development at that location. Until that time it would be difficult to identify the full range of changes that might mitigate the adverse input.

Members asked for clarification concerning what the term "comment acknowledged" meant when applied to a specific comment. Michael Jenkins stated that this acknowledges the comment without identifying a specific change to the MIMP or mitigation recommendations of the EIS. It does acknowledge the comment in the record. Steve Sheppard responded that comments that are thus acknowledged often become instructions to the Standing Advisory Committee to guide their review of follow-on projects. He noted that the Standing Committees would generally be asked to review and comment on specific projects (MUPS, Amendments etc.) where there is a discretionary element to the application. He asked Michael Jenkins for further detail on the likelihood of MUP decisions having discretionary decisions attached. Michael stated that virtually all follow-on development applications would require SEPA review at the minimum and that therefore the Standing Committee would be asked to review and comment on almost every application.

Vince Vergel de Dios stated that he wanted to give the CAC a heads up on three areas where Swedish was considering commitments to specific actions. One area is the provision of extensive streetscape improvement in the area of Madison and Minor, including some possible lane changes. Another location might be a Minor and James. The third is creating an outdoor sculpture garden probably to be located at Broadway and James or at Cherry. The intent is to increase the open space at this location. Each of these elements will be outlined in greater detail in the wayfinding plan.

IV. Schedule

Steve Sheppard directed CAC members' attention to the schedule in the appendix of the MIMP and then initiated discussion of the Final Report. He asked that a sub-committee be formed to work with him to review portions of the final report. He noted that most of the report could really not be completed until the CAC receives both the Final MIMP and EIS and the Draft of the DPD Director's Report. The process does not require that the CAC's Final Report be completed until the very end of the process after receipt of the items identified above.

CAC members agreed to form a sub-committee. Volunteers included Jim Rothwell, and Kristi Drebeck Brown. Steve Sheppard stated that Debbie Gibby should also probably be included in the sub-committee is at all possible. Steve Stated that it would be good to have a outline and draft of recommendations in April before the draft director's report is published and then incorporate responses to that report into the document. Kristi-Drebeck-Brown offered the use of her conference room for sub-committee meetings if needed.

V. Adjournment

The committee determined that it was not likely that a March meeting would be required and noted that the April meeting is scheduled for early April 2005. No further business being before the Committee, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

Meeting #11

Wednesday, April 20, 2005

Adopted: May 18, 2005

Initial Discussion of Possible CAC Final Report Recommendations)

Members Present

Beverly Barker
Jim Rothwell (chairperson)
Debby Gibby

Jerry O'Leary
Kristi Drebeck Brown
Betsy Michel

Staff Present

Steve Sheppard – City of Seattle, DON
Vince Vergel de Dios – NBBJ

Kristina Ryhn - City of Seattle, DPD
Darren Redick - Swedish Medical Center

I. Opening of Meeting

James Rothwell, chairperson, opened the meeting at 5:33

II. Review of Minutes

The minutes for Meeting 10 were approved without substantive changes.

III. Review of CAC Final Report Provisions

Jim Rothwell reported that the sub-committee had met to develop a draft of possible initial recommendations. Steve Sheppard passed out copies of the initial recommendations to those who did not bring the copies that were e-mailed to them.

Steve stated that it had been clear from the tenor of the meetings that the CAC is inclined to accept the proposals of Swedish for an increases in both density and development capacity on the Swedish Medical Center Campus conditioned upon certain other actions. Those actions included: 1) special provisions to reduce the appearance of height and bulk at certain key locations on the perimeter of the Campus; 2) development of a Wayfinding Plan; 3) provision of greater landscaping and street treatments to create a more pedestrian-friendly environment, especially on the key axial routes identified in the concept plan; and 4) inclusion of an open space element to the plan. With these conditions it appears that the CAC is comfortable recommending approval of a greater floor area ratio for the campus and increases in some height designations. During sub-committee discussions it became clear that more specificity was needed concerning the height bulk and scale and open space issues.

Discussion of Height, Bulk, and Scale

Steve noted that the views and illustration in the plan and EIS are based upon Swedish's development concept that presently has surgery and other support facilities in a base structure with patient bed towers above. The base structures are generally shown as extending to the maximum allowable footprint with the tower portions set back significantly. However, these are not worst case illustrations since the development standards would allow building without the tower step-backs. He noted that it was his perception that the CAC approval of the greater development capacity was predicated in part on acceptance of this concept but that the CAC also clearly did not want to lock the institution into any specific setback. Therefore a great deal of attention had to be paid to the specific wording around this issue.

Jim Rothwell stated that his individual preference is to deal with the issue more broadly. The issue is more transparency and the way that the pedestrian experiences the edge of the institution. Debby Gibby responded that both issues are important and that the CAC needs to deal with both the issues of transparency and the bulk, height and scale issue. Steve Sheppard noted that the transparency and pedestrian experience issues are very subjective.

Jim Suggested that more attention needs to be given in the draft report to the façade treatments. He noted several different nearby Seattle buildings that solve the façade treatment situation differently and suggested that there are many different ways to achieve a visually interesting and pedestrian-friendly feeling to a streetscape. Jerry O'Leary agreed but cautioned that the CAC refrain from specifying architectural treatments since that goes beyond both the charge of the CAC and its general expertise. Betsy Michel suggested that the CAC might specify treatments or situations to be avoided.

Steve Sheppard noted that the sub-committee had included a recommendation concerning façade treatment in its discussion of Planned Project A – Medical Office Building, but had not included a similar recommendation concerning the other buildings. He suggested that if the CAC was concerned with this issue generally, that a generic recommendation could be crafted and applied to all of the sites on the perimeter of the campus. He suggested the following wording:

The design shall include ground level variations and changes to facade alignments, massing and architectural detailing specifically to increase the visual interest and variety of the pedestrian experience along the primary street front.

He noted that this would be a general statement intended to inform the future standing committee during its review of specific buildings. CAC members generally agreed but suggested that there also be a general introductory discussion of treatments as part of the introduction to the specific CAC recommendations. Jim Rothwell volunteered to draft an introductory statement as a policy statement.

At this point the CAC went through the specific conditions noted in the draft recommendations for each project.

Concerning Site A - Steve Sheppard noted that there was some ambiguity about the sight lines issue for planned project A. Changes were suggested to the second point in the draft recommendations as follows:

- That the design shall include ground level variations ~~of and~~ changes to façade alignments, massing and architectural detailing specifically to increase: ~~4) the visibility~~ visual interest and variety of experience along the street front and , through the possible use of a setback, provide ample light infiltration to the Plaza just west of the Arnold Plaza ~~and 2) to increase visibility for westbound traffic on Madison turning to Minor Avenue.~~

Jim Rothwell suggested that it be noted that the proposed 10-foot setback shown on page 61 of the MIMP is considered important to maintain the pedestrian scale of the site. The following change was suggested to recommendation three for project A:

- That the Madison street front shall include a ten-foot setback from the property line, transparent facades, appropriately scaled signage, street furniture and façade treatments that create an inviting pedestrian environment, support the existing pedestrian character of Madison and create an inviting entrance to the Swedish Medical Center Campus.

Concerning Site B (Hospital Replacement) – CAC members noted that the discussion of street level treatments (the third bullet in the draft under this site) failed to adequately address possible conflicts between pedestrian uses and vehicular traffic.

- That the street level boulevard, sidewalks and landscaping be appropriately scaled to promote a safe and comfortable pedestrian environment, with special consideration of connections at intersections and entrances to parking garages and loading facilities for both the pedestrian experience and driver safety and visibility.

It was suggested that this provision also be stated for all other projects that front the two major pedestrian axes. (All projects except F)

Concerning Project C and C1 – Steve Sheppard asked if CAC members agreed with the statements concerning the small plaza shown on the east side of the building. Members noted that there appears to be a conflict between the plazas implied in the on page 44 which would leave a major pull-back from Boylston and the provision of no setback and lack of street trees for the Boylston Avenue frontage shown on page 51. After brief further discussion the CAC directed that the basic comment be retained but that the wording be softened as follows:

- That ~~any to the extent consistent with hospital needs,~~ development on the site ~~shall should~~ include provisions for some landscaped pocket, plaza or open space feature, preferably at the Southwest intersection of Marion Street and Boylston directly to the west of the City Parks Department-owned property bounded by Broadway, Marion and Boylston. If provided, this open space should be designed in a way that compliments the adjacent Parks Department triangular parcel to the east and of sufficient size to allow improved sight lines to Marion and Boylston.

Concerning Project D – It was noted that this site has received the greatest amount of discussion to date. Members directed that the bullet concerning a “visible atrium be amended to be more general rather than prescribe a specific solution. The following working change was suggested:

- That consideration be given during the design of the project to the incorporation of ~~a multi-story open visible atrium court, and entry~~ a distinctive statement and/or gateway, at the northwest intersection of James and Broadway.

Debby Gibby also suggested that a similar statement be included for project F related to the intersection of Madison Street and Broadway.

Concerning Project E and E1 – Discussion focused on the recommendation for future consideration of locating retail-like hospital functions in Projects E, E1 and G. Members suggested that this be changed to a specific provision of some kind of way to make the streetscape appear more pedestrian oriented and that it not necessarily involve retail or retail-like uses

Discussion of Open Space

Steve Sheppard noted that there was some confusion about the provision of open space. The plan implies that many of the small open spaces on campus might be eliminated. Two small open spaces are shown on either side of the dedicated open space, one just south of Cherry Street at the northeast corner of Project D and one on the east side of project C. Together these create a kind of dumbbell pattern with green space on either side of the dedicated open space entry. However he noted that the CAC has not specifically addressed how prescriptive they want to be.

Jim Rothwell stated that the direction that is currently included in the CAC initial recommendations is to avoid prescribing specific locations and instead to discuss the total percentage of campus allocated to open space and then leave it up to the institution to determine where the space was. He also noted that the streetscape improvements included in the Wayfinding Plan, while not necessarily open space, might go a long way towards creating the needed sense of openness that the CAC hopes to see Swedish achieve.

Jerry O'Leary questioned some of the locations of the small plazas that are implied in the illustrative drawings. He noted that many of these spaces seem to be on the perimeter of the campus and asked if it might be more desirable to have some central open-space or plazas in the campus. Others noted that a combination of small plazas might actually be desirable rather than one or two larger spaces.

Steve Sheppard noted that the typically open space on institution's campuses are identified through a combination of 1) a somewhat restrictive campus wide Floor area ratios; the location of the dedicated open spaces; and sometimes 3) a commitment to retain a certain minimum percentage of the land area as open space. He noted that there is an implication in the CAC's acceptance of greater development capacity that there will be less open space on campus. He asked for

clarification on this issue. There was a discussion of the definition of open space. Jim Rothwell noted that the incorporation of perimeter setbacks and open space led to confusion and suggested that the two be dealt with separately.

Vince Vergel de Dios responded that the idea is that the setbacks provided a sense of open space and transition between the community and the campus and that this was the reason that the setbacks were included. He also noted that the idea was that the streetscape treatments internal to the campus would add to a sense of greenness and open space. He noted that this concept would be included as part of the Wayfinding Plan. He suggested that the first option that increases open space from 5% to 9% was the better way to go. Others suggested that the percentage be 9.5%, but that the setbacks be included.

Steve Sheppard agreed to work with others to determine what the proper percentage is from more detailed evaluations.

Discussion of the Wayfinding Plan

Vince Vergel de Dios informed the CAC that the attorney for the Hospital had expressed some concern regarding the approval provisions for the Wayfinding Plan. Questions were raised concerning how the Wayfinding Plan would be approved. If the plan is done after approval by the City Council then there appears to be no specific mechanism for approval. An alternative was that DPD could include a provision in its recommendation that would state: recommendations and guidance in the Swedish Wayfinding Plan and CAC comments on the Wayfinding Plan shall be incorporated in the future planned and potential projects identified in the Master Plan. This would put teeth into the Wayfinding Plan. CAC members agreed that this direction would be acceptable and that the wording of recommendation L should be changed to reflect this.

IV. Adjournment

No further business being before the Committee, the meeting was adjourned.

**Swedish Medical Center
Master Plan Citizens Advisory Committee**

MINUTES

**Meeting #12
Wednesday, May 18, 2005**

Adopted: June 8, 2005

Initial Discussion of Possible CAC Final Report Recommendations)

Members Present

Beverly Barker
Jim Rothwell (chairperson)
Jeff Myrter

Greg Harris
Kristi Drebeck Brown

Staff Present

Steve Sheppard – City of Seattle, DON
Vince Vergel de Dios – NBBJ
Michael Jenkins – City DPD

Kristina Ryhn - NBBJ
Darren Redick – Swedish Medical Center

I. Opening of Meeting

James Rothwell, chairperson, opened the meeting at 5:45

II. Review of Minutes

The minutes for Meeting 11 were approved without substantive changes.

III. Continued Review of CAC Final Report Provisions and the Draft Report of the Director of the City of Seattle Department of Planning and Development.

Michael Jenkins was introduced to go over the initial draft of the Directors report. He noted that he intended to reference the CAC's recommendations in the proposed design guidelines and the rezone analysis.

Mr. Jenkins stated that he has attempted to pick up the themes that the CAC has identified and convert it into a regulatory context. He noted that this is summarized on pages 19 and 20 of the April 27th draft. He noted that the CAC is more site specific in its design guidelines than is the Draft Director's report. He noted that these two directions are complimentary. The Directors report would be more general directing that the issues of height and bulk be dealt with in the MUP review and the CAC guidelines providing more specific guidelines for each specific site. Vince Vergel de Dios stated that Swedish would prefer that the design guidelines be contained in the MIMP and adopted along with City Council action on the MIMP. He noted that this would give Swedish greater certainty.

Jim Rothwell asked if the wording in the Draft Director's report requiring that the Wayfinding plan be reviewed and approved by the CAC prior to the approval of any Master Use Permit for the construction of a planned or potential project was acceptable to the CAC and Swedish. Both Swedish and the CAC confirmed that this was acceptable. Vince Vergel de Dios noted that it might be desirable to have the Wayfinding plan developed now rather than later.

Steve Sheppard noted that the CAC had determined that they wished to be relatively non-prescriptive concerning the upper level setbacks and that a considerable amount of time was spent prior to and at the last CAC meeting developing specific wording concerning this issue. The Draft Directors report takes a somewhat more prescriptive approach. He noted that it might be difficult to completely reconcile these directions. Michael Jenkins noted that everyone appears to be attempting to

get to a similar place but that the issue is technical and relates to an interpretation of code requirements concerning setbacks and whether the MIMP can totally supersede the underlying setback requirements. Until this issue is settled, then DPD believes that it is prudent to reference this in the report. Vince Vergel de Dios noted that the process might require an administrative conditional use or other mechanism. He noted that what is being attempted is to get to a concept similar to what the CAC is endorsing.

Following brief additional discussion the CAC decided that its position is that it will endorse the Draft Directors recommendations 1 through 6 on page 19 and stated that it stands by its recommendations concerning setback (#1 and #2).

Discussion then shifted to a discussion of open space. Michael Jenkins noted that he has recommended a 1:1 replacement for open space in the Draft Directors Report.

Michael Jenkins stated that he has tentatively recommended that there be a 1:1 replacement of open space in the plan. Vince Vergel de Dios responded that this is troubling to Swedish. He noted that the code requires designation of dedicated open space and identification of the percentage of the campus to be retained in open space. He stated that he prefers the recommendation format that the CAC has recommended. He also stated that he believes it is both appropriate and important to include setback areas in the calculation of open space. Steve Sheppard noted that the drafting sub-committee had carefully looked at the distribution of open space before coming up with the percentage mechanism and the 9.5% figure which would include the required setbacks and the dedicated open space. After brief further discussion the CAC members concluded that they would retain their recommendation as determined at the previous meeting.

IV. Adjournment

No further business being before the Committee the meeting was adjourned.

