



City of Seattle
Seattle Department of Neighborhoods
Bernie Matsuno, Director

SWEDISH MEDICAL CENTER CHERRY HILL CAMPUS MAJOR INSTITUTIONS MASTER PLAN CITIZEN'S ADVISORY COMMITTEE

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Committee Members

Katie Porter, Chair

Leon Garnett

Dylan Glosecki

Maja Hadlock

Raleigh Watts

J. Elliot Smith

Laurel Spelman

Majo Hadlock

Linda Carrol

*Swedish Medical
Center Non-
management
Representative*

Patrick Angus

David Letrondo

Lara Branigan

Committee Alternates

James Schell

Dean Patton

Ashleigh Kilcup

Ex-officio Members

Steve Sheppard

*Department of
Neighborhoods*

Stephanie Haines

*Department of
Planning and
Development*

Marcia Peterson

*Swedish Medical
Center Management*

Cristina Van Valkenburgh

*Seattle Department of
Transportation*

DRAFT Meeting Notes

Meeting #16

June 19, 2014

Swedish Medical Center

Swedish Cherry Hill Campus

550 17th Avenue

Swedish Cherry Hill Auditorium – A Level

Members and Alternates Present

Katie Porter

Patrick Angus

David Letrondo

Dylan Glosecki

Dylan Glosecki

Linda Carrol

Laurel Spelman

Maja Hadlock

James Schell

Members and Alternates Absent

Lara Branigan

J. Elliot Smith

Dean Patton

Ex-Officio Members Present

Steve Sheppard, DON

Stephanie Haines, DPD

Andy Cosentino, SMC

Christina Van Valkenburgh, SDOT

(See sign-in sheet)

I. Welcome and Introductions

Katie Porter opened the meeting. Brief introductions followed. Ms. Porter noted that SMC had changed its lead staff for this project and introduced Andy Cosentino. Mr. Cosentino stated that he was the Vice President of the Swedish Neuro Science and has been with Swedish for 14 months. He informed the Committee that he would not be the lead person for the project.

Katie Porter also noted that a new member had been added to the Committee. Mr. Schell stated that he was a longtime resident of the neighborhood and noted a special interest in land use and development in the neighborhood.

II. Housekeeping

Ms. Porter informed the committee that tonight's meeting would include: 1) a brief presentation and comments about the Integration Transportation Board and. 2) further discussions of the draft Master Plan.

III. Integration Transportation Board

Mr. Cosentino made a brief presentation concerning the Integration Transportation Board. Mr. Cosentino stated the Swedish Medical Center understands that traffic and parking associated with Cherry Hill has been a major concern to its neighbors for years. He noted that it seems that the Swedish Medical Group, LabCorp, and Northwest Kidney, its employees, and vendors have often avoided use of the available garages and that this has led to use of on-street parking and caused traffic congestions. SMC has looked at ways to address this issue and is proposing that an integrated approach be developed. One of the components of this will be the establishment of an Integrated Transportation Board (ITB). The goal of this board is establish unified policies among all providers, develop strategies, encourage alternative modes of transportation and thus eliminate adverse traffic congestion.

Mr. Cosentino suggested that the members of this board include two CAC members, a member from SDOT, a member from King County Metro, a member from DPD, a member from Northwest Kidney Center, a member from the Seattle City Council and a member from Sabey Corporation. Mr. Cosentino also mentioned that the chief HR officer of Swedish will chair this board.

Board meeting frequency will be twice a month at least to find a solution to the first priority (set a unified parking policies among all the participating entities that applies to all employees and vendors); and the work of this board will feed into the Transportation Management Plan (TMP). The first board meeting will occur in early July.

This is an immediate step and it will take several weeks of collaboration and debate to find a meaningful solution.

IV. Public Comments

The meeting was opened to public Comments. Ms. Porter noted that comments would be limited to two minutes for each commenter. Ms. Porter stated that the primary focus of the process is the development proposals from SMC not weighing of Swedish's value as a health Care provider. She urged commenters to focus on the specific development proposal and its impacts to the neighborhood.

Mr. Sheppard stated that there had been some concerns expressed over the video taping of the meetings by Swedish Medical Center. Mr. Sheppard noted that City Council meetings are videotaped, and there is no precedence to deny this for these meetings.

Mr. Cosentino stated that videotaping is important for the executive leadership at Swedish are then able to watch and hear these comments from the public. Members of the public responded that the genesis of their concerns is that it could be used in the court. Mr. Cosentino responded that it not SMC's.

Comments from Eric Camiscus: Mr. Camiscus commented that he lives in Bremerton and is suffering from multiple sclerosis. He mentioned Swedish is one of the best places to come for health care that specializes in his current condition. He supports the expansion of the hospital for more services and research and trust the doctors and the hospital and it is a wonderful idea for the hospital to expand.

Comments from Andrea Welling: Ms. Welling stated that she lives in Magnolia and was diagnosed with brain tumor a year ago. She credited Swedish for saving her because of their expertise and supports the organization and the facilities around the neighborhood to provide service.

Comments from Ken Torp: Mr. Torp stated that he lives in the neighborhood and is impacted by the proposed expansions. The fundamental issues for the neighbors are height, bulk and scale. He observed that these issues were not been sufficiently addressed in the DEIS and that the EIS contains inaccuracies. He expressed particular disappointment with how the DEIS addresses parking issue. He also noted that the first priority is to divert its employees from parking in the neighborhood while the proposal presented calls for reducing the subsidies for residential zone parking permit which shows inconsistency. Mr. Torp stated the CAC meetings should be a conversation between the committee and the citizens of the neighborhood, but recently, Swedish has packed meetings with people noting how they value the receiving quality medical services that they received. He stated that he believes tht this in inappropriate and is taking advantages of these people.

Comments from Ellen Sollod: Ms. Sollod stated that she lives on Cherry Hill and noted that she forwarded her comments in writing regarding the DEIS to the CAC. She stated that the DEIS is intended as a finding of facts with an unbiased analysis of potential impacts as an effective tool for the City to evaluate the MIMP and for public to review, instead, the document is ridiculed with inaccuracies. She gave several examples. First she noted that the DEIS stated that heights of 200 to 240 feet are compatible with surrounding land uses when the surrounding development is residential in nature and all much lower. Second the DEIS stated that the campus is well served by transportation systems when many are lacking. Third, the DEIS choose to forgo any discussion of energy impacts. She noted that the document appears to serve to support the Swedish/Sabey position and is not useful to the City and is not a non-biased or objective evaluation.

Comments from Andrea (Last name was not provided): Andrea stated that she loved Swedish and she lives in Sea-Tac. She parked mostly outside of campus and mentioned that UW has a problem with parking. She has no parking outside of Swedish. She reiterated that Swedish hospital is the best and loves the doctors.

Comments from Natalie Price: Ms. Price noted that there were many patients in attendance at the meeting. They feel so strongly about this campus and its future that they have come here in person to share their observations. In order to be respectful of everyone's time she read a short statement on their behalf as follows

We support the master plan that will enable the growth of the Cherry Hill Campus so that Swedish can continue to provide patients with the best treatment options, latest technology and state of the art facilities.

Ms. Price asked that those supporting this positon stand. There were a considerable number who stood.

Comments from Bill Zosel: Mr. Zosel stated that he lives in Squire Park. He stated that it is unfortunate for some people about the division that is being created between the people that lives in the neighborhood and Swedish desire be able to provide excellent quality care and expand. He noted that one of the reasons that SMC is in this dilemma is that they sole

half of the Campus to Sabey Corporation. There are therefore many uses that are not technically SMC at this campus.; Mr. Zosel stated that he supports the expansion and reclaiming the spaces that LabCorp and the Northwest Kidney Centers uses, but the division against each other should not be propagated. He asked the committee to look into the DEIS and see if it provides a reasonable alternative, and provides environmental impacts that can be mitigated.

Mr. Zosel also noted that the DEIS was lacking adequate information on many of the transportation elements. He noted that the Cherry Hill Campus is not in an urban village where increased intensity of development is encouraged and that one way the SMC could significantly reduce the adverse impacts of their development might be to relocate some of the uses that drive their needs to their other nearby campus. He noted that this is one of the ways to reduce transportation impacts. He noted that the Committee had formally commented in April that the EIS needs to provide a full analysis of decentralization that would accommodate the development at other campuses.

Comments from Troy Meyers: Mr. Meyers generally endorsed Mr. Zosel's comments. He stated that he is concerned about this public meeting. He supports the mission of Swedish and gets on-going care from the hospital. He commented that the fundamental issue here is the inaccurate information being presented in the DEIS and lacking details about appropriate urban village location and its compatibility with the residential neighborhood.

Comments from Sonja Richter: Ms. Richter noted that at the end of the previous meeting SMC was asked if they or Sabey had hired a lobbyist and that SMC stated that they would answer that question at the end of the meeting. That question was never answered. She noted that many patients were emotional concerning quality of care. She asked how patients were contacted and what they were told about the overall process. She stated that she was happy that patients receive quality care and service from Swedish. However, this is not the issue and instead is the height, bulk, and scale along with parking problems that has not been accomplished in the last 20 years and she is very skeptical that this new board will solve the problem. The expansion is too big and it has nothing to do with the care being provided. She noted that Sabey does not provide care; Sabey provides business and money.

Ms. Porter noted that the time allotted for public comment had passed and that there were still people who had requested to speak. She asked that those who had done so provide written comments. She asked the audience to continue to send written letters and comments to Mr. Steve Sheppard and reiterated that comments should focus on the issues of height, bulk, scale and the draft EIS and not about the quality of care that Swedish provides.

V. Brief Discussion of the Nature of Public Comments

Laurel Spellman requested that she be allowed to make a brief statement. She stated that she loves this institution as she had three operations from Swedish, one of which saved her life. But the issue of quality of care is not what is being debated here. She stated that she resents having the public meetings dominated by repetitive statements. She asked that SMC honor this and respect our time. She mentioned about the issue of parking and as a CAC member is not interested in the process to get there, but the results to get there.

Mr. Cosentino responded it was his understanding that constituents on both sides of the argument should have an equal voice during the public hearings. The constituents of Swedish are physicians, staff and patients. The positions of SMC staff and Sabey is irrelevant. It is the intent of Swedish to have these constituents to have their voice heard in this public commentary period.

VI. Committee Discussion of the Draft EIS and Draft Master Plan

Ms. Porter began the discussion by reviewing the comments that have been received. Mr. Sheppard noted that he had sent out a matrix for the committee members to use for the comments. He noted that many members had indicated that they were not prepared to offer comments until the next week. He noted that Dylan Glosecki had finished his comments and that these have been forwarded to members. Mr. Sheppard stated that he forwarded comments from non-committee members as well, and particularly from Bob Cooper and Nicholas Richter. Mr. Sheppard suggested to begin the discussion by going around the table and respond to the comments using the matrix that includes Dylan's comments.

Ms. Porter asked the Committee base comments on Option 10. She mentioned that there is still discomfort with the height included in Option 10. Mr. Sheppard informed the committee to focus on the key issues of height, bulk, scale and setbacks on their comments and go from there.

Ms. Porter Stated that conceptually, the proposal could get closer to an agreement if it maintains the existing 105 ft. over much of the Campus with any greater height concentrated in the center of the campus

Mr. Glosecki added that to the west, the 65 ft. area with greater height at the center still seems too high. He stated that a maximum of 105 ft. is more appropriate than 200 ft. Mr. Glosecki commented that he appreciated some of the efforts to further reduce heights on the 18th Avenue half block and initially thought that a 50 foot height would work and Sabey and that Swedish had made a good effort to look at appropriate setbacks. However, after a further look at that block he no longer has that opinion and would advocate of a capped at 37 ft.

Ms. Porter asked members to weigh in on Dylan's comments. Laurel Spellman responded that she too believes that height in the area between 15th and 16th should be further reduced and would agree with 105 feet. She would like to see Swedish focus on its core business and that its important function is the hospital, then she would therefor support a height of 160 ft. for the hospital expansion area on the Central Campus. She also agreed with Mr. Glosecki that the east block should not be higher than 37 ft.

Mr. Glosecki noted that the reduction of the height of the 200 ft. tower to 105 ft. would result in the loss of volume for the Northwest Kidney Center and they may need to relocate or redesign the whole area. He would like see more investigation of possible alternatives for reduces heights in that block.

Members asked for more information concerning the amount of square footage would be lost with a reduction of the block between 15th and 16th. Katie Porter responded that t other areas might take up some of the shortfall. Mr. Jex noted that a change from 160 to 105 feet in this location would result in about a 300,000 square foot reductions. He further

noted that there are problems with increased height in the center of the campus as the underground garage is not designed to accept development above it.

Ms. Spellman noted that she had looked carefully at the Seattle Children's proposal and that it proposed only 2.4 million square feet on a site that is four times the size. She noted that the Floor Area Ratio (FAR) for this proposal is about 4.7. She stated that the maximum FAR should probably be restricted to about 3.0 to be compatible with the surrounding neighborhood.

Ms. Porter asked how much square footage is currently on campus at this time. Mr. Cosentino responded that currently on campus it is 1.4 million sq. ft. and Option 10 through the course of 30 years will be at 2.75 million sq. ft. Ms. Porter asked about the existing vacancy rate, and Mr. John Jex responded that the East Medical Tower is at capacity and the James Tower is at close to capacity.

Ms. Spellman responded that there are many non-related uses on campus, noted that Children's had made the strategic decision to locate much of their research off-site, and urged SMC to further evaluate dispersion of its non-core functions. She stated that it was her opinion that the proposal was still high and bulky for this site. Mr. Cosentino stated that the research at Swedish Cherry Hill is 99% transitional with patients, and it is different than the bench research that is being done at Children's. The research program needs to be very near the assets of the hospital.

Ms. Porter noted that the Committee heard from the community and through the public comments that the intensity and height of the building is not compatible with the neighborhood regardless of its use and need, and scaling down the density is a better business decision for the hospital.

Mr. Patrick Angus mentioned that in reading Nicholas Richter's comments and examples of other MIMP's around the City; Swedish received everything they wanted. The decisions made here will set new precedence for future MIMP's. Mr. Angus' concern is that as years goes by and as the City of Seattle grows, more and more of these buildings be developed around this neighborhood and this neighborhood will not look like the same. Swedish clearly has a perceived need for this expansion, but should listen to the opinions of the neighborhood to come up with better alternatives.

Mr. Glosecki commented that it is important to know what the need is. It is this Committee's job to know what the community can take. Swedish does great work with patient care and services, but having this type of expansion on multiple sides of single family neighborhood is troublesome. We heard what Swedish needs are, but not heard what will the effect of meeting their needs would be on the neighborhood.

Mr. Sheppard stated that his understanding of the positions established at this meeting were: 1) that many members may be comfortable with 160 ft., or something higher, on the hospital area in the central campus; and 2) that there should be further evaluation of the heights on the 15th to 16th block ranging between 160 feet and 105 feet.

Mr. Cosentino stated that he hoped that it might be possible to reach a consensus or compromise and settle the height issue and then discuss a charrette regarding the design work. He noted that it is critical to sustain the mission of the hospital for future use in developing possible alternatives.

Mr. Glosecki noted that the main areas of disagreement appeared to be the West Tower and the 18th half block. He noted that he heard from the community that they feel strongly that 37 ft. is the maximum acceptable height on the 18th half block and would like Swedish to step up and make some concessions to make it possible.

Mr. Cosentino made a comment that the purpose and mission of Swedish in Cherry Hill is not negotiable. It is difficult and challenging to forecast what the healthcare needs are in the next 30 years. He noted that the Swedish administration is looking out at the residence of this region and come up with possible alternatives that can fit in a small footprint. He asked the Committee to clarify if the two main issues are 18th Avenue and the West Tower. Ms. Porter responded that these are the two main issues. Mr. Cosentino mentioned that the current work of the design team is to come back with several different options on what 18th would look like. Ms. Porter responded that she would hold back regarding the design because the committee have seen the design and would like to re-examine the height on 18th and the West Tower instead.

VI. Parking and Transportation

Mr. Glosecki commented that it is great to have the ITB in place. He noted that the goal of 50% SOV use at Swedish is low and that Swedish can do a lot better and should set a higher goal. He also noted that parking on campus should be encouraged to avoid parking around the neighborhood. .

Mr. Cosentino commented that he totally agree with Mr. Glosecki's observation and that is the reason for establishing the ITB. He noted that the new CEO is looking at this issue with a fresh set of eyes.

Ms. Porter asked for further clarification on the proposed loading docks. She noted that there is already a lot of traffic and a great deal of potential for conflicts.

Mr. Jex outlined the location of the loading dock. He stated that he would like to get the loading dock off 16th and get to a less extensive patient arrival zone which is on 15th.

Members noted that enforcement of the RPZ zone restrictions continues to be an issue. Parking enforcement should stay on the table and be part of any transportation management plan. He suggested that employees should be parking inside the campus and not around the neighborhood and if it is violated there should be some form of disciplinary action. Mr. Cosentino responded that the policies around parking will have teeth for both employees and vendors, but noted that making parking more affordable through further subsidy will be a challenge.

Christina Van Valkenburgh stated that SDOT is currently reviewing the document to identify the locations for loading and unloading and mentioned the information that needs to be identified in the EIS Master Plan is make sure that this is realistic.

Ms. Porter expressed concern with the parking garage on 18th and particularly with potential entry and exit conflicts. Ms. Van Valkenburgh responded that SDOT has not done any preliminary designs along the 18th with the new garage. Ms. Porter had indicated that 18th was identified as an option for a greenway facility. Ms. Van Valkenburgh responded that they are beginning to do an internal process to assess what makes sense and 19th could be

identified as another viable option, 18th is currently in the radar because that is what the Master Plan has identified.

Mr. Glosecki commented that 19th is a great option and a viable spot for the Bicycle Master Plan. He also made a comment about parking and start to reduce the cost of parking on campus by encouraging carpooling, biking, mass transportation, and increasing subsidies from 50% to 75% or 100% for employees to take mass transit is a good direction.

Ms. Van Valkenburgh commented that as long as this committee is looking at 18th, try to focus on the key potential service access points for patients, driveways along that corridor.

Mr. Cosentino responded that he will take the recommendation to senior leadership having parking strategically located for utilization of disabled parking around the hospital.

VI. Adjournment

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