



City of Seattle

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Seattle Department of Neighborhoods

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MEMBERS

Alex Hudson
Betsy Mickel
Carl Tully
Douglas Holtom
Jeff Dvi-Vardhana
Rexford Brown
Tammy Lord
Ted Klainer
David Nemens (Alternate)

Ex-Officio Members

Maureen Sheehan,
Department of Neighborhoods
Tammy Garrett,
Department of Planning and
Development
Beverly Barnett,
Department of Transportation
Sherry Williams,
Swedish First Hill, Community
Engagement

**Swedish Medical Center – First Hill
Standing Advisory Committee (SAC)**

Meeting Minutes

Meeting #1

August 26, 2015

Swedish Medical Center – First Hill Campus
747 Broadway – 1 East Conference Room
Seattle, WA 98122

Members and Alternates Present

Alex Hudson	Betsy Mickel	Carl Tully
Jeff Dvi-Vardhana	Rexford Brown	Tammy Lord
Ted Klainer	David Nemens	

Staff and Others Present

Maureen Sheehan	Sherry Williams	Nancy Rogers
Brad Hinthorne	Marjorie Brown	Gavin Smith
Daria Supp	Mark Brands	Eric Oliner
Jim Erickson	Michael Leahy	Jim Kirkpatrick

I. Opening and Introductions

Ms. Maureen Sheehan opened the meeting. Brief introductions followed.

II. Brief Description of MIMP/SAC Process

Ms. Sheehan made a presented on the Master Plan process, including formation of the Standing Advisory Committee (SAC). The SAC reviews the annual reports on the institution’s development, comments on the progress of the Transportation Management Plan (TMP), reviews amendment requests to the plan, and provides comments on any project developed under the provisions of the adopted plan that requires a Master Use Permit (MUP).

III. Review By-laws

Ms. Sheehan walked through the SAC’s by-laws, summarizing membership and leadership composition, decision making responsibilities, frequency of meetings, and reporting. Ms. Betsy Mickel made a correction on page 1. By-laws were unanimously approved by the committee, with the correction.

IV. Committee Selection of Chair and Vice-Chair

Mr. Carl Tully nominated himself to be Chair, and suggested a resident to be Vice-Chair, to which Rexford Brown nominated himself. Both the Chair and Vice-Chair were unanimously approved by the committee.

V. Swedish Medical Center Overview

Ms. Sherry Williams spoke about Swedish Hospitals vision to demonstrate the highest-quality best value health care to all we serve. Swedish has a triple aim to improve quality and safety, reduce cost, and improve the health of our communities. The First Hill Campus facilities include Swedish Cancer Institute, Swedish Orthopedic Institute, Women's Health, Pediatrics, Primary Care, Advanced Surgical, and Digestive Health Network.

The expansion project that this SAC is reviewing will: replace aging structures, provide care for a rapidly aging population, meet unprecedented inpatient growth, meet technological needs, support the safest, highest quality care to all those that need services, and effectively and efficiently utilize clinical space.

V. Presentation of Development

Mr. Brad Hinthorne of Perkins + Will and Mr. Mark Brands of Site Workshop made a presentation on the Swedish First Hill Medical Center development. Mr. Hinthorne began by summarizing the committee's role to evaluate the project design, make comments on the design during the MUP review, review the proposed Wayfinding plan prior to MUP approval, and review the construction management plan.

The planned projects involve the replacement of the Northwest Tower (MIMP Project B) and Block 95 (MIMP Project E). Both parcels will be built to the allowed height, which is 240 ft., or approximately 17 stories given planned ceiling heights, and 90 feet for the western half of Block 95. At present, specifically around the emergency room and along Marion, it is not a pleasant pedestrian environment. At Marion & Minor and around Block 95 Swedish is looking to improve quality of life and scale for pedestrian experiences. These include setbacks, canopies, landscape buffers, and to minimize conflict between cars and pedestrians.

Mr. Brands discussed the soon to be adopted First Hill Public Realm Action Plan (PRAP). There were public meetings held early this year along between DPD, SDOT, Seattle Parks, and the neighborhood to work on improvements such as park acquisitions, right of way, green streets and greenways, and transit lines. The project team will refer to the PRAP to see how this project relates to it, and hopes to incorporate plan elements to achieve some of those plan goals.

The project team is working closely with the City to consolidate medical services, and materials management onto Block 95, including the vacation of the alley which divides this block. The alley is currently used only by hospital services, and does not continue on the adjoining blocks. The alley vacation will in turn allow Swedish to create open space along the streets and more pedestrian friendly spaces that are consistent with the design guidelines identified in the MIMP.

Two sky bridges are being proposed: relocation of the existing Marion skybridge that will be demolished with the NW Tower project, and a new Minor skybridge between the existing hospital and new outpatient services on Block 95. A tunnel is not planned for the Minor Avenue crossing because where patients would enter the hospital via the tunnel is not a patient-friendly environment, patients would have to travel down only to have to go back up inside the hospital to get to the desired destination, and there are a number of footings in that locations that would prevent a tunnel from being dug.

A service tunnel under Minor Ave is being proposed to transport materials unloaded at Block 95 into the hospital building and bring other materials back. The tunnel does not go through the Design Commission process. The Minor Avenue skybridge, is approximately 17 ft. above the street.

The City has a process where a discrete set of public benefits that are open to the public 24/7 must be provided in exchange for these sky bridges, alley vacation and tunnel to be approved. Examples include: improvements to Minor Ave and Boren Ave, better sidewalks, landscaping, lighting, raised crosswalks to slow traffic down, art work, enhance the bike share program, voluntary setbacks to create open space such as a cafe, etc. These are in addition to the open space requirements provided for in the MIMP.

Mr. Brands explained that there is not a formula or square foot ratio that determines the size or character of the public benefits. Swedish and the City negotiate to identify what is a public benefit. A public benefit needs to be beneficial to the community of Seattle and specific to the neighborhood.

In summary, there are four elements that will require public benefits: two sky bridges, one alley vacation, and one tunnel under Minor Avenue. The building height of 240' does not require any public benefits.

The project plans to improve the sidewalk along Block 95 at Boren Ave and make Minor Ave more of a pedestrian street rather than a service corridor. Site walks have been held with SDOT and DPD, and neighborhood groups. The project is currently going through an Urban Design Merit approval process with the Design Commission to determine if there is merit in vacating the alley, and showing the community is better off without the alley. The next step would be to discuss the public benefits.

There was concern from Ms. Betsy Mickel about access to the ED if Minor Ave is going to be pedestrian friendly. Mr. Hinthorne mentioned that they are working hard to clarify specific car drop off under the building on Minor Avenue and that there will be a new pedestrian entry/lobby at that level. Meanwhile, ambulances will back into a loading dock off of Marion. Ms. Mickel's concern is around the already bad traffic in the area, and that to then turn Minor Ave. into a pedestrian street, appears to be in conflict with traffic. Mr. Ted Klanier suggested sharing with the SAC volumes of traffic to the ED, including passenger vehicles would be helpful to inform the conversation. Currently ambulances stack on Minor. The proposed new building will include parking for four ambulances within the building. The project is proposing to remove parking from Minor Ave, which is currently operating as a "yield" street, to facilitate legitimate two way traffic.

Ms. Mickel would like to see a pedestrian activated stop on James/Minor, across James, where there is currently a crosswalk but nothing to stop traffic. Ms. Hudson shared there is a pedestrian activated stop at Terry/James being installed in the next four weeks. SDOT understands there is a need.

Mr. Nemens would like more information on the relationship between the improvements on Minor Avenue, on the street corridor to the north and south, as well as the new trolley and BRT stops. The project team is working closely with SDOT on Boren Ave pedestrian activated signal crossings. SDOT does favor Cherry as a pedestrian street because it connects under I-5. They are looking at raised intersections to the sidewalk level, intended to be traffic calming. The project is looking to SDOT as to where they would like to transit stops to be.

He also stated that they are looking at extending the treatment of these sidewalks for future DPD and SDOT projects. Mr. Tully inquired about how these improvements will enhance future connections outside the boundary of the MIMP.

Mr. Tully asked about the flow of service vehicles. Mr. Hinthorne explained, in general, all service vehicles drive one-way all the way through the loading dock and the goal is to bring most trucks off Boren to enter Block 95 on Cherry Street and exit via Columbia Street to Boren Avenue, but that some trucks will need to use Minor Avenue to access the Cherry Street loading dock entry, and will also exit via Columbia Street to Minor Avenue. This issue has been very challenging and is being discussed in the Design Commission. As a result, some parking will be lost on Cherry St and Columbia St. There will be 700 parking spots in Block 95 and about 150 in the Northwest Tower, used almost entirely by visitors rather than employees, and open to the public.

Mr. Dvi-Vardhana asked how these open spaces will benefit the patients and if they will be accessible to patients. A goal of Swedish is to increase the wayfinding and accessibility to the campus and the goal is for the public to have direct access to the hospital. Patients will be able to access outdoor space through the café, and other patient/public friendly, while still secure, access points. Ms. Hudson suggested to investment on rooftop landscaping so it is pleasant to see from occupants in higher floors.

Ms. Hudson asked how the Street Concept plan is adopted in to the Right of Way Improvement Manual by the City. A 95% plan will be delivered to the urban designers, DPD and SDOT and become part of the Streetwise Right of Way Manual. The street concept plan has no public outreach, but the project team will present it to the community, including FHIA, for feedback.

Mr. Hinthorne gave an overview of the floors and uses. 32 beds per floor, the top floor will be left as shell until a further date. The bed count is within the existing license for Swedish First Hill. Both buildings will be very energy efficient, but the project is not pursuing a LEED rating.

It was asked if there was a number breakdown of how people are coming to the campus, such as cars, transit, etc., as well as by employees, patients, visitors, etc. The project team is starting to pull that information together. The hospital is trying to reduce the number of car trips made by employees.

Mr. Dvi-Vardhana asked to see visual renderings of the 12 ft. wide skybridges, those will come.

Mr. Tully asked how far north and south on Cherry and Marion will these improvements go, since across from the hospital those sidewalks, etc. are in dire need of updating. It is still being studied.

Mr. Dvi-Vardhana asked if programmatically, do these buildings fulfill the program requirements, or do they exceed those requirements. The campus will be at inpatient capacity in 12 to 18 months. The goal will be that all the buildings will be well utilized. Ms. Tammy Lord added that capacity is currently overflowing.

Mr. Nemens suggested including a water feature alongside the staircase up to the hospital lobby (at the Marion Street entrance).

Several trees will need to be removed. There are a number of trees that were not in good shape due to mis-pruning or overhead power lines. Conditions for trees should be vastly improved with this project. The type of tree determines what kind of replacement takes place. Ms. Hudson mentioned the difference between a mature tree and a sapling, along with the time it takes for trees to mature she have an effect on the replacement plans.

There is an ongoing conversation about putting utilities underground where possible. It is unlikely, but they are continuing to look at it.

The materials used on the exterior are still being determined. The drawings shown today are outdated and don't reflect the current proposed materials. The striping along the street/sidewalk will be geared towards pedestrians and not just concrete panels. Ms. Hudson noted that even though traffic currently is required to move slowly down Minor Ave, when they do move they become excited and tend to become aggressive.

Ms. Nancy Rogers went over what is being asked of the SAC: to help Swedish use the MIMP design guidelines to evaluate and concur on the designs, as well as the additional public benefit features required for the alley vacation, skybridges, and tunnels which are in the public right of way. This project does not go through design review, the SAC process fulfills that requirement.

Ms. Sheehan was asked to provide the Comments and Recommendations made by the CAC in 2005. Ms. Rogers provided at the meeting the Design Guidelines found in the MIMP. Ms. Sheehan noted that the background information regarding the MIMP process is available at the DON website for those who are new or unfamiliar with the process.

Mr. Klanier asked if the design team can put together a comparison of the streets, a before and after, for the neighborhood to see and relate to the project. A comment was made about conversation amongst the neighborhood regarding sidewalks, nighttime and daytime lighting, existing landscapes on the campus as well as the new landscape on the surrounding areas, and the process that is in development is a bigger story.

Mr. Tully asked for clarification about the EIS and Design Guidelines as compared to the public benefits, and mitigation measures from the MIMP. Ms. Rogers is putting together a matrix to layout each of those and how the SAC should be responding.

Demolition is scheduled to begin July 2016, and construction on both shortly thereafter. Occupancy will take place around 2019. Block 95 could open in 2018.

Mr. Tully raised the question of where the campus stands with regards to open space. It was believed that the 9.5% open space requirement for the campus was set in the MIMP and may be close to being met. The project team will provide that information at the next meeting.

VII. Committee Deliberation

Each Committee member was asked to describe his or her reaction to the presentation and any concerns.

Mr. Rexford Brown: Expressed satisfaction about the actual design experience, but felt hesitant about the visual aspect of the building. He noted that he is interested to learn more about raised intersections and also

where the staging areas for construction, as well as routes for construction vehicles. There are two development projects going on in the next two years in the intersection of James and Boren that are independent of the Swedish First Hill project. Mr. Hinthorne shared that a Construction Management Plan, which covers staging, truck routes, etc., will be reviewed by the SAC.

Mr. David Nemens: Would like more information about the context and what is happening immediately adjacent to the project, in terms of pedestrians and transit.

Mr. Jeff Dvi-Vardhana: Wayfinding - An overlay map of where the potential transit stops are and a full understanding how people are going to get to the building was requested. Relationship to the outside spaces for both the hospital and public benefits. How will the design fit in with the context of the neighborhood? Architects tend to build to bare minimums, it's ok to give a little bit more to give a better experience.

Ms. Williams added that Swedish has a patient experience initiative where patients, family members, board members and staff fill out a satisfaction surveys to determine how Swedish is accommodating the patient experience. These are very important for the architects as they design and highlight patient experience.

Ms. Betsy Mickel: Traffic, very concerned how people will get here. We can't think the city runs without cars. Concerned with the bulk and scale as compared to the existing buildings, looks much more impressive than the existing buildings, possibly because of the materials/renderings. Fine with the alley vacation, Block 95 needs to be cleaned up.

Ms. Alex Hudson: Pedestrian experience is her primary concern. 30% of the city has been given over to streets. Making the campus feel like an open place that the public can come to and pass through, integrating into the larger community. A rich and mature tree canopy needs to be maintained. Interested to see how Block 95 can impact the mini-highway feel of Boren Ave. Eager to see how this process will achieve the goals of the PRAP. We should be helping to make Swedish feel safe, welcoming, bright, and airy during a vulnerable time in patient families' lives.

Mr. Ted Klanier: Jones Pavilion and some of Harborview's buildings are examples of inward looking solid walls, and not to be repeated.

Mr. Carl Tully: Encouraged about everything he saw and heard. He was encouraged by Swedish acknowledgement that the east-west connection, Marion Ave and Boren Ave crossings are challenging and need to be further addressed and developed. Liked the earlier comment of not letting the zoning envelope be your design concept. He would like to see more traffic information and solutions; modes of transportation that will be affected and its interaction among the pedestrians, and making pedestrian safety a top priority. Would like to see more diversity of renderings, representing different activity and light. Strategies for timing of truck deliveries, and how that fits in overall for traffic.

Ms. Tammy Lord: Concerned with traffic getting on and off the hill. She is a novice in this city process and has a lot to learn. She is interested in more discussion about open space and what can be made accessible to patients, and noted that she is encouraged by what she sees.

Ms. Sheehan informed the committee that the minutes will be available within a week and the presentation materials will be posted on the DON website.

VI. Public Comment and Questions

Jim Erickson added that this is a 24 hour facility, with people under stress arriving 24/7. He would like to see renderings of what the buildings are like after dark, and as a pedestrian.

VIII. Adjournment and scheduling of next meeting

The next meeting will be held on September 17, 2015 at 6:00 PM.

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