

Myth vs. Fact of Children's Hospital's Expansion

Myth: Children's is proposing more beds than it will need in the next 20 years

Fact: Over the next 15 to 20 years, the hospital needs an additional 250 to 350 beds. Children's has been operating at capacity and there is a real need for beds now. Jody Carona of Health Facility Planning and Development spoke at the November 2007 Citizens Advisory Committee about how Children's calculates bed projections. She is a consultant for Children's, has conducted more than 450 Certificate of Needs in Washington, and is an expert in using the Washington State Department of Health's methodology for determining bed need. Therefore, her calculations and projections for Children's future bed needs are reliable and are being used in the master planning process.

It is also important to note that Children's current bed projections are based on the most current patient data (1997 to 2007) and Children's current occupancy rates. Bed projections for the 2002 Certificate of Need were based on old data (1990 to 1997) according to the hospital's master plan Web site. This same old data was used by Field Associates who conducted an analysis at the request of the Laurelhurst Community Club. Because their analysis was based on old data, their bed projections are inaccurate.

Myth: To ensure an appropriate level of expansion, Children's should apply for its Certificate of Need now.

Fact: Fact: It is too early to apply for a Certificate of Need. The Citizens Advisory Committee and the hospital are still collaborating on proposed development and the Seattle City Council must first approve the Final Master Plan. At a November 2007 Citizens Advisory Committee meeting, the hospital explained that the state requires that master planning, zoning and land use work be completed prior to the Certificate of Need process.

Myth: Children's proposed Floor Area Ratio should be consistent with other major institutions located outside urban villages.

Fact: Floor Area Ratio (FAR) is a ratio of the building square footage to square footage of the lot. FAR is different for every major institution, just as their functions, needs and building sites are different.

The location of a major institution and whether it is in an urban village doesn't dictate FAR. Neither the Urban Village Element nor Seattle's Comprehensive Plan provide FAR requirements for major institutions. In fact, the Urban Village Element essentially says that growth approved in major institution master plans can happen wherever the institutions are located throughout the city (A-2 – Areas Outside of Centers & Villages, policy UV39). The FAR for major institutions is generally discussed and approved as part of the master planning process.

You should know, for instance, that Harborview has an approved FAR of 5.5 and Swedish has an approved FAR of 3.6 based on their more recent master plan. When compared to these two hospitals, Children's proposed FAR is much lower (2.35 for Alternative 3, 2.54 for Alternative 6, 1.82 for Alternative 7). During the master planning process FAR and density should be balanced in conjunction with height, bulk, scale and other goals such as preservation of open space and landscaping.

Myth: Children's is not adhering to the City's Land Use Code and Comprehensive Plan.

Fact: Children's is and will always adhere to the City's Land Use Code and Comprehensive Plan. The City's land use code requires major institutions to work with the Department of Planning and Development (DPD), the City's regulatory agency for overseeing development proposed by major institutions, such as Children's. Consequently, DPD reviews all master plan documents to ensure that the hospital is in compliance; in addition it oversees the environmental impact statement required by the state.

Myth: Boundary expansion is not allowed for major institutions.

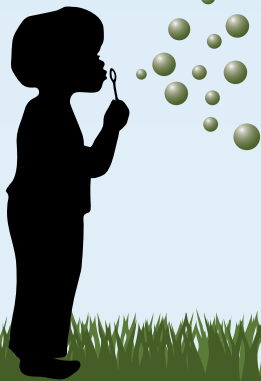
Fact: This is not totally accurate. While the Seattle Municipal Code does have the following language in chapter 23.69 Major Institution Overlay District: "Discourage the expansion of established major institution boundaries", the code also does not completely rule out boundary expansion. The City Council will ultimately decide if a boundary expansion is appropriate and has approved other boundary expansions for other institutions. Children's master plan Web site states that two institutions have been allowed boundary expansions through the master plan process: Seattle Pacific University (14.3 acre boundary expansion, 1997 master plan) and Seattle University (13.7 acre boundary expansion, 2000 master plan).

Myth: Housing displaced at Laurelon Terrace will not be replaced.

Fact: It says very clearly in the Draft Environmental Impact Statement (DEIS) published by the City of Seattle that if the "housing units in Laurelon Terrace are demolished, Children's would be required to propose comparable replacement to maintain the housing stock of the city."

The DEIS also states: "Children's has informed the Department of Planning and Development that they plan to work in partnership with public agencies, non-profit organizations, housing developers and neighborhood groups to maximize the opportunities to leverage more affordable housing in northeast Seattle. Children's is proposing to meet their housing replacement responsibilities by contributing to the development of 136 new units of housing in northeast Seattle. To begin this project, Children's has stated that they will contribute to the development of 52 units of housing at Sand Point Magnuson scheduled for groundbreaking in fall of 2009."

City Staff consider Children's approach to be fair and reasonable. Moreover, the approval on whether the proposed replacement housing constitutes "comparable replacement" will be reviewed by the Hearing Examiner and later approved by the Seattle City Council as part of the master plan process.



Please call or e-mail us with any questions at 206-838-9229 or info@friendsofchildrenshospital.org.
Learn more about Friends of Children's Hospital at www.friendsofchildrenshospital.org.