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Building the Future Together

Good Neighbors



Winter Fire Safety Tips

Many families use space heaters, kerosene heaters and fires to stay warm in the winter. According to the National Fire Protection Association, there is a much higher fatal fire risk associated with the use of these heat sources as compared to central heating. These tips can lower the risk of having a house fire:

- Keep space heaters at least three feet away from walls, furniture, curtains, bedding and clothing. Turn space heaters off when you leave the room and before going to bed.

- Keep items at least three feet away from all heat sources.
- Before using your fireplace or wood stove, have your chimney checked and cleaned by a professional once a year. Use a fireplace screen, and burn only untreated wood.
- Keep children and pets away from heaters, fireplaces and wood stoves.
- Only use kerosene as fuel in kerosene heaters. Add the kerosene outdoors when the heater is cool. Always keep a window slightly open when the heater is running.
- Keep a fire extinguisher near each heating source and know how to use it.
- Install smoke alarms in every sleeping area and on each level of your home. Test smoke alarms once a month and change batteries at least once a year.

For more information on Children's Master Plan, please visit the master plan website at <http://masterplan.seattlechildrens.org> or call Children's staff, Desiree Leigh, at 206-987-5269.

Join Friends of Children's Hospital to Support our Growth!

www.friendsofchildrenshospital.org



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Good Neighbors

As Childhood Disease Evolves, So Does Seattle Children's

Message from David Fisher, senior vice president and medical director

Childhood disease is not what it used to be. When Seattle Children's moved to the Laurelhurst neighborhood more than a half century ago, most of our patients arrived with a simple problem affecting a single organ — a broken bone, for instance, or a common infection. Usually we treated the condition with a single process, such as surgery or what was then a new and revolutionary drug, penicillin.

Our doctors and nurses saw relatively few children with complex medical problems because children living with such conditions rarely lived long. Thankfully, that's no longer the case. Due to recent advances, children with serious diseases such as brain cancer, cystic fibrosis or hypoplastic left heart syndrome now do quite well and live much longer than they did when I began practicing medicine just 30 years ago. Many of these kids are alive today because of the world-class care they received at Seattle Children's. The corollary to this very favorable news is that chronically ill children — often with severe, multi-system medical problems — make up an increasing proportion of our patients. Their survival means they need highly skilled, coordinated, ongoing care from specialists like pulmonologists, cardiologists, cardiac surgeons, oncologists, pediatric surgeons, neurologists and radiologists. It also means we have more patients who require longer hospital stays. At Children's today, 35 percent of our admissions account for almost 75 percent of our hospital days. Nearly 70 percent of our patients have chronic illnesses requiring ongoing care.

If it weren't for Seattle Children's, many of the kids I've described would have nowhere to get the care they require. To help ensure we can receive them when they need us, we constantly strive to deliver care more efficiently. For example, we're implementing standard processes for rounds hospital-wide so members of the healthcare team can meet daily with the patient's parents and each other to refine the patient's plan of care. The daily focus is on identifying and eliminating the barriers to safe discharge home. Nonetheless, to accommodate the children and families who'll come to us over the next 20 to 30 years, as even more seriously ill kids survive, we must also find space for additional patient rooms.

This need for expansion has been a driving force behind the major institution master plan that Children's and our neighbors and advisors have worked hard to develop over the past three years. The plan goes before Seattle City Council this month for approval.

We are indebted to all of you who have worked diligently with us to make sure the plan balances the needs of our patients and our larger community. We appreciate your partnership tremendously.

In 2007, Seattle Children's celebrated its centennial and we turn 103 this month. This master plan helps ensure that in another 100 years we'll be here, providing excellent patient care with compassion and respect while also being a good neighbor to you.



I invite you to learn more about the plan, including how it has evolved and how it addresses transportation, housing and other important issues, by reading the articles in this month's newsletter.

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Fun Fact: David Fisher rides his bike or takes the bus or a vanpool to work more than half the time. He enjoys seeing the sun rise from the east over Lake Washington in the morning and views of Mt. Rainier in the afternoon.
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Collaboration with the Community

“Through tough negotiations with Children’s, we worked to modify the initial proposal by recommending changes such as reduced building heights, enhanced sustainability, and better traffic mitigation so the development could be compatible with the community,” says Karen Wolf, CAC chair. “Children’s listened to our concerns, went back to their architects and planners, and devised solutions that resulted in a better plan for the community.”

The City of Seattle process requires appointment of a Citizen Advisory Committee (CAC) to help develop master plans for major institutions such as Seattle Children’s. Our CAC held 26 public meetings over eighteen months to dissect, challenge, discuss and finally last year endorse Alternative 7R, the eighth major revision of our plan.

The CAC’s dedication to meeting the needs of the hospital and our neighborhood was essential to our success.

In addition to CAC meetings, Children’s invited residents of nearby neighborhoods and others affected by our expansion to engage in the planning process through community gatherings and outreach events. About 30 such activities were held in 2007-2008, primarily in northeast Seattle.

We’re grateful to the many community councils and clubs who participated earnestly; the diligent neighbors who attended meetings and model presentations to explain their viewpoints and critique our designs; those who asked incisive questions during our Q&A’s at farmer’s markets; and everyone else who contributed to the process.

From elimination of proposed entrances on NE 45th and 50th streets to retention of a redwood grove, your stamp is on Alternative 7R. It’s a plan that will serve the neighborhood, city and region well.

Evolution of the Major Institution Master Plan (MIMP)

Seattle Children’s began work on its master plan for expansion in 2007 with help from a Citizen Advisory Committee (CAC). The plan lays out the hospital’s potential development between now and 2030, for the anticipated need of 250 to 300 more beds to care for Northwest children.

Initially, planners focused on adding height on our existing campus, or “growing up.” Early designs featured 240-foot buildings on the site of today’s hospital site to gain the 1.5 million square feet we expect to need. Since then, we’ve completed eight major plan revisions — including 100-foot reductions in maximum building height — based on feedback from our neighbors, employees, patients and families, and CAC.

A major turning point came when Laurel Terrace Condominiums offered to sell to Children’s and working together a purchase agreement was reached. This meant we could expand outward between the hospital and Sand Point Way NE.



“Being able to shift development down the hill, lowering building heights, reducing the visual impact and improving traffic flow, that was huge,” says Susan Marten, a 20-year Laurelhurst resident. Marten, the mother of two teenage boys who’ve been treated at Children’s, attended many CAC meetings and community outreach events during the planning process. “It wasn’t always easy, but together the city, hospital and community devised a plan that works.”

Once the Seattle City Council approves the plan, the evolution will continue: Development will occur as needed, incrementally in at least four phases, over 20 years. With the oversight of the Washington State Department of Health, the City’s Department of Planning and Development and a Standing Advisory Committee appointed by the Department of Neighborhoods, there are built-in checks and balances that will ensure that construction depends on demonstrated need and meets transportation, environmental and other requirements.

Benefits of Alternative 7R

Alternative 7R is Children's proposed final master plan (Revised Expanded Early Laurelon Terrace Development), endorsed by our Citizen Advisory Committee and approved by Seattle's Department of Planning and Development. It goes before Seattle City Council for approval beginning in January 2010.

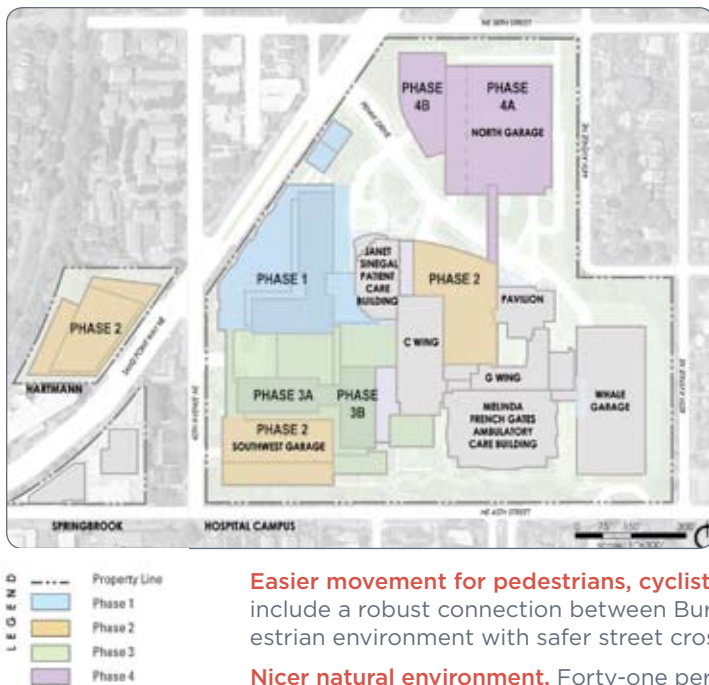
Thanks to a more than two-year collaboration, Alternative 7R addresses both the hospital's and the neighborhood's needs. The benefits over earlier plans include:

Better neighborhood fit due to reduced bulk, scale and visual impact. Maximum building heights dropped from 240 feet to 140 feet. New buildings are terraced and set back closer to the existing hospital. Research and some administrative functions moved off site to decrease need for square footage on site.

Campus access with less residential impact. Proposed entrances from NE 45th and NE 50th streets were eliminated, reducing effects of traffic and construction on area residents.

Easier movement for pedestrians, cyclists, bus riders and motorists. Transit improvements in the plan include a robust connection between Burke-Gilman Trail and Sand Point Way NE, and an improved pedestrian environment with safer street crossings and bus stops at 40th Avenue NE and Sand Point Way NE.

Nicer natural environment. Forty-one percent of the campus will be open space, with pathways and pocket parks. Landscape buffers along three edges of the campus will be extended along the fourth edge.



Transportation Mitigation Goals

Children's has worked diligently with experts, such as those at the Transportation Choices Coalition, to create a plan that mitigates potential traffic impacts of our expansion.

"This is probably the most aggressive, innovative transportation plan we've seen in the five years I've been with the organization," says Coalition executive director Rob Johnson. "It's groundbreaking."

Seattle Children's commitments include:

- Funding **"smart" traffic signals** that adapt to traffic conditions and substantially reduce vehicle delay and travel time along Montlake Boulevard and Sand Point Way NE to the hospital
- Enhancing our **shuttle-to-transit system** linking the hospital to regional transit
- Investing in **pedestrian and bicycle infrastructure** in northeast Seattle, including sidewalks, bike boulevards and trail connections
- Expanding our **employee programs**, like financial incentives, vanpools and free bicycles, so no more than 30 percent of employees drive to work alone by 2030. We are at no more than 40 percent today.



Housing Replacement

As required by the City, Children's ensures replacement of all 136 housing units that will be removed from the site of Laurelon Terrace Condominiums if the City of Seattle approves our master plan to expand there. Replacement housing will be in northeast Seattle and will be comparable to the displaced housing in size and affordability.

Children's and the City partnered to write a draft Memorandum of Agreement detailing the replacement plan so it addresses housing in Seattle. The Citizen Advisory Committee contributed to the development of the Memorandum of

Agreement on replacement housing as well. As part of this agreement, Children's will contribute \$5 million, an amount determined by the City's Office of Housing, toward new housing construction or rehabilitation of buildings not currently used for housing. Children's also dedicated \$93 million to buy Laurelon Terrace, whose owners offered to sell so the hospital could grow. Despite this expenditure, it allows us to reduce overall building costs by utilizing current buildings and expanding on adjacent property.