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Get the Facts About Seattle Children's Expansion



Some facts about

Seattle Children's Expansion

As a Laurelhurst resident, you likely received a mailing in the last few weeks from the Laurelhurst Community Club (LCC) addressing their continued opposition to Seattle Children's Hospital's need to grow in Seattle.

While they are entitled to express their continued dissatisfaction, the recent fundraising letter was alarmingly misleading.

As VP of Facilities for Seattle Children's, I believe it is our responsibility to ensure our neighbors have factual information from which to make decisions.

Speaking frankly, these are critical times for the hospital. We are already at capacity and must grow or we will turn away an increasing number of critically ill children. For us, and for the families and kids we serve, this is frightening and unacceptable.

It is true that the Seattle Hearing Examiner recently recommended denial of our growth plans. The decision was immediately appealed by Children's, the director of the City's Department of Planning and Development, a coalition of major institutions, individual Laurelhurst residents and others.

The fate of the hospital and its ability to serve Seattle's children is now up to Seattle City Council members. Thank you for your consideration to hear our position on the points listed.

If you have questions, feel free to contact Desiree Leigh at 206-987-5269 or desiree.leigh@seattlechildrens.org.

Sincerely,



Todd Johnson
Vice President of Facilities,
Seattle Children's

We want to clear up a critical misleading point from LCC's mailing:

- The LCC claims that the hospital needs only 10 percent of the capacity it is seeking.
This is simply incorrect.
 - Children's *is already at capacity* and the pressing need for beds continues. Children's needs analysis was performed in full accordance with required state methodologies by Health Facilities Planning, a firm that has performed more than 400 certificate of need applications in Washington, Oregon, Alaska and Montana.
 - The Hearing Examiner notes that 'the evidence in the record shows that in calculating bed need, LCC's expert incorrectly excluded patients 15 and over from the first step of the state methodology used for calculating need, and used a "midnight occupancy level".....Children's 230 acute-care beds are located in several discrete specialty units and are generally not interchangeable. These errors resulted in a report from LCC's expert that understated total bed need.'
 - In addition, the Examiner also finds that 'Children's has shown a projected statewide need for specialized pediatric care over the next 20 years sufficient to support the development area being requested in the proposed MIMP. The evidence in this record does not show that other providers will likely fill the need.'
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