



*California Pacific
Medical Center*

A Sutter Health Affiliate

HAND DELIVERED 1/13/10

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San Francisco Planning Department
1660 Mission Street, Suite 400
San Francisco, CA 94103

Re: Final Addendum to CPMC 2008 Institutional Master Plan

Attached to this Memorandum is the Final Addendum to the 2008 Institutional Master Plan (IMP) for California Pacific Medical Center. CPMC has consistently and timely shared its plans for compliance with Senate Bill 1953, beginning with the 2004 Institutional Master Plan (where the purchase of property and planning for Cathedral Hill were first described; transmitted to the Planning Commission on May 31, 2005), and including the 2006 IMP updates (transmitted to the Planning Commission on December 28, 2006), recent 2008 IMP document (transmitted to the Planning Commission on December 31, 2008). The attached Final Addendum includes the following information submitted on the dates noted:

Page 2 - Errata Sheet – dated October 1, 2009

Page 10 - 2008 IMP Clarifications dated November 12, 2009

Page 13 - Issues Summary – dated November 12, 2009

Page 22 - Additional IMP Erratum - Corrections to page 86 of the IMP which reflects testimony on 11/19/09

Thank you for your consideration, and we look forward to continuing to work closely and productively with you and the community on this important project.

Very truly yours,

Geoffrey Nelson, AICP
Director, Enterprise Development Department
California Pacific Medical Center

cc: Sophie Hayward, Neighborhood Planning
Elizabeth Watty, Neighborhood Planning

FINAL ADDENDUM TO

California Pacific Medical Center 2008 Institutional Master Plan

Errata Sheet
October 1, 2009

General

1. Construction Timeline – pp. 60 – 61

The following changes should be made to this timeline:

The Davies Neuroscience Institute will be complete by mid-2012.
Design and development of the St. Luke's expansion building will begin at a yet to be determined point after demolition of the 1970 tower.

2. CPMC's real property acquisition plans

CPMC has no current plans to acquire any additional space during the next five years, other than potentially leasing additional off-site parking on a temporary basis during construction, or on a permanent basis for staff; sites for outpatient clinics may also be considered. In the ordinary course of its business operations, CPMC relocates programs and services for many reasons, as do all major medical centers - in order to improve efficiency, on a temporary basis while renovations are ongoing, or because of changes in demand or technology.

3. Physical changes in campus neighborhoods identified as having occurred due to institutional growth

No clear connection appears between the development of current CPMC campuses and other development in their immediate areas. The campuses may attract physicians and small retail establishments into the vicinity, but these could occupy existing space. As far as the Cathedral Hill area is concerned, although it is commercially zoned, the main deterrent to new commercial development in the area would be the requirement that for every three square feet of floor area for non-residential uses developed, one square foot of residential area must also be provided.

4. Status of stand-alone properties – p. 182

3615 Cesar Chavez Street – this is the surface parking lot on the west side of San Jose Avenue at the St. Luke's Campus

2020 Webster Street – this is the garden between the Health Sciences Library at 2395 Sacramento Street and the vacant structure at 2018 Webster St.

2315 Buchanan Street – this is a surface parking lot north of the hospital at 2333 Buchanan Street, although the address is idiosyncratic

1625 Van Ness/ 1825 Sacramento St. is the address for The Child Development Center; Sutter Visiting Nurses & Hospice

CPMC leases parking spaces at the following parking facilities:

222 2nd Street
350 2nd Street
55 Hawthorne Street
75 Hawthorne Street
1776 Sacramento Street

The following properties are no longer owned or leased by CPMC:

441 Mason St.
3019 Mission St
1500 Mission St.

5. Appendix B: Transportation Study by CHS Consulting Group

The date on the cover page should be January 8, 2009

Cathedral Hill Campus

CPMC has offered Enterprise Car Rental two locations which they declined. The commercial tenants are all mostly month-to-month tenants and CPMC has no legal obligation (aside from Notice) to assist with relocation.

6. Dwelling units impacted by Cathedral Hill MOB – pp. 68, 69

1054 – 1060 Geary Street	4 residential units
1040 – 1052 Geary Street	none
1034 – 1036 Geary Street	6 residential hotel units 1 residential unit
1030 Geary Street	14 residential hotel units
Total:	5 residential units 20 residential hotel units

CPMC is proactively working with all residential tenants to provide relocation assistance, and is in discussions with various community organizations and the Mayor's Office of Housing to ensure that resources are available for all affected parties.

7. Cathedral Hill Streetscape Plan

Because of the extensive street frontages associated with the proposed Cathedral Hill Hospital and MOB, CPMC is developing a Streetscape Plan based on substantial community input and taking into consideration plans in development for Van Ness and

Geary BRT (bus rapid transit) lines. This streetscape plan will provide for landscaping, storm water management, lighting, street furnishing, bicycle racks and a better pedestrian experience with features such as plazas and widened sidewalks.

8. Changes to plans for Hospital and Medical Office Building

Cathedral Hill Hospital size - p. 76 – the hospital and garage will be 1,163,790 gsf

Cathedral Hill Hospital height - p. 76 – the hospital will be 265 feet tall as defined by the SF Planning Code

Cathedral Hill Hospital parking - p. 76 – the Hospital will have approximately 513 parking spaces.

Cathedral Hill MOB size – p. 82 – The MOB will be approximately 495,579 gsf. The MOB will be nine stories tall, including mechanical rooftop equipment.

Cathedral Hill MOB parking – p. 82 – the MOB will have approximately 548 parking spaces.

Cathedral Hill MOB timeline – pp. 82, 83 – Interior finishing of the MOB will occur from January to December 2014.

9. Green Building – p. 82

CPMC will seek certification of the Cathedral Hill MOB as a LEED Silver building and will comply with the San Francisco Green Building Ordinance.

10. Geary and Van Ness BRT (bus rapid transit) timelines – p. 88

It is estimated that both the Geary BRT and the Van Ness BRT will begin construction in 2013 with service by 2015.

11. Cathedral Hill Hospital height compliance with General Plan – p. 194

The height of the proposed Cathedral Hill Hospital will require an amendment to the “Urban Design Guidelines for Height of Buildings” map in the Urban Design Element of the General Plan.

Pacific Campus

12. Height of Clay/Webster parking garage addition – p. 130

Based on future demand, two additional floors of structured parking would be added to the existing, four level Clay Street/Webster Street Parking Garage at 2405 Clay Street. With the two story addition, the renovated structure would be about 60 feet in height.

Two floors of the Clay Street/Webster Street Parking Garage are currently 40 feet below grade, as measured from Webster Street.

13. Historic and Archeological Resources – p. 135

It has been determined that the Stern Building, 2330 Clay Street, might have historical significance.

St. Luke's Campus

14. Buildings at St. Luke's Campus – pp. 165, 167, 168

The height of the 1957 Building is 53 feet.

In addition to the seven buildings listed, there is an eighth building:

8. MRI Trailer

Present use: Diagnostics & Treatment

Height: 1 story (portable structure)

Gross Square Feet: 1,600

15. Parking at St. Luke's Campus – p. 173

There are currently 345 parking spaces at the St. Luke's Campus.

After construction of the Replacement Hospital and demolition of Main Hospital, there will be 240 parking spaces at the St. Luke's Campus.

16. Height of expansion building at St. Luke's Campus – p. 176

The height of the future expansion building will be approximately 113 feet (98' to top of building and 113' to top of mechanical screen).

17. Height Limit at St. Luke's Campus – p. 177

The existing Main Hospital and seven other buildings on the St. Luke's Campus are within a 105-E Height and Bulk District. The surface parking lot at the northwest part of the campus is within a 65-A Height and Bulk District.

18. Impacts and Mitigations (Historic and Archeological Resources) – p. 178

It has been determined that the 1912 Building might have historical significance.

19. OSHPD Process for extension from the 1/1/2013 deadline (SB1953) to the 1/1/2015 deadline (SB 1661) CPMC must: - Page 35

1) be under construction at the time of the request for extension, and on a schedule which shows ability to complete by the deadline.

2) have had drawings deemed 'ready for review' by OSHPD at least four years prior to the deadline (January 1, 2011).

3) receive a building permit no later than 2 years prior to the deadline (January 1, 2013)

For all practical purposes, any hospital of 300+ beds will have a construction timeline of 4-5 years and we believe our timeline will be 55 months working with all due diligence. If absolutely necessary, and with some night time work, etc., we are told that we MUST complete the job in 48 months (i.e. starting 1/1/2011), we can achieve it with difficulty but anything under 4 years is practically impossible. Only the smallest of facilities could possibly complete within two years from approval of a building permit, despite this code allowing this.

To recap, as we cannot start construction until we have OSHPD-approved drawings AND building permits and construction will take an absolute minimum of the 4 years allowed, we are using January 1, 2011 as our next 'must hit' deadline. Anything beyond this (really anything beyond 55 months prior to 1/1/2015) and we cannot reasonably represent to the state that we will meet the deadlines and we become de facto non-compliant with the Health & Safety Code provisions.

CAL. HSC. CODE § 130060 : California Code - Section 130060

(a)(1)After January 1, 2008, any general acute care hospital building that is determined to be a potential risk of collapse or pose significant loss of life shall only be used for nonacute care hospital purposes. A delay in this deadline may be granted by the office upon a demonstration by the owner that compliance will result in a loss of health care capacity that may not be provided by other general acute care hospitals within a reasonable proximity. In its request for an extension of the deadline, a hospital shall state why the hospital is unable to comply with the January 1, 2008, deadline requirement.

(2)Prior to granting an extension of the January 1, 2008, deadline pursuant to this section, the office shall do all of the following:

(A)Provide public notice of a hospital's request for an extension of the deadline. The notice, at a minimum, shall be posted on the office's Internet Web site, and shall include the facility's name and identification number, the status of the request, and the beginning and ending dates of the comment period, and shall advise the public of the opportunity to submit public comments pursuant to subparagraph (C). The office shall also provide notice of all requests for the deadline extension directly to interested parties upon request of the interested parties.

(B)Provide copies of extension requests to interested parties within 10 working days to allow interested parties to review and provide comment within the 45-day comment period. The copies shall include those records that are available to the public pursuant to the Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code.

(C)Allow the public to submit written comments on the extension proposal for a period of not less than 45 days from the date of the public notice.

(b)(1) It is the intent of the Legislature, in enacting this subdivision, to facilitate the process of having more hospital buildings in substantial compliance with this chapter and to take

nonconforming general acute care hospital inpatient buildings out of service more quickly.

(2)The functional contiguous grouping of hospital buildings of a general acute care hospital, each of which provides, as the primary source, one or more of the hospital's eight basic services as specified in subdivision (a) of Section 1250, may receive a five-year extension of the January 1, 2008, deadline specified in subdivision (a) of this section pursuant to this subdivision for both structural and nonstructural requirements. A functional contiguous grouping refers to buildings containing one or more basic hospital services that are either attached or connected in a way that is acceptable to the State Department of Health Services. These buildings may be either on the existing site or a new site.

(3)To receive the five-year extension, a single building containing all of the basic services or at least one building within the contiguous grouping of hospital buildings shall have obtained a building permit prior to 1973 and this building shall be evaluated and classified as a nonconforming, Structural Performance Category-1 (SPC-1) building. The classification shall be submitted to and accepted by the Office of Statewide Health Planning and Development. The identified hospital building shall be exempt from the requirement in subdivision (a) until January 1, 2013, if the hospital agrees that the basic service or services that were provided in that building shall be provided, on or before January 1, 2013, as follows:

(A)Moved into an existing conforming Structural Performance Category-3 (SPC-3), Structural Performance Category-4 (SPC-4), or Structural Performance Category-5 (SPC-5) and Non-Structural Performance Category-4 (NPC-4) or Non-Structural Performance Category-5 (NPC-5) building.

(B)Relocated to a newly built compliant SPC-5 and NPC-4 or NPC-5 building.

(C)Continued in the building if the building is retrofitted to a SPC-5 and NPC-4 or NPC-5 building.

(4)A five-year extension is also provided to a post 1973 building if the hospital owner informs the Office of Statewide Health Planning and Development that the building is classified as a SPC-1, SPC-3, or SPC-4 and will be closed to general acute care inpatient service use by January 1, 2013. The basic services in the building shall be relocated into a SPC-5 and NPC-4 or NPC-5 building by January 1, 2013.

(5)Any SPC-1 buildings, other than the building identified in paragraph (3) or (4), in the contiguous grouping of hospital buildings shall also be exempt from the requirement in subdivision (a) until January 1, 2013. However, on or before January 1, 2013, at a minimum, each of these buildings shall be retrofitted to a SPC-2 and NPC-3 building, or no longer be used for general acute care hospital inpatient services.

(c)On or before March 1, 2001, the office shall establish a schedule of interim work progress deadlines that hospitals shall be required to meet to be eligible for the extension specified in subdivision (b). To receive this extension, the hospital building or buildings shall meet the year 2002 nonstructural requirements.

(d)A hospital building that is eligible for an extension pursuant to this section shall meet the

January 1, 2030, nonstructural and structural deadline requirements if the building is to be used for general acute care inpatient services after January 1, 2030.

(c) Upon compliance with subdivision (b), the hospital shall be issued a written notice of compliance by the office. The office shall send a written notice of violation to hospital owners that fail to comply with this section. The office shall make copies of these notices available on its Web site.

(f)(1) A hospital that has received an extension of the January 1, 2008, deadline pursuant to subdivisions (a) or (b) may request an additional extension of up to two years for a hospital building that it owns or operates.

(2) The office may grant the additional extension if the hospital building subject to the extension meets all of the following criteria:

(A) The hospital building is under construction at the time of the request for extension under this subdivision and the purpose of the construction is to meet the requirements of subdivision (a) to allow the use of the building as a general acute care hospital building after the extension deadline granted by the office pursuant to subdivision (a) or (b).

(B) The hospital building plans were submitted to the office and were deemed ready for review by the office at least four years prior to the applicable deadline for the building. The hospital shall indicate, upon submission of its plans, the SPC-1 building or buildings that will be retrofitted or replaced to meet the requirements of this section as a result of the project.

(C) The hospital received a building permit for the construction described in subparagraph (A) at least two years prior to the applicable deadline for the building.

(D) The hospital submitted a construction timeline at least two years prior to the applicable deadline for the building demonstrating the hospital's intent to meet the applicable deadline. The timeline shall include all of the following:

(i) The projected construction start date.

(ii) The projected construction completion date.

(iii) Identification of the contractor.

(E) The hospital is making reasonable progress toward meeting the timeline set forth in subparagraph (D), but factors beyond the hospital's control make it impossible for the hospital to meet the deadline.

(3) A hospital denied an extension pursuant to this subdivision may appeal the denial to the Hospital Building Safety Board.

(4) The office may revoke an extension granted pursuant to this subdivision for any hospital building where the work of construction is abandoned or suspended for a period of at least one

year, unless the hospital demonstrates in a public document that the abandonment or suspension was caused by factors beyond its control.

20. Psychiatric Programs - Page 149

Geriatric psychiatric programs were transferred from Davies to the Pacific Campus following a Nov 18, 2008 Prop Q hearing by the Health Commission. See attached 11-18-08 Prop Q Dept. Public Health Hearing Resolution.

CPMC 2008 IMP - Clarifications

California Pacific Medical Center
November 12, 2009

Tenant Relocation and Housing Replacement (Page 89)

The following should replace the existing language about tenant relocation and housing replacement:

In order to provide a proximate site for medical office space to support the physicians who will admit patients to the Van Ness / Geary inpatient facility (Cathedral Hill Campus), CPMC is proposing to demolish twenty residential hotel units and five dwelling units on the block of Geary St. between Van Ness Avenue and Polk Street. There are eleven units that are occupied and tenants (14 as of 11/12/09) in those units will need to relocate.

As properties were purchased by CPMC (2003-2009) for site assembly, including properties with active residency, all tenants (commercial and residential) were advised of CPMC's intentions to demolish the buildings, then presumed to be some 5 years away (2008-2010). Rents were maintained at or near their initial low levels. Occupancy of the units is almost exactly what it was when the properties were purchased. Only one tenant has vacated (voluntarily, from 1036 Geary) since CPMC's purchase of the properties.

CPMC is committed to voluntary relocation, and to making the appropriate people and resources available to provide assistance (cultural, legal, language, housing identification, social, financial) for the occupants of the eleven units to make them aware of available options before entering into any voluntary agreement to relocate. To this end, CPMC invited tenant advocacy groups to participate from the time of initial discussions with tenants. The advocacy groups, identified primarily for tenant advocacy and relocation expertise and ability to assist the non-English speaking and senior residents, include Asian Law Caucus, Chinese Community Development Corporation (CCDC), and Legal Assistance for the Elderly. CCDC and others remain engaged with tenants as the negotiations continue. CPMC has also made available a private social worker and a leasing specialist to help with the process, identify appropriate services, units, etc.

The twenty residential hotel units must be replaced on a 1:1 basis under the City's Residential Hotel Conversion Ordinance. Demolition of the additional five units would be subject to the Planning Commission's Conditional Use process, but in any event CPMC has committed to replace all 25 units. The residential hotel ordinance provides CPMC with a menu of options for replacing the units, and CPMC has been working closely with the Mayor's Office of Housing (MOH) to identify the best options to meet the City's needs. Options include providing funding to MOH and/or one or more non-profits to construct replacement units. The residential hotel ordinance requires an appraisal process designed to ensure adequate funds for replacement units. Units

constructed will also have affordability restrictions as required, and the subsidization of this affordability is calculated in the unit replacement cost.

St. Luke's Campus Plan (page 176)

The section entitled "Long-Term Projects" should be replaced with the following:

2015-2017 – Following Hospital Construction

Planning for Complementary Services at St. Luke's Campus

Similar to the ongoing commitment to the former Ralph K. Davies hospital (now Davies Campus), CPMC will evolve the services and facilities at the St. Luke's Campus to respond to demonstrated community needs and opportunities. Because of necessary project phasing to avoid disruption of patient care, CPMC is precluded from concurrently starting a complementary medical office/complementary services building at the same time as the replacement hospital. It is currently anticipated that after completion of the new replacement hospital in 2014, the existing Main Hospital tower would be demolished and a new five-story future expansion building would be constructed (approximately 2015-2017) on that portion of the site. Use of this building would include outpatient and medical office space, community-serving programs or retail, and hospital-related functions such as expansion space for inpatient programs. CPMC anticipates that the building would be about 82 feet tall and would be designed with four below-grade parking levels that would accommodate approximately 300 parking spaces. The future expansion building would be oriented to allow direct connectivity to the hospital at one or more levels if clinically or operationally necessary. The future expansion building could be occupied as early as late 2017 depending on need and approvals.

Post-Acute Care (Skilled Nursing and Sub-Acute Care) (Page 55)

The following should be inserted at the end of the section entitled "CPMC's Plans":

Skilled Nursing and Sub-Acute Care

Skilled Nursing Care:

CPMC will ensure that skilled nursing care will be available to patients treated in the CPMC system. While this IMP document does not propose any new physical facility to replace the skilled nursing beds anticipated to be removed from the California and St. Luke's campuses, no bed currently in operation as a regular SNF bed will be closed until a comparable bed/facility is identified. Current estimates, based on experience and projections, indicate that CPMC will need to provide or arrange for SNF care for approximately 100 patients at any given time.

The 36 skilled nursing beds at the Davies Campus (currently under renovation) will continue to serve those patients who require hospitalization. CPMC is considering several non-preclusive practical approaches to securing the remaining 64 long-term

SNF beds (100 minus the 36 beds at Davies) for patients who do not need hospitalization:

1. Provide beds in CPMC facilities
2. Collaborate with other city hospitals to lease and/or construct a joint facility
3. Lease SNF beds in private facilities – without diminishing overall supply
4. Lease renovated CPMC facilities to a SNF management company (e.g., at the California Campus)
5. Develop collaborations with community transitional care services

CPMC recognizes that providing for the skilled nursing care needs of only CPMC patients through existing community agencies will not address the growing supply problem for such care in the general community. Consequently, CPMC is collaborating with the Long Term Care Coordinating Council (LTCCC) and the San Francisco Hospital Council to find ways that San Francisco can expand the community's capacities to offer appropriate skilled nursing care beds.

Sub-Acute Care:

The 60 sub-acute care beds at the St. Luke's Campus are the only inpatient sub-acute care unit left in San Francisco. Most of the patients in the St. Luke's unit are from communities outside San Francisco or come as transfers from hospitals that do not themselves provide this service.

In its rebuilding of St. Luke's Hospital, CPMC will not be re-constructing inpatient sub-acute beds. At the request of the Blue Ribbon Panel, CPMC is working with the San Francisco Hospital Council to develop a plan for addressing the needs of these vulnerable, long term patients. CPMC is chairing a task force, convened by the San Francisco Hospital Council, which will begin meeting in November, 2009 to develop a recommendation for how the hospital community will move forward to meet the sub-acute care needs of San Francisco patients. A formal recommendation is expected by March 2010.

Issues Summary

California Pacific Medical Center

November 12, 2009

Introduction

The presentation of the CPMC Institutional Master Plan (IMP) to the San Francisco Planning Commission for initial review on October 15, 2009 prompted a number of comments and questions. Staff reviewed these comments with CPMC and categorized them as follows: 1) related to the IMP and where additional clarifying language may be appropriate; and 2) issues of interest to the Commission but beyond the scope of the IMP and appropriately addressed as part of the project planning, application and approval process.

To address the first category of comments, CPMC worked with staff to develop clarifying language for the IMP record. That language is included in the "CPMC 2008 IMP Clarifications" document, dated 11/12/09. As to the second category, Planning Department staff has identified six broad topics where further context may be helpful to the Commission in its consideration of the IMP's completeness:

- The necessity for merging tertiary services into one large facility at Cathedral Hill;
- Appropriateness of the site of the Cathedral Hill inpatient facility;
- The size and bulk of the Cathedral Hill facility;
- The process of tenant relocation and housing replacement at Cathedral Hill;
- The plans for the St. Luke's Campus; and
- The strategy for post-acute care services at CPMC

The first three issues will be addressed in CPMC's presentation to the Planning Commission on November 19. Tenant relocation and housing replacement, St. Luke's Campus plans, and post-acute care strategy are addressed in this Issues Summary. While the six issues are generally beyond the scope of the IMP requirements and the Planning Commission's completeness determination, staff and CPMC recognize that they are important to the Commission and that these responses may also provide helpful context to the Commission in its consideration of the IMP. We recognize that this is an ongoing dialogue with the Commission, and we look forward to continuing to work with you on these and other issues in the coming months.

Issue #1: Tenant Relocation and Housing Replacement

Every functioning hospital in San Francisco has at least one physician office building next door to facilitate admission of patients to the hospital and maximize physician's time. The proximity is especially important for complex specialties treating chronic illnesses such as hepatology and oncology. Many hospital-based specialists and sub-specialists also see patients in the outpatient setting and need offices as close to the inpatient facility as possible. Chronically, seriously-ill patients, in particular, need to have proximity of multiple providers as well as both inpatient and ambulatory diagnostic facilities. Both for physicians and patients, proximity of specialists facilitates referrals and timely medical care. At each of CPMC's campuses today, there is a medical office building next to each inpatient facility.

In order to provide a proximate site for medical office space to support the physicians who will admit patients to the Van Ness / Geary inpatient facility (Cathedral Hill Campus), CPMC is proposing to demolish seven properties, of which three contain residential units. In total, there are twenty residential hotel units and five dwelling units to be demolished on the block of Geary St. between Van Ness Avenue and Polk Street. There are eleven units that are occupied and tenants (fourteen as of 11/12/09) in those units will need to relocate.

As properties were purchased by CPMC (2003-2009) for site assembly, including properties with active residency, all tenants (commercial and residential) were advised of CPMC's intention to demolish the buildings, then presumed to be some 5 years away (2008-2010). Rents were maintained at or near their initial low levels. No pressure to leave was applied; in fact, tenants were promised that they would be informed when development plans reached the point where CPMC could reasonably foresee the ability to demolish the properties. Occupancy of the units is almost exactly what it was when the properties were purchased. Only one tenant has vacated (voluntarily, from 1036 Geary) since CPMC's purchase of the properties.

In 2007, CPMC executive management highlighted for the CPMC planning team that this was an important issue, and affirmed its commitment to a fair and transparent process to make sure that tenants are treated properly and the units replaced in a fair manner, consistent with CPMC's mission as a healthcare provider. In mid-2009, approximately one year from the earliest possible approval hearings, CPMC began communication with the tenants and their representatives about relocation, with the assistance of community-based non-profits. This timing was carefully considered to balance allowing appropriate time for discussions with tenants and relocation planning, but to avoid prematurely vacating the units.

Relocation and Tenant Support/Assistance

CPMC is committed to voluntary relocation, and to making the appropriate people and resources available to provide assistance (cultural, legal, language, housing identification, social, financial) for the occupants of the occupied units to make them aware of available options before entering into any voluntary agreement to relocate. To this end, CPMC invited tenant advocacy groups to participate from the time of initial discussions with tenants. The advocacy groups, identified primarily for tenant advocacy and relocation expertise and ability to assist the non-English speaking and senior residents, include Asian Law Caucus, Chinese Community Development Corporation (CCDC), and Legal Assistance for the Elderly. CCDC and others remain engaged with tenants as the negotiations continue. CPMC has also made available a private social worker and a leasing specialist to help with the process, identify appropriate services, units, etc. Discussions with tenants and their representatives are just beginning, and we are confident that we can work together productively to come up with appropriate relocation resources, including for seniors and non-English speakers.

Unit Replacement (And Affordability Levels)

The twenty residential hotel units must be replaced on a 1:1 basis under the City's Residential Hotel Conversion Ordinance. Demolition of the additional five units would be subject to the Planning Commission's Conditional Use process, but in any event CPMC has committed to replace all 25 units. The residential hotel ordinance provides CPMC with a menu of options for replacing the units, and CPMC has been working closely with Doug Shoemaker,

Director of the Mayor's Office of Housing (MOH), to identify the best options to meet the City's needs. Options include providing funding to MOH and/or one or more non-profits to construct replacement units. The residential hotel ordinance includes an appraisal process designed to ensure adequate funds for replacement units. Units constructed would also have affordability restrictions as required, and the subsidization of this affordability is calculated in the unit replacement cost.

CPMC is mindful of the importance of this issue, is engaged, and will continue to outreach and work with MOH, tenants, their representatives and other interested parties to achieve a fair and positive outcome for our tenants.

Commercial Tenants

All commercial tenants were informed of CPMC's intentions at the time of the property purchase, rents were held at reasonable levels, and, in some cases, generous buyouts of existing long-term operating leases were negotiated. The current commercial vacancy and rental rates in the neighborhood are favorable in allowing for relocation of some of these commercial tenants nearby, and CPMC is open to discussing ways to keep existing businesses in the neighborhood if they wish to stay.

Issue #2: St. Luke's Campus Plan

Plans for the St. Luke's Campus are the result of a series of events and decisions which culminated in the convening in early 2008 of a Blue Ribbon Panel (BRP) of 31 community leaders, elected officials and health experts to craft recommendations for St. Luke's future to the CPMC Board of Directors. The BRP's recommendations were submitted to the CPMC Board of Directors in July 2008 and the Board of Directors voted to accept the recommendation to rebuild St. Luke's acute care hospital with an emphasis on community health. In December 2008, the plan for the rebuilding and revitalization of the campus was formally integrated into CPMC's IMP and submitted to the Planning Department.

History and Background

- In 2001, after decades of significant operating losses, St. Luke's Hospital joined the Sutter Health system as an affiliated hospital as part of a settlement from a lawsuit brought against CPMC by St. Luke's Hospital. Sutter Health agreed to assume management and financial responsibility for St. Luke's, which experienced continued operating losses.
- In 2005 and 2006, at Sutter Health's request, CPMC applied its management resources to improve the clinical programs, finance, and operations of St. Luke's Hospital.
- On January 1, 2007, St. Luke's formally became the fourth campus of CPMC. CPMC also integrated St. Luke's facilities and programs into the ongoing planning for its IMP.

- In October 2007, CPMC developed a comprehensive plan to create a network of community clinics in underserved areas South of Market Street and re-develop St. Luke's Campus as a full-service outpatient facility at the center of that network.
- SLH staff, especially local physicians, as well as community advocates and the Department of Public Health, reacted negatively to the proposal.
- From March to July 2008, members of the Board of Supervisors collaborated with CPMC to sponsor the BRP and to devise a plan to support St. Luke's viability as an inpatient facility as a part of the CPMC system.
- As part of preparations for the BRP, CPMC convened a Community Outreach Task Force (COTF) made up of representatives of the community served by St. Luke's as well as collaborating clinics and agencies who are part of St. Luke's network of care. The COTF engaged in a review process looking at demographic and epidemiological data and sponsored town meetings to hear and assess community need. Its conclusions were delivered to the BRP early in its deliberations in April 2008 both through a written report and in person testimony.
- Both the COTF and the BRP strongly supported the rebuilding of the St. Luke's Campus with sufficient inpatient capacity to meet the overflow requirements of San Francisco General Hospital, provide acute inpatient care within the service lines identified by the BRP, and allow for some expansion in the near future.
- In submitting its recommendations to the CPMC Board of Directors in July 2008, the BRP also recommended that the current inpatient facility at St. Luke's should continue operations until the new inpatient facility is built and ready to receive patients. The BRP believed that closing inpatient care for a period of several years would decimate necessary staff, especially physicians and nurses, and thus undermine the rebuilt facility's ability to function.
- The BRP, in its report, also agreed that certain service areas are central to the mission of the St. Luke's Campus, including inpatient beds designated for general medical/surgical admissions and surgeries.
- The BRP deferred questions of the size (total number of beds to be built) of the inpatient facility to be determined after an independent evaluation by The Camden Group, commissioned by the BRP to analyze the underlying medical need in the population to be served, historical use patterns, and projections of utilization in the near term.
- In September 2008, the CPMC Board of Directors unanimously voted to accept the recommendation to rebuild St. Luke's acute care hospital with emphasis on community health. In its resolution, the Board empowered senior management to move ahead with planning for rebuilding inpatient capacities and agreed that the current facility will continue operations until the new facility is completed.

- On October 7, 2008, the co-chairs of the BRP, Dean Steven Shortell of the UC Berkeley School of Public Health and Rt. Rev. Marc Andrus, Episcopal Bishop of California, along with CPMC CEO Martin Brotman, MD, presented the BRP Report and the CPMC Board of Directors' resolution to the San Francisco Health Commission. Several other members of the BRP also offered supporting testimony at that time.
- In December 2008, CPMC included in its IMP the rebuilding of the St. Luke's Campus with a new inpatient facility. The IMP also identified a future expansion building on the site.
- The Camden Group, under the guidance of the BRP co-chairs, took the proposed service lines and projected actual inpatient need. Its projections conclude that an inpatient facility with 80 to 86 beds will meet expected demand and provide for expansion space. The average daily census in the current St. Luke's for several years has ranged between 50 and 55.
- Subsequently, CPMC has engaged the community served and immediate neighbors, as well as physician and other staffs of the St. Luke's Campus, in a process of planning for the new facilities. Draft plans have already gone through four versions and refinement continues.
- Recruitment of physicians, especially in the areas of primary care, is central to St. Luke's success. Aggressive recruitment of primary care physicians is ongoing, with considerable success.
- In addition, the existing (80,000 gsf) Medical Office Building at St. Luke's—the Monteagle Health Center—will continue to undergo modest renovation and improvements. Also, once the inpatient facility is completed and occupied, the old inpatient tower can be demolished without disrupting patient care. That site will then become available and will be developed with a second facility for medical office use and other complementary programs.
- Through the spring of 2009, the San Francisco Health Commission, in response to a legislative mandate by the Board of Supervisors, reviewed the revised IMP. The Health Commission contracted with The Lewin Group to contact an evaluation of the IMP, particularly focusing on issues related to community need and impact on health outcomes. The Lewin Group confirmed the rationale for and soundness of the IMP projects. The Lewin Group also identified community concern regarding the proposed reduction in Skilled Nursing Facility (SNF) beds.
- The Health Commission in July 2009 also passed unanimously a resolution supporting the rebuilding of CPMC, and included eight recommendations. One of the eight recommendations was to convene a task force of three Health Commissioners and two community leaders to work with CPMC on the implementation of those recommendations. That task force has met twice and will continue to meet to address the Health Commission's recommendations.

- The Health Commission, upon completing its review, held a special joint meeting with the Planning Commission on CPMC's IMP in mid-September 2009.
- The IMP is now before the Planning Commission for its consideration.

Comparison of BRP's Proposed Service Lines and Revised IMP

The BRP proposed service lines in the new St. Luke's facility to meet documented and projected community need. These service lines include:

- Center of Excellence in low risk obstetrics and gynecology
- General medical/surgical services
- Emergency medicine
- Intensive Care Unit
- Center of Excellence in senior health care
- Pediatrics
- Center of Excellence in community health

CPMC reviewed the recommendations and confirmed that all of the service lines listed above would be included in the new hospital, with the exception of inpatient pediatrics since utilization patterns were so low as to jeopardize quality of care. Although all inpatient pediatrics (admissions for serious infections, accidents, surgery, complex diagnostics, for example) will be provided at the CH campus, outpatient pediatric services such as immunizations, well child exams, treatment of minor infections and accidents, will remain at St. Luke's.

The BRP also proposed retaining skilled nursing beds to serve the needs of post-op patients in the main service lines envisioned. CPMC plans to ensure that there are sufficient skilled nursing beds in community facilities to serve current and projected needs but not within the inpatient facility. Hospitals throughout the country have decommissioned long-term skilled nursing beds in favor of community-based facilities for several reasons—hospital rooms are the most costly to build, staffing requirements in hospitals are well beyond what is necessary in a SNF, and patients do better in more homelike settings. The broader issue of post-acute care beds is being reviewed with the Health Commission task force and is discussed below in this Issues Summary.

Planning for Future Complementary Uses at St. Luke's Campus

Similar to the long-term commitment to the former Ralph K. Davies hospital (now Davies Campus), CPMC is committed to evolving the services and facilities at the St. Luke's Campus to respond to demonstrated community needs and opportunities. Because of necessary project phasing to avoid disruption of patient care, CPMC is precluded from concurrently starting a complementary medical office/complementary services building at the same time as the replacement hospital. It is currently anticipated that after completion of the new replacement hospital in 2014, the existing Main Hospital tower would be demolished and a new five-story future expansion building would be constructed (approximately 2015-2017) on that portion of the site. The exact uses of this building are not known at this time, but they would include outpatient and medical office space, community-serving programs or retail, and hospital-related functions such as expansion space for inpatient programs. CPMC anticipates that the building

would be about 82 feet tall and would be designed with four below-ground parking levels that would accommodate approximately 300 parking spaces. The future expansion building would be oriented to allow direct connectivity to the hospital at one or more levels if clinically or operationally necessary. The future expansion building could be occupied as early as 2017 depending on need and approvals.

CPMC recognizes that there is significant public interest in the program and design of this expansion building. In particular, CPMC has heard public comment about:

- Overall campus planning to encourage pedestrian through-traffic,
- Pedestrian-oriented ground floor uses,
- Vibrant and durable mix of activities,
- Security and enhanced “eyes on the street”, and
- Complementary medical activities supporting the hospital and neighborhood.

As CPMC continues to refine the specific program and work with the community on the future expansion building, it commits to reporting back to the Planning Commission, if desired, at regular intervals.

Issue #3: Post-Acute Care

During the extensive dialogue between the San Francisco Health Commission and CPMC regarding the IMP, Commissioners expressed concern over a number of health services and resource issues. The Health Commission and CPMC agreed to address all of these issues through the mechanism of a joint Task Force which began meeting in October. Besides representative Commissioners and CPMC senior managers, the Task Force includes two health policy experts—Lucy Johns and Roma Guy. One of the issues is CPMC’s plans for providing post-acute care. The Task Force addressed this issue at its meeting on November 3. The Commissioners expressed their sense that CPMC’s planning for post-acute care, which is described below, adequately addresses the Commission’s concerns.

Background

A large percentage of patients treated for acute conditions and diseases in hospitals cannot return directly to their home environment when acute care (i.e., hospitalization) is no longer necessary. In the past, many patients simply stayed in the acute care facilities where rehabilitative services were provided. This strategy is not at all desirable for several reasons. Hospitals are much more costly to construct and operate than any other residential health care facility. More importantly, extended hospital stays contribute to medical errors, infections, and patient disorientation. Patients should be hospitalized only when absolutely necessary.

In order to provide for post-acute care, most communities have evolved several types of licensed health care institutions and organizations—skilled nursing facilities, nursing homes, rehabilitation facilities, congregate living facilities, and home care agencies. In addition to these community-based entities, many hospitals have created inpatient floors or buildings which can function as skilled nursing facilities for those patients who need short-term rehabilitation support or care as they prepare for discharge to skilled care facilities, home care, or return to normal routine.

History

- In the original IMP, CPMC proposed to eliminate a majority of post-acute beds, consistent with national practice to move non acute care beds out of hospitals.
- On December 8, 2008, CPMC filed its updated Environmental Evaluation Application (EEA) with the Planning Commission, showing a total of 48 Rehabilitation beds (an increase from 32), 18 inpatient Psychiatric beds (a decrease from 36), and 38 Skilled Nursing Care beds (a decrease from 173 which included 60 sub-acute care beds) projected for the completed facilities in year 2015.
- When the San Francisco Health Commission conducted its review of the IMP in the spring of 2009, it engaged The Lewin Group to evaluate the adequacy of CPMC's plans. Based upon the proposed post-acute bed capacities as delineated in the EEA, The Lewin Group noted a predictable worsening of the shortage of such beds in the community if CPMC were to proceed with its planned reductions.
- In response to this evaluation, both the Health Commission and the Long Term Care Coordinating Council (LTCCC) objected strongly to CPMC's planned reductions.
- CPMC took these objections to heart and its senior management initiated a comprehensive review of existing programs and facilities for post-acute care and a planning process to meet the current and projected needs of patients.
- On June 5, 2009, CEO Dr. Warren Browner responded in a letter (attached) to the Health Commission outlining a fundamental change in plans for post-acute care beds in the IMP.
- On June 15, 2009 CPMC participated in crafting the LTCCC resolution (attached) supporting CPMC's efforts to respond to community need for post-acute care. In creating this plan, CPMC has accepted many of the community recommendations as well as rejecting some as noted below.
- The implementation of the IMP will provide for inpatient post-acute skilled nursing care, transitional care programs, and collaborative connections to community-based facilities and programs offering skilled nursing, rehabilitation, and home care services.

Approach

Skilled Nursing Care:

In developing its plan for post-acute care, CPMC could not accept the recommendation of the BRP to maintain some inpatient beds at the St. Luke's Campus. However, in response to the BRP's concerns for current patients, CPMC has committed to ensuring that skilled nursing care will be available to patients treated in the CPMC system. No bed currently in operation as a regular SNF bed will be closed until a comparable bed/facility is identified. Current estimates, based on experience and projections, indicate that CPMC will need to provide or arrange for skilled nursing care for approximately 100 patients at any given time.

The 36 skilled nursing beds at the Davies Campus (currently under renovation) will continue to serve patients who are able to be transferred home in a reasonable time. They usually are post-op patients needing some degree of focused nursing care, monitoring, or rehabilitation services. In addition, Davies Campus will continue to provide SNF services to patients needing more intensive services than those provided at any community program, including dialysis treatments.

CPMC is considering several non-preclusive practical approaches to securing the remaining 64 long-term SNF beds (100 minus the 36 beds at Davies) for patients who do not need hospitalization:

1. Provide beds in CPMC facilities

As the rebuilding and replacement of current facilities occurs, it may be possible to retrofit existing buildings to become SNF facilities. Candidates include some floors of the current Pacific Campus, and expansion of existing units at Davies Campus. Architectural review of these options has been ordered and is currently in process.

2. Collaborate with other city hospitals

Either through a citywide effort coordinated by the San Francisco Hospital Council or simply through collaboration with one other institution, CPMC could lease and/or construct SNF facilities.

3. Lease SNF beds in private facilities

CPMC currently transfers patients to several private facilities in the city of San Francisco. We are exploring the possibility of long-term leasing of some designated SNF beds exclusively for CPMC patients' use. A variation of this approach--which recognizes the continuing decrease of community nursing home beds in San Francisco--would facilitate construction of new or renovation of existing facilities to increase the numbers of SNF beds available in the community.

4. Lease renovated CPMC facilities to a SNF management company

CPMC could also retrofit and renovate current inpatient facilities (e.g., at the California Campus) to be SNF compliant and then lease the facilities to an external SNF management company to run. CPMC is currently in discussions with private facilities in San Francisco exploring the possibility of this type of building lease.

5. Develop collaborations with community transitional care services

Transitional care and outpatient case management programs can potentially lead to a decrease in the need for institutional SNF care or support shorter lengths of stay in the SNF. Partnerships with these networks can increase the capacity for safe discharges back to community housing for socially and medically complex patients. CPMC is currently working on a partnership with SF DAAS and a new Transitional Care Network, in addition to negotiations with the IPA for more robust care management programs for patients with chronic diseases.

CPMC recognizes that providing for the skilled nursing care needs of only CPMC patients through existing community agencies will not address the growing supply problem for such care in the general community. Consequently, CPMC is committed to collaborating with

the Long Term Care Coordinating Council and the Hospital Council to find ways that San Francisco can expand the community's capacities to offer appropriate skilled nursing care beds.

Sub-Acute Care:

Unfortunately, many hospitals with older buildings or floors which are no longer adequate to support modern acute care, at times have utilized those units to create inpatient long-term care facilities, usually called "sub-acute care units", to provide care for patients with dementia, degenerative neurological conditions, brain damage, or Alzheimer's. While sub-acute units do make use of otherwise unusable inpatient facilities, no one would build such units into a new hospital for reasons of high cost and poor quality and safety. The 60 sub-acute care beds at the St. Luke's Campus are the only inpatient sub-acute care unit left in San Francisco. In fact, none of the nation's top hospitals include sub-acute care beds. Most of the patients in the St. Luke's unit are from communities outside San Francisco or come as transfers from hospitals that do not themselves provide this service.

Consistent with the BRP's recommendations, CPMC intends to remove the 60 sub-acute beds, primarily through attrition or transfers when possible. Inpatient operations at St. Luke's will continue until the new inpatient facility is complete and transfer of services begins. The new facility, tentatively scheduled for opening in 2015, will not have sub-acute care beds.

The BRP recognized the lack of sub-acute care beds as a regional problem for the Bay Area and advised CPMC to collaborate with other hospitals and community organizations to address the issue. CPMC is working with the San Francisco Hospital Council to develop a plan for addressing the needs of these vulnerable, long term patients. CPMC is chairing a task force, convened by the San Francisco Hospital Council, that will begin meeting this month to develop a recommendation for how the hospital community will move forward to meet the sub acute care needs of San Francisco patients. A formal recommendation is expected by March 2010.

Additional IMP Erratum – Residential Requirement

The topic of this erratum was the subject of public and Zoning Administrator comments at the IMP hearing on November 19, 2009.

Page 86 – the fourth and fifth sentences of the paragraph beginning "Over the years," should read:

In order to encourage residential development, the Van Ness Special Use District eliminates density limits for housing and establishes a ratio for residential use for all new development such that, for every one square foot of floor area for non-residential uses, three square feet of residential area is required. However, hospitals, as a medical use, and other institutional uses, are identified as non-residential uses permitted to seek a modification of the residential to non-residential use ratio as a conditional use.

**California Pacific Medical Center
2008 Institutional Master Plan**

CONTENTS

PRESIDENT’S LETTER..... iv

EXECUTIVE SUMMARY..... v

PART I: CPMC AND ITS HEALTH CARE ROLE

Section One Introduction 1
Purpose of the Institutional Master Plan..... 1

Section Two Overview of California Pacific Medical Center 3
CPMC’s History and Mission..... 3
St. Luke’s Blue Ribbon Panel..... 5
CPMC’s Affiliation with Sutter Health..... 6
CPMC Board of Directors..... 7
The Physician Foundation at CPMC..... 7
CPMC Foundation..... 8

Section Three CPMC’s Role in San Francisco Health Care 11
Medical Care in San Francisco..... 11
CPMC Patients and San Francisco Demographics..... 14
Responding to Community Needs: CPMC’s Community Benefits and Charity Care..... 15
Community Outreach..... 29

Section Four CPMC’s Role in Disaster Preparedness 31
CPMC’s Historic Role in Emergencies..... 32
CPMC’s Current Role in San Francisco Emergency Preparedness..... 34
CPMC’s Future Role — Facilities and Operations..... 35

Section Five CPMC’s Operations and Services 37
Major Services..... 38
Special Programs..... 43
Off-Campus Medical Services..... 44
Medical Research..... 45
Employees and Medical Staff..... 46
Recent Health Care Honors, Awards and Recognitions..... 50

PART II: PROPOSED FACILITIES

Section Six	Overview of CPMC’s Plans for the Future	55
	CPMC’s Plans.....	55
	The Proposed Cathedral Hill Campus: Cornerstone of the IMP.....	58
	Sequence of Development.....	60
	Status of Environmental Review.....	62
Section Seven	Cathedral Hill Campus	65
	Existing Conditions.....	66
	Facility Planning and Future Development.....	75
	Neighborhood Context and City Requirements.....	84
Section Eight	California Campus	93
	History of the California Campus.....	93
	Existing Conditions.....	97
	Facility Planning and Future Development.....	106
	Neighborhood Context and City Requirements.....	108
Section Nine	Pacific Campus	113
	History of the Pacific Campus.....	113
	Existing Conditions.....	117
	Facility Planning and Future Development.....	127
	Neighborhood Context and City Requirements.....	131
Section Ten	Davies Campus	139
	History of the Davies Campus.....	139
	Existing Conditions.....	141
	Facility Planning and Future Development.....	149
	Neighborhood Context and City Requirements.....	152
Section Eleven	St. Luke’s Campus	159
	History of the St. Luke’s Campus.....	163
	Existing Conditions.....	165
	Facility Planning and Future Development.....	174
	Neighborhood Context and City Requirements.....	176
Section Twelve	Off-Site Facilities.....	181
Section Thirteen	Alternatives.....	183

CONTENTS

PART III: OTHER INFORMATION

Section Fourteen	General Plan Consistency	187
	San Francisco’s Priority Policies.....	187
	Overview of General Plan Elements.....	189
	Relevant Area Plans/Ongoing Planning Efforts.....	195
Section Fifteen	Summary of Economic Benefits of CPMC’s Proposed Plans.....	197

APPENDICES

- Appendix A: Glossary
- Appendix B: Transportation Study
- Appendix C: Economic Study
- Appendix D: St. Luke’s Blue Ribbon Recommendations and CPMC Resolution

Beyond Medicine is a way of life at California Pacific Medical Center.

At California Pacific, we believe that while medicine can transform a body, going Beyond Medicine can transform a life. Telling our story through our patients' and employees' stories is a testament of our commitment to San Francisco and the community we are privileged to serve.

State law requires that California hospitals be retrofitted by 2008 or rebuilt by 2015 to meet new seismic safety guidelines. California Pacific Medical Center sees this as an opportunity to create state-of-the-art urban facilities that will serve the community for years to come.

Inside these pages, you will find information about California Pacific Medical Center's plans for the future of health care in San Francisco. These plans have been developed with community input over the past several years.

We hope you will join us in making our vision a reality.

Wishing you good health,



Martin Brotman, M.D.
President and CEO
California Pacific Medical Center



EXECUTIVE SUMMARY

California Pacific Medical Center (CPMC) has prepared a comprehensive plan to improve its operations and facilities. While new California seismic safety standards were an impetus for this plan, CPMC has taken the challenge of compliance with these requirements as an opportunity to provide a new state-of-the-art hospital and to reconfigure the services provided at each of its existing campuses. CPMC's plans respond to community needs for access to high-quality health care. The people of San Francisco will benefit directly from the advances in technology and the improved privacy, safety and efficiency of CPMC's proposed medical facilities.

San Francisco requires that medical centers prepare Institutional Master Plans to keep the public informed of development plans. The CPMC 2008 Institutional Master Plan (IMP) is based on CPMC's long-range planning efforts and outlines changes to its campuses over the next ten years and beyond. The 2008 IMP includes proposals to build a 555-bed hospital at a new Cathedral Hill Campus, a new 86-bed hospital at the St. Luke's Campus, a new Neuroscience Institute at the Davies Campus, and a new Ambulatory Care Center at the Pacific Campus. There are no development plans at the California Campus; services there will be transferred to other campuses, and it is anticipated that the property will be sold unless required for the provision of new medical services resulting from major advances in health care. The IMP also provides for construction and renovation of other needed facilities, including additional parking on CPMC's campuses.

THE PLANNING PROCESS

Although previous IMPs filed with the City have contemplated extensive changes to CPMC's campuses and facilities, some elements have proven infeasible due to changes in health care, impacts on patient care, rising construction costs and community concerns. The addition of the St. Luke's Campus in 2007 as part of CPMC also caused a reevaluation of CPMC's future facilities.

These plans represent CPMC's best efforts to improve the delivery of health care in San Francisco by incorporating community input, advancements in health care and seismic technology while also responding to the City's need for hospital beds.

Throughout the planning process of this project, CPMC has met with interested parties including City officials, neighbors, community groups, merchants in the vicinity of each existing and proposed campus, and many others. In addition, a Blue Ribbon Panel at St. Luke's provided a forum for public input that resulted in changes to CPMC's future plans for that campus. Recommendations from interested parties have been carefully considered and included in the plans to the greatest extent feasible.

CPMC is a critical part of the health care infrastructure in San Francisco. Moving forward with CPMC's plans is necessary to maintain its essential health care services and its vital role in the San Francisco economy. With this overall purpose in mind, goals of the 2008 IMP include the following:

- Creating the ideal patient experience
- Providing facilities that will remain operational after an earthquake
- Providing essential services

- Creating a network of services
- Avoiding service interruptions during construction
- Providing economic benefits
- Providing for green construction and operations

Creating the Ideal Patient Experience

CPMC's mission is to create the ideal patient experience by providing high-quality, cost-effective health care services in a compassionate and respectful environment that is supported and stimulated by education and research. The new Cathedral Hill Hospital will include private rooms, healing environments with natural light, visitor hospitality lounges on each floor, efficient inter-campus transfer and mobility, and many other family- and patient-friendly features.

Providing Facilities that will Remain Operational After an Earthquake

The new Cathedral Hill Hospital and the new St. Luke's Hospital will comply with the strictest seismic standards of California law and will be designed to remain operational after a strong earthquake. These new hospitals will significantly enhance San Francisco's ability to successfully respond to a major earthquake or other emergency. CPMC's beds at Cathedral Hill and St. Luke's will more than double the number of beds planned or under development in San Francisco that can be expected to withstand a major earthquake.

Providing Essential Services

All cities depend on core essential services offered by police, fire departments, and hospitals. If approved by the City, CPMC's plans will ensure that San Franciscans continue to have access to the highest quality health care, now and into the future. As the largest community-based, not-for-profit medical center in San Francisco, CPMC is already providing essential services. CPMC has the most staffed hospital beds and the highest average daily inpatient census in the City. About two-thirds of CPMC's inpatients and outpatients are San Francisco residents. CPMC has almost one-third of all San Francisco hospital discharges, currently delivers more than half of the babies born in San Francisco, and handles almost one-third of the City's annual emergency department visits. CPMC is also the second largest private employer in the City, has the largest medical staff with nearly 1,700 physicians and allied health professionals, is a leader in employee and patient satisfaction, and is instrumental in the City's disaster preparedness efforts. Many patients who visit CPMC from outside of San Francisco are drawn by its noted specialty programs, including high-risk obstetrics, transplantation, cardiac care, neurosciences, stroke care, microsurgery, gastroenterology, advanced gynecologic surgery, and the Institute for Health & Healing.

Creating a Network of Services

CPMC's plans will create an efficient network of health care services among CPMC's campuses. CPMC will provide primary and specialty care at each campus, along with tertiary and quaternary services at the proposed state-of-the-art, acute care hospital at the new Cathedral Hill Campus. This new campus will provide women and children's services, diagnostic and treat-

ment facilities, and a new emergency department, thus improving access to health care in San Francisco. The Cathedral Hill site is centrally located in relation to San Francisco's population, readily accessible by major transit lines, and close to diverse neighborhoods.

Avoiding Service Interruptions during Construction

Retrofitting acute care facilities at each campus to meet seismic requirements would not be possible without significantly disrupting existing services and patient care. Building a new hospital at Cathedral Hill will allow for patient care to continue at current locations while construction occurs at the new site. Once the new hospital is built, acute care can move to Cathedral Hill and renovation and rebuilding at other campuses can continue.

Providing Economic Benefits

CPMC's plans represent a more than \$2.3 billion private sector investment in San Francisco's health care infrastructure. The plans will not require additional tax dollars from City residents and will provide jobs and economic opportunities.

CPMC is a significant contributor to the San Francisco economy, providing entry-level, middle-income, and professional jobs to thousands of San Francisco residents. The significance of hospitals and large employers to the San Francisco economy is stressed in the recent Mayor's Economic Strategy Report. CPMC supports the medical practices of hundreds of independent San Francisco physicians who admit patients to CPMC hospitals. CPMC's proposed Cathedral Hill Campus will provide hundreds of construction jobs that will also benefit the San Francisco economy.

As a non-profit health care provider, CPMC is required to reinvest all earnings in health care. CPMC has resources available to complete the project and reinvest in the community, and is looking to the City for leadership and guidance in expediting the approval process.

Providing for Green Construction and Operations

Building code and operational requirements for health care facilities create challenges for environmental sustainability. CPMC is committed to including as many sustainable and green construction and operations innovations as possible in its plans for new and renovated facilities.

CONCLUSION

The improvements planned for CPMC's campuses anticipate the health care needs of San Francisco's diverse and changing population. The new Cathedral Hill Hospital incorporates the latest advancements in technology and hospital design, and complies with the strictest seismic standards of California law. The ability of the Cathedral Hill Hospital to remain operational after a strong earthquake is a vital improvement to San Francisco's ability to successfully respond to such an emergency. The improvements planned at CPMC's other campuses will allow CPMC to continue to meet the health care needs of San Francisco in modern and efficient medical facilities.

**California Pacific Medical Center
2008 Institutional Master Plan**

**PART I: CPMC AND ITS
HEALTH CARE ROLE**



Nelle Pinchak & Astrid Reichenbach

The Hand Holders

CPMC was the first hospital in the area to offer Child Life Services in the Emergency Department, a program that began four years ago. In 2007, Child Life saw and comforted 1,178 children in the ER as well as 175 of their siblings.

Every child going into the hospital is understandably anxious. But thanks to people like Nelle Pinchak and Astrid Reichenbach, they don't remain that way for long. Nelle and Astrid are part of California Pacific Medical Center's Child Life staff—a team of specialists that serve as “kid helpers,” or advocates for children and their families when they're in the hospital. Through fun activities like playing, talking and creating art, the Child Life staff does everything possible to get kids comfortable with their upcoming treatments. They use “medical play” to explain to children why they're in the hospital and what they can expect while they're there. They talk to parents and show them ways to help their children cope—like teaching them “comfort positions” they can use to hold a child during treatment. They even help the siblings of sick children deal with the inevitable emotions that arise. Between the toy-filled playroom, art projects and special visits from performers, musicians, storytellers and therapy dogs, the Child Life staff makes the hospital warm, welcoming and comfortable for entire families. But the Child Life staff isn't just providing a service for children and families. Their work is invaluable to doctors and surgeons, as well.

For example, after surgery many children are in pain and don't want to move, yet they must get up and walk in order to be released. Child Life specialists are able to draw upon their relationship of trust with the child to encourage them to be mobile. This helps children heal faster and, more importantly, gets them home to their families sooner. For Nelle and Astrid, the greatest reward is the knowledge that they're empowering children and families to be involved in their medical care. Because of their work, kids and their families understand how to accept and work with their illnesses. Instead of a visit to the hospital being a time of crisis, confusion and alienation, they make sure it's a time of comfort, strength and bonding for everyone.

SECTION ONE: INTRODUCTION

This 2008 Institutional Master Plan (IMP) for California Pacific Medical Center (CPMC) has been filed with the San Francisco Planning Department in accordance with the provisions of Section 304.5 of the San Francisco Planning Code.

PURPOSE OF THE INSTITUTIONAL MASTER PLAN (SAN FRANCISCO PLANNING CODE SECTION 304.5)

Section 304.5 of the San Francisco Planning Code contains requirements for “Institutional Master Plans.” The three main purposes of Section 304.5 are:

1. To provide notice and information to the City Planning Commission, community and neighborhood organizations, other public and private agencies and the general public of the medical center’s anticipated future plans, and to give an opportunity for early and meaningful involvement of these groups in such plans prior to substantial investment in property acquisition or building design by the medical center;
2. To enable the medical center to modify its master plan in response to comments made in public hearings prior to its more detailed planning and prior to any request for authorization by the City of new development proposed in the master plan; and
3. To provide the City Planning Commission, community and neighborhood organizations, other public and private agencies, the general public, and other institutions with information that may help guide their decisions with regard to use of, and investment in, land in the vicinity of the medical center, provision of public services, and particularly the planning of similar institutions in order to insure that costly duplication of facilities does not occur.

In December 2007, the San Francisco Board of Supervisors amended Section 304.5 to require that IMPs for medical institutions be reviewed by a health planner. The health planner’s role is to comment on the proposed actions and their relationship to citywide health care needs.

CONTENTS AND ORGANIZATION OF THE INSTITUTIONAL MASTER PLAN

CPMC's 2008 IMP provides an overview of existing facilities and programs as well as plans for the medical center's future. These plans support CPMC's mission to provide the community with high-quality, cost-effective health care. The plans reflect changes in programs and services designed to meet the health care needs of the community and to comply with State of California legislation (known as "SB 1953") mandating that hospitals meet stringent seismic standards.

This 2008 IMP describes development plans at five CPMC campuses. CPMC is comprised of four existing medical centers, or campuses, located throughout the City: 1) Pacific Campus, 2) California Campus, 3) Davies Campus, and 4) St. Luke's Campus. The IMP proposes development of a fifth campus, Cathedral Hill, which would include a new, acute care hospital compliant with the strictest seismic standards required by California law, so that it will remain operational after a strong earthquake.

The projects described in this IMP are the projects in CPMC's Environmental Evaluation Application filed in December 2008.

This IMP contains the following:

Part I: CPMC and Its Health Care Role

Section One introduces the IMP and its purpose.

Sections Two through Five describe CPMC's programs and services and its role in San Francisco health care and disaster preparedness.

Part II: Proposed Facilities

Section Six provides an overview of CPMC's proposed facilities and program changes. This section includes the anticipated project review and schedule.

Section Seven describes the new Cathedral Hill Campus, including the proposed new acute care/women and children's hospital, a new medical office building, and renovations to an existing office building at 1375 Sutter Street for medical office use.

Sections Eight through Eleven describe plans for each of the existing CPMC campuses. Each section contains an historical overview, description of existing and proposed facilities, and information on zoning, land use, and transportation.

Section Twelve is an overview of CPMC's other facilities, including all properties owned and leased by CPMC throughout the city.

Section Thirteen describes alternative projects considered in the planning phase for the future of CPMC.

Part III: Other Information

Section Fourteen reviews the IMP's consistency with applicable policies of the San Francisco General Plan and other relevant plans.

Section Fifteen provides a summary of the economic benefits of CPMC's activities, both city-wide and in the neighborhoods surrounding each campus. A comprehensive economic study is provided in Appendix C.

The Appendices also include a glossary of medical terms used throughout the IMP and a transportation study completed for the proposed project.

SECTION TWO: OVERVIEW OF CALIFORNIA PACIFIC MEDICAL CENTER

This section reviews CPMC's mission and organization, including its affiliation with Sutter Health, the Physician Foundation at California Pacific Medical Center, and the philanthropic California Pacific Medical Center Foundation. This review provides background on CPMC's role as an integral part of San Francisco health care and the essential services it provides to the community. This section also describes the recent Blue Ribbon Panel that was convened to advise the planning for the future of CPMC's St. Luke's Campus.

CPMC'S HISTORY AND MISSION

California Pacific Medical Center, a community-based, not-for-profit medical center, provides San Franciscans with health care services that represent the continuum of care—from before birth to the end of life. The medical center serves people of all ages from diverse ethnic, cultural, geographic, educational, and socioeconomic backgrounds. Approximately two-thirds of CPMC patients come from the City and County of San Francisco, with most of the rest coming from counties throughout Northern California and an increasing number of patients nationwide.

CPMC is made up of four of the oldest medical centers in San Francisco. Established between 1854 and 1875, the institutions that are now CPMC campuses have over 150 years of history providing medical care to San Franciscans. CPMC was formed in 1991 by the merger of Pacific Presbyterian Medical Center and Children's Hospital of San Francisco. Ralph K. Davies Medical Center became the third campus of CPMC in 1998. On January 1, 2007, St. Luke's Hospital became CPMC's fourth campus.

Today, CPMC continues the vital work of these four longstanding medical center campuses as a not-for-profit, community-based medical center committed to the following mission:

California Pacific Medical Center Mission Statement

To serve the community by providing high quality, cost-effective health care services in a compassionate and respectful environment which is supported and stimulated by education and research.

Each of CPMC's four existing campuses includes a hospital where a range of inpatient services are provided. Outpatient services are also available at all four campuses. CPMC is recognized as a regional referral center in Northern California, providing leading-edge tertiary and quaternary medicine. CPMC's physician education programs and its clinical research programs, conducted through the CPMC Research Institute, permit physicians at CPMC to bring health care innovation directly to patients.

Since its formation in 1991, CPMC has continually been involved in planning for the efficient and effective provision of health care to the community. Medical centers, like all large organizations, are engaged in ongoing planning for the programs and services they provide. CPMC's operational planning is especially challenging because it must address four campuses, each of which was a previously independent medical center that included a hospital. Many operational advantages derive from the fact that these four previously independent medical centers have joined together to better serve the community; however, there are resulting inefficiencies and redundancies. The goal of CPMC's plan is to create a network of health care services available to the entire community.

— Beyond Medicine —

Why stand alone when standing together is better for everyone?

These are tough times for independent, community hospitals. Rising costs, cuts in government reimbursement and more people than ever without health insurance mean these institutions are being squeezed from several different directions at once.

It's no wonder dozens of stand-alone community hospitals have closed their doors in the past decade or that dozens more have cut back on services.

For more than 100 years St. Luke's has been providing care and compassion to the people of the Mission, regardless of their ability to pay. Today St. Luke's is able to continue that vital role, helping those most in need, but it no longer has to do it alone.

Staff at St. Luke's have always prided themselves on offering the best possible care. By becoming part of the California Pacific Medical Center family St. Luke's has been able to offer patients access to an even broader range of world-class services that are available to patients at other CPMC campuses, such as a critical care pulmonologist in the Intensive Care Unit, neonatologists for at-risk babies, cardiac care specialists for heart patients.

Joining together means people get to keep St. Luke's as their medical home, the place where they get their primary care, but it also means that when they need extra help, they can now turn to a wide array of specialist services, both at St. Luke's and throughout CPMC.

Teaming up is not just making St. Luke's a stronger hospital, it's helping build a healthier community.

2008 ST. LUKE'S BLUE RIBBON PANEL

Convened by

Supervisor Michela Alioto-Pier, San Francisco Board of Supervisors
Mitch Katz, M.D., Director, San Francisco Department of Public Health

Chair

Steven Shortell, Ph.D., Dean of the School of Public Health at the University of California at Berkeley

Vice Chair

Rt. Rev. Marc Andrus, California Episcopal Diocese

Facilitators

Rev. John Golenski, Ed.D., Executive Director, George Mark Children's House
Nancy Shemick, MPA, Shemick and Associates Health Care Consultants

Panelists

Supervisor Michela Alioto-Pier
Damian Augustyn, M.D.
Kenneth Barnes, M.D.
Kevin Barnett, DrPH, MCP
Dan Bernal
Edward Chow, M.D.
Catherine Dodd, Ph.D., R.N.
Steve Falk
Cheryl Fama
Anna Eng
Jean Frase
Roma Guy, MSW
Louis J. Giraudo
John Gressman
Sandra Hernandez, M.D.
Mitch Katz, M.D.
Edward Kersh, M.D.
Paul Kumar
David Lawrence, M.D.
Michael Lighty
Gabriel Metcalf
Anthony Miles
Jacob Moody, MDiv, MSW
Bob Morales
Laura Norrell, M.D.
Tim Paulson
Bob Prentice, Ph.D.
Anthony Wagner
Jim Wunderman

ST. LUKE'S BLUE RIBBON PANEL

When St. Luke's Hospital opened in the 1870s, its mission was to provide care to anyone who came through its doors, regardless of race, age or ability to pay. More than 137 years later, St. Luke's continues to provide medical care to ethnically diverse, predominantly low-income patients from neighborhoods with increased rates of health care disparities.

In recognition of the importance of St. Luke's to San Francisco, a Blue Ribbon Panel was established in March 2008 to advise planning efforts for the campus. The panel was charged with creating a viable plan for acute care hospital and outpatient services at St. Luke's that complements and is supported by CPMC's institutional plan and meets the health care needs of the communities served.

The panel was created as an independent body under the guidance of San Francisco Supervisor Michela Alioto-Pier and San Francisco Department of Public Health Director Mitch Katz, M.D. The panel members included leaders in health care, business, community organizations, and labor, as well as members of CPMC's Board of Directors.

On September 25, 2008, the CPMC Board of Directors unanimously voted to approve the Blue Ribbon Panel's recommendations. The recommendations address the need for CPMC to continue to provide critical services to the community, including building a new acute care community hospital on the site of the St. Luke's Campus, integrating the medical staffs at St. Luke's and CPMC, and maintaining critical services at St. Luke's including an emergency department, OB/GYN, medical/surgical, an intensive care unit, urgent care, and a new Center of Excellence on Senior Health.

For a detailed list of participants in the Blue Ribbon Panel process and their affiliations, including the Blue Ribbon Panel Community Outreach Task Force members, please refer to Section Eleven, St. Luke's Campus, and Appendix D, Blue Ribbon Panel Recommendations and CPMC Resolution.

CPMC'S AFFILIATION WITH SUTTER HEALTH

Sutter Health is one of the nation's leading not-for-profit networks of community-based health care providers, delivering high-quality care in more than 100 Northern California communities. As a network of 26 community-based hospitals and numerous outpatient facilities, long-term care centers, home health and hospice services, and research facilities, Sutter Health serves more than three million people throughout Northern California. Sutter Health's hospitals and medical centers have relationships with more than 8,000 physicians and employ more than 41,000 people. These health care providers, with their varied skills and talents, have come together as Sutter Health to preserve and strengthen their local health care missions.

CPMC has been affiliated with Sutter Health since 1996. As an affiliate of Sutter Health, CPMC maintains ownership of its facilities and control over its health care mission. Participation in the Sutter Health network provides shared expertise to improve health care through systemwide best practices, administrative efficiencies, and financial stability.

Since Sutter Health is a not-for-profit organization, any money remaining after employee salaries and other expenses have been provided for is reinvested in health care. To improve services to patients, Sutter Health is making significant investments in new facilities. At CPMC alone, the expenditures for new and renovated facilities over the next ten years will be more than \$2 billion. These funds will come directly from CPMC and Sutter Health—not from taxpayer dollars or government subsidies.

Over the next ten years, Sutter Health will also spend \$950 million to implement electronic health record (EHR) technology and \$1.2 billion in a broad range of patient safety initiatives. As part of an ongoing commitment to advance quality in health care and increase patient safety, Sutter Health has invested \$50 million in new advanced technologies such as fundamental changes in Intensive Care Unit (ICU) care and medication delivery.

— Beyond Medicine —

Not-for-profit can't mean not worrying about the bottom line.

Community-based non-profit hospitals must be ready at any hour of the day or night for every kind of emergency. That means having the staff, medicine, and materials on hand to deliver that care—regardless of a patient's ability to pay.

We provide patients with safe, high-quality health care 24 hours a day, 7 days a week, 365 days a year. The best-trained staff, the most up-to-date technology and the safest possible facilities require money—quite a lot of it, in fact. In order to provide the best care possible, nonprofits must provide staff with competitive salaries and benefits, make sure they are trained on new techniques, constantly update medical equipment, provide ample community benefit, and upgrade buildings so they are strong enough to withstand an earthquake—just to name a few needs.

At California Pacific Medical Center, the price tag for rebuilding our facilities over the next ten years will probably be more than \$2 billion. This money won't come from taxpayer dollars or the government—we will have to earn it ourselves and use it wisely. Our generous donors also make a big difference.

So, while we are a non-profit hospital, we still need to generate enough funds to invest in our future. That's why every dollar we make over and above our costs is put back into our hospital, which means it is put back into the health and care of San Francisco. After all, we've been in San Francisco for more than a century. If we want to be here for generations to come (and we do), we have to keep an eye on the bottom line.

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CPMC BOARD OF DIRECTORS

CPMC maintains a governing board separate from Sutter Health. In 2007, the Board of Directors for CPMC and St. Luke's Hospital merged. The CPMC Board is comprised of a dedicated group of volunteers who are civic leaders, philanthropists, physicians, and members of the community interested in health care issues important to San Franciscans.

THE PHYSICIAN FOUNDATION AT CALIFORNIA PACIFIC MEDICAL CENTER (PFCPMC)

The Physician Foundation at California Pacific Medical Center (PFCPMC), created in January 2003 and organized under Section 1206(l) of the California Health and Safety Code, is a non-profit organization whose mission is to conduct clinical care, research, and education. This mission is largely fulfilled in partnership with a multi-specialty medical group with a focus on tertiary and quaternary services (Physician Foundation Medical Associates). PFCPMC is also affiliated with Marin Headlands Medical Group, a newly affiliated medical group in Marin County.

The goals of PFCPMC are to create alternatives to the university model for specialty physicians, establish a “core faculty” to sustain graduate medical education, create a vehicle for recruitment and retention of physicians committed to research and education, expand the organization’s position as a major referral center, and provide services to communities that do not have ready access to services.

The Board of Directors of PFCPMC works closely with PFCPMC Executive Management and Physician Foundation Medical Associates (PFMA). Their collaborative planning allows PFCPMC to assess community need, technological advances in medicine, and the health care market and provide advanced, high-quality, and cost-effective care to patients. Each year, PFCPMC provides community benefits to serve the poor and underserved, including traditional charity care and public programs. Since the organization’s inception, the annual cost of providing these services has ranged from 16 percent to 25 percent of net revenues.

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CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION (CPMC FOUNDATION)

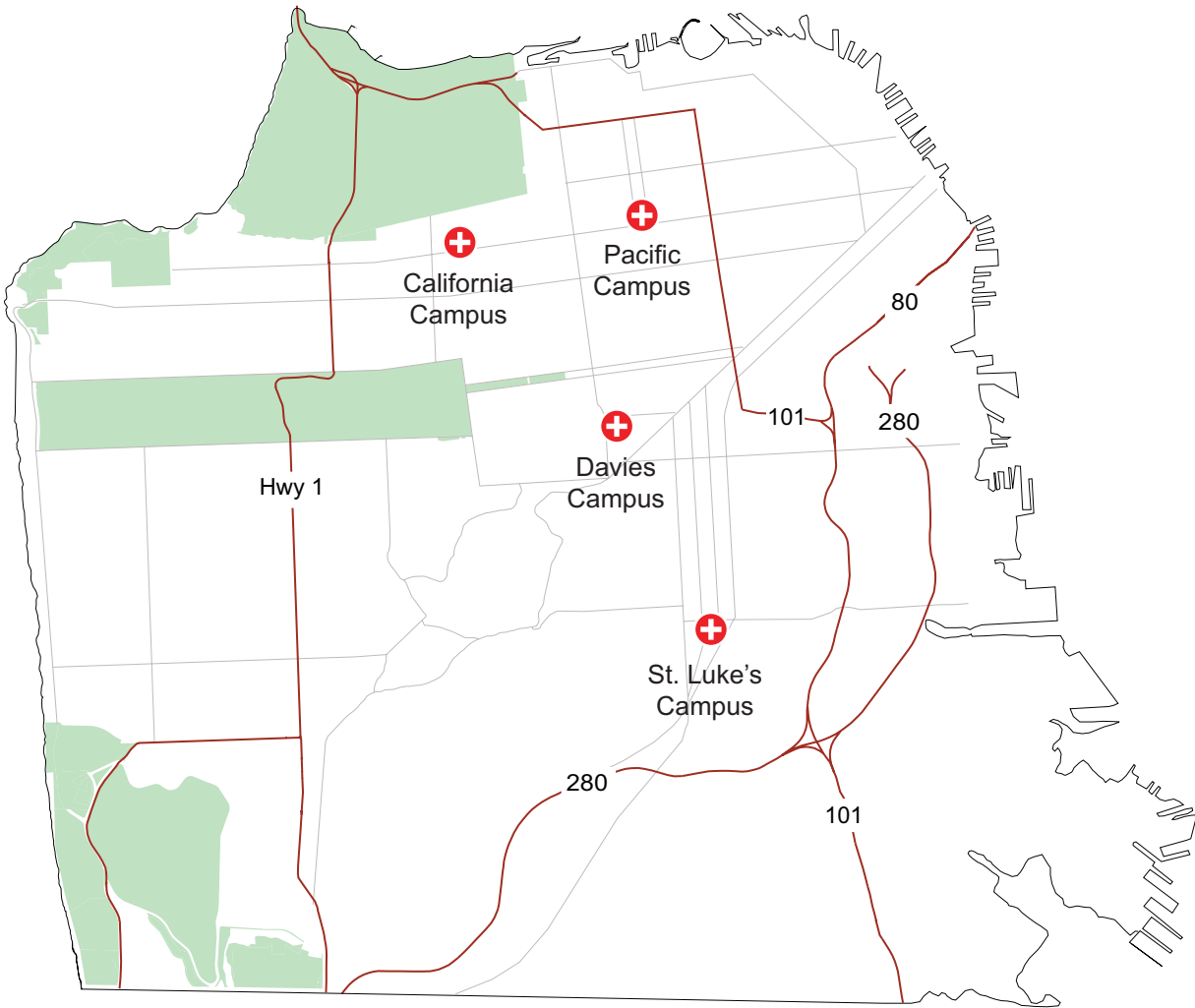
California Pacific Medical Center Foundation (CPMC Foundation) develops the resources that enable CPMC to serve all of San Francisco with the latest treatments and technology, and to practice the most modern, innovative medicine possible. CPMC Foundation is a separate, incorporated not-for-profit organization whose mission is to develop philanthropic resources for California Pacific Medical Center. CPMC Foundation is governed by a volunteer Board of Trustees comprised of distinguished members of the community.

CPMC Foundation depends on a vast network of dedicated volunteers to help meet its mission and fundraising goals. In 2007, CPMC benefited from 91,500 hours of work from a compassionate group of volunteers.

In 2007, CPMC Foundation raised over \$26.7 million, exceeding its goal by nearly \$4 million. CPMC Foundation's donors and volunteers have given CPMC many philanthropic resources for health care.

The CPMC Foundation Board of Trustees has approved a comprehensive campaign goal supporting citywide health care. The money raised will be used to fund programs and services at the new Cathedral Hill Campus, the rebuilt St. Luke's Hospital, and for the other projects described in this IMP.

Figure 03-01
California Pacific Medical Center — Existing Campuses



SECTION THREE: CPMC'S ROLE IN SAN FRANCISCO HEALTH CARE

This section describes San Francisco's medical resources, including medical services provided by California Pacific Medical Center and others, along with the demographics of San Francisco and CPMC patients and CPMC's response to the community's health care challenges.

MEDICAL CARE IN SAN FRANCISCO

San Francisco is a diverse, unique city that is home to over three-quarters of a million people. Eight hospitals serve the general population. A ninth hospital—Laguna Honda Hospital, operated by the City and County of San Francisco—provides long-term care, rehabilitation, and skilled nursing services to adult residents of San Francisco who are disabled or chronically ill. Of the remaining eight hospitals, three—CPMC, Kaiser, and University of California, San Francisco Medical Center—operate hospital facilities at more than one location. While St. Francis Memorial and St. Mary's Medical Center are separate facilities, they are both part of the Catholic Healthcare West (CHW) system.

CPMC plays a critical role in providing essential health care services in San Francisco. CPMC has more staffed beds and a higher average daily inpatient census than any other hospital in San Francisco. About two-thirds of CPMC's inpatients and outpatients are San Francisco residents. CPMC handles almost one-third of total San Francisco hospital discharges, about half of the babies born in San Francisco, and almost one-third of the City's emergency department visits.

San Francisco Inpatient Care

In 2006, according to the latest data available from the Office of Statewide Health Planning and Development (OSHPD), San Francisco hospitals (excluding the Veterans Affairs Medical Center) had a total of 2,736 staffed inpatient beds and a total average daily census of 1,961 inpatients. CPMC, with the St. Luke's Campus, had about one-third of the City's daily hospital census; UCSF

maintained approximately one-quarter and San Francisco General Hospital another 19 percent. The number of staffed beds and the average daily census for 2006 are shown in Figure 03-02.

Even before the addition of St. Luke's, CPMC delivered more babies than any other San Francisco hospital. San Francisco births in 2006 are shown in Figure 03-03.

San Francisco Outpatient Care

All San Francisco hospitals also provide critical medical services to outpatients. Figure 03-04 shows the number of emergency department (ED) visits and total outpatient visits in 2004, the most recent year for which OSHPD data are available.

In 2004, CPMC had the second highest number of emergency department visits in San Francisco. Now that St. Luke's is a CPMC campus, CPMC has more emergency department visits than any other San Francisco hospital. CPMC, San Francisco General Hospital, and UCSF Medical Center each handled approximately 28 percent of outpatient visits in 2004 (see Figure 03-04).

San Francisco Hospitals

Statistics are only one aspect in comparing San Francisco hospitals. Each hospital has its own history, specialties, and patient base. San Francisco's hospitals are shown in Figure 03-05.

**Figure 03-02
San Francisco Inpatient Care — 2006**

	Staffed Beds	% SF Total	Daily Census	% SF Total
CPMC	791	28.9	489	24.9
St. Luke's*	145	5.3	138	7.0
Total	936	34.2	627	31.9
UCSF	587	21.5	486	24.8
SFGH	383	14.0	374	19.1
Kaiser	217	7.9	203	10.3
St. Mary's	322	11.8	116	5.9
Saint Francis	239	8.7	123	6.3
Chinese	52	1.9	32	1.6
TOTAL:	2,736		1,961	

Source: California Office of Statewide Health Planning and Development (OSHPD), 2006 Hospital Annual Financial Data.
*St. Luke's is listed separately because it became a part of CPMC in 2007.

**Figure 03-03
San Francisco Births — 2006**

CPMC	5,681	Kaiser	4,746
St. Luke's*	1,163	UCSF	1,896
Total	6,844	SFGH	1,225
		Chinese	0**
		Saint Francis	0
		St. Mary's	0
		Total	7,867
		TOTAL	14,711

Source: OSHPD.
*St. Luke's is listed separately because it became a part of CPMC in 2007.
**Chinese Hospital refers its maternity patients to CPMC under an affiliation agreement.

**Figure 03-04
San Francisco Outpatient Care — 2004**

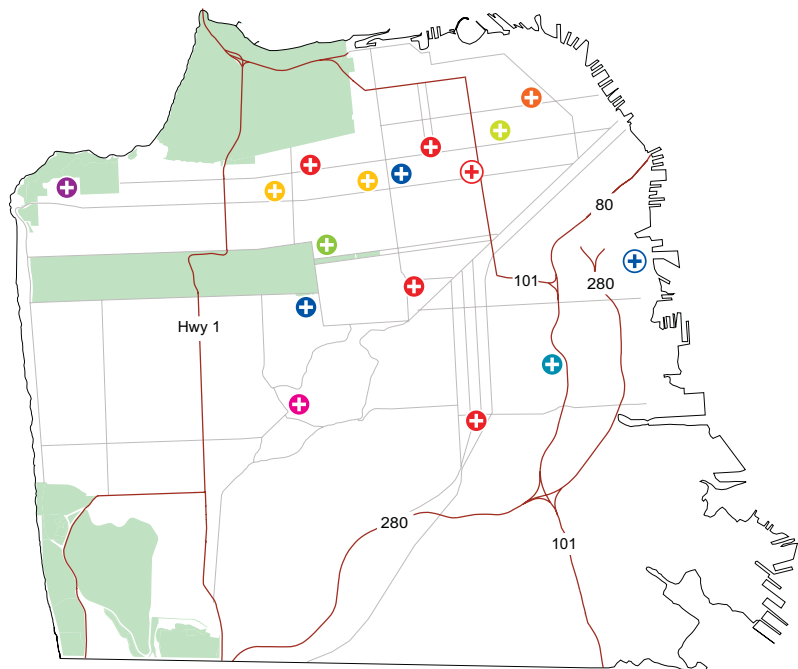
	ED Visits	% SF total	Outpatient Visits	% SF total
CPMC	46,522	21.1	608,119	25.8
St. Luke's*	23,697	10.8	40,415	1.7
Total	70,219	31.9	648,534	27.5
SFGH	52,914	24.0	651,924	27.6
UCSF	35,092	15.9	665,445	28.2
Kaiser	22,691	10.3	41,537	1.8
St. Francis	17,576	8.0	180,137	7.6
St. Mary's	16,533	7.5	114,005	4.8
Chinese	5,210	2.4	59,935	2.5
TOTAL	220,235		2,361,517	

Source: OSHPD.
*St. Luke's is listed separately because it became a part of CPMC in 2007.

**SAN FRANCISCO HOSPITALS/
MEDICAL CENTERS**

- California Pacific Medical Center
 - California Campus
 - Davies Campus
 - Pacific Campus
 - St. Luke's Campus
 936 staffed beds
- Chinese Hospital
52 staffed beds
- Kaiser Foundation Hospital
217 staffed beds
- Saint Francis Memorial Hospital
239 staffed beds
- St. Mary's Medical Center
322 staffed beds
- San Francisco General Hospital (SFGH)
383 staffed beds
- University of California, San Francisco Medical Center (UCSF)
587 staffed beds
- San Francisco Veterans Affairs Medical Center (SFVAMC)
244 staffed beds
- Laguna Honda Hospital and Rehabilitation Center
N/A

**Figure 03-05
San Francisco Hospitals/Medical Centers**



- + CPMC Existing Campuses
- + CPMC Proposed Cathedral Hill Campus
- + Chinese Hospital
- + Kaiser Foundation Hospital
- + Saint Francis Memorial (CHW)
- + St. Mary's Medical Center (CHW)
- + San Francisco General Hospital
- + University of California San Francisco Medical Center
- + UCSF Medical Center Proposed Mission Bay Hospital
- + San Francisco Veterans Affairs Medical Center

CPMC PATIENTS AND SAN FRANCISCO DEMOGRAPHICS

This subsection describes the demographics of CPMC’s patients and compares those demographics to the overall population of San Francisco. Challenges facing CPMC as a result of San Francisco’s demographics are also described. CPMC’s responses to those challenges are described in the subsection that follows, “Responding to Community Needs: CPMC’s Community Benefits and Charity Care.”

Characteristics of CPMC Patients and the San Francisco Community

In 2007, 70 percent of CPMC’s inpatients came from San Francisco and 21 percent were from other Bay Area cities. Six percent were from other parts of Northern California and approximately three percent were from Southern California or out of state. A higher percentage of outpatients are local. In 2007, 75 percent of CPMC’s outpatients came from San Francisco and 21 percent were from other Bay Area cities. Two percent of outpatients were from elsewhere in Northern California and the remaining one percent were from Southern California or out of state (CPMC Community Benefit Plan Report, 2007). Patients who travel from outside San Francisco for health care at CPMC are often drawn by its noted specialty programs.

In order to further understand CPMC’s role in providing health care to the San Francisco community, it is helpful to review the demographics of the community and the opportunities and challenges presented by the City’s diversity. San Francisco has a population of 776,733 with a density of 16,633 people per square mile, making it the eighth densest city in the United States. San Francisco is one of the most ethnically diverse cities in the world. Compared to the rest of California, it has more Asian/Pacific Islanders and fewer Whites and

Figure 03-06
Population by Race/Ethnicity — 2000

Ethnicity	San Francisco	California
White	43.6%	46.7%
Asian/Pacific Islander	31.2%	11.1%
Hispanic/Latino	14.1%	32.4%
African American	7.6%	6.4%
American Indian	0.3%	0.5%

Source: United States Census Bureau, 2001.

Figure 03-07
Ethnic Distribution of CPMC Patients

Ethnicity	Inpatients	Outpatients
White	54%	53%
Asian/Pacific Islander	24%	24%
Hispanic/Latino	8%	8%
African American	7%	6%
Other/Unknown	7%	9%

Source: CPMC 2007 Community Benefit Plan Report.

Hispanics, as shown in Figure 03-06. The ethnic distribution of CPMC patients is shown in Figure 03-07.

According to California Department of Finance projections, the City’s population is projected to grow modestly to 821,000 by the year 2020 but decline to pre-2006 population levels by 2030. (Source: Market Assessment and Benchmarking Project for the City and County of San Francisco Department of Public Health, prepared in December 2007 by the Lewin Group; called the Lewin Report.)

The population in San Francisco is aging, with decreasing numbers of younger residents (age 35 and under). Today, residents age 65 and over comprise 14 percent of the City’s total population. By 2030, this group is projected to grow by 79 percent and comprise 26 percent of the total population. Meanwhile, younger residents are projected to leave the City; this group will decrease by about 24 percent between 2006 and 2030. Although San Francisco’s total population may shrink by 2030, according to the Lewin Report, the

Figure 03-08
Health Insurance Coverage, San Francisco

<u>Insurance</u>	<u>% of SF Residents</u>
Medicare	14
Medi-Cal	7
Third-Party	65
Other Public	3
Uninsured	11

Source: SFDPH Charity Care Report (Fiscal Year 2005).

growing proportion of elderly residents will result in a 26-percent increase in demand for hospital acute care beds from 2010 to 2030. People over age 65 typically use more health care services than their younger counterparts due to the higher prevalence of chronic and acute diseases at later stages of life.

Other Demographic Challenges

Many San Franciscans speak languages other than English, which can affect their access to health care services. According to the United States Census Bureau (2001), 46 percent of San Francisco residents over the age of five speak a primary language other than English. One-third of San Francisco Unified School District (SFUSD) students are English language learners. Although Cantonese and Spanish are the languages spoken by most of the English learners, more than 57 languages are spoken as the primary language in the homes of SFUSD students (SFUSD, 2001).

Another demographic factor that significantly affects health and well-being is income. Although San Francisco has one of the highest median household incomes in the nation, the wealth is not evenly distributed. Sixty-two percent of San Francisco’s households earn less than the mean household income and 22 percent earn less than \$25,000 per year (U.S. Dept. of Housing and Urban Development, 2001). Income has an obvious impact on access to health care and health insurance coverage. Figure 03-08 shows health insurance coverage of San Francisco residents.

RESPONDING TO COMMUNITY NEEDS: CPMC’S COMMUNITY BENEFITS AND CHARITY CARE

As indicated by the demographic information above, health care is not equally distributed among all San Franciscans. A multitude of preventable medical conditions, social problems, and health disparities disproportionately plague the City’s poor, young, aged, and people of color.

CPMC builds partnerships with organizations that care for these populations with financial support, leading-edge medical expertise, and specialty care services. CPMC has established its own programs and developed many successful collaborative efforts with both the public and private sectors.

CPMC’s vision for community benefits is to reduce health disparities in vulnerable populations, enhance quality of life, and lead in the promotion of health and well-being for all people by working collaboratively and building capacity within the community by providing equal access to culturally and linguistically appropriate health and social services and resources, health education, and advocacy.

CPMC Community Benefits Mission Statement

To transform the lives of the people in our community by actively engaging community members and stakeholders in the planning, prioritizing, designing and delivering of holistic, compassionate and caring services and programs that address unmet needs.

In order to reach this goal, four strategies are employed: eliminate health disparities, increase access to care, provide mental health services, and develop chronic disease prevention programs with models that can be duplicated in other communities.

Assessing Community Needs—Building a Healthier San Francisco (BHSF)

CPMC is a founding member of and continues to participate in Building a Healthier San Francisco (BHSF). BHSF was formed in 1994 to comply with a California law requiring not-for-profit hospitals to undertake a formal health care needs assessment of the community they serve and develop a community benefits plan. BHSF includes all San Francisco private hospitals, the San Francisco Department of Public Health, and many health care organizations and philanthropic foundations. BHSF is now a successful partnership using the shared resources and expertise of its members to assess and improve the health care needs of San Franciscans.

BHSF has conducted the following needs assessments to better understand San Francisco's health care needs.

2001 Community Health Needs Assessment

The 2001 Community Health Needs Assessment found that African Americans are more likely to suffer from preventable illnesses and die prematurely than any other ethnic group in San Francisco. The African American Health Disparity Initiative (AAHDI), described further below, was created in response to this finding in the 2001 assessment.

2004 Community Health Needs Assessment

The 2004 Community Health Needs Assessment focused on health improvement, analyzing health conditions by neighborhood. A key finding was that increased use of preventative services such as primary care visits, particularly in low-income neighborhoods, could prevent many hospitalizations for “ambulatory care sensitive conditions,” or ACSCs. Common ACSCs include asthma and adult diabetes.

2007 Community Health Needs Assessment

The 2007 Community Health Needs Assessment is presented in an innovative, interactive web site, “Health Matters in San Francisco” (www.healthmattersinsf.org). This web site goes beyond the scope of the previous assessments, containing data by zip code to provide a picture of San Francisco's diverse communities, updated information about best health care practices from other communities, health-related news, and community event listings. The goal of this web site is to serve as a tool for community change.

The 2007 assessment again confirmed the need for greater attention to the Bayview, Tenderloin, Civic Center, and South of Market in the areas of health care, social services, economic development, and violence prevention. Residents of these neighborhoods continue to show higher rates of ACSCs, resulting in decreased life expectancies. Based on the results of this needs assessment, CPMC has developed a three-year Community Health Programs Strategic Plan to address community needs.

Community Benefits Planning—CPMC's Community Benefit Advisory Council

CPMC has created a Community Benefit Advisory Council to analyze and interpret the BHSF Community Health Needs Assessments in order to guide CPMC's community benefits efforts. The council has representatives from CPMC's Board of Directors, management, medical staff, and community-based organizations that serve vulnerable populations. All of CPMC's community benefit work is led by the following principles developed from the Public Health Institute's guide, *Advancing the State of the Art in Community Benefit*:

- Emphasis on disproportionate unmet health-related needs
- Emphasis on primary prevention
- Building a seamless continuum of care

- Building community capacity
- Emphasis on collaborative governance

Community Health Programs Provided or Supported by CPMC

In addition to establishing and participating in new programs to meet community needs, CPMC recognizes that there are many not-for-profit community-based organizations and public programs with a long history and resulting expertise in serving vulnerable populations. CPMC also works in partnership with these groups and programs to successfully address the unmet health care needs of the community.

Healthy San Francisco

In 2006, CPMC and other San Francisco health care providers participated in Mayor Gavin Newsom’s Universal Health Care Council to develop a plan to provide access to health care for San Francisco’s 82,000 uninsured adults. This plan became “Healthy San Francisco,” an innovative program launched by the City in 2007. Its goal is to provide a primary “medical home” to participants, allowing a greater focus on preventative care, as well as specialty care, urgent and emergency care, and other health services. Healthy San Francisco is not insurance, but is a critical enhancement of the San Francisco health care safety net.

More than 33,000 people have enrolled in Healthy San Francisco, and 27 public and other community clinics participate in the program. Until mid-2008, all inpatient care for participants was provided by San Francisco General Hospital. In September 2008, CPMC and three other San Francisco hospitals—Saint Francis Memorial, St. Mary’s Medical Center, and UCSF Medical Center—agreed to provide inpatient and other services to Healthy San Francisco participants. CPMC has agreed to provide inpatient services to over 6,000 Healthy San Francisco participants who have

North East Medical Services as their primary care medical home. North East Medical Services is part of the San Francisco Community Clinic Consortium and has clinics in the Chinatown/North Beach, Visitacion Valley/Portola, and Sunset neighborhoods.

The African American Health Disparity Initiative

The African American Health Disparity Initiative (AAHDI) was created in response to the 2001 Community Health Needs Assessment and includes all hospitals in San Francisco, the San Francisco Department of Public Health, the San Francisco Community Clinic Consortium, and others. CPMC has taken a lead in the following three important AAHDI programs.

African American Breast Health Program

African American women diagnosed with breast cancer are more than twice as likely to die from the disease, compared to white women. CPMC proactively sought and obtained input from the African American community in planning, implementing, and evaluating the African American Breast Health (AABH) program, which addresses this disparity in breast cancer survival rates. Limited access to early detection and timely follow-up significantly contributes to the disparity and is amenable to intervention.

In 2007-2008, 3,500 women have been reached through the AABH early detection program, which includes media campaigns, health education, and outreach. More than 653 uninsured and underinsured women received no-cost mammogram screening; half of these women received transportation assistance. Women found to have breast cancer received treatment including chemotherapy, surgery, radiation, and social support assistance. In 2007, the program was awarded two service industry awards for its innovation and publication excellence.

In July 2007, the AABH program expanded to include the Sister-to-Sister project, which provides early detection screening for women from other vulnerable populations such as Latinas, Asian/Pacific Islanders, lesbian and transgender women, women under 40, and the homeless. Together, the AABH and Sister-to-Sister programs have more than 40 established partnerships with groups including the San Francisco Commission on the Status of Women, the National Coalition of 100 Black Women, the Glide Health Clinic, the Lyon-Martin Health Clinic, the South of Market Health Center, Providence Baptist Church, and Calvary Hill Community Church. Culturally and linguistically appropriate materials are being designed in Spanish, Tagalog, and Chinese.

African American Prostate Health Initiative

African American men are disproportionately at greater risk for delayed care and preventable death from prostate cancer. The African American Prostate Health Initiative (AAPHI), a part of the African American Health Disparity Initiative, is a collaboration of hospitals, health care providers, cancer-focused agencies, community-based organizations, community residents, and prostate cancer survivors who are working together to improve the health of African American men in San Francisco. The organizations included in AAPHI provide targeted outreach, screening, and treatment free of charge for African American men. In three years, AAPHI educated thousands of men and women on prostate health, screened more than 800 men, and provided numerous prostate health services. The program enhanced its community partnership collaborations with historically visible institutions in the African American community including faith-based organizations, clinics, and social organizations.

Figure 03-09
Demographics of Bayview Child Health Center Patients — 2007-2008

Race/Ethnicity	Percentage
African American	61%
Pacific Islander	12%
Hispanic/Latino	11%
Multiracial African American and other	6%
Caucasian	3%
Asian	3%
Other Multiracial	3%
Native American	1%

Neighborhood	Percentage
Bayview-Hunters Point	66%
Visitacion Valley	12%
Ocean View/Merced Heights/Ingleside	4%
Potrero Hill	3%
Mission	3%

Source: CPMC

Bayview Child Health Center

As the third piece of its leading role in the African American Health Disparity Initiative, CPMC has established the Bayview Child Health Center in partnership with the Physician Foundation at CPMC and the CPMC Foundation.

One in every six children in the Bayview-Hunters Point neighborhood has asthma, the highest rate in San Francisco. The number of children who are overweight is on the rise, and the infant mortality rate is among the highest not just in San Francisco but in all of California. The Bayview-Hunters Point neighborhood has the highest density of both children and African Americans in San Francisco. It is also one of the poorest and most underserved communities.

The Bayview Child Health Center, a new medical center at 1335 Evans Avenue, provides high-quality pediatric primary care and serves as a hub for access to community and civic resources. The clinic has spearheaded community outreach for this program by organizing and planning community health fairs,

— Beyond Medicine —

Taking on a sleeping giant: Hepatitis B.

An estimated 1 in 10 Asians is infected with Hepatitis B—a disease that can lead to cirrhosis of the liver and liver failure, and that's responsible for 80% of all primary liver cancer worldwide.

In fact, Asians and Pacific Islanders (API) have the highest liver cancer rate of any race/ethnic group. For many, Hepatitis B infection can be avoided through an effective vaccination. For those who have Hepatitis B, medication is available to help control the disease.

While Hepatitis B is 100 times more infectious than HIV/AIDS, it can be stopped. San Francisco has become the first city in the country to take on Hepatitis B by testing and vaccinating all API residents. Because there are usually no symptoms, the virus is often not discovered until it has already done considerable liver damage.

That's why California Pacific has partnered with community organizations to screen, vaccinate and educate San Franciscans about this disease. We hosted community outreach forums, panel discussions, and screenings at the Imperial Banquet Room in Chinatown and at the Asian Heritage Street Celebration in Japantown.

California Pacific has some of the nation's leading experts in liver disease who bring the latest advancements and research to our patients. Our team of specialists have seen first-hand the effects of Hepatitis B in San Francisco and are committed to educating patients and providing free vaccinations. When a deadly virus threatens our community, we fight back with every resource we have. It's all part of how we can help make San Francisco a better, stronger, healthier place to live.

offering talks on children's health issues, providing medical advice for community-based organizations, and networking with community leaders.

Since its opening in March 2007, the Bayview Child Health Center has seen almost 500 patients for approximately 2000 visits. The center has been welcomed as a valuable asset for the families in the Bayview-Hunters Point community. In addition to providing high-quality primary and urgent medical care, the clinic offers other programs designed to reduce health disparities in the community, such as free mental health services, case management services, asthma education classes, and pediatric obesity treatment.

The demographics of the patients served by the Bayview Child Health Center since it opened in 2007 are shown in Figure 03-09.

Despite the fact that children have almost universal access to health insurance in San Francisco, 23 percent of patients of the Bayview Child Health Center have lapsed insurance or no coverage. The center provides a financial eligibility specialist who helps families sign up for insurance and/or guides them through the CPMC Charity Care process.

Hepatitis B Initiative

In 2007, CPMC partnered with the San Francisco Hep B Free campaign—“Be Sure, Be Tested, Be Free.” This will be a two-year campaign to screen, vaccinate, and treat all Asian and Pacific Islander residents for Hepatitis B. Asians and Pacific Islanders have the highest risk of Hepatitis B of any ethnic group and comprise 34 percent of the City's population. CPMC raised \$341,000 in 2007 to support a free screening and vaccination program with a goal to screen at least 10,000 people over the next two years. The screenings have been taking place at community settings and health fairs. CPMC has participated in 15 community events in Asian and Pacific Islander neighborhoods and screened almost 2,000 individuals, more than half of those tested program-wide. CPMC will also conduct Continuing Medical Education and other educational opportunities for both providers and patients.

Partnership for Community Health—San Francisco Community Clinic Consortium

To meet its community outreach objectives, CPMC has recognized the need to go beyond its campuses to help the underserved in neighborhoods throughout the City. The Partnership for Community Health (formerly known as the Charity Care Partnership Fund) is a partnership between CPMC and the San Francisco Community Clinic Consortium (SFCCC). The SFCCC clinics participating in this partnership are strategically located in medically needy neighborhoods identified as having the City's highest rates of health disparities and adverse health outcomes.

In 2007, the Partnership for Community Health provided primary medical care and supportive services to more than 11,000 patients. In addition to providing uninsured patients with critically needed, preventative and primary outpatient services, giving these patients a “medical home,” the program has also established a network for the patients to obtain much-needed specialty care from CPMC-affiliated physicians. In 2007, 322 uninsured patients were referred for 684 specialty services. The majority of these referrals were for gastroenterology and ophthalmology specialty services. More than 50 CPMC affiliated specialists and specialist groups participated in this program in 12 areas of specialty.

CPMC committed a total of \$6 million to this partnership, and this funding was distributed between 2005 and 2008. CPMC's Family Health Center at the California Campus also participates in this program.

Figure 03-10 shows the number of patients served by the Partnership for Community Health in 2007. As shown by these statistics, the vast majority of residents served by the Partnership for Community Health are persons of color (79 percent) and low-income (87



percent with incomes below 200 percent of the federal poverty level). All are uninsured.

CPMC has received two major awards for its Partnership for Community Health program. CPMC received the 2007 West Coast and National VHA Leadership Award for showing exceptionally high levels of performance in its community benefits efforts, specifically for its Partnership for Community Health program. The VHA is an alliance of more than 2,400 not-for-profit health care organizations, including 1,400 hospitals. CPMC was one of five hospitals nationwide to receive this award for community benefits efforts.

In 2008, CPMC was one of five recipients of the prestigious American Hospital Association NOVA Award for its efforts in improving community health through collaborative efforts, including its Partnership for Community Health program. The American Hospital Association is a national organization that represents and serves hospitals, health care networks, and other care providers. Membership includes close to 5,000 hospitals and 37,000 individuals.

2008 CPMC COMMUNITY HEALTH AWARDEES

Circulo de Vida Cancer Support and Resource Center

Curry Senior Center

Look to End Abuse Permanently (LEAP)

San Francisco General Hospital Foundation - CARE Program

2008 CPMC INVESTMENT GRANTEES

American SCORES Bay Area - SCORES Corps Wellness Initiative

Arthur H. Coleman Community Health Foundation - Nutrition Education and Weight Management Program

Asian & Pacific Islander Wellness Center

Bernal Heights Neighborhood Center - NEST Case Management Program

Boys and Girls Clubs of San Francisco - Boys and Girls Club Behavioral Health Program

Calvary Hill Community Church - Faith, Family and Fitness Program

Chinatown Public Health Center - Chinese Lay Health Workers Diabetes Education & Management

Episcopal Community Services - Next Door Shelter

Family Health Center at San Francisco General Hospital - Health Coaches for Youth

**Figure 03-10
Demographics of Partnership for Community Health Patients — 2007**

Race/Ethnicity	Number of Patients	Percentage
Hispanic/Latino	3,603	33%
Asian/Pacific Islander	2,729	25%
African American	2,293	21%
Caucasian	2,293	21%
Native American	109	1%
Household Income		
Up to 100% FPL*	6,787	63%
100 — 200% FPL	2,620	24%
200 — 400% FPL	1,520	13%

Source: CPMC 2007 Community Benefit Plan Report.
*100% of FPL (Federal Poverty Level) for 2007 is \$10,400 for a single person and \$21,200 for a family of four.

Community Health Grants Program

In 2008, CPMC invested \$500,000 in 25 organizations, supplementing \$1.5 million in grants in 2005 through 2007, to support programs that work within the community health priority areas identified by the CPMC Community Benefit Advisory Council.

By supporting community-based health care providers with expertise in serving the neediest residents of San Francisco, CPMC enhances the City’s health care safety net and builds a continuum of health care that significantly reduces barriers to care, improving the health of the entire community.

The Community Health Grants Program represents an investment in community health promotion by offering three tiers of funding opportunities: partnership grants, investment grants, and community health awards.

Partnership Grants

Partnership Grants are multiple-year projects that include substantial collaboration between CPMC and community organizations/public programs. Partnership Grants must include CPMC medical staff or employee involvement in the program plan and service delivery. Funding in this category is intended to support non-CPMC staff and activities. Funding levels range from \$50,000 to \$100,000 per year. Projects at this level of support must have a major focus to address unmet medical needs.

Investment Grants

Investment Grants are projects supported for one year that target CPMC community health priorities. Projects may be time-limited or ongoing programs that address community need and have a significant programmatic component. Priority is given to projects that offer potential for CPMC employee involvement and opportunity for collaboration. Funding levels range from \$25,000 to \$50,000.

Community Health Awards

Community Health Awards offer one-time funding to support community health projects that are short in duration and limited in scope (up to \$10,000).

Health Champions

Health Champions is an innovative school-based health promotion program intended to transform the way San Francisco's elementary and middle school communities approach nutrition and physical activity. The objective of Health Champions extends beyond typical disease education and integrates healthy practices into the school environment. During the 2007-2008 school year, Health Champions continued its partnership with two schools: (1) McKinley Elementary School, a small school with a diverse student body, operated by the San Francisco Unified School District and located across from the Davies Campus in the Castro neighborhood; and (2) De Marillac Middle School in the Tenderloin, a tuition-free Catholic school with a high percentage of Latino students, established in 2001 to provide support to students from low-income families in this ethnically diverse neighborhood.

Health Champions aims to introduce a wide variety of ways to be healthy and active into the school year. Health Champions programming includes demonstrating best practices in nutrition and physical fitness curriculums, participating in community physical activity events, and helping to incorporate healthy foods into school meals and the rest of daily life.

Health Champions continues to partner with the San Francisco Community Clinic Consortium (SFCCC) by serving as a host site for two members of the SFCCC Health Corps. These Health Corps members provide 1,700 hours of community service during their placements and are respon-

2008 CPMC INVESTMENT GRANTEES (Continued)

Health Initiatives for Youth - Dimensions Clinic

Homeless Prenatal Program - Keeping Families Together

Maitri - Enhancing End-of-life Care for Persons Living with AIDS

Native American Health Center - Head Start for Oral Health

San Francisco Bringing Up Healthy Kids Coalition/ NICOS Chinese Health Coalition

San Francisco Women Against Rape - Students Talking About Non-violent Dating

Sunset Youth Services - Youth Violence Prevention Project

Swords to Plowshares - Access to Health and Self-Sufficiency for Homeless Veterans

Tenderloin Health - Oral Health Collaboration for Homeless HIV+

Vietnamese Youth Development Center - Tenderloin Youth Live Healthy Project

Women's Community Clinic - Health Training Program

2008 CPMC PARTNERSHIP GRANTEES

Bayview Hunters Point Multipurpose Senior Services, Inc. - Project Access

2007 CPMC COMMUNITY HEALTH AWARDEES

Asian and Pacific Islander Wellness Center

Asian Women's Resource Center

Central American Resource Center

Circulo de Vida Cancer Support and Resource Center

Curry Senior Center

Excelsior Family Connections

Quesada Gardens Initiative

San Francisco Senior Center

The Reading Tree

Western Addition/Fillmore MAGIC

2007 CPMC INVESTMENT GRANTEES

Asian Perinatal Advocates - API Home Visitation and Mental Health Program

Bernal Heights Neighborhood Center - NEST Case Management Program

Boys and Girls Clubs of San Francisco - Boys and Girls Club Behavioral Health Program

Community Educational Services - San Francisco Health Academics Project

Episcopal Community Services - Behavioral Health Services at Next Door Six-Month Shelter



sible for coordinating the day-to-day health activities for each school site.

A representative from Health Champions serves on the Mayor's Challenge Shape-Up SF steering committee and the Childhood Obesity task force. Health Champions was selected as one of eight programs in the U.S. to form a youth obesity learning collaborative by the Hospital Association's Health Research and Education Trust.

HealthFirst

The St. Luke's Health Care Center (HCC) internal medicine and pediatric clinics helped create HealthFirst, an evidence-based program that aims to reduce health care costs while improving care to high-risk patients with chronic illnesses who have little or no health insurance. HealthFirst encourages patients to seek outpatient medical help for chronic conditions to avoid unnecessary hospitalization and expensive trips to the emergency department. HealthFirst also provides information to help patients with self-management of chronic diseases.

Kalmanovitz Child Development Center

The CPMC Kalmanovitz Child Development Center is at its new location at 1625 Van Ness Avenue. A satellite center has been established at the St. Luke's Campus to serve the children in the neighborhoods around St. Luke's. The Child Development Center provides expertise to community-based organizations such as A Home Away from Homelessness and

Raphael House, a program that coordinates educational assessment and care for children of homeless and low-income families.

Patient Assistance Foundation/Community Health Resource Center

CPMC provides the primary financial support for the Patient Assistance Foundation, the not-for-profit organization that directs and oversees the Community Health Resource Center (CHRC). The CHRC provides comprehensive nutrition and social services counseling for targeted vulnerable populations at a sliding scale, or no fee for those with no ability to pay. CHRC offers programming at the Pacific Campus as well as at numerous community settings. During 2007, the CHRC had direct contact with more than 12,000 people. Nutritional counseling, social work services, educational programming, and medical screenings accounted for most of the community outreach, including asthma and diabetes education programs.

CPMC Baby Steps

CPMC Baby Steps is a unique and innovative program designed to aid parents in a time when they seek advice, support, community resources, and answers to health-related concerns, through group-building and knowledge-sharing. CPMC BabySteps maintains a web site (cpmcbabysteps.org) to allow San Francisco families to build and maintain their social networks.

The Nurses that Care

An important step toward building effective partnerships is engaging local communities in better understanding and addressing community health issues, concerns, and aspirations. Local health care providers, like CPMC, promote a variety of prevention strategies ranging from education to providing free medical services for HIV/AIDS, asthma, cardiovascular disease, and other preventable diseases.

CPMC's Department of Community Health Programs is an integral part of bringing the strengths of CPMC to the community in innovative and beneficial ways. The Department of Community Health Programs recognizes that all three elements of wellness (body, mind, and spirit) work together to

2007 CPMC INVESTMENT GRANTEES (Continued)

Latina Breast Cancer Agency - Breast Health Program for Underserved Hispanic/Latina Women

Third Street Youth Center and Clinic - Re-entry Youth Mental Health Services Expansion

Women's Community Clinic - Girls Creating Change

2007 CPMC PARTNERSHIP GRANTEES

Bayview Hunters Point Multipurpose Senior Services, Inc. - Project Access

NICOS Chinese Health Coalition - Healthy Children, Healthy Community

Walden House - Prostate Health Initiative

2006 CPMC COMMUNITY HEALTH AWARDEES

Asian and Pacific Islander Wellness Center

Asian Women's Resource Center

Asthma Resource Center of San Francisco, Inc. with San Francisco Asthma Task Force

Bayview Health and Environmental Resource Center

Chinatown Public Health Center

Curry Senior Center

2006 CPMC COMMUNITY HEALTH AWARDEES (Continued)

Florence Crittenton Services

The Glide Foundation/Glide Health Services

Mission Neighborhood Health Center/Resource Center

The Reading Tree

Richmond District YMCA

Vision Youthz

2006 CPMC INVESTMENT GRANTEES

Asian Perinatal Advocates - Home Visitation Program

Latina Breast Cancer Agency - Women Caring for Women: Breast Health Program for Underserved Hispanic/Latina women

Operation Access - Donated Surgical Care for the Uninsured

2006 CPMC PARTNERSHIP GRANTEES

Galileo Academy of Science and Technology/Community Educational Services - Galileo Health Academy

St. Anthony Foundation - St. Anthony Mental Health Project

NICOS Chinese Health Coalition - Healthy Children, Healthy Community

Walden House (Fiscal Agent for the Hospital Council African American Health Disparity Project) - Prostate Health Initiative

promote health and quality of life. By working with a variety of dedicated health care providers, faith communities and volunteers, CPMC's Department of Community Health Programs in collaboration with the Department of Nursing work together to strengthen CPMC's vision of community wellness.

A new outreach program called The Nurses that Care invests time and funds in efforts and initiatives focusing on prevention, wellness, and increases the visibility of CPMC in the community. To date, nurses have worked in community settings conducting flu shot campaigns, nursing consultations, participating in health fairs and conducting blood pressure screenings.

Health Ministry Program

CPMC has implemented numerous programs in the Bayview-Hunters Point neighborhood, including the Health Ministry Program. This program combines the work of lay ministers, nurses and counselors who have worked together to develop a faith-based program helping vulnerable families in the neighborhood. The program's goal is to address, improve and help eradicate social and health concerns affecting the community. The program specifically addresses child immunization rates, access to health care, lack of physical activity, and chronic disease awareness, screening campaigns, violence prevention, breast cancer, and grief counseling. Staff and volunteers work to build non-judgmental relationships, provide job development skills and empower individuals to meet their own needs.

Library and Educational Services

Since it is known that patients who are educated about their health care have improved outcomes, CPMC provides extensive educational resources. Education centers and libraries located on the campuses include the Institute for Health & Healing Library, Newborn Connections, the Women's Health Resource Center, and the Community Health Resource Center.

The Center for Patient and Community Education is a collaborative developed to create learning resources to educate patients, families, and the community. In addition to standard forms of educational materials such as handouts, accu-

rate medical information is also provided on the web at “Learning About Your Health” (www.cpmc.org/learning). Information is available in Chinese, Spanish, and Russian.

Medical Education and Training

CPMC provides a model of specialty care by blending excellence in academics and research with a focus on patient-centered care. CPMC has medical residency and training programs, as well as an active postdoctoral education program. (See “Medical and Professional Education” in Section Five of this IMP.) CPMC also provides training for operating room nursing students, occupational therapists, physical therapists, and surgical technologists.

CPMC’s interns and residents provide a number of services to the underserved community. Interns are able to work in the Emergency Department at San Francisco General Hospital and residents can work at the San Francisco Free Clinic. In addition to providing training, this opportunity increases the care that the Free Clinic can provide.

Medicare and Medi-Cal Reimbursement Shortfalls

CPMC provides inpatient care to many patients who are covered by Medicare and Medi-Cal. These public insurance programs do not fully reimburse CPMC for the cost of the services provided to their insured patients. In 2007, CPMC incurred \$69,536,000 in unpaid costs for Medi-Cal patients and \$79,778,000 in unpaid costs for Medicare patients, for a total of over \$149 million in unreimbursed shortfalls for these programs for 2007 alone. Shortfall amounts for prior years are shown in Figure 03-11.

Charity Care

One type of community benefit provided by all private San Francisco hospitals is charity care, defined as medical care “provided to those who cannot afford to pay and without expectation of reimbursement.” These patients are generally uninsured.

Approved charity care applications to all San Francisco hospitals largely come from Supervisorial District 6 (Tenderloin, Civic Center, and South of Market), District 9 (The Mission), and District 10 (Bayview-Hunters Point, Potrero Hill, and Visitacion Valley).

2005 CPMC COMMUNITY HEALTH AWARDEES

A Home Away from Homelessness

Asian and Pacific Islander Wellness Center

Asian Women’s Resource Center

Círculo de Vida Cancer Support and Resource Center

Episcopal Community Services

MAITRI

Margie Cherry Complementary Breast Health Center

Richmond District YMCA

San Francisco Community Clinic Consortium (SFCCC)

San Francisco General Hospital Foundation

San Francisco Unified School District - School Health Program Department

Sisters’ Network

Telegraph Hill Neighborhood Center

Tenderloin AIDS Resource Center

Women’s Community Clinic

2005 CPMC INVESTMENT GRANTEES

Chinatown Public Health Center - Cancer Support Services for Chinese Women and Their Children

Latina Breast Cancer Agency

2005 CPMC PARTNERSHIP GRANTEES

Galileo Academy of Science and Technology/Community Educational Services - Galileo Health Academy

NICOS Chinese Health Coalition, Health Children - Healthy Community

St. Anthony Foundation's Free Medical Clinic - St. Anthony Mental Health Project

Walden House - Hospital Council, African American Health Disparity Project's Prostate Health Initiative

2004 CPMC COMMUNITY HEALTH AWARDEES

API Wellness Center

Asian Women's Resource Center

Círculo de Vida Cancer Support and Resource Center

Donaldina Cameron House

Ohlhoff Recovery Programs

Kimochi, Inc.

Latina Breast Cancer Agency

MAITRI

Planning for Elders

Prostate Cancer Resource

Richmond District YMCA

Sisters' Network

Tenderloin AIDS Resource Center

Women's Community Clinic

**Figure 03-11
CPMC Community Benefits—2005-2007**

	<u>2007</u>	<u>2006</u>	<u>2005</u>
	(in thousands)		
<u>Services for the Poor & Underserved</u>			
Traditional Charity Care	\$ 5,810	5,017	5,100
Unpaid Costs of Medi-Cal	69,536	37,346	40,346
Other	10,843	6,509	4,086
Total Quantifiable Services	86,189	48,872	49,532
<u>Benefits for the Broader Community</u>			
Non-billed services	1,608	592	268
Education & Research	11,701	9,438	8,046
Cash & In-kind Donations	572	576	549
Other Community Benefits	49	5	1
Total Quantifiable Benefits	\$ 13,930	10,611	8,864
<u>Unpaid Cost of Medicare*</u>	\$ 79,778	58,788	61,747
Total Quantifiable Community Benefit	\$ 179,897	118,271	120,143

Source: CPMC 2007 Community Benefit Plan Report.

*Not officially reported by Sutter Health as part of Community Benefits.

CPMC's Charity Care Guidelines

CPMC's charity care income guidelines are more inclusive than those of the California Healthcare Association, which recommends that patients at or below 300 percent of the federal poverty level be eligible to apply for charity care or discount payment programs. CPMC provides charity care for those with incomes up to 400 percent of the federal poverty level, the highest level provided by any private San Francisco hospital. CPMC's annual quantifiable Charity Care and Community Benefits expenses for the last three available years are included in Figure 03-11.

The San Francisco Charity Care Project

The San Francisco Charity Care Project is an important public-private partnership that has increased and coordinated the charity care services provided by San Francisco's private hospitals. The project improves the delivery of free and low-cost health care to poor and underserved residents of San Francisco.

The Charity Care Project includes CPMC and the other San Francisco private hospitals, Consumers Union, Healthy San

Francisco, the Hospital Council of Northern and Central California, Operation Access, the San Francisco Community Clinic Consortium, the San Francisco Department of Public Health (including San Francisco General Hospital), San Francisco Medical Society, Service Employees' International Union United Health Care Workers (SEIU-UHW), and UCSF Medical Center.

The Charity Care Project was formed in response to an ordinance passed by the San Francisco Board of Supervisors in 2001 (the "Charity Care Ordinance"). With the input of the Charity Care Project, the San Francisco Department of Public Health prepares an annual report required by the Charity Care Ordinance, analyzing charity care provided by San Francisco hospitals. These charity care reports also contain recommendations for improvements to health care in San Francisco.

The Charity Care Project worked during 2007 to enlist participation of San Francisco hospitals, including CPMC, in the Healthy San Francisco project. The Charity Care Project has also worked recently to support the City's Hepatitis B Initiative.

In 2006, the San Francisco Charity Care Project received the National Association of Counties (NACo) Achievement Award. NACo is the only national organization that represents county governments in the United States, and gives awards to programs that promote responsible, responsive, and effective county government.

Other Services for the Community

In addition to the community benefits described above, CPMC provides other significant benefits to the San Francisco community. As noted earlier, it provides a major portion of inpatient and outpatient care needed by San Franciscans. Its disaster preparedness efforts are critical to San Francisco's ability to respond successfully to a human-made or natural disaster. The investment made by Sutter Health and CPMC into St. Luke's, totaling over \$200 million, has allowed St. Luke's to continue its vital role in serving the areas south of Market Street. The investment in St. Luke's includes many capital projects, as well as significant operating losses incurred since St. Luke's became a Sutter affiliate and subsequently a CPMC campus.

RECOMMENDATIONS FROM 2006 SAN FRANCISCO CHARITY CARE REPORT

Since 2001, the San Francisco Department of Public Health has issued an annual report on the Charity Care provided by San Francisco hospitals. The following are excerpts from the 2006 Charity Care Report, and confirm findings from previous reports.

The Report's Conclusions and Recommendations for 2007–2008 are as follows:

1. Healthy San Francisco provides a unique opportunity for the non-profit and public health care delivery system to collaborate on the provision of services to uninsured residents.
2. Ongoing collaboration and planning around community benefits through the Charity Care Project will increase and improve access to health care, especially for populations with disproportionate unmet needs.... The Charity Care Project should focus its efforts on residents of the following neighborhoods: Bayview Hunters Point, Potrero Hill; Tenderloin, Civic Center; and Bernal Heights, Mission, and Visitacion Valley.
3. Continuing to standardize reporting, analysis and application of charity care and community benefit data will improve the provision of health care services in San Francisco to individuals with disproportionate health needs.... The Charity Care Project should continue to promote institutional reforms and community benefits standards recommended by the Public Health Institute (PHI) in its ongoing demonstration project, Advancing the State of the Art in Community Benefits.

SAN FRANCISCO COMMUNITY BENEFITS PARTNERSHIP

The San Francisco Needs Assessment Work Group and Charity Care Work Group recently made a decision to combine efforts to form the San Francisco Community Benefit Partnership.

This newly established group focuses on the importance of hospital community benefit planning. CPMC is an active participant in the Community Benefit Partnership.

The goal of the San Francisco Community Benefit Partnership is to improve planning and priority-setting to create a greater impact at the neighborhood level. The partnership will focus on four areas:

- Improve access to care
- Prevent chronic disease and increase wellness
- Reduce the incidence of communicable disease
- Engage in violence prevention



COMMUNITY OUTREACH

CPMC has been an active participant in the neighborhoods around each of its campuses as well as in citywide efforts to address community needs. CPMC understands the importance of maintaining positive neighborhood relations and is committed to providing resources and assistance. This includes donating meeting space for community groups, sponsoring forums on health-related topics, and financially contributing to local events and activities.

Citywide Outreach

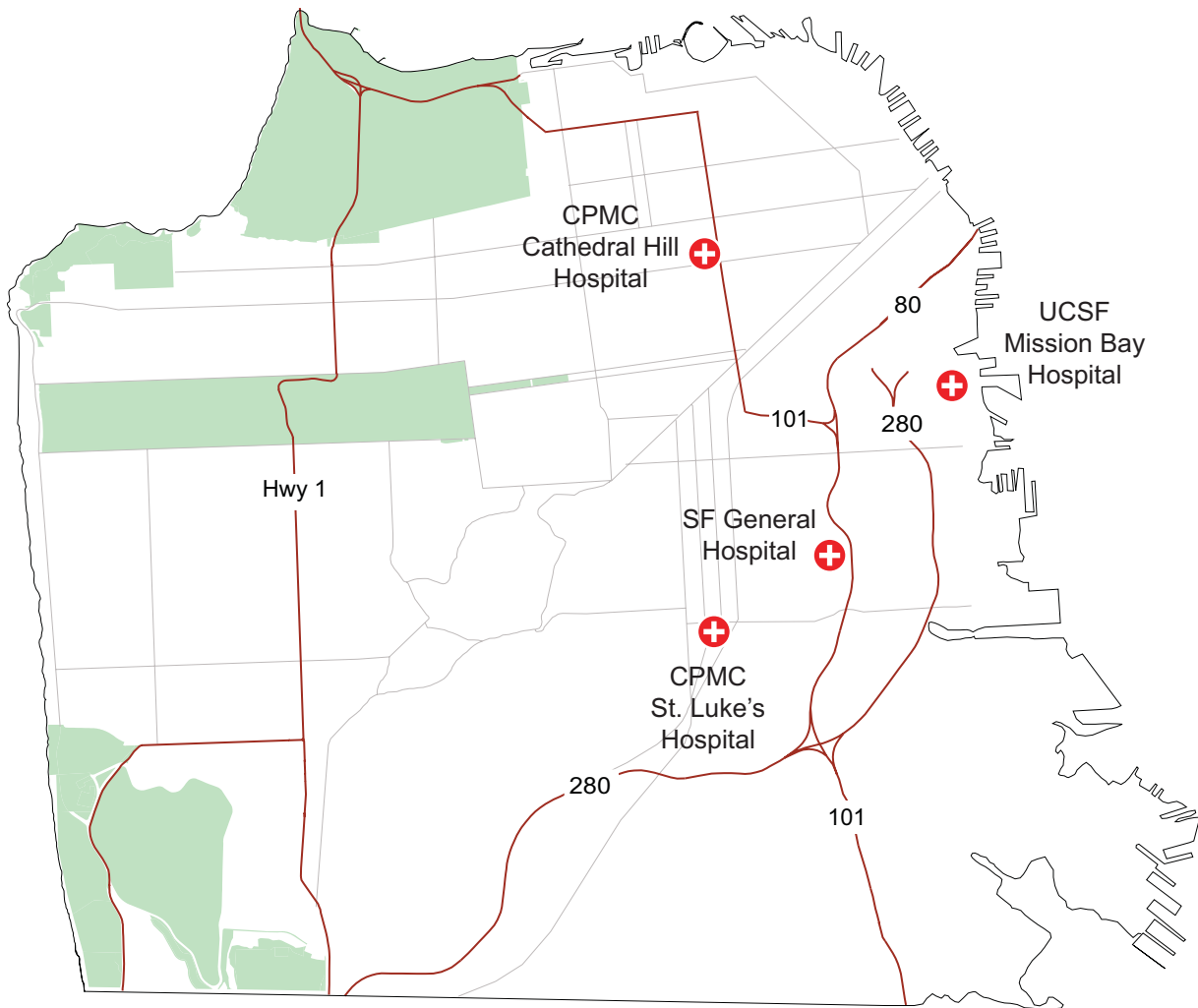
CPMC employees and physicians volunteered at nearly two dozen community events in 2007. They provided screening, educational materials, counseling, and referrals and took part in numerous street fairs, benefits, lectures, conferences, support groups, and classes to promote community health and well-being. Throughout the year, more than 1,400 healthy-heart screenings were conducted. In addition, CPMC participates in fundraising events and supporting activities for organizations such as the March of Dimes, American Heart Association, American Cancer Society, and Project Homeless Connect.

CPMC continues to work with the San Francisco Board of Supervisors, Health Commission, Hospital Council, numerous community organizations, and Mayor Gavin Newsom to prepare for the future of health care in the City, with a special emphasis on the needs of low-income and other vulnerable populations.

Campus-Specific Outreach

Please see the “Community Outreach” subsection in Sections Seven through Eleven for a detailed description of CPMC’s efforts to date.

Figure 04-01
Proposed Hospitals Designed to be Operational After a Major Earthquake



SECTION FOUR: CPMC'S ROLE IN DISASTER PREPAREDNESS

Hospitals play a unique role in society's ability to survive disasters. Following a catastrophic event such as an earthquake or other natural disaster, a terrorist attack, or a major accident, the public will turn to its hospitals for emergency care. This expectation also applies to extreme medical situations, such as epidemics or pandemics. A community's social and economic recovery from any emergency will be significantly facilitated by functioning hospitals.

In order to provide care to San Francisco residents following a catastrophic event, hospitals must remain standing and operational. Due to antiquated medical facilities, however, most existing hospital buildings in San Francisco would not be available to serve those seeking help following a major earthquake. The importance of restoring hospital operations following an earthquake is specifically recognized in the City and County of San Francisco Emergency Operations Plan—Earthquake Response Plan Enhancement.

CPMC, UCSF Medical Center, and San Francisco General Hospital are the only hospitals in San Francisco currently planning to build new SPC 5-rated facilities to comply with the most stringent requirements of SB 1953, as described below. These hospitals would be operational after a major earthquake and could be the only hospitals available to serve the entire City in the aftermath of an event. The proposed locations of these new facilities are shown in Figure 04-01. The centralized location of CPMC's Cathedral Hill Hospital will significantly enhance the ability of San Franciscans to obtain needed medical care following a major seismic event. With the beds at the new St. Luke's Campus, CPMC would more than double the number of beds potentially available. CPMC's Cathedral Hill Hospital and new St. Luke's Hospital will be essential components of the City's emergency preparedness efforts.

This section of the IMP addresses CPMC's role in emergency response and disaster preparedness planning. First, it reviews CPMC's historic role in responding to the challenges that have faced San Francisco during and after emergencies. It then addresses CPMC's current and future disaster preparedness planning efforts, including the implications of SB 1953, the state law that sets deadlines for all California hospitals to meet stringent seismic building codes by either retrofitting existing buildings or constructing new facilities.

CPMC'S HISTORIC ROLE IN EMERGENCIES

1906 Great Earthquake

The 1906 earthquake (estimated at 8.25 on the Richter Scale) and resulting fires devastated San Francisco, killing thousands of people and injuring thousands more. The medical centers that became CPMC were well-established by 1906. In the immediate aftermath of the “great quake” and subsequent fires, the Davies Campus (then German Hospital) welcomed more than 2,000 refugees, charging nothing for their care. German Hospital employees pumped water around the clock from the hospital’s deep well for firefighters and neighborhood residents. On the California Campus (then Children’s Hospital), plaster and soot buried children in their beds, and a chimney fell through the roof of the maternity cottage. Due to the efforts of the nurses, all 116 patients were safely removed from the damaged main hospital. During the three days and nights that San Francisco burned, refugees moved out of town toward the safety of the sand dunes and hills to the west. Ninety-nine patients, most of them near death, were admitted to temporary wards established at Children’s Hospital. All but five were saved. The original hospital building at that campus was eventually torn down as a result of earthquake damage.

At St. Luke’s Hospital, the earthquake left the brand-new Gibbs Pavilion practically destroyed and the rest of the buildings shaken. Within an hour, physicians and nurses were tending to the wounded in tents, the Red Cross flag was flying to notify people where to obtain care, and refugees were gathering on the grounds as smoke rose from fires to the north. The firestorm that started downtown reached within seven blocks of the hospital.

1989 Loma Prieta Earthquake

The Loma Prieta earthquake (6.7 on the Richter Scale) struck in October 1989. Centered 50 miles south of San Francisco in the Santa Cruz Mountains, the earthquake killed 63 people, destroyed an elevated portion of the Bay Bridge, sparked fires that burned parts of the City’s Marina District, and disrupted transportation and services for months.

— Beyond Medicine —

When everything’s falling apart your hospital shouldn’t.

All of us living in earthquake country realize that sooner or later a major quake is going to strike. We know to have an earthquake-preparedness kit on hand in case water is lost, power is down, stores are shut, and ATMs don’t work.

But what happens if we need medical care and our hospital has been damaged, or even destroyed, by a big earthquake? It’s a scary thought. That’s why a state law was passed requiring all California hospitals to ensure that their buildings are strong enough to withstand a major earthquake and be able to remain safely open for patients.

It’s essential work. It also happens to be expensive. Statewide, the cost of upgrading hospital facilities is estimated at around \$110 billion. Community-based hospitals like California Pacific Medical Center must pay for the work themselves—without local, state or federal government funding—which means spending more than \$2 billion to retrofit existing facilities as well as building new ones. What’s more, each year of delay costs an additional \$78 million in increased construction prices alone.

Planning for this level of spending requires prudent financial management, generosity from donors, and responsible, forward-thinking decision making on the part of administrators and public officials who are charged with approving the projects. But it’s worth the effort. Hospital seismic safety is a vital investment—not just in bricks and mortar, but also in peace of mind for the community.

PAST REPORTS ON EARTHQUAKES



Northridge Earthquake, Los Angeles Area, 1994

1906 Earthquake

“Substantially all of the City west of Van Ness Ave. and 20th St. (was) completely destroyed by fire. The burned district comprised the entire business section of San Francisco, and also the residences of about 250,000 people.” — St. Luke’s Board Minutes, May 11, 1906

1989 Loma Prieta Earthquake

“I was halfway onto the Bay Bridge when Loma Prieta hit. It took me several hours to work my way back to the hospital, but once I got there I didn’t leave again for three days. We had 14 earthquake patients (at the Pacific Campus), mostly from the Marina.... We have earthquake drills twice a year, and Loma Prieta gave us a chance to see where we needed to make refinements.” — Michael Rokeach, M.D., Chairman, CPMC Department of Emergency Medicine, 1989

Staff and physicians at the CPMC campuses (then California, Pacific, and Davies) were well-prepared to care for patients after the earthquake due to ongoing emergency preparedness training. Fortunately, no buildings at any of the CPMC campuses suffered major structural damage.

Epidemics and Other Medical Emergencies

CPMC, through its predecessor institutions, has been instrumental in responding to numerous medical emergencies and epidemics, including bubonic plague and typhoid fever in the early 1900s, the Great Influenza Epidemic of 1918-1919, tuberculosis throughout the early 1900s and returning in 1985, and polio from the late 1920s until the early 1960s, when vaccines virtually eliminated that disease.

AIDS is the latest epidemic to test the resources in San Francisco. Again, CPMC was instrumental in the City’s response. At the height of the epidemic, the Davies Campus set aside two entire nursing units to care for up to 150 patients at a time. Davies was the first hospital in the country to offer the medication zalcitabine to AIDS patients threatened with blindness. Other pioneering AIDS treatments got their start at CPMC as well, and countless CPMC physicians, nurses, therapists, and volunteers dedicated their lives to treating this disease. Medical researchers at CPMC made significant contributions to the study of AIDS-related therapies.

Coming Home Hospice was established in 1987 in response to the AIDS crisis. It was the first residential hospice in the nation for people in the last stages of AIDS. The hospice is now part of CPMC and also serves patients with other terminal illnesses.

CPMC continues to respond to medical needs of the community, such as recent efforts to provide free screenings and immunizations for Hepatitis B, particularly in the Asian/Pacific Islander community where this disease is most prevalent. The City’s goal is to be the first United States city to test and vaccinate all Asians and Pacific Islanders for Hepatitis B.

CPMC'S CURRENT ROLE IN SAN FRANCISCO EMERGENCY PREPAREDNESS

CPMC continues to have a major role in San Francisco's ongoing emergency preparedness efforts. Emergency response planning is continually evolving, with all levels of government and critical facilities such as hospitals playing key roles. CPMC's disaster preparedness efforts focus on internal and citywide planning, supplies, training and drills, and coordination with the Neighborhood Emergency Response Team (NERT) program.

Internal and Citywide Planning

CPMC is a part of the Hospital Council Emergency Preparedness Task Force, a group that includes San Francisco hospitals, to improve and coordinate emergency response and preparedness services and available resources. CPMC is currently updating its internal disaster plan, which will be coordinated with the Council's work.

CPMC uses the Hospital Incident Command System (HICS) structure when responding to emergency events. The HICS structure is used by hospitals throughout the United States as a standardized approach in managing emergency situations. CPMC has its main Hospital Command Center at the Pacific Campus, with a satellite command center at each of the other campuses. Each center could, if necessary, serve as a stand-alone command center. The Davies Campus Hospital Command Center is more seismically sufficient due to the recent retrofit work on that campus.

The Sutter Health system is also currently working on an updated emergency plan to assure the most effective sharing of resources among all Sutter Health facilities.

Supplies

CPMC has emergency supplies at each campus. Many supplies, such as tents and radios, were purchased with federal grant funding.

Training and Drills

CPMC personnel are trained to assume various roles in the event of a disaster, using the HICS structure. First Receiver Operational Training is conducted annually. In the event of an incident involving a hazardous material release, trained staff assist with the decontamination of victims.

The Joint Commission (formerly the Joint Commission of Accreditation of Hospitals), the national hospital accreditation agency, requires hospitals to identify and plan for their hazard vulnerabilities. Two of CPMC's top potential hazards are earthquakes and power outages. The Joint Commission also requires hospitals to conduct two drills every year, one of which must be a citywide drill. CPMC participated in the City's earthquake drill in October 2008. As part of its participation, CPMC activated its command centers.

Neighborhood Emergency Response Team (NERT) Training

Many San Francisco neighborhoods have formed Neighborhood Emergency Response Teams (NERT). These teams are trained so that individuals and neighborhoods can maintain self-sufficiency after an emergency. CPMC hosts NERT trainings at multiple campuses and plans to increase coordination with NERT as a component of its updated disaster plan. Additionally, CPMC provides education and information on disaster training in its community publication, *Beyond Medicine*.

CPMC'S FUTURE ROLE—FACILITIES AND OPERATIONS

Senate Bill 1953 (SB 1953)

As a direct result of the devastation caused by the 1971 Sylmar earthquake, including 65 deaths and the collapse of a hospital, the California legislature passed the Alfred E. Alquist Hospital Seismic Safety Act. This act required that all acute care hospitals be designed and constructed to withstand a major earthquake and remain operational immediately after the earthquake. After the 1994 Northridge earthquake, in which many pre-1973 hospitals performed poorly and sustained major damage, the legislature adopted SB 1953, which amended the Alquist Act to toughen seismic requirements for hospitals. SB 1953 required hospitals to evaluate and rate all their general acute care hospital buildings for seismic resistance. The California Office of Statewide Health Planning and Development (OSHPD) developed standards, called Structural Performance Criteria (SPC), to be used to measure a hospital's ability to withstand a major earthquake.

Under SB 1953, any California acute care hospital that is considered a collapse hazard must cease to operate by 2008 unless it has been retrofitted to meet at least a "life safety" standard. Facilities that have been retrofitted to meet basic "life safety" standards would need to be upgraded again to more stringent seismic standards before 2030. Alternatively, such facilities could be used for non-acute care purposes, as appropriate.

Rather than choosing to retrofit, a hospital may instead elect to build a new facility in compliance with SB 1953's strictest standards. The deadline to build a new facility was extended from 2013 to 2015 under amendments made by SB 1661.

San Francisco Hospitals—SB 1953 Compliance

All San Francisco hospitals are subject to SB 1953 (except the Veterans' Affairs Medical Center, which as a federal facility is exempt from this California law) and have been analyzed pursuant to the SPC ratings found in the law. These categories range from SPC-1, buildings that pose a significant risk of collapse and a danger to the public after a strong earthquake, to SPC-5, buildings that are in compliance with the 2030 provisions of the law. Most of San Francisco's hospitals have some buildings that are rated SPC-1. Of San Francisco's active acute care hospitals, only Kaiser's Geary Campus, Chinese Hospital, UCSF Medical Center's Parnassus Campus, and CPMC's recently retrofitted Davies Campus are ranked SPC-2 or higher.

According to the article "Hospitals: Planning for the Next Big Quake" in the San Francisco Planning and Urban Research Association (SPUR) newsletter of June 2002, "Two-thirds of active, licensed beds in the city are in hospitals that do not meet current state standards, and have acute care facilities that will need to be substantially retrofitted or replaced to meet the ... [SB 1953] deadlines. None meets the 2030 guidelines." The article goes on to note that "several major institutions are planning to bite the bullet and rebuild to meet the ultimate standards rather than retrofit. San Francisco General, UCSF, and California Pacific are all creating plans that propose completely new buildings." At the time this article was written, CPMC was considering building a new hospital at its California Campus.

Compliance with SB 1953 is a challenge for CPMC, as it is for most hospitals. The acute care hospital buildings on the California Campus were built between 1954 and 1974; the acute care facility at the Pacific Campus was built in 1973; the acute care hospital tower

at the St. Luke's Campus was built in 1970. These facilities are seismically inadequate and require retrofitting or replacement to comply with SB 1953. The options of seismically retrofitting either the hospital at the Pacific Campus, the hospital at the California Campus, or both, were considered but rejected because of cost, service disruption, the fact that retrofitted hospitals would be compliant under SB 1953 only until 2030, and because new hospitals have many other advantages.

The hospital facilities at the Davies Campus were built in 1964 and also required retrofitting or replacement under SB 1953; the North Tower (containing acute care beds) has been retrofitted and will be available to provide inpatient care until 2030. It was projected that this campus could be seismically upgraded in a cost-effective way with only modest disruption. In reality, this retrofit, while substantially complete, has been far more costly and disruptive than anticipated.

Additional Benefits of SB 1953 Compliance

A new hospital building that complies with SB 1953 standards will have a better chance of withstanding disasters than a structure that does not meet SB 1953 requirements. Beyond this critical improvement, however, newly constructed hospitals provide additional benefits to the public. Building a new hospital provides CPMC the opportunity to create a new, efficient facility to accommodate the health care needs of the future, and to allow for flexibility across its campuses.

In the area of emergency preparedness, the new Cathedral Hill Hospital proposed in this IMP will be vastly superior to CPMC's current facilities. Areas within or adjacent to the hospital will be planned for mass triage, minor emergency treatment areas, and built-in showers and tanks for mass de-contamination. These services currently must be provided in makeshift facilities, such as tents. In most

areas of the existing CPMC campuses, it would be difficult to erect tents due to the hilly terrain and space constraints. The Cathedral Hill Hospital will also be 100-percent supported by emergency generator power. At present only the Davies Campus, due to its recent retrofit, is fully supported. At the other campuses, equipment, lighting, and other functions are not currently fully supported by emergency power.

The Cathedral Hill Hospital will have more negative pressure isolation rooms than any other San Francisco hospital. Another need identified through the City's Hospital Council planning process is space where ventilation can be isolated for a large group of patients. This type of space does not currently exist in San Francisco and will be available for the first time in the Cathedral Hill Hospital.

There are many other systems planned for the Cathedral Hill Hospital that will improve its emergency response capability. A proposed operational requirement for hospitals is that they be capable of operating entirely self-sufficiently for 96 hours, an increase from the current self-sufficiency requirement of 72 hours. For many hospitals, one major impediment to meeting this requirement is fuel tank capacity. CPMC campuses can now achieve between 56 and 72 hours of fuel sufficiency. The new Cathedral Hill Hospital will be self-sufficient for up to 96 hours.

Through compliance with SB 1953, CPMC's new Cathedral Hill Hospital will remain operational after an earthquake and be available to provide essential emergency services. The new hospital will be better able to respond to both natural disasters and human-made catastrophic events. The new Cathedral Hill Hospital will also comply with other modern hospital building codes and standards that recognize recent enhancements to patient care, improved conditions for physicians and staff, and upgrades in medical technology.

SECTION FIVE: CPMC'S OPERATIONS AND SERVICES

California Pacific Medical Center provides a wide range of health care services to the community, representing the continuum of care from before birth to the end of life. Patients and families of all ages and from diverse ethnic, cultural, geographic, educational, and socioeconomic backgrounds receive care at CPMC. Services range from primary care and extensive outpatient services to inpatient acute care with highly specialized services, to skilled nursing and long-term care services.

CPMC provides complementary care, comprehensive wellness programs, disease prevention and intervention programs, and hospice care. All care is delivered in a culturally competent, age-appropriate manner based on the identified needs of CPMC's patients, their families, and the community.

CPMC is recognized as a regional referral center providing Northern California and beyond with access to breakthrough specialized medicine.

Patients are often drawn by CPMC's noted specialty programs, which include:

- Alzheimer's Residential and Day Care
- Cardiac Programs
- Complex Digestive Disease
- High Risk Pregnancy
- Institute for Health & Healing
- Interventional Endoscopy
- Microsurgery
- Minimally Invasive Surgery
- Neurosciences
- Organ Transplantation
- Specialty Pediatrics
- Stroke Programs

This section reviews the major inpatient and outpatient services, special programs, off-campus medical services, and medical research programs offered by CPMC. It also describes employee and medical staff operations and recent honors, awards, and recognition.

MAJOR SERVICES

CPMC continually adjusts services to meet medical needs in the community, provide appropriate staffing, and complement other programs at each campus. CPMC differs from single-campus hospitals in that transfers of patients, services, and even entire programs between campuses are commonplace. For example, in 2007 CPMC moved its pediatric operations from the Pacific Campus to the California Campus, consolidating women and children's services. In 2008, the California Campus opened the first dedicated pediatric emergency department in San Francisco.

Listed on the next few pages are the major inpatient and outpatient services provided at CPMC.

AIDS & HIV SERVICES

AIDS Case Management Program
HIV Institute for Research & Treatment

CANCER SERVICES

A Lady's Touch Boutique
African American Breast Health Program
Breast Cancer Recovery Program
Breast Health Center-Mammography
Cancer Clinical Research Program
Cancer Genetic Risk Assessment
Cancer Information Systems
Geraldine Brush Cancer Clinical Research Program
Gynecological Cancer Recovery Program
Integrative Cancer Program
Lymphedema Services
Pediatric Hematology/Oncology
Peer Support
Radiation Oncology
St. Luke's Breast Health Center
Women and Cancer: A Healing Program

CARDIOVASCULAR SERVICES

Adult & Pediatric Congenital Heart Program
Cardiac Catheterization & Intervention
Cardiac Rehabilitation
Cardiovascular Risk Reduction Program
Cardiovascular & Thoracic Surgical Services
Chest Pain Center
Congenital Heart Surgery
Diagnostic Cardiac Services
Electrophysiology
Heart Failure & Transplantation Program
Interventional Cardiology
Interventional Radiology
Kanbar Cardiac Center
Pediatric Cardiac Surgery & Pediatric Cardiology
Stereotaxis Lab
Vascular Surgery & Endovascular Treatment for Peripheral Vascular Diseases
Ventricular Assist Device Implantation

COMMUNITY-BASED SERVICES

Bayview Child Health Center
Coming Home Hospice & Infectious Diseases
Nutrition Program
Communi-Call
Community Health Programs
Community Health Resource Center
Health Champions
Irene Swindells Alzheimer's Residential Care
Center
Irene Swindells Center for Adult Day Services
Newborn Connections
Visiting Nurses & Hospice of San Francisco
(Sutter Health)
Women's Health Resource Center

COMPLEMENTARY MEDICINE

Health & Healing Clinic
Health & Healing Research Group
Health Professional Education Program
Institute for Health & Healing

CRITICAL CARE SERVICES

Cardiac Care Unit
Coronary Care Unit
Medical-Surgical Intensive Care Units
Neonatal Intensive Care Unit
Pediatric Intensive Care Unit
Transitional Intensive Care Unit

DIABETES SERVICES

Center for Diabetes Services
Diabetes & Pregnancy Program

**DIAGNOSTIC SERVICES &
LABORATORIES**

Cardiovascular Outpatient Services
Clinical Laboratory
EEG Laboratory
Imaging Services
Leo & Gloria Rosen Gastrointestinal
Laboratory
Microsurgery Laboratory Pathology
Nuclear Medicine Laboratory
Prenatal Diagnosis Center

DIALYSIS SERVICES

Dialysis Services

EMERGENCY SERVICES

Emergency Department, Davies, Pacific, &
St. Luke's Campuses
Maternity Emergency Services, California
Campus

**GASTROENTEROLOGY/ENDOSCOPY
SERVICES**

Ambulatory Gastrointestinal Laboratory
Inflammatory Bowel Disease Program
Interventional Endoscopy Service
Leo & Gloria Rosen Gastrointestinal
Laboratory
Motility Program
St. Luke's Gastrointestinal Laboratory

**IMMUNOTHERAPY & INFECTIOUS
DISEASES**

Infection Control
Infectious Diseases
Kuzell Institute for Arthritis & Infectious
Diseases

**MEDICAL SERVICES & PROGRAMS
(ADULT)**

Acute Outpatient Rehabilitation
Advanced Laparoscopic Surgery
Advanced Lung Disease Program
Barry S. Levin, M.D. Department of Organ
Transplantation
Center for Complex Digestive Diseases
Comprehensive Stroke Program
Department of Medicine
Department of Surgery
Division of Nephrology
Endocrinology
Epilepsy Program
Forbes Norris MDA/ALS Research Center
Gastroenterology
Geriatric Psychiatry
Hematology/Oncology
Hepatology

Infectious Diseases
Internal Medicine
Interventional Endoscopy
Maternal-Fetal Center
Memory Clinic
Minimally Invasive Gynecologic Surgery
Motility Services
Neurology/Neurosurgery
Nursing Services
Obstetrics & Gynecology
Occupational Health
Oncology Services
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Psychiatry
Reconstructive & Plastic Surgery
Rheumatology
Skilled Nursing Services
Sleep Health Center
Weight Loss Surgery Program
Women & Children's Center

MICROSURGERY

Buncke Clinic
Harry J. Buncke Microsurgical Research
Laboratory
Microsurgery Laboratory
Microsurgical Services

NEUROSCIENCE INSTITUTE

Comprehensive Stroke Program
Epilepsy Program
Forbes Norris MDA/ALS Research Center
Memory Clinic
Movement Disorders
Muscular Dystrophy Association
Neuromuscular Clinic
Neurointerventional Services
Neuromuscular Disease Program
Neuromuscular Research
Neurology Services
Neuro-oncology
Neurosurgery
Sleep Health Center
Spine and Disc Disease

NUTRITION & WEIGHT MANAGEMENT

Nutritional Metabolism Clinic
Weight-Loss Surgery
Weight Management Program

OCCUPATIONAL HEALTH

Employee Health
Occupational Injury Clinic
Occupational Therapy

OPHTHALMOLOGY

Lions Eye Foundation
Optometry Clinic
Pacific Vision Foundation

ORTHOPAEDIC SURGERY

Comprehensive Joint Care Program

ORGAN TRANSPLANTATION SERVICES

Heart Transplant Program
Histocompatibility Laboratory
Kidney & Pancreas Transplant Program
Liver Transplant Program

OUTPATIENT CLINICS & SERVICES

Adult Cystic Fibrosis Center
Allergy Clinic
Bayview Child Health Center
Child & Adolescent Psychiatry Clinic
Dermatology Clinic
Employee Health
Family Health Clinic
Family Practice
Hand Therapy
Health & Healing Clinic
Kalmanovitz Child Development Center
Lions Eye Foundation
Liver Disease Clinic
Mental Health Clinic
Neuromuscular Clinic
Obstetrics & Gynecology Clinic
Occupational Health Services
Occupational Therapy
Optometry Clinic
Organ Transplantation Clinic
Outpatient Infusion Services

Pediatric Specialty Clinics
Physical Medicine and Rehabilitation
Podiatry Clinic
Prenatal Diagnosis & Genetics
Radiation Oncology
Respiratory Care Services
Sibling Center
Speech/Language/Audiology Clinic
Stroke Care Center
Surgery Clinic
WellSpring Clinic
Whitney Newborn ICU Follow-Up Clinic

PATIENT SERVICES

Center for Patient & Community Education
Community Health Resource Center
Institute for Health & Healing
Interpreter Services
Joseph H. Friend Laparoscopy Education Center
Mitsubishi Cancer Resource Center
Newborn Connections
Palliative Care
Pastoral Care
Patient Relations
Physician Referral
Program in Medicine & Human Values
Specialty Referral & Transport Service
Women's Health Resource Center

PEDIATRIC SERVICES

Allergy Clinic
Bayview Child Health Center
Child Psychiatry Clinic
Gynecology (Adolescent)
Kalmanovitz Child Development Center
Neonatal Intensive Care Unit/Neonatology
Pediatric Cardiology & Cardiac Surgery
Pediatric Endocrinology & Diabetes
Pediatric Gastroenterology & Nutrition
Pediatric Genetics
Pediatric Hematology/Oncology
Pediatric Infectious Disease
Pediatric Inpatient Unit
Pediatric Intensive Care Unit

Pediatric Microsurgery
Pediatric Neurology
Pediatric Ophthalmology
Pediatric Orthopaedics
Pediatric Otolaryngology
Pediatric Outreach Programs
Pediatric Pulmonology & Cystic Fibrosis Center
Pediatric Radiology
Pediatric Specialty Clinics
Pediatric Surgery & Plastic Surgery
Pediatric Transport
Sibling Center
Whitney Newborn ICU Follow-Up Clinic

PHYSICAL MEDICINE & REHABILITATION

Acute Brain Injury Program
Acute Rehabilitation
Cardiac Rehabilitation Program
Cognitive Rehabilitation Retraining
Hand Therapy Services
Occupational Therapy
Orthopaedic Rehabilitation
Physical Therapy
Post-Acute Rehabilitation
Pulmonary Rehabilitation
Speech-Language Therapy
Spinal Cord Injury Program

PSYCHIATRIC & CONSULTATION SERVICES

Child & Adolescent Psychiatry
Department of Psychiatry
Geriatric Psychiatry
Health Psychology
Mental Health Clinic

RESEARCH

California Pacific Medical Center Research Institute
Cardiac Assist Device Research
Cardiovascular Research
Clinical Trials
Epilepsy Research
Forbes Norris MDA/ALS Research Center

Geraldine Brush Cancer Clinical Research Program
Health & Healing Research Group
Heart Failure Research
Hepatology & Gastroenterology Research Program
Kuzell Institute for Arthritis & Infectious Diseases
Liver Immunology Laboratory
Neurology Research
Neuromuscular Research
Neuro-oncology Research
Organ Preservation Research
Organ Transplant Research
Pediatric Research

RESPIRATORY CARE

Adult Cystic Fibrosis Center
Adult Respiratory Services
Pediatric Pulmonology & Cystic Fibrosis
Pentamidine Clinic
Pulmonary Function Laboratory
Pulmonary Rehabilitation
Respiratory Therapy

SENIOR SERVICES

Community Health Resource Center
Geriatric Psychiatry
Irene Swindells Alzheimer's Residential Care Center
Irene Swindells Center for Adult Day Services
Memory Clinic

SURGICAL SERVICES/ AMBULATORY SURGERY

Advanced Laparoscopic Surgery
Ambulatory Care Services
Ambulatory Surgery Unit
Center for Outpatient Surgery
Department of Anesthesiology
Department of Surgery
Minimally Invasive Gynecologic Surgery
Neurosurgery
Post-Acute Services
Weight-Loss Surgery

WOMEN'S PROGRAMS

Antepartum Testing
Breast Cancer Recovery Program
Breast Health Center
Center for Advanced Surgical Options in Gynecology
Comprehensive Pelvic Medicine & Continence Center
Diabetes & Pregnancy Program
Gynecological Cancer Recovery Program
Gynecology/Oncology Services
Minimally Invasive Gynecologic Surgery
Newborn Connections
Obstetrics & Gynecology Clinic
Premature Birth Prevention (High-Risk Pregnancy Services)
Prenatal Diagnosis & Genetic Counseling
Reproductive Medicine
St. Luke's Breast Health Center
Women's Health Resource Center
Women's Support Groups

SPECIAL PROGRAMS

The following are a few of the unique programs provided by CPMC at its various campuses.

Institute for Health & Healing

Hospitals all over the country are adding integrative health services to their programs, and the Institute for Health & Healing (IHH) is at the forefront of this emerging field. Founded in 1994, IHH was the first integrative medicine clinic certified by the State of California. The Institute for Health & Healing at the Pacific Campus is one of the largest integrative medical facilities in the nation, staffed with over 40 practitioners and doctors practicing more than 35 holistic therapies. IHH was recently named the top hospital-based holistic health center on the West Coast and was selected by Natural Health magazine as a national leader in integrative medicine; the magazine recognized CPMC as “America’s Healthiest Hospital” in 2001. IHH serves more than 50,000 patients a year through comprehensive care, education, and research programs. IHH includes the Health & Healing Center, clinic, retail store, research services, and the Health & Healing Library.

Irene Swindells Alzheimer’s Residential Care Program and Center for Adult Day Services

The Irene Swindells Alzheimer’s Residential Care Program at CPMC is the only medical center-based Alzheimer’s program in the Bay Area. The program provides compassionate, expert care to Alzheimer’s patients in a home-like atmosphere. The Irene Swindells Center for Adult Day Services was developed collaboratively by CPMC and the Institute on Aging. It is a social-model adult day program designed to serve individuals with mild to

moderate memory loss. The new state-of-the-art facility on the California Campus provides a structured program of activities in a supportive environment, along with education and support for family caregivers. The Irene Swindells Center for Adult Day Services is made possible by the support of the CPMC Foundation.

Women’s Health Resource Center

The Women’s Health Resource Center (WHRC), located on the California Campus, offers women’s health information, classes and support groups for women’s health and well-being, and supportive care for women with cancer. Serving more than 10,000 women annually, regardless of ability to pay for services, the WHRC provides several unique programs for Bay Area women: the Ovarian and Reproductive Cancer Recovery Program, massage therapy services, and BodyLOVE, a program to encourage healthier lifestyles through stress reduction, support groups, and nutrition education.

Health Care Center Pediatric Clinic

The Health Care Center’s Pediatric Clinic at St. Luke’s provides care to some of the community’s most vulnerable children, with approximately 16,000 patient visits per year. With four physicians and a nurse practitioner, all fluent in Spanish, the clinic provides a full range of pediatric care.

OFF-CAMPUS MEDICAL SERVICES

CPMC also provides health care services to the San Francisco community at locations that are not part of any of the CPMC campuses.

Bayview Child Health Center

The Bayview Child Health Center opened in March 2007. Located in the Bayview-Hunters Point neighborhood—the area with the highest density of both children and African Americans in San Francisco—the Bayview Child Health Center is a joint project of CPMC, the CPMC Foundation, and the Physician Foundation at CPMC. For more information on this new program, see Section Three, CPMC’s Role in San Francisco Health Care.

Coming Home Hospice

Founded in 1987, Coming Home Hospice at 115 Diamond Street provides expert, specialized end-of-life care to patients and their caregivers in a peaceful, loving, home-like environment. Coming Home Hospice is a residential hospice program that offers care and support for patients and their families facing terminal illness, when care at home is no longer an option. Caregivers provide 24-hour nursing and personal care. Coming Home Hospice was established at the height of the AIDS crisis and was the first residential hospice in the nation for AIDS patients. It has since broadened its scope to include all life-ending conditions and is currently the only licensed residential hospice facility in San Francisco. About one-half of the annual budget of Coming Home Hospice comes from the CPMC Foundation.

Kalmanovitz Child Development Center

The CPMC Kalmanovitz Child Development Center is at its new location at 1625 Van Ness Avenue. A satellite center has been established at the St. Luke’s Campus to serve the children in the neighborhoods around St. Luke’s. For more information, see Section Three, CPMC’s Role in San Francisco Health Care.

Visiting Nurses and Hospice

In 2005, CPMC’s Visiting Nurses and Hospice program merged with Sutter VNA & Hospice. The year 2006 marked the 100th anniversary of Sutter VNA & Hospice and of home health care in Northern California. Sutter VNA & Hospice’s nurses, rehabilitation therapists, social workers, and home health aides visit homes of the chronically ill and disabled and provide specialty nursing services to mothers and infants. Hospice clinicians provide palliative and spiritual care for people facing end-of-life illnesses who choose to remain at home. In 2006, VNA & Hospice made more than 40,000 home visits in San Francisco.

MEDICAL RESEARCH

Research and education, prominent in CPMC's mission statement, enhance the quality of medical care at CPMC.

CPMC Research Institute (CPMCRI)

The CPMC Research Institute (CPMCRI) coordinates basic (laboratory) research and patient-oriented (clinical) research activities at CPMC. Approximately 60 principal investigators, along with laboratory and clinical researchers, molecular biologists, immunologists, pharmacologists, biochemists, physiologists, epidemiologists, behavioral scientists, biostatisticians, and computer scientists conduct basic and clinical research at the CPMCRI.

Basic Research

Basic, or biomedical, research is conducted in diverse areas such as aging, arthritis, epilepsy, diabetes, neurobiology of pain, cardiovascular disease, osteoporosis, organ transplantation, mechanisms of drug addiction, neurodegenerative diseases (e.g., ALS or amyotrophic lateral sclerosis), cancer, AIDS, hepatitis, and other infectious diseases.

In 2004, much of CPMC's laboratory research was consolidated to a new location at 475 Brannan Street, near the developing Mission Bay area. This space also includes a conference room and research administration. In January 2007, additional space was leased in the same building on Brannan Street. Additional research space was also acquired in 2007 when St. Luke's became a CPMC campus.

Research facilities remaining on CPMC's campuses include one small research lab on the California Campus, two research labs in the Gerbode Building at the Pacific Campus, and

addiction pharmacology research conducted at the St. Luke's Campus.

Clinical Research

Patient-oriented or clinical research usually includes studies sponsored by pharmaceutical, medical device, or biotechnology companies that are part of the industry's effort to have new drugs or medical devices approved in the United States or evaluated for new applications. These efforts are generally called clinical trials. Over 300 clinical trials are currently conducted at CPMC, including trials in the following areas:

- Amyotrophic Lateral Sclerosis (Forbes Norris ALS Research Center)
- Breast health and complex pregnancies
- Cardiology, including heart failure and mechanical assist devices
- Gastroenterology, including irritable bowel syndrome, reflux disease, and interventional endoscopic devices
- Gynecology
- Hepatology and transplantation
- HIV and other infectious diseases
- Neurology, including neuromuscular diseases, epilepsy, and stroke
- Neonatology
- Oncology, including breast, prostate, lung, ovarian, esophageal, and pancreatic cancers, and cancers of the blood
- Renal dialysis and renal transplantation
- Rheumatology

Research Funding

The CPMCRI has grown markedly in the past five years. From 2002 to 2006, total direct expenditures for research tripled from approximately \$8 million to approximately \$26 million. Federal grants and contracts provide the largest proportion of research funds for CPMCRI, providing over \$12 million in funding in 2006.

EMPLOYEES AND MEDICAL STAFF

One of CPMC's most valued assets is its large base of skilled and dedicated employees. These employees are critical to the success of CPMC's operations. CPMC is committed to being the "employer of choice" and continues to invest in employee training, development, and retention. The success of these efforts is reflected in CPMC's ranking for three years in a row (2006, 2007, and 2008) as one of the Best Places to Work in the Bay Area, based on an employee survey administered by an outside firm for the San Francisco Business Times.

Employees

CPMC has approximately 6,800 employees. CPMC is the second largest private (non-governmental) employer in San Francisco and the fourth largest if both governmental and private employers are considered, according to the 2008 Book of Lists published by the San Francisco Business Times.

CPMC employs and contracts for nurses, technicians, and other health care professionals. However, most of the doctors who provide patient services on the four campuses are not contract workers or employees. Rather, these physicians are in private practice and have medical staff privileges at CPMC.

Employees receive competitive compensation and fully paid health benefits for themselves and their dependents. CPMC is an Equal Opportunity Employer.

Employee Demographics

Approximately 61 percent of CPMC employees are people of color (see Figure 05-01). Approximately 72 percent are women (see Figure 05-02)—a much larger percentage than in the City's population (see Figure 05-03).

Figure 05-01
CPMC Employees by Ethnicity — 2008

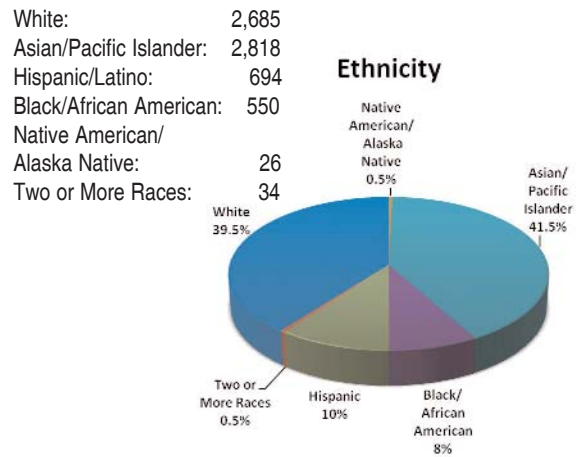


Figure 05-02
CPMC Employees by Gender — 2008

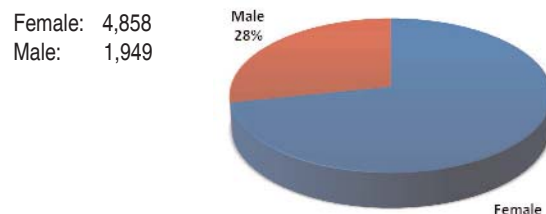
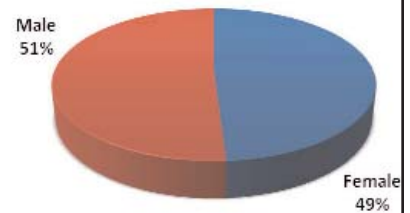


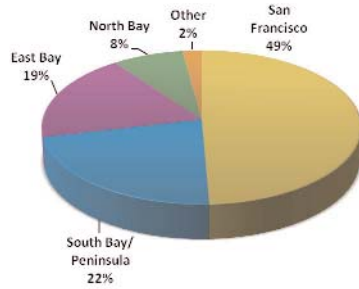
Figure 05-03
San Francisco Population by Gender — 2006



Source: 2006 United States Census

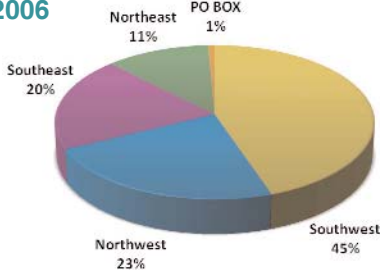
**Figure 05-04
CPMC Employees by Residence — 2006**

San Francisco:	3,286
South Bay/Peninsula:	1,468
East Bay:	1,236
North Bay:	531
Other:	141



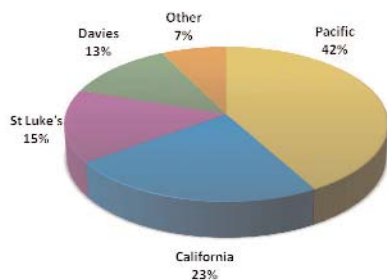
**Figure 05-05
CPMC Employees by Subarea of San Francisco — 2006**

Northeast:	362
Northwest:	756
Southeast:	657
Southwest:	1,479



**Figure 05-06
CPMC Employees by Campus — 2006**

Pacific:	2,790
California:	1,540
St. Luke's:	1,012
Davies:	831
Other:	489



Approximately 49 percent of CPMC employees reside in San Francisco, 22 percent reside in the South Bay/Peninsula, 19 percent live in the East Bay, and 8 percent live in the North Bay (see Figure 05-04). Most San Francisco employees reside in the northwest, southwest, and southeast quadrants of the City (see Figure 05-05).

Approximately 42 percent of the employees work at the Pacific Campus, 23 percent at the California Campus, 13 percent at the Davies Campus, and 15 percent at the St. Luke's Campus (see Figure 05-06). The remaining employees are at other locations in San Francisco.

Employee Education and Training

CPMC is committed to providing educational and training opportunities to its employees in order to attract and retain the highest quality workers and to improve their professional growth and career mobility. This education and training reflect CPMC's goal to "grow its own workforce." Educational and training opportunities offered by CPMC include the following.

School at Work

This is an eight-month college preparatory course geared toward developing the skills of entry-level workers. The first four months of the course focus on reading, writing, gram-

mar, and math skills. The second four months emphasize health care-specific knowledge such as medical terminology, anatomy, and biology. The goal for participants who complete the course is either to enroll in college or to transfer into a promotional position.

School of Prerequisites

These San Francisco City College courses are offered on-site at CPMC campuses and include Medical Terminology, English, Conversational Spanish for Medical Professionals, Math, Sociology, Psychology, and Anatomy.

Personal and Professional Development Seminars

These free on-site seminars are offered every few weeks and cover topics such as Communication Skills, Business Writing, Speaking with Confidence, Coaching and Teambuilding Skills, Conflict Management Skills, and Project Management.

Tuition Reimbursement Program

For qualified employee applicants, CPMC offers financial support of up to \$3,000 per year for “market scarce” job training.

School of Languages

These on-site classes are taught by San Francisco City College instructors and tailored to the unique needs of health care professionals. Classes include Russian, Cantonese, Spanish, and Tagalog.

Career Development Fairs

These fairs feature speakers, brochures, applications, prizes, and networking opportunities and are offered at all CPMC campuses.

Medical Staff

As of September 2008, approximately 1,644 physicians and allied health professionals have staff privileges at CPMC (Pacific, California, and Davies campuses) and 1,006 are members of the active staff. Physician members of CPMC’s medical staff are required to have obtained board certification in a specialty recognized by the American Board of Medical Specialties, with limited exceptions.

Over 1,000 medical specialties and subspecialties are represented by CPMC’s medical staff. The specialties of the majority of the physician medical staff are family medicine, general surgery, internal medicine, obstetrics/gynecology, ophthalmology, orthopedic surgery, pediatrics and psychiatry. Approximately 525 of the medical staff are women.

The medical staff at the St. Luke’s Campus has not yet merged with the CPMC medical staff. There are 361 physicians and allied health professionals with staff privileges at St. Luke’s (some of whom also share privileges at the other CPMC campuses); 195 are members of the active staff and 100 are women.

Medical and Professional Education

CPMC’s tradition of support for medical education goes back to the founding of the Pacific Campus in 1857 as the first medical school and teaching hospital west of the Mississippi River. As a critical part of its mission, CPMC sponsors graduate and continuing education for health care professionals, including medical students, doctors, and nurses.

In recognition of the benefits of providing academic opportunities to medical students, CPMC began a formal teaching affiliation with Dartmouth Medical School in 2008. Eventually, as many as 24 students at a time will be training in clinical clerkships at CPMC. This partnership benefits both institutions.

Dartmouth, founded in 1797, is the fourth oldest medical school in the United States and has a well-deserved reputation for excellence. The school is in a small town in New Hampshire. The partnership allows Dartmouth students the opportunity to train in an urban hospital that treats a large, diverse population.

Continuing Medical Education

CPMC is fully accredited by the California Medical Association to provide Continuing Medical Education activities for physicians. The continuing medical education program is exceptionally diverse, due to the size of the medical center, its multiple departments, its many tertiary care activities, and its involvement in graduate medical education in a number of specialties.

Graduate Medical Education

CPMC sponsors seven post-graduate medical education programs that are approved by the Accreditation Council of Graduate Medical Education (ACGME). Approved residencies include programs in internal medicine, ophthalmology, psychiatry, and radiation oncology. CPMC sponsors accredited fellowships, which are training programs for post-residency physicians, in pulmonary and critical care medicine, cardiology, gastroenterology, and hand surgery. CPMC also provides rotations (usually 2- to 12-week programs) for residents enrolled in training programs at other institutions, mainly the University of California, San Francisco (UCSF).

CPMC has 110 trainees in its graduate medical education programs. CPMC's total expenditures for graduate medical education have been approximately \$11 million each year. Medicare payments are received for the costs of graduate medical education programs.

Undergraduate Medical Education

CPMC is a major teaching affiliate of Dartmouth Medical School, providing core clerkships (those required for graduation from medical school) for Dartmouth medical students in psychiatry, internal medicine, neurology, obstetrics and gynecology, and pediatrics. CPMC also offers core clerkships in obstetrics and gynecology, pediatrics, and general surgery for students at UCSF. In addition, students from many medical schools do elective rotations in various departments, such as the Intensive Care Unit. Approximately 20 medical students are taught at CPMC each month in these programs.

Nursing Education

Recruiting and retaining the very best nurses are top priorities for CPMC, especially as nursing shortages are becoming more common. Educational development for nurses is an important part of this effort. Continuing education programs are available on-site for nurses and nurses' aides. Topics include Evidence Based Nursing Practices, Ethics, Nursing Quality and Patient Safety, and Culture and Diversity. CPMC also provides Nursing Specialty Certifications, which recognize nurses who have reached the highest levels of practice in the nursing profession. Preparation courses for Specialty Certification are available on-site in areas of specialization including neonatal, critical care, and medical surgical nursing. CPMC also offers on-site personal and professional development seminars, which are available for all levels of employees and have been found to be beneficial to CPMC's nurses.

RECENT HEALTH CARE HONORS, AWARDS, AND RECOGNITIONS

Recent honors, awards, and recognitions received by CPMC include the following.

Leapfrog Top Hospital Award

For the last three years (2006, 2007, and 2008), CPMC was named a “Leapfrog Top Hospital” based on results from the Leapfrog Hospital Quality and Safety Survey, a national rating system that provides an up-to-the-minute assessment of a hospital’s quality and safety. CPMC is only one of five hospitals (adult or children) in the nation to be included in this prestigious list for three consecutive years. The Leapfrog Group was founded in 2000 by the Business Roundtable to initiate breakthrough improvements in the safety, quality, and affordability of health care for all Americans. Its membership includes many of the nation’s largest employers.

Joint Commission Accreditation

The California, Pacific, and Davies Campuses received full accreditation from the Joint Commission (formerly JCAHO, Joint Commission on Accreditation for Hospitals and Organizations) in July 2007. The St. Luke’s Campus received full accreditation in September 2007.

The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 15,000 health care organizations and programs in the United States. Joint Commission accreditation and certification are recognized nationwide as symbols of quality that reflect an organization’s commitment to meeting certain performance standards.

VHA Performance Excellence Award

CPMC received a Performance Excellence Award for its Acute Myocardial Infarction (AMI Care) performance measures in 2006. The VHA (formerly Voluntary Hospitals of America) is an alliance of more than 2,400 not-for-profit health care organizations, including 1,400 hospitals.

Primary Stroke Center Certification

CPMC’s stroke care center was recognized as one of the best in the nation by receiving Primary Stroke Care Center certification from the Joint Commission in 2006. CPMC is currently the only non-university-affiliated medical center in San Francisco to receive this certification.

Kidney Transplant Program Recognition from Health Resources and Services Administration

In 2007, CPMC’s kidney transplant program was evaluated and recognized by the United States Health Resources and Services Administration for best practices based on excellence in outcomes.

100-Percent Score for Heart Attack Care at St. Luke’s

St. Luke’s has earned a perfect 100-percent compliance with the Heart Attack Quality Measures established by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Best Outcomes in Sutter Health for First Pregnancy and Delivery

In 2006, Sutter Health recognized the St. Luke’s Campus for having the network’s best outcomes in first pregnancy and delivery.

— Beyond Medicine —

Taking care of people who are taking care of people

While we pride ourselves on being a technologically advanced, leading-edge hospital, at California Pacific, our most valued assets are our people—the 6,600 nurses and other staff who work in three shifts, 24 hours every day, 365 days every year.

We are deeply committed to being a great employer so our staff can focus on what's important—delivering safe, high-quality and compassionate care to our patients. Our compensation is competitive—in fact, our nurses are the most highly paid in the Bay Area. We provide our team with great benefits, such as fully paid health insurance for workers and their families (a benefit offered by only 8 percent of employers nationwide), a retiree health savings account and a fully funded retirement plan. And we encourage growth and development with on-site educational courses and tuition reimbursement.

Why is this so important to us? An average patient will interact with up to 40 hospital employees in a 24-hour period—from nurses, aides, pharmacists and therapists to technicians, cooks, housekeepers and security personnel. An outpatient may interact with 15 employees in a single hour. In many ways, the single best way for us to take great care of our patients is for us to take great care of our workforce.

Through shared values, strong leadership, open and honest communication and mutual trust and respect, California Pacific Medical Center is proud to have developed a culture where people can excel, and patients can benefit.

Award for Pediatric Treatment of Asthma

The State of California recently granted an award to the St. Luke's Campus for its treatment of pediatric asthma.

Pediatrics Clinic Awards

The Pediatrics Clinic at St. Luke's was recognized by the National Committee for Quality Assurance for being in the top five percent statewide for immunizing children under five. The Pediatrics Clinic also received an award for Excellence for Quality of Care from the San Francisco Health Plan (now called Healthy San Francisco).

99th Nationwide Percentile—Nursing Quality by Medical Staff

In 2007, for the second year in a row, the CPMC medical staff ranked nursing quality in the 99th percentile.

Low Nursing Turnover Rate

In 2007, CPMC's nursing turnover rate was 7.5 percent, ranking in the top 10 percent of best-performing West Coast hospitals.

Other Awards

Additionally, CPMC received the following awards, accreditations, and other recognition in 2007:

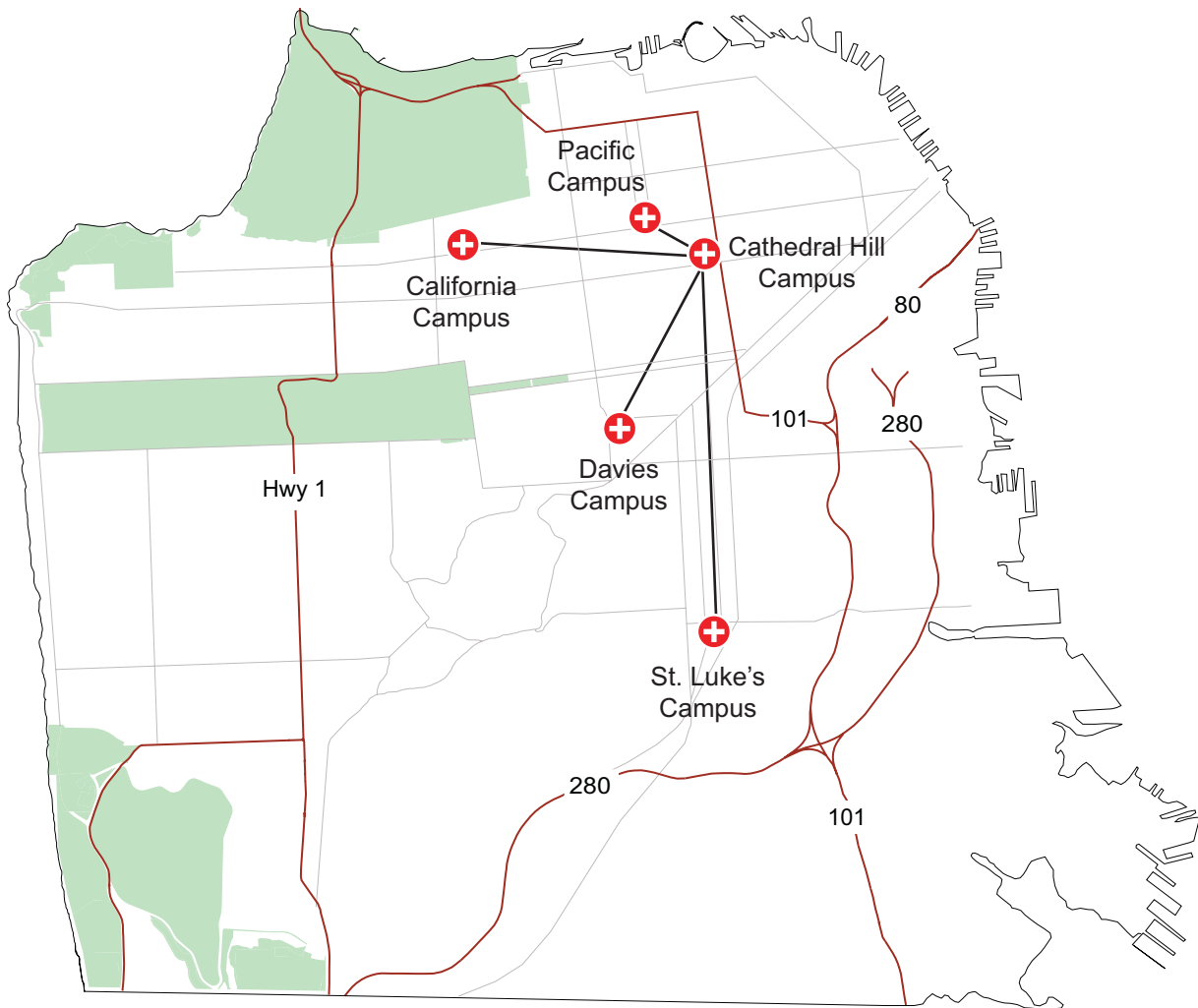
- ACS National Surgical Quality Improvement Program
- Best Hospital in San Francisco, fourth year in a row (Readers of JWeekly)
- Great California Workplaces Award in the Non-Profit Category (Employer Resource Institute)
- Family Favorite Winner (Bay Area Parent magazine)
- VHA Leadership Award for Community Benefit Excellence (one of five hospitals nationwide)
- VHA West Coast Performance Award for Clinical Performance Improvement and High Reliability
- VHA Passion Award
- Special Quality Award for participation in the American College of Surgeons
- National Surgical Quality Improvement Program (Joint Commission)

- Certificate of Special Congressional Recognition from House Speaker Nancy Pelosi for outstanding and invaluable service to the community
- Histocompatibility Laboratory—American Society for Histocompatibility & Immunogenetics full accreditation
- Five-year accreditation from the Accreditation Council for Graduate Medical Education
- American Stroke Association Get With The Guidelines Initial Performance Achievement Award
- Kidney Transplant Program honored for best practices based on outcomes (U.S. government)
- American Diabetes Association Award for Diabetes Self-Management Education Program
- Physician recognition for excellence in spine care (National Committee for Quality Assurance)
- “Beyond Medicine” branding campaign: numerous gold, silver, and bronze awards from the nation’s most prestigious advertising and business communications associations
- National awards for CPMC’s history, calendar, and newsletter and the “Rediscover St. Luke’s” campaign
- President and CEO Martin Brotman, M.D., recognized by the American Gastroenterological Association with its highest honor, the 2008 Julius Friedenwald Medal, for lifetime achievement
- Letter of appreciation from Governor Arnold Schwarzenegger for CPMC’s financial support to several community programs
- Certificate of Appreciation from the Greater Geary Boulevard Merchants Association
- Honor from Asian Perinatal Advocates for outstanding medical care and concern for Asian and Pacific Islander immigrant families
- Appreciation from the Philippine Medical Society of Northern California for generous and continued support
- Press Ganey National Success Story Award for excellence in patient satisfaction

**California Pacific Medical Center
2008 Institutional Master Plan**

PART II: PROPOSED FACILITIES

Figure 06-01
California Pacific Medical Center — Proposed Campuses



SECTION SIX: OVERVIEW OF CPMC'S PLANS FOR THE FUTURE

Part Two of the IMP, beginning with this section, describes CPMC's plans to strengthen its current role and create a robust foundation for the future while ensuring the seamless continuation of health care services for the community. This section provides an overview of CPMC's plans for its four existing campuses and the new Cathedral Hill Campus.

CPMC'S PLANS

CPMC faces the same health care challenges shared by all San Francisco medical institutions in planning for the future. San Francisco's demographics are changing as the population ages, and patients are requiring more intensive health care services. The need for ambulatory care is increasing. Meanwhile, emerging medical technology is requiring modern hospital space layouts.

Since CPMC plays a major role in San Francisco health care, providing services while undertaking the projects necessary to meet the City's future health care needs is critical. Responding to these challenges presents CPMC with the opportunity to go beyond compliance with seismic requirements, to plan for the future and improve the delivery of health care for everyone.

The IMP creates a framework for CPMC's multiple campuses for the next ten years and beyond. The result will be campuses with clear identities and areas of concentration. The plan lays the foundation for the next generation of health care by anticipating the needs of San Francisco's diverse population, using the latest advancements in technology and creating safe and efficient medical facilities. The plan will create a network of medical services, with primary and specialty care provided at each campus.

CPMC's plan is to create three distinct Centers of Excellence with acute and ambulatory care facilities at the Davies Campus, the St. Luke's Campus, and a proposed new Cathedral Hill Campus. The Pacific Campus will become an ambulatory care center. These campuses will be supported by outpatient care throughout the City, such as portions of the California Campus, the existing Bayview Child Health Center, and potential clinics in Potrero Hill, the Excelsior, and Stonestown.

Because each CPMC campus will have its own unique focus, CPMC will become a more functionally integrated medical center, which will best serve the needs of the community. Figure 06-02 is a summary of the projects described in this IMP. The revised Environmental Evaluation Application submitted to the City in December 2008 distinguishes between projects that are planned to be implemented in the near-term (from 2010 through 2014) from those that are planned for implementation in the long-term (from 2015 forward).

Figure 06-02
Institutional Master Plan Summary

Cathedral Hill Campus

Acute Care/Women & Children's Services

New 555-bed acute care hospital (near-term)
 Women and children's services
 Emergency department
New medical office building (near-term)
Renovation of office building at 1375 Sutter Street (near-term)

Davies Campus

Acute Care/Neurosciences

206-bed hospital (includes acute care, rehabilitation, psychiatric, and skilled nursing beds) (existing)
 Emergency department
 Microsurgery
Acute rehabilitation; rehabilitation terrain park (existing)
New Neuroscience Institute/Noe Street medical office building (near-term)
New Castro/14th Street medical office building and underground parking (long-term)

St. Luke's Campus

Acute Care/Senior & Community Health

New 86-bed hospital (near-term)
 Medical/surgical
 OB/GYN
 Emergency department
 Center of Excellence on Senior Health
Renovation of 1957 Building (near-term)
New expansion building (long-term)

Pacific Campus

Ambulatory Care

Renovation of residential building at 2329 Sacramento Street (near-term)
Rehabilitation of residential building at 2018 Webster Street for office use (long-term)
Renovation of existing hospital to create Ambulatory Care Center (ACC) (long-term)
Replacement of Stanford building and 2324 Sacramento Street building with ACC Addition (long-term)
Additional above-ground and underground parking (long-term)

California Campus

Sell campus

Cathedral Hill Campus: Acute Care/ Women and Children's Services

CPMC has determined that, in order to meet the City's health care needs in the coming decades, it must build a new seismically compliant acute care hospital at Cathedral Hill. CPMC's plan for the Cathedral Hill Campus responds to many complex demands: the need to comply with SB 1953 and SB 1661 (which will make existing hospital facilities seismically obsolete by no later than 2015), the functional challenges of older facilities, and the redundancies that result from operating four campuses that were each previously independent.

The plans will create a network of medical services, with primary and specialty care provided at each campus and tertiary and quaternary services offered at the new, state-of-the-art 555-bed acute care Cathedral Hill Hospital. The Cathedral Hill Campus will also provide women and children's services, diagnostic and treatment facilities, medical offices, and an emergency department for the entire City, all centrally located and easily accessible by transit. All Cathedral Hill projects are near-term, scheduled for completion by the end of 2014. For a detailed discussion of the Cathedral Hill Campus and planned facilities, see Section Seven.

Davies Campus: Acute Care/ Neurosciences

The Davies Campus will emphasize neurosciences and the complementary areas of rehabilitation and skilled nursing. New facilities will include a medical office building on Noe Street (a near-term project, also known as the Neuroscience Institute), and a new medical office building at Castro and 14th Streets (a long-term project). For a detailed discussion of the Davies Campus and planned facilities, see Section Ten.

St. Luke's Campus: Acute Care/ Senior and Community Health

Responding to public concerns about the need for continued acute care services for the neighborhoods south of Market Street, CPMC has committed to building a new acute care community hospital on the site of the St. Luke's Campus. The new hospital will be sized appropriately and flexibly to accommodate proposed programs and services, Blue Ribbon Panel recommendations, and growth opportunities. Planned services include a medical/surgical hospital, OB/GYN, an emergency department, an intensive care unit, urgent care, primary and urgent pediatrics, and a

Center of Excellence on Senior Health. The new St. Luke's hospital is a near-term project and will be completed by 2014. For a detailed discussion of the St. Luke's Campus and the Blue Ribbon Panel process, see Section Eleven.

Pacific Campus: Ambulatory Care

Once the proposed Cathedral Hill Campus is built, acute care services at the Pacific Campus will be transferred there. The main hospital building (2333 Buchanan Street) at the Pacific Campus will then be renovated to become the new Ambulatory Care Center (ACC). The ACC will be enhanced with a new building, the ACC Addition, by 2019. All projects planned for the Pacific Campus are long-term projects to be commenced in 2015 or later, except for the renovation of 2329 Sacramento Street. For a detailed discussion of the Pacific Campus and planned facilities, see Section Nine.

California Campus

It is anticipated that the California Campus will be sold once programs and services there are transferred to the proposed Cathedral Hill Campus. The California Campus will continue to be used for medical purposes until the transfer. For a detailed discussion of the California Campus and plans for its transition to new uses, see Section Eight.

THE PROPOSED CATHEDRAL HILL CAMPUS: CORNERSTONE OF CPMC'S PLANS

While development and changes are planned at each of CPMC's campuses, the cornerstone of the IMP is the new acute care and women and children's hospital at Cathedral Hill. The facilities described in this IMP represent a capital investment in excess of \$2.3 billion in San Francisco's health care infrastructure that will not require additional tax dollars from City residents. The hospital will incorporate forward-thinking design concepts for the delivery of health care, the strictest seismic standards, and sustainable features not yet seen in San Francisco health care facilities. Planned for completion in 2014, the Cathedral Hill Hospital will be centrally located on Van Ness Avenue and Geary Boulevard, at the intersection of major transit corridors. The new facility will have the added benefit of significantly revitalizing this area of the City.

The Cathedral Hill Planning Process

CPMC has considered several options for upgrading its facilities and enhancing programs and services, as discussed in Section Thirteen, Alternatives. In order to meet its mission, the community's needs, and state law, CPMC made a critical planning decision that it would need to build a new hospital in San Francisco.

Identifying the right site was a difficult task. The selected site needed to be centrally located and large enough to accommodate both acute care and women and children's services, since the new hospital would replace those services from the Pacific and California Campuses, respectively. Additional nearby sites were needed for supportive health care uses.

The selected Cathedral Hill site is near medically underserved neighborhoods such as the Western Addition, Tenderloin, Civic Center, and Polk district, is centrally located in relation to the San Francisco population, and is close to many senior communities. A new facility at this location will revitalize a key commercial, residential, and transportation corridor in the City with construction and permanent jobs, along with the resulting commercial activity. The Cathedral Hill site is easily accessible and close to public transportation, making it convenient for patients, visitors, employees, and medical staff. The site was available for purchase—a rarity for an entire City block. These factors made the site an ideal location for the future of health care in the City.

The City's review process for CPMC's new Cathedral Hill Campus began in 2005. The first proposal for Cathedral Hill was a 331-foot-tall hospital building with 620 beds. For numerous reasons, including neighborhood input and rising construction costs, the project was re-evaluated so that an alternative could be developed.

In the early part of 2007, CPMC initiated a new round of campus-wide planning and hospital redesign. This planning effort included the incorporation of the St. Luke's Campus into CPMC's citywide plan. Over the course of the year, a proposal for a hospital containing 555 beds was developed for the Cathedral Hill site. The proposed design takes into account extensive feedback from health care professionals, architects, medical planners, City officials, and neighbors.

Modern Hospital Features

The proposed new facility at Cathedral Hill provides CPMC the opportunity to implement leading-edge 21st-century hospital standards. New hospitals built in the United States today provide the following features, all of which have been shown to improve patient care as well as conditions for physicians and staff:

- Private single rooms:
 - provide patient confidentiality and privacy
 - facilitate social support by families and visitors
 - improve staff communications with patients and families
 - optimize infection control
 - increase patients' overall satisfaction with health care
- Improved lighting and increased access to natural light
- A quieter environment to reduce stress and improve sleep
- Well-designed floor layouts with placement of nurses' stations to facilitate nursing activities and reduce staff walking and fatigue
- Improved way-finding systems that allow users to easily find their way, reducing stress
- Improved ventilation and appropriate pressurization

The following features incorporated into the plans for the Cathedral Hill Hospital respond to changing medical technology:

- Greater number of, and larger, intensive care units
- Larger operating rooms to accommodate additional equipment, including imaging and robotics technology
- Larger diagnostic areas
- Wider hallways for movement of patients and equipment

- Higher floor-to-floor distances for additional utilities
- A larger emergency department
- Improved Information Technology (IT), including electronic medical records (with the goal of creating a paperless chart environment) and an electronic medication administration program

The following features of the Cathedral Hill Hospital design will enhance the hospital's ability to withstand and respond to a human-made or natural disaster:

- Compliance with the strictest standards of SB 1953, resulting in a hospital that will be able to resist and still function after a major earthquake
- Compliance with "best practices" for modern hospitals, which will improve emergency room capacity and efficiency and provide for mass triage and mass deluge showers, an enhanced communications command center, an improved security control center, and improved building access control
- Ability to isolate patients when necessary to respond to a mass contamination event
- Ability to operate on emergency generator power for up to 96 hours in the event of an extended power failure

SEQUENCE OF DEVELOPMENT

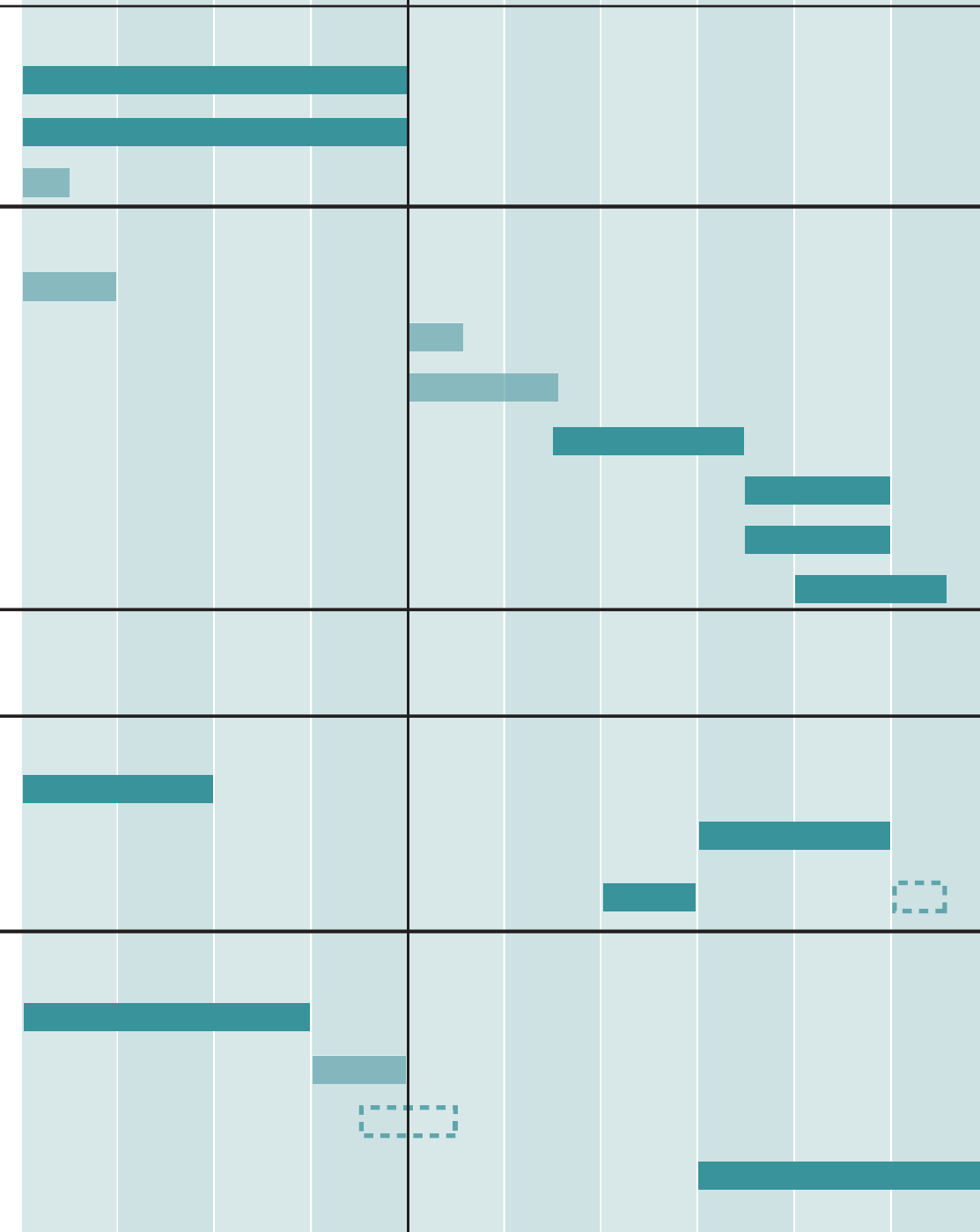
In order to meet the seismic safety deadlines set by the State of California and avoid a major disruption of health care services to the community, development under the IMP will follow a carefully planned schedule. The schedule will be evaluated and modified as necessary.

Figure 06-03
Sequence of Development

	2008	2009	2010
Cathedral Hill Campus			
Cathedral Hill Hospital (New)			■
Cathedral Hill Medical Office Building (New)			■
1375 Sutter Street Medical Office Building - Renovation			■
Pacific Campus			
2329 Sacramento Street - 12-unit Residential Building Renovation			■
2018 Webster St. - Conversion/Renovation			
2333 Buchanan Street - Ambulatory Care Center (ACC) - Conversion/Renovation			
Webster/Sacramento Street Underground Parking Garage (New)			
North of Clay Parking Garage (New)			
ACC Addition (New)			
Clay/Webster Parking - Addition of two floors			
California Campus			
Campus sold; some space leased back by CPMC to 2020			
Davies Campus			
Neuroscience Institute/Noe Street Medical Office Building (New)			■
Castro/14th Street Medical Office Building (New)			
14th Street/Noe Street Parking Garage (Temporary New)			
St. Luke's Campus			
St. Luke's Hospital (New)			■
St. Luke's 1957 Building Renovation			
St. Luke's 1970 Tower Demolition			
Expansion Building (New)			

NEAR-TERM PROJECTS ← → LONG-TERM PROJECTS

2011 2012 2013 2014 2015 2016 2017 2018 2019 2020



- New
- Renovation
- Demolition

NEAR-TERM PROJECTS ← → LONG-TERM PROJECTS

STATUS OF ENVIRONMENTAL REVIEW

2005 Environmental Evaluation Application

In June 2005, CPMC submitted an Environmental Evaluation Application (EEA) to the San Francisco Planning Department. The City determined that the project described in the EEA and outlined in CPMC's 2004 IMP Update—a master plan for new development and changes at three existing CPMC campuses and the development of a new campus at Cathedral Hill—would require the preparation of an Environmental Impact Report (EIR).

In July 2006, the Planning Department conducted a public scoping meeting in accordance with the California Environmental Quality Act (CEQA). At the meeting, questions and comments raised about the new hospital focused on the proposed height and bulk of the building, parking and traffic issues, consistency with the Van Ness Avenue Area Plan, need for coordination with the Geary and Van Ness Bus Rapid Transit (BRT) projects, and environmental impacts such as effects on wind patterns, microclimates, and shadows. Similar concerns were raised regarding development at CPMC's other campuses, including traffic and impacts on adjacent residential areas, particularly during construction.

2008 Revised Environmental Evaluation Application

St. Luke's became a CPMC campus on January 1, 2007. In the early part of 2007, CPMC began a new round of planning and hospital redesign to address the incorporation of St. Luke's into CPMC as well as the rising costs of new construction.

In February 2008, CPMC submitted a revised EEA to the City. In response to recommendations of the St. Luke's Blue Ribbon Panel, and to reflect other project design changes, additional revisions to the EEA were submitted in December 2008. The Planning Department has indicated its intention to conduct a new public scoping meeting for input on the environmental analysis. This meeting is expected to be held in early 2009.

Transportation Analysis

Included as Appendix B is a Transportation Study that was prepared for this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Figure 06-04
Proposed Cathedral Hill Campus Citywide Context





Luisa

Mother of Triplets

“Even though I knew my doctor had other patients, I always felt special. He relieved my stress and gave me the confidence and assurance that I could do this.”

Luisa stands about 5' 1" in heels. So when she learned she was expecting triplets, she realized she was going to need the best specialists available to help her carry three babies in such a tiny body. She chose California Pacific Medical Center because of its experience and success with high-risk multiple births. In fact, she and her husband had so much confidence in CPMC that they moved to San Francisco from the East Bay to be closer to the hospital. Luisa was constantly amazed by the amount of time and attention she received, not only from doctors and nurses, but also from nutritionists, genetic counselors and ultrasonographers. She was especially impressed and thankful when Patient Financial Services helped her navigate the waters of insurance claims.

Although nearly 90 percent of all triplet births result in preterm labor, Luisa accomplished the superhuman task of carrying her babies to full term. Much of it was due to her strength and determination, but Luisa also credits her doctor with making her feel calm, focused and confident throughout her pregnancy. During her C-section delivery, three teams were present—one for each infant—consisting of a neonatologist, a NICU nurse and a respiratory specialist. But as each little girl arrived healthy and weighing more than four pounds, everyone happily realized that no special care was necessary. Over the next three days, a busy team of nurses offered a steady and very much-appreciated stream of advice, ideas and techniques on life with three newborns. By the time they left the hospital, Luisa and her family were prepared and excited for the next chapter in their lives. Or, shall we say, the next three.

SECTION SEVEN: CATHEDRAL HILL CAMPUS

California Pacific Medical Center is committed to a vision of health care for the community that will fulfill CPMC's mission of clinical excellence, education, and research. This vision encompasses a new state-of-the-art facility and programs at the Cathedral Hill Campus, located at Van Ness Avenue and Geary Boulevard. CPMC seeks to build a new 555-bed acute care hospital at Cathedral Hill to continue to provide high-quality health care to San Francisco and meet state seismic safety deadlines.

The new Cathedral Hill Hospital will bring CPMC's acute care, critical care, and emergency services from the Pacific and California Campuses to one central location that will provide essential services to the community and remain operational after a major earthquake. The new facility will be a state-of-the-art tertiary and quaternary care hospital for San Francisco, providing major medical programs and services such as organ transplantation, interventional cardiology, oncology, gastroenterology and other critical care services. The Cathedral Hill Hospital will also include a distinct women and children's hospital, providing maternity, pediatrics, and neonatal intensive care. The Cathedral Hill Campus will include a new medical office building across Van Ness Avenue from the proposed hospital, as well as a medical office building at 1375 Sutter Street.

The Cathedral Hill Campus is critically important to San Francisco and is needed to preserve essential health care services in the City. The plans lay the foundation for the next generation of health care using the latest advancements in medical technology and building facilities. The plans will create a signature urban facility that will represent San Francisco's commitment to accessible health care and serve the community for decades to come.

This section of the IMP is divided into three sub-parts. The first part is a comprehensive overview of the existing conditions at the proposed Cathedral Hill Campus, including its location, existing buildings, and transportation conditions. The second part of the section describes the proposed facilities and future development. The last part focuses on neighborhood context and City requirements.

Figure 07-01
Cathedral Hill Campus: Location and Context



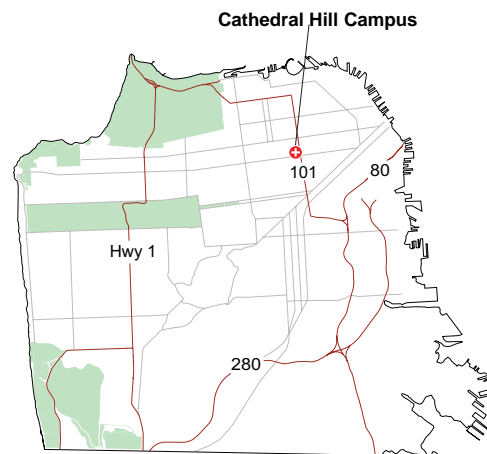
EXISTING CONDITIONS

Location and Context

The Cathedral Hill Campus will be located in the Cathedral Hill neighborhood of San Francisco, on Van Ness Avenue at the intersection of Geary Boulevard. Its location is important to the City. The site is on major transportation corridors, offering easy access by public transit as well as by car. It is also close to downtown San Francisco and forms an extension of the urban core. The proposed hospital will provide more access to health care in the diverse neighborhoods surrounding the campus, including the Tenderloin, Civic Center, Little Saigon, Western Addition, Japantown, Lower Pacific Heights, and the Polk district.

The Cathedral Hill Campus occupies an overall site area of approximately 3.85 acres. The building site slopes moderately down from Franklin Street to Van Ness Avenue on the east

Figure 07-02
Cathedral Hill—Citywide Context



and gradually down from Post Street on the north to Geary Street on the south. The proposed Cathedral Hill Hospital will be located on the west side of Van Ness Avenue, and the proposed Cathedral Hill Medical Office Building will be located on the east side of the street. The hospital site generally slopes 36

feet in a southeast direction. The medical office building site slopes 24 feet in a southeast direction.

In addition, the campus will make use of an existing office building at 1375 Sutter Street, located one block north of the proposed hospital site. CPMC acquired the 1375 Sutter building in 2008. The building will be used for supporting medical office uses for CPMC.

Existing Buildings

The western portion of the proposed campus is a full city block, approximately 106,000 square feet in area, bounded by Van Ness Avenue, Geary Boulevard, Post Street, and Franklin Street. The block is currently occupied by two buildings: the Cathedral Hill Hotel, a 402-room hotel with ten stories above ground and one basement level; and the 1255

Post Street Office Building, an 11-story building with one basement level on the northwest corner of the lot, bordering Post Street and Franklin Street.

The eastern portion of the proposed campus, where the proposed Cathedral Hill Medical Office Building would be located, is on the western part of the block bounded by Van Ness Avenue, Cedar Street, Geary Street, and Polk Street. (Geary Boulevard becomes Geary Street east of Van Ness Avenue.) There are seven existing buildings on this portion of the future campus. All of these buildings would be demolished to allow construction of the proposed Cathedral Hill Medical Office Building. CPMC will meet or exceed all legal requirements related to relocation and replacement housing.

Existing Buildings at the Proposed Cathedral Hill Campus



1. Cathedral Hill Hotel 1101 Van Ness Avenue

Present Use: 402-room hotel and retail
 Height: 10 stories with a basement / 176 feet
 Gross Square Feet: 445,391
 Parking: 405 spaces



2. Office Building 1255 Post Street

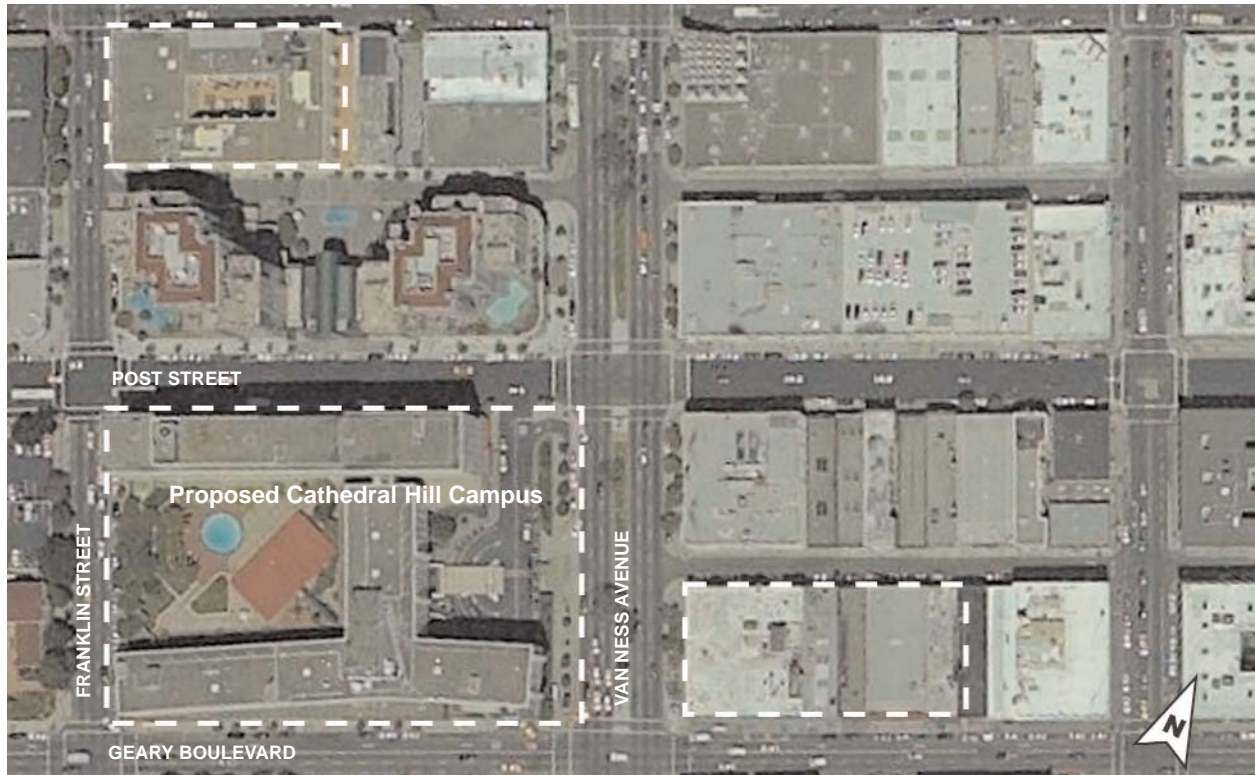
Present Use: Office, ground-floor retail, 16 hotel rooms
 Height: 11 stories / approx. 180 feet
 Gross Square Feet: 209,700



3. 1100 Van Ness Avenue

Present Use: Retail
 Height: 3 stories / 40 feet
 Gross Square Feet: 39,240

Figure 07-03
Cathedral Hill Campus—Aerial View



4. 1062 Geary Street

Present Use: Residential (one unit) and light industrial
 Height: 2 stories / 28 feet
 Gross Square Feet: 6,960



5. 1054-1060 Geary Street

Present Use: Residential (four units) and retail
 Height: 2 stories / 28 feet
 Gross Square Feet: 6,240



6. 1040-1052 Geary Street

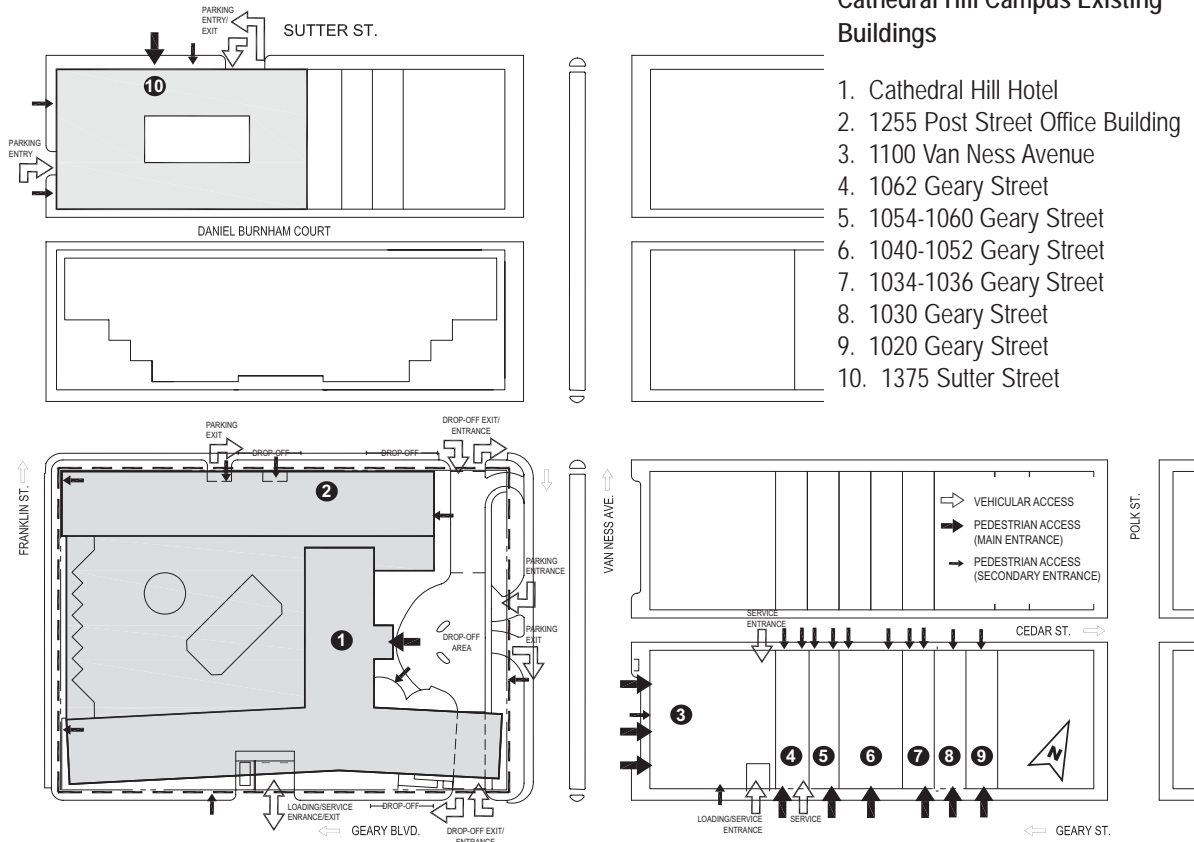
Present Use: Residential/commercial (vacant)
 Height: 2 stories / 36 feet
 Gross Square Feet: 26,000



7. 1034-1036 Geary Street

Present Use: Hotel (six rooms) and retail
 Height: 3 stories / 32 feet
 Gross Square Feet: 5,940

Figure 07-04
Cathedral Hill Campus—Existing Site Plan



8. 1030 Geary Street

Present Use: Residential hotel and retail
 Height: 3 stories / 36 feet
 Gross Square Feet: 9,420



9. 1020 Geary Street

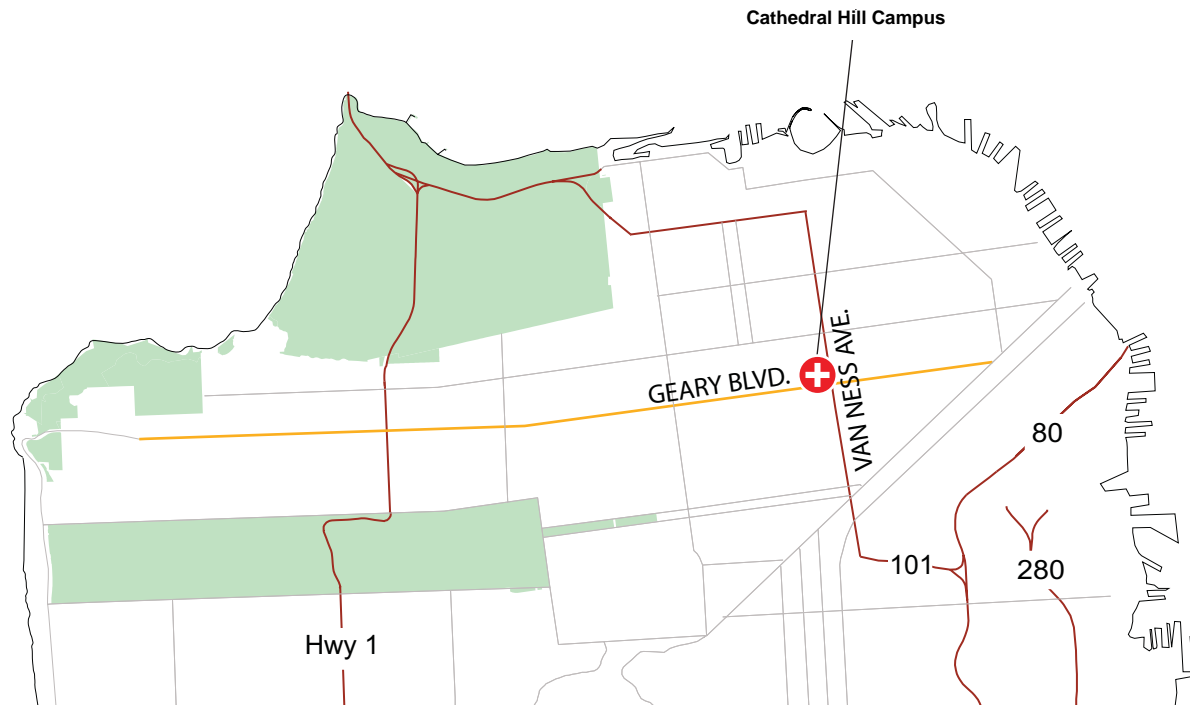
Present Use: Retail
 Height: 2 stories / 30 feet
 Gross Square Feet: 6,600



10. 1375 Sutter Street

Present Use: Retail and offices (including medical offices)
 Height: 5 stories + 2 underground / approximately 80 feet
 Gross Square Feet: 167,400
 Parking: 172 spaces

Figure 07-05
Cathedral Hill Campus—Street Access



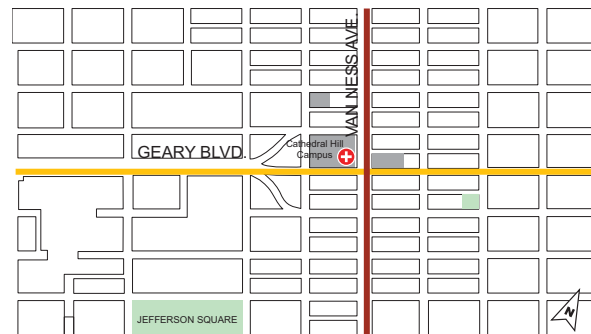
Existing Transportation Conditions

The Cathedral Hill Campus site is in a mixed-use area of San Francisco that is directly accessible by car and transit. The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

Primary access to the Cathedral Hill Campus is via two major arterial City streets: Van Ness Avenue (which is also U.S. Highway 101) and Geary Boulevard. Other abutting and nearby streets, such as Franklin and Gough Streets, are well-traveled and will provide access to the campus.

Figure 07-06
Cathedral Hill Campus—Arterial Streets



Geary Boulevard is a divided six-lane east-west roadway to the west of the hospital site. Franklin Street is a northbound four-lane thoroughfare with timed lights to accommodate large traffic volumes. Gough Street, located one block to the west of Franklin Street, is the major thoroughfare for southbound traffic. The four streets adjoining the hospital site create a clockwise traffic pattern around the site, as Franklin and Post Streets and Geary Boulevard are all one-way at this block. The Cathedral Hill Medical Office Building site has a similar situation, as Cedar Street is one-way eastbound and Geary Street is one-way westbound, permitting right turns into the building or around the block.

The 1375 Sutter Street building has access via Sutter and Franklin streets. Sutter Street is a three-lane one-way westbound street.

Regional Access

The Cathedral Hill Campus is served by three regional freeways. Interstate 80 provides access to and from the East Bay. U.S. Highway 101 (Van Ness Avenue) provides access to and from the North Bay, South Bay, and Peninsula. Interstate 280 provides access between eastern/southeastern San Francisco and the South Bay/Peninsula.

Van Ness Avenue is the continuation of Highway 101 through the City. This route connects the Golden Gate Bridge to the north (via Lombard Street) with the elevated Highway 101 south of Market Street.

Shuttle Service

Shuttle service between the Pacific Campus and the Cathedral Hill Hotel is available for employees of CPMC. The CHH Shuttle stops at the off-site Department of Surgery at 1700

California Street and the off-site Pre-Registration and Learning Center at 1825 Sacramento Street. From the Pacific Campus, riders can transfer to other CPMC-bound campus shuttles.

Transit Access

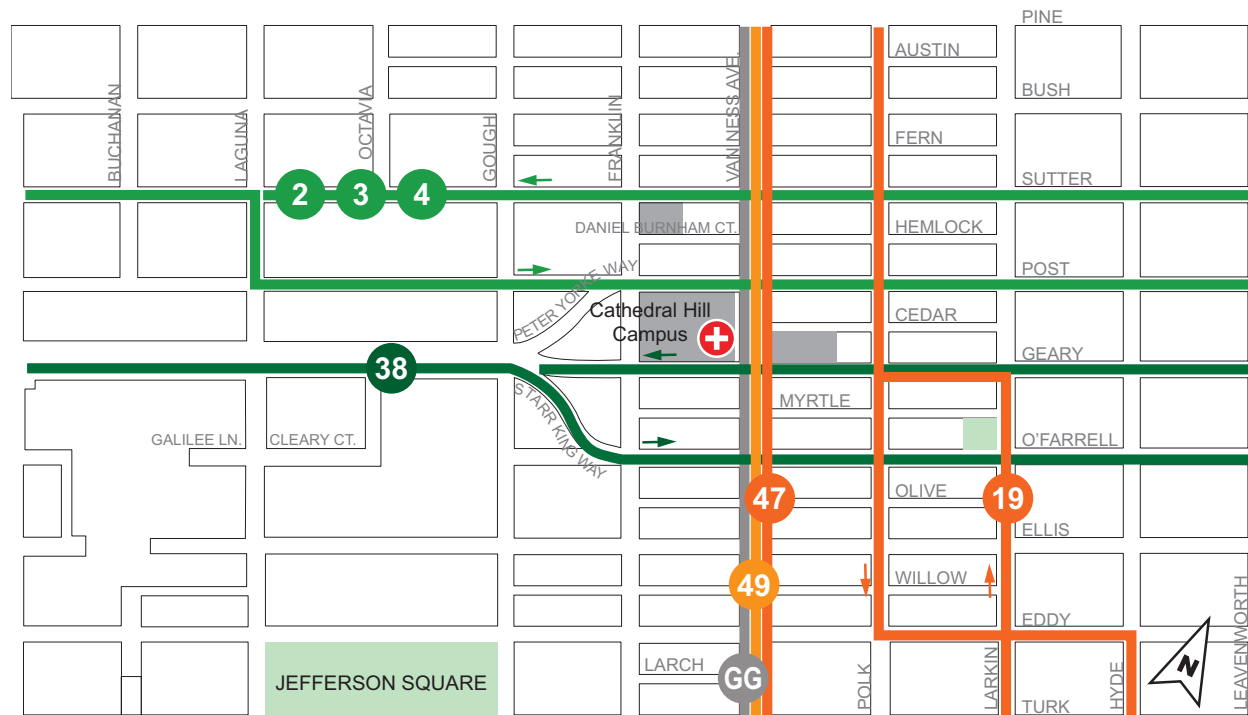
Of all of CPMC’s campuses, the Cathedral Hill site is best served by transit. The Cathedral Hill Campus is served by the following Muni bus routes: 38-Geary, 47-Van Ness, 49-Van Ness-Mission, 2-Clement, 3-Jackson, 4-Sutter, and 19-Polk.

Cathedral Hill Campus Muni Bus Routes

- 38-Geary: Connects the Richmond District to downtown via 43rd Avenue, Geary Street/Boulevard, Starr King, O’Farrell Street, Market Street, and 1st Street, terminating at the Transbay Terminal.
- 47-Van Ness: Connects the Caltrain station to Fisherman’s Wharf via Civic Center via 4th Street and Townsend Street (Caltrain station), 5th Street, Harrison Street, 11th Street, Mission Street, South Van Ness Avenue, North Point Street, Powell Street (Fisherman’s Wharf), and Beach Street.
- 49-Van Ness-Mission: Connects City College to Fort Mason via Ocean Avenue and Phelan Avenue (at City College), Ocean Avenue, Mission Street, South Van Ness Avenue, Van Ness Avenue, and North Point Street.

(continued on next page)

Figure 07-07
Cathedral Hill Campus—Muni Bus Routes



Cathedral Hill Campus Muni Bus Routes (continued)

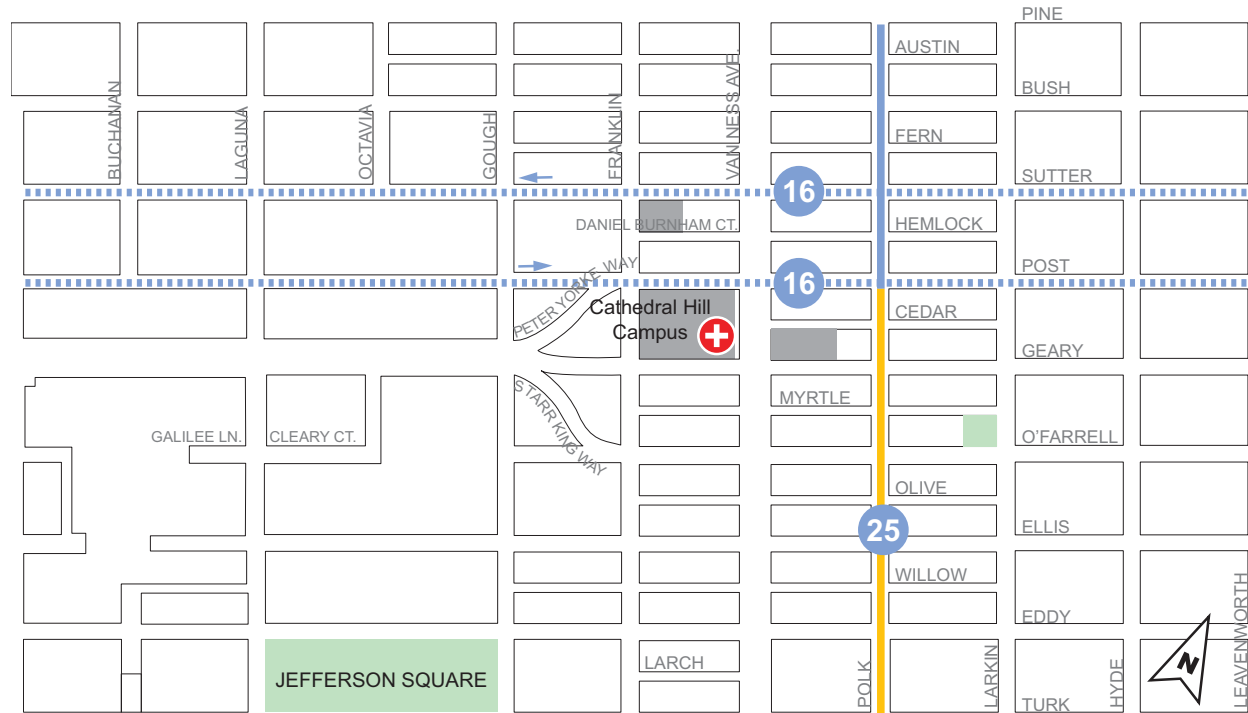
- 2-Clement: Connects the Outer Richmond to the Ferry Terminal through a series of streets; primarily 33rd Avenue, and Clement, California, Sutter, Post, and Market Streets.
- 3-Jackson: Connects the Inner Richmond to Downtown via Presidio Avenue, Jackson Street, Fillmore Street, Sutter Street, Post Street, Bush Street, and Sansome Street.
- 4-Sutter: Connects the Inner Richmond to Downtown via California Street and 6th Avenue and Sutter, Post, Kearny, Bush, and Sansome Streets.
- 19-Polk: Connects Fisherman's Wharf to Hunters Point via a series of streets, primarily Beach Street, Polk Street, Eddy Street, Hyde Street, 8th Street, Rhode Island Street, and Evans Avenue.

In Addition, Golden Gate Transit (GG) runs on Van Ness Avenue, connecting Marin to San Francisco via the Golden Gate Bridge.

Muni Bus Routes between the Cathedral Hill Campus and Other Campuses

- To St. Luke's Campus:
49-Van Ness/
Mission
- To California Campus:
4-Sutter,
2-Clement
- To Pacific Campus:
3-Jackson
- To Davies Campus:
38-Geary,
24-Divisadero

Figure 07-08
Cathedral Hill Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the Cathedral Hill campus include:

Route 25: Between Post Street and Market Street, Route 25 is a Class II bike route (with signs and a dedicated on-street bike lane). Between Post Street and Beach Street, Route 25 varies between Class II and Class III (signs only, no dedicated bike lanes).

Route 16: Route 16 runs on two one-way streets—Post and Sutter—between Steiner and Market streets. This Class III narrow bike route shares the roadway with vehicles.




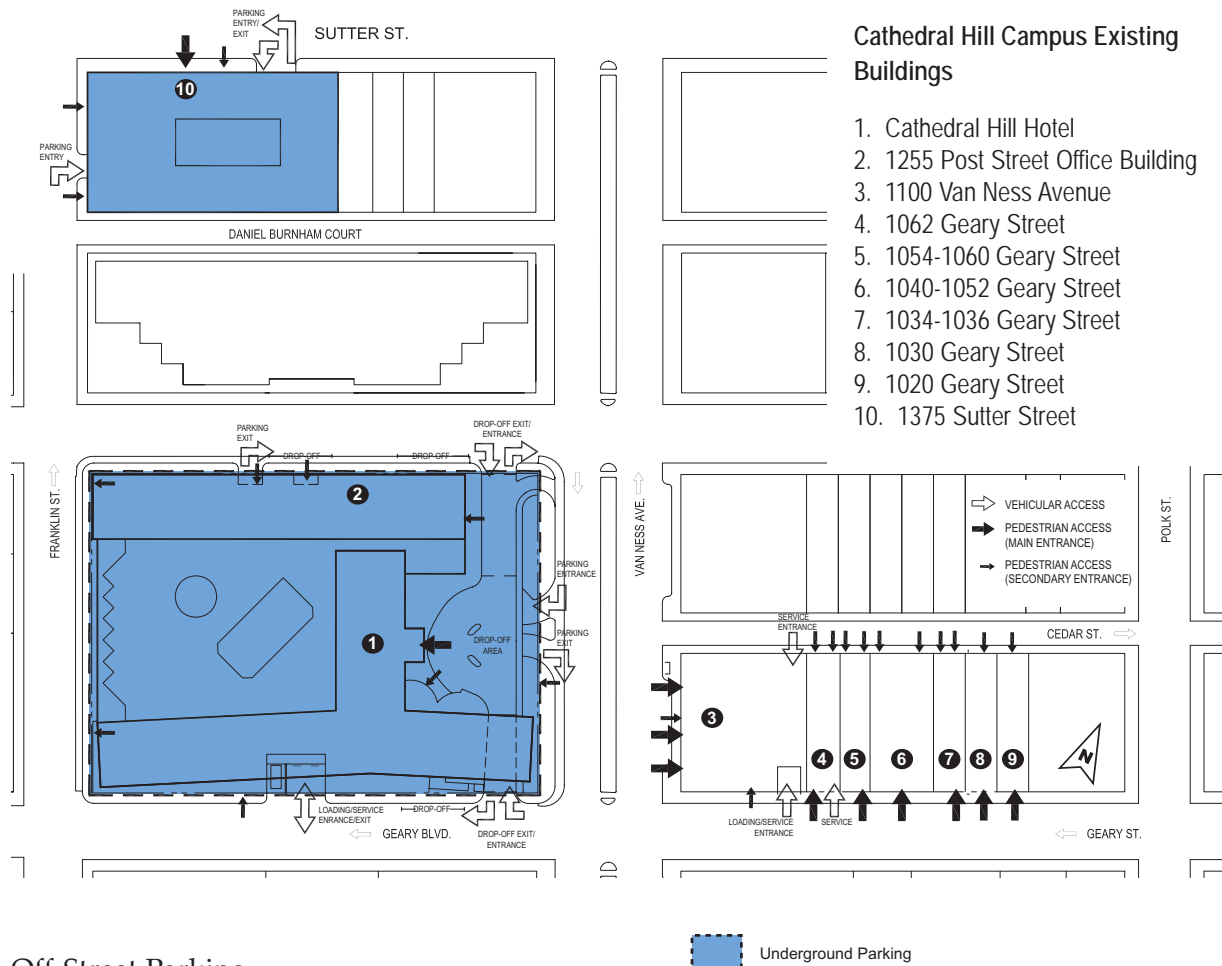
-  **Bike Lane**
 (Dedicated bike lane on roadway edge)
-  **Wide Curb Lane Bike Route**
 (Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)
-  **Bike Route**
 (Bikes and cars share the same roadway)

Figure 07-09
Cathedral Hill Campus—Existing Off-Street Parking



The Cathedral Hill Hotel currently has 405 underground parking spaces. The garage serves the hotel and the 1255 Post Street office building, and provides parking for the neighborhood.

The building at 1375 Sutter Street has 172 parking spaces.

MODERN HOSPITAL REQUIREMENTS

- Greater number of and larger intensive care units
- Wider hallways for moving equipment and beds
- Higher floor to floor for additional utilities
- Larger emergency department
- Increased security measures
- New patient privacy standards

FACILITY PLANNING AND FUTURE DEVELOPMENT

The proposed campus at Cathedral Hill would consist of a new hospital and medical office building. The plans also include renovations to an existing office building at 1375 Sutter Street.

As one of the most important new buildings in San Francisco, the new hospital will have parallel goals to make an architectural statement as well as respect the scale, mass, and character of the existing Cathedral Hill neighborhood. The facility is designed to meet SB 1953 requirements and other current codes, regulations, and standards, as well as projected future health care needs.

Compared to older facilities, today's hospitals are larger—both to meet regulations and codes and also to accommodate new medical technologies and allow more patient privacy. In a suburban setting, a similar hospital would be built on several acres; however, a site in an urban built-out environment such as Cathedral Hill has constraints and complexities. As a result, the Cathedral Hill Hospital is designed as a high-rise building.

Currently, women and children's services and general acute care services are provided on multiple CPMC campuses. Consolidating programs at the Cathedral Hill Campus will allow for shared tertiary services and staff, collocation of emergency services, collocation of intensive care services, equality of care, and patient convenience. It will also eliminate the need for inter-campus transfer of many critically ill patients.

The New Hospital

The design of the new CPMC Cathedral Hill Hospital reflects the project's comprehensive medical care mission. The hospital incorporates forward-thinking design concepts, seismic advancements, and sustainable features in a major urban development. The result will be a 555-bed, 15-story, 925,700-square-foot acute care and women and children's hospital (with a 245,000-square-foot underground parking garage) that will lead the way for a new generation of medical centers.

Building Height and Massing

In San Francisco, building heights correlate with the underlying topography. The proposed hospital will complement the Cathedral Hill neighborhood's high-rise condominiums, apartments, and churches built atop this prominent rise.

The proposed hospital will be 15 stories as seen from Van Ness Avenue. The building will measure approximately 290 feet tall (including two central plant floors at the top levels). Because the lot is sloped, the building height will be less (approximately 260 feet) when measured on Franklin Street. The building will be approximately 240 feet tall as measured in accordance with the San Francisco Planning Code.

The building's width and height are dictated by both its site and the program uniting services from two existing urban campuses—the Pacific Campus, which provides acute care, and the California Campus, which provides women and children's services—on one city block. The diagnostic/treatment programs, which require sizable floor plates to allow various functions to adjoin each other, will be in the podium of the building. The nursing tower will rise from the podium for a total of 11 floors. The ground floors (at grade levels) will accommodate the pedestrian and vehicle

entrances to the hospital, including the lobby, emergency department, off-street drop-off areas, and loading docks.

While the proposed hospital will be a contemporary high-rise, the design responds to the scale and context of the neighborhood. The façade will complement surrounding buildings. The building exterior will integrate modern and traditional architectural materials, including concrete, stone, metal, and glass.

Site Access

CPMC, in conjunction with the City and County of San Francisco, will be promoting the City's transit-first policy by accommodating public transportation options for patients, visitors, and staff at the new hospital. The proposed design incorporates direct links to bus access.

The sloping site is surrounded on all sides by major San Francisco streets. In addition, the City's policy has been to discourage vehicular access from Van Ness Avenue. To address these issues, the proposed design includes a mid-block access drive on Post and Geary, which will minimize traffic conflicts and also provide separate and distinct entrances for acute care and women and children's services. Pedestrians will mainly enter the site from the Van Ness Avenue entrance. The mid-block drive will also be the entrance to the 555-space parking garage.

The emergency department vehicular entrance will be on Franklin Street. This will be a drive-in feature that will allow ambulances and cars to conveniently drop off patients inside the building.

Significant consideration has been given to the location of the loading docks for deliveries, to minimize disruptions to the surrounding neighborhood. The loading dock entrance, located on Franklin Street, will accommodate



The proposed Cathedral Hill Hospital as seen from Van Ness Avenue at Geary Boulevard.



View from Franklin and Geary.

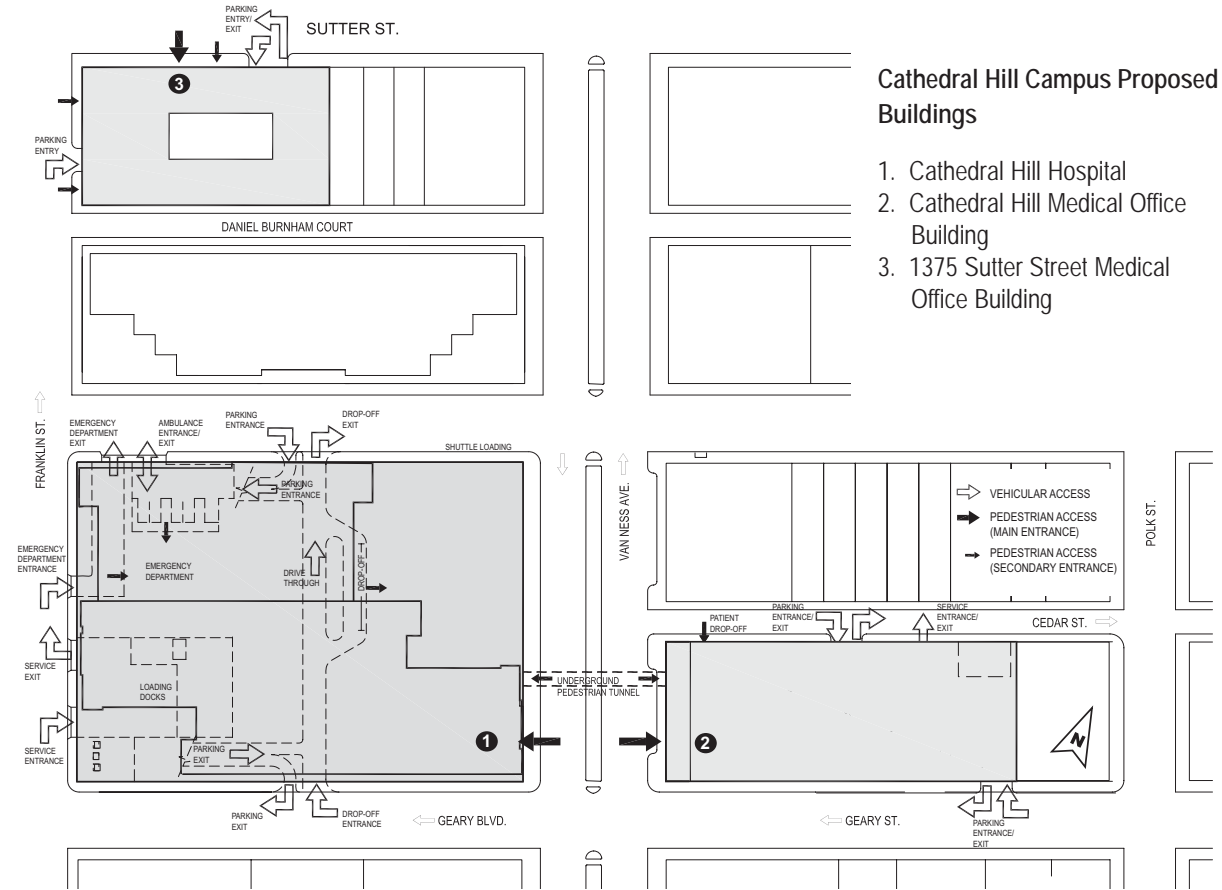


View of emergency department entrance from Franklin and Post.



Aerial views (simulations) of the proposed Cathedral Hill Hospital looking northwest (L) and east (R).

Figure 07-10
Cathedral Hill Campus—Proposed Site Plan



the largest (55-foot-long) trucks used by the hospital. This location will allow trucks to make their deliveries and maneuver inside the building, thus avoiding traffic back-ups on the street. Many deliveries to the hospital will come from Sutter Health’s distribution facilities in Burlingame, California, where delivery times can be efficiently managed.

Seismic System

The Cathedral Hill Hospital will comply with the most stringent requirements of California law so that it will remain operational after a strong earthquake. In order to meet these requirements, structural engineers can choose from a number of technologies for the hospital structure. The sloping topography of the hospital site limits the viability of some technolo-

gies, such as base isolation, for practicable use in protecting the new hospital. CPMC’s engineers have chosen to use viscous wall dampers with a moment resistant frame.

Viscous wall dampers, using a technology similar to hydraulic shock absorbers in a car, have been used since the 1990s to protect buildings during an earthquake. The specific dampers chosen for the Cathedral Hill Hospital were developed in Japan and successfully used in that earthquake-prone country. The proposed seismic and structural design of the Cathedral Hill Hospital is currently under review by Office of Statewide Health Planning and Development (OSHPD). Approximately 170 dampers will be installed in the exterior walls of the hospital tower. The

dampers will absorb most of the shock in a seismic event, reducing impacts on the steel building frame. Because the wall dampers are structurally integrated into the exterior walls, they will be incorporated into the façade design.

The Patient Experience

CPMC's health care delivery focuses on the patient experience—the patients come first. Patients must be able to easily recognize and locate medical facilities, which is why the Cathedral Hill Campus site is centrally located and easily accessible by transit. The new hospital will provide comfortable and healing environments, with individual patient rooms and medical consulting rooms for privacy and visitor hospitality lounges on each floor. The patient-focused design of the hospital will provide easy way-finding signage, a one-stop registration for all operating room procedures, and an easily accessible emergency department. Efficient inter-campus transit and convenient parking are important to patients and their families as well. Inside the building, high-quality interior finishes, natural lighting, and comforting ambiance will improve the overall patient experience.

Interior Design Features

In keeping with CPMC's mission to provide high-quality health care in a compassionate and respectful environment, designers looked to the hospitality industry for models of comfort, calmness, simplicity, and elegance, as well as green elements. The use of stone flooring, wood accents, and water features will bring the patient back to nature. These architectural elements are not only aesthetically pleasing but also have proven benefits in healing.

IMPROVING THE PATIENT EXPERIENCE

- Single rooms
- Family accommodations
- Natural light
- Family and social spaces
- Convenient access and parking
- Improved way-finding



Interior views of the proposed Cathedral Hill Hospital.



Proposed Green Roof on Cathedral Hill Hospital.

Going Green

CPMC is conscious of the environmental impacts of its facilities and is committed to making the new hospital green in both its construction and its operations. The hospital is currently registered as a project seeking Leadership in Energy and Environmental Design (LEED) status. New and innovative ideas are being introduced to make the hospital an environmentally responsible facility. The design team is currently exploring alternatives for reduced maintenance, lower noise levels, and increased energy savings.

Cathedral Hill Medical Office Building

In conjunction with the construction of the new hospital, the project includes the construction of a medical office building directly across Van Ness Avenue from the Cathedral Hill Hospital site. The new building will provide offices for doctors affiliated with the hospital. The approximately 502,200-gross-square-foot Cathedral Hill Medical Office Building will be nine stories tall including a mechanical penthouse, reaching a height of

Figure 07-11
Approximate Schedule for Construction of the Cathedral Hill Campus

	Start	Finish
Construction of the Hospital	8/2010	12/2014
Demolition	8/2010	6/2011
Excavation	3/2011	11/2011
Foundation	11/2011	6/2012
Structure	6/2012	4/2013
Exterior	10/2012	7/2013
Interior and Activation	9/2012	12/2014
Construction of the Medical Office Building		
Demolition	8/2010	3/2011
Excavation	4/2011	8/2011
Foundation	7/2011	6/2012
Structure	11/2011	11/2012
Exterior	11/2012	4/2013
Interior and Activation	4/2013	7/2014
Construction of the Van Ness Avenue Tunnel		
Excavation	11/2011	1/2012
Foundation	12/2011	12/2011
Exterior	2/2012	2/2012
Interior	10/2013	3/2014

approximately 130 feet as measured in accordance with the Planning Code. The proposed building will also contain underground parking with 622 parking spaces. To reduce parking demands on the neighborhood during construction, CPMC will build the parking garage first, for temporary use by construction workers. The building will be designed to meet LEED standards.

Van Ness Avenue Tunnel

A tunnel under Van Ness Avenue (approximately 30 feet below grade) is proposed to connect the hospital to the Cathedral Hill Medical Office Building. The tunnel will be used by patients, some of whom will be elderly or mobility-impaired and would find it difficult to cross Van Ness Avenue safely, particularly during inclement weather. The tunnel will also be used by physicians and staff.

1375 Sutter Street Building

The existing building at 1375 Sutter Street contains approximately 90,000 gross square feet of office and retail space with a 77,400-gross-square-foot parking garage. The building is currently a mix of general and medical office uses. As part of the Cathedral Hill Campus, the building will require upgrades to the building systems and finishes, reconfiguration of spaces, and general cosmetic improvements.

Project Schedule

Figure 07-11 shows an estimated project schedule for the planned development of the Cathedral Hill Campus.

Construction Phasing

The hospital and medical office building will be constructed over a period of approximately four years. The proposed tunnel will have a shorter construction period.

As shown in Figure 07-11, the construction phases for the structures will be demolition, excavation, foundation, structure, exterior finishing, and interior finishing. Many of these phases will overlap as work proceeds on more than one phase at the same time. The anticipated number of construction workers on the site will vary during the sequential stages of the four-year construction period for the hospital and medical office building.

Hospital Construction

On the hospital site, the building demolition, excavation, and foundation phases are expected to begin in the summer of 2010 and last almost two years (until summer 2012). During this period there will be an average of between about 15 and 20 workers and a maximum of between about 20 and 42 workers at the site. The structure phase will begin in summer 2012

and last about ten months. There will be about 285 workers present during this period. Interior finishing will begin in fall 2012 and last more than two years (until the end 2014). There will be an average of about 600 workers and a maximum of about 860 workers on the site during this period, but it should be noted that the work during this phase will be largely inside the structure. Exterior finishing will begin in fall 2012 and be completed in less than a year (by summer 2013). This phase will require an average of about 85 workers and a maximum of about 120 workers.

Medical Office Building Construction

All phases of work on the Cathedral Hill Medical Office Building from demolition through exterior finishing will occur between summer 2010 and spring 2013. The average number of workers during these phases will be between about 10 and 55. The maximum will range from about 10 to 80. Interior finishing will begin in spring 2013 and end in summer 2014. This phase will require an average of about 90 workers and a maximum of about 135 workers.

Tunnel Construction

The Van Ness Avenue tunnel will be constructed in two relatively short main time periods, with a 20-month gap in between. Demolition, excavation, foundation, and exterior finishing will begin fall 2011 and be completed by early 2012. There will be an average of between about 10 and 20 workers during this time, with a maximum of between about 15 and 30. The interior finishing phase will not begin until over a year and a half later and will last five months (until spring 2014). There will be an average of about 15 workers and a maximum of about 20 workers during this phase.

Figure 07-12
Cathedral Hill Campus—Neighborhood Context



NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The neighborhoods surrounding the Cathedral Hill Campus include Cathedral Hill, the Tenderloin, the Polk district, the Western Addition, Civic Center, Little Saigon, Japantown, and Lower Pacific Heights.

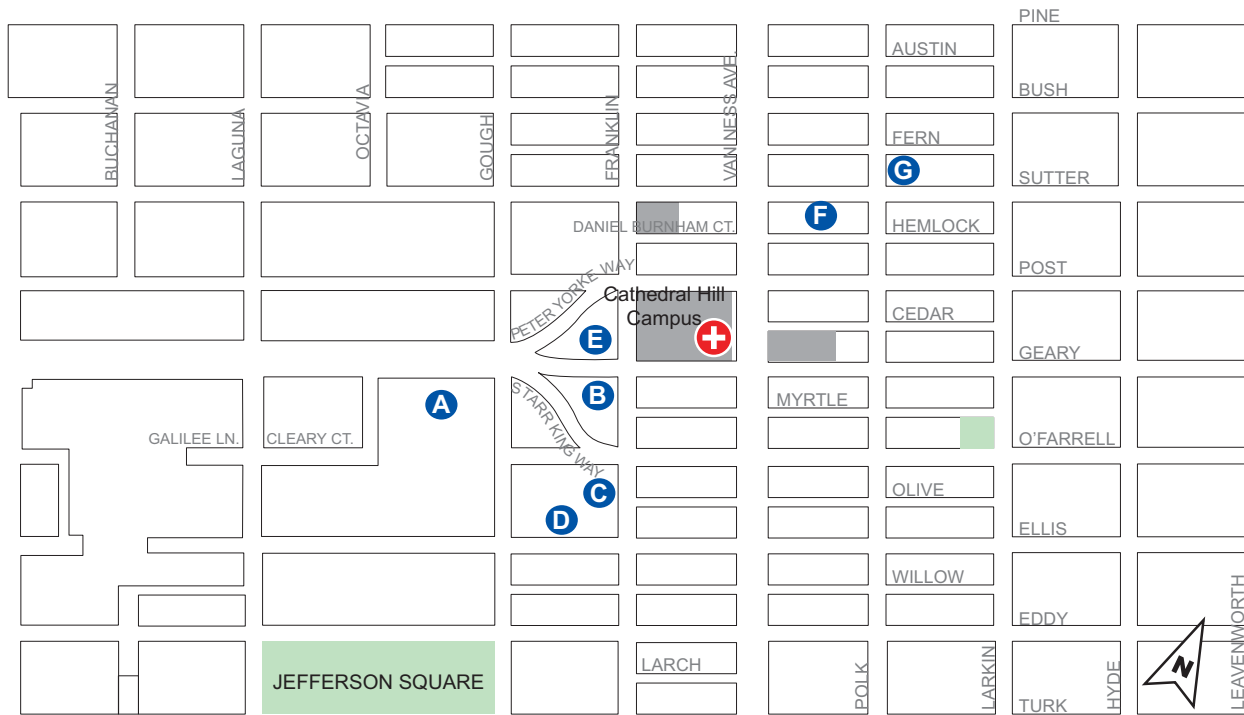
The surrounding neighborhood is predominantly comprised of low- and mid-rise structures, with many large-scale high-rise apartment buildings, including senior housing, commercial buildings in the Van Ness corridor, and several houses of worship built atop the hill. The houses of worship include St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church. Several churches and other buildings in the neighborhood, particularly on Van Ness

Avenue, are designated historic landmarks (as noted in the Van Ness Avenue Area Plan).

Van Ness Avenue is Highway 101 and is one of the busiest traffic and transit corridors in the City. It provides a north-south connection for major highways, connecting the Peninsula to the Golden Gate Bridge and Marin County. Development in this area is guided by the Van Ness Special Use District, which encourages new construction on Van Ness Avenue to be mixed-use and pedestrian-friendly.

All of these existing conditions provide context as well as design constraints for the project in relation to building mass, ground-floor activity, and architectural character.

**Figure 07-13
Cathedral Hill Campus—Adjacent Institutions**



City Planning Regulations

Zoning and Land Use

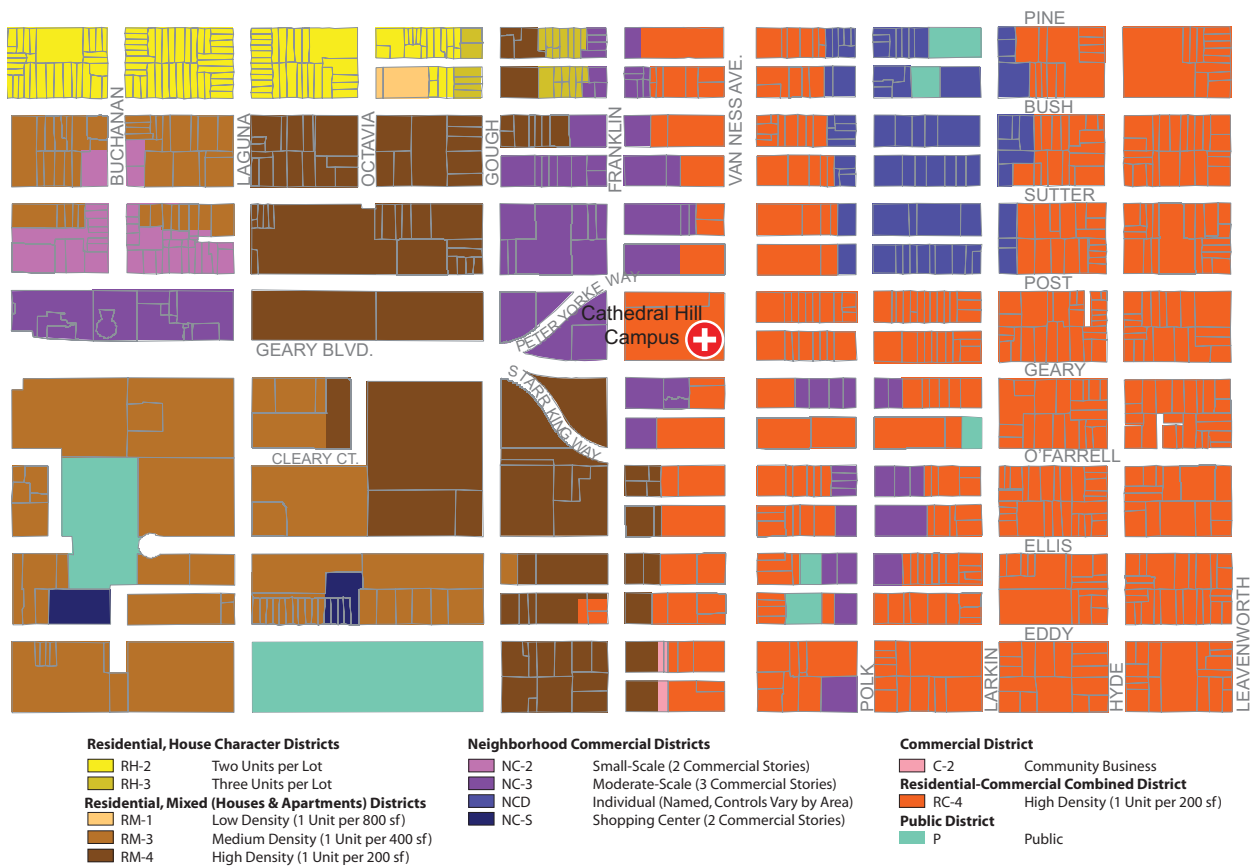
Cathedral Hill Hospital and Medical Office Building Sites

The portion of the Cathedral Hill Campus containing the proposed hospital and medical office building is in an RC-4 (Residential, Commercial, High-Density) zoning district. RC-4 districts encourage high-density residential uses with a maximum of one unit per 200 square feet of the lot area, and ground-floor retail to enhance the mixed-use character of the neighborhood. This district allows medical institutions as a conditional use. Medical office use is allowed in the RC-4 district as a conditional use when on the upper floors of a building. Other conditional uses allowed in this district include hotels, elementary schools, secondary schools, child care centers, and religious institutions.

ADJACENT INSTITUTIONS

- A. St. Mary's Cathedral
1111 Gough Street
- B. First Unitarian Universalist Church
1187 Franklin Street
- C. St. Mark's Lutheran Church
1111 O'Farrell Street
- D. Sacred Heart Cathedral Preparatory
1055 Ellis Street
- E. Hamilton Square Baptist Church
1212 Geary Boulevard
- F. Masjid Al-Tawheed Mosque
1227 Sutter Street
- G. First Congregational Church
1323 Polk Street

Figure 07-14
Cathedral Hill Campus—Zoning Districts



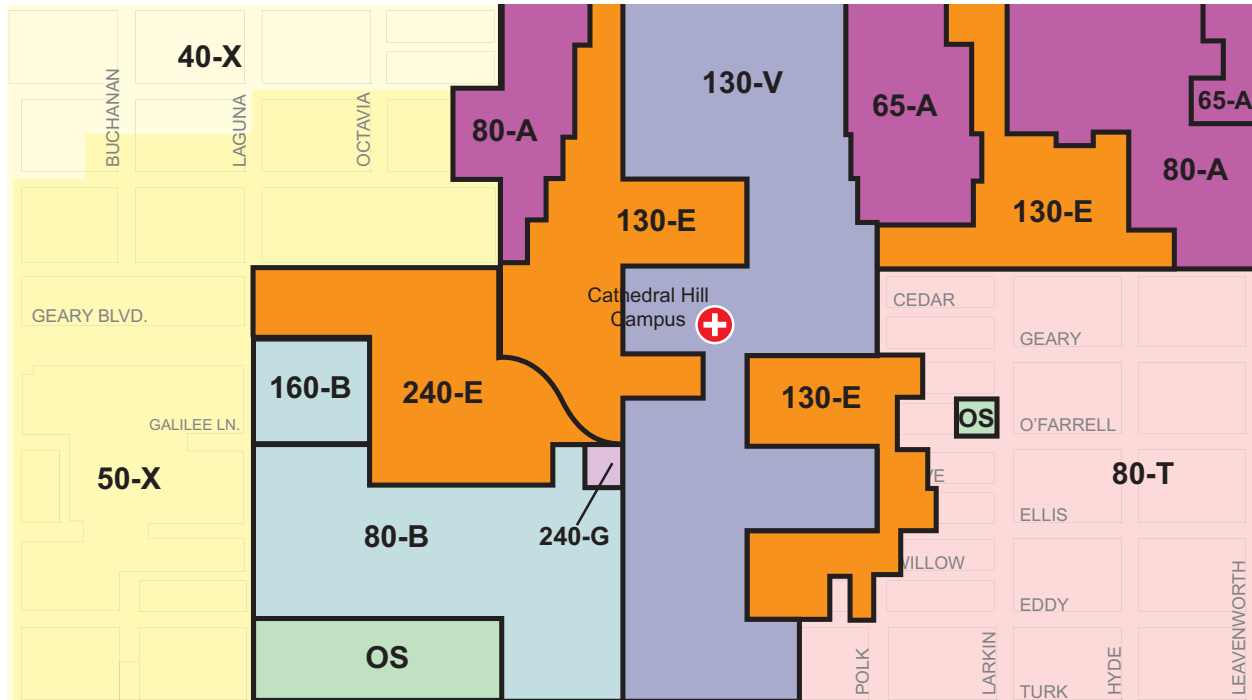
The site is also regulated by two special use districts: the Automotive Special Use District and the Van Ness Special Use District.

Van Ness Avenue has traditionally functioned as a transportation corridor connecting the northern and southern parts of the City. Historically, the corridor developed with numerous automobile-related land uses, including sales and repairs. The Automotive Special Use District was established in the 1960s to allow a continuation of automobile-related land uses along Van Ness Avenue.

Over the years, many auto-related uses have left the corridor, and a number of properties have become available for new development or adaptive re-use. In 1995, the City adopted the Van Ness Avenue Area Plan and Special

Use District, which established land use, urban design, and transportation policies and regulations to preserve the character of Van Ness Avenue. The focus of the plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed-use boulevard. In order to encourage residential development, the Van Ness Special Use District eliminates density limits for housing and establishes a ratio for residential use for all new development such that, for every three square feet of floor area for non-residential uses (with the exception of hospitals), one square foot of residential area is required. This residential area requirement does not apply to the proposed Cathedral Hill Campus projects, which are hospital uses.

Figure 07-15
Cathedral Hill Campus—Building Height and Bulk Limits



The existing hotel site was part of the Western Addition A-2 Redevelopment Area. The Redevelopment Area jurisdiction expired in January 2009. The project will not require review by the San Francisco Redevelopment Agency.

1375 Sutter Street Office Building

The 1375 Sutter Street office building site is in an NC-3 (Neighborhood Commercial) zoning district. NC-3 zoning designations are reserved for commercial shopping districts serving populations beyond the immediate neighborhood. Medical office use is a permitted use in this district.

Surrounding Neighborhood

The zoning in the surrounding neighborhood supports a mix of residential and commercial uses. To the north and south of the new Cathedral Hill Campus is a continuation of the RC-4 district and the Van Ness Special Use District. The area to the east, including the Polk Street corridor and the Tenderloin/Civic

BULK LIMITS			
District Symbol	Height	Length	Diagonal
A	40 ft	110 ft	125 ft
B	50 ft	110 ft	125 ft
E	65 ft	110 ft	140 ft
G	80 ft	170 ft	200 ft
T	§ 132.2	110 ft	125 ft
V	§ 253.2	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Center, is zoned for NC-3 (Neighborhood Commercial) and Public uses. The general area to the west is zoned RM-4 (High Density, Residential, Mixed Houses and Apartments) and NC-3. RM-4 districts allow a building height of 240 feet.

Building Height and Bulk Limits

The proposed Cathedral Hill Campus is located in two separate height and bulk districts.

The hospital and medical office building sites are in Height and Bulk District 130-V, established in the Van Ness Special Use District regulations. This district allows heights of 130 feet, with any building over 40 feet in height requiring a conditional use permit. The bulk regulations allow a maximum building length of 110 feet and a maximum diagonal dimension of 140 feet. The Special Use District also establishes a recommended upper floor setback for continuity of street wall heights along Van Ness Avenue.

The building at 1375 Sutter Street is in Height and Bulk District 130-E, which requires buildings over 65 feet to obtain conditional use approvals. The bulk regulations allow a maximum building length of 110 feet and a maximum diagonal dimension of 140 feet.

Parking Requirements

In accordance with the San Francisco Planning Code, required parking for hospitals can be calculated either by bed count, at 1 space for every 8 inpatient beds (excluding bassinets), or by sleeping area, at 1 space for every 2,400 square feet of area. Required parking for medical office use is 1 space for every 300 square feet of occupied floor area. Required parking for general office/retail space is 1 space for every 500 square feet of occupied floor area.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR for the hospital and medical office building sites is 7 to 1, as established in the Van Ness Special Use District. The actual FAR for the property at 1375 Sutter Street is 3.6 to 1.

Van Ness and Geary Bus Rapid Transit (BRT)

The new Cathedral Hill Campus will be located at the intersection of the proposed Bus Rapid Transit (BRT) lines on Van Ness Avenue and Geary Boulevard — two of the most heavily used transportation corridors in the City. The San Francisco County Transportation Authority (SFCTA) is studying options for the BRT system. BRT aims to improve transit reliability and reduce travel time by installing dedicated bus lanes, new bus shelters with real-time information, and streetscape improvements. Any impacts near the proposed Cathedral Hill Campus associated with the planned BRT will be identified in the Environmental Impact Reports (EIRs) being prepared for the two lines.

Construction for the Van Ness BRT is currently anticipated to begin in 2010, with service to begin in 2011.

Construction for the Geary BRT is currently anticipated to begin in 2010-2011, with service to begin in 2012.

More information on the BRT and its relationship to the hospital project is provided in the transportation analysis section in Appendix B of this IMP.

Project Approvals Summary

The near-term projects at Cathedral Hill will require review and approvals by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City, county, and state agencies. The proposed Cathedral Hill Hospital and Medical Office Building will require changes to the San Francisco General Plan, Planning Code, and zoning maps. The proposed changes include amendments to the Van Ness Avenue Area Plan and planned unit

development conditional use authorizations that provide exceptions to requirements regarding ratio of residential uses, buildings over 40 feet, bulk limits, and demolition of residential units. The project will also require authorization for annual office limits. Necessary permits from Caltrans include approval of encroachment permits for the tunnel under Van Ness Avenue connecting the hospital and medical office building.

Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. The following is an overview of the major environmental topics that CPMC anticipates would be the focus of the environmental analysis for the Cathedral Hill hospital and medical office building, including possible approaches to improvement and/or mitigation measures. The more detailed analysis and conclusions on these issues will be contained in the EIR.

Land Use

Building a new hospital and medical office building at Cathedral Hill will intensify the uses at these sites. The new hospital and medical office building will be larger than the buildings that they will replace, and will generate more employment and visitor trips. It is not anticipated that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. However, the land use intensification is also relevant to other environmental topics such as transportation, discussed below. The proposed new medical office building on Geary Street will require the relocation of residential tenants. CPMC will meet

or exceed all legal requirements related to relocation and replacement housing.

Aesthetics/Wind/Shadows

The new hospital building will be approximately 290 feet in height (240 feet as measured under the Planning Code), replacing the existing hotel and office building, which is approximately 180 feet in height. The additional height and bulk of the building will result in changes to the existing setting with respect to views, shadows and wind. In response to early neighborhood input, the new hospital building has been designed to address these issues. The largest height and mass has been placed on the southern half of the site for maximum distance from the adjacent residential towers. The building height on the northern portion of the site will be approximately the height of the existing office building. The majority of the Van Ness Avenue façade will be set back to preserve the streetscape and character of Van Ness Avenue. Preliminary shadow analysis completed for the new hospital and medical office building indicate that no new shadows would be cast on public parks. The project sponsor has also studied for informational purposes the effects on the adjacent residential tower, and has concluded that there will be no shadow effects on the swimming pools.

Historic and Archeological Resources

The sites for the hospital and medical office building do not include any historic resources. There are two San Francisco landmarks in the vicinity: the First Unitarian Universalist Church at 1187 Franklin Street and the Goodman Building at 1117 Geary Boulevard. The Van Ness Avenue Area Plan identifies several other significant or contributory buildings in the area. The construction management plan for the project will include specific measures as may be necessary to protect any nearby buildings, including the masonry building

at the First Unitarian Universalist Church, from construction-related impacts.

The EIR will identify the potential for construction at the site to impact archeological resources, and will include mitigation measures as may be required to address such impacts.

Transportation and Parking

Transportation and parking issues are addressed in the preliminary transportation analysis prepared by CHS Consulting for the project sponsor, contained in Appendix B of this document. The EIR will contain its own transportation analysis, which will identify any appropriate mitigation and/or improvement measures.

Other Operational Impacts

Once the hospital and medical office building are occupied, daily operations may have impacts such as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

Construction Impacts

Construction on the hospital and medical office building sites is expected to begin in 2010 and continue through approximately the end of 2014. This construction will result in temporary impacts related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise. The last year and a half of construction will generate the largest number of workers, and the medical office building parking garage will be available for parking during construction.

Community Outreach

CPMC has met with and will continue to dialogue with the members and representatives of the following groups to receive input on development plans:

- Lower Polk Neighbors
- Japantown Task Force
- Tenderloin Neighborhood Development Corporation
- Tenderloin Futures Collaborative
- Daniel Burnham Court Homeowners Association
- Hamilton Square Baptist Church
- First Unitarian Universalist Church
- Japantown Merchants Association
- Cathedral Hill Towers Homeowners Association
- Post International Homeowners Association
- Fillmore Merchants Association
- District 5 Together
- Cathedral Hill Neighborhood Association
- Sutterfield Homeowners Association
- The Sequoias Homeowners Association
- Van Ness/Eddy/Ellis Business Group
- Middle Polk Neighborhood Association
- Fillmore Jazz Community Benefit District
- Western Addition Citizens Advisory Committee
- Alliance for a Better District 6
- Larkin Street Youth Services
- D2gether

CPMC hopes to continue to be an integral part of the neighborhoods surrounding the proposed Cathedral Hill Campus. CPMC already makes the following resources available to nearby groups:

- Medical hotel for out-of-town patients and families
- Health Champions program at De Merillac Middle School
- Collaboration with Larkin Street Youth Services
- Educational assessment and care through the Kalmanovitz Child Development Center for homeless and low-income children and families at Raphael House
- Hepatitis B free screening program in Japantown
- Sponsorship of Asian Heritage Festival in Japantown
- Collaboration with benefit event for Tenderloin Health
- Flu shots at Tenderloin Health Fair
- Health screenings at Juneteenth event in the Fillmore
- Participation in Fillmore Street Jazz Festival
- Funding for St. Anthony Foundation's Free Clinic



Glenda

Nanny

“When I discovered the lump in my breast, my first thought was, This feels expensive, and I can’t afford it.’ The African American Breast Health Program has been wonderfully helpful and supportive.”

Like most women, Glenda was extremely anxious when she found a lump in her breast. But her anxiety was twofold: As a self-employed nanny, she was underinsured. Glenda knew that treatment could be very expensive, and she didn’t want to risk losing her job or her home in the process. Serendipitously, she came across a newsletter from California Pacific Medical Center that featured a story about the African American Breast Health Program. Glenda contacted Carolyn Dyson, the program’s manager, and discovered that she qualified for a free mammogram and, if necessary, financial help with anything not covered by insurance.

At first, Glenda simply couldn’t believe that her medical care could possibly be free of cost. But sure enough, Carolyn arranged for Glenda’s mammogram and even offered free transportation to her appointments at CPMC. Carolyn was also there to comfort Glenda when she learned she had breast cancer. And, as promised, the program covered the cost of all tests and subsequent chemotherapy—even surgery to remove the lump.

During it all, Glenda felt supported not just financially, but emotionally as well. The doctors and nurses took time to explain every treatment, answer every question and address every fear. Today, Glenda continues to receive free annual mammograms through the program and remains cancer-free. She has energy to spare these days—perfect for her job caring for two-year-old twins.

SECTION EIGHT: CALIFORNIA CAMPUS

This section of the IMP describes CPMC’s plans for the existing California Campus. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development, and concludes with a discussion of neighborhood context and City requirements.

HISTORY OF THE CALIFORNIA CAMPUS

The California Campus of CPMC began as a children’s hospital and nursing school originally founded by women physicians. Since 1887, the California Campus has continuously provided care to women and children at the current locations on California and Maple streets. The following timeline provides a historical detail of the California Campus.

- 1875 Pacific Dispensary for Women and Children is founded as an outpatient clinic in a basement at 520 Taylor Street. The dispensary moves to various locations before moving into the current location at California and Maple streets.
- 1880 Founders of the Pacific Dispensary create the first nursing school on the west coast in December 1880.
- 1883-1887 Pacific Dispensary opens outpatient facilities at Methodist Episcopal Mission for Chinese Girls at 916 Washington Street, at The Boys and Girls Aid Society at Grove and Baker streets, and at 1016 Mission Street.
- 1885 The Pacific Dispensary and the Training School is reincorporated as Children’s Hospital—A Hospital for Children and Training School for Nurses.



Children’s Hospital—A Hospital for Children and Training School for Nurses, c. 1886



Little Jim Building and Eye and Ear Pavilion, c. 1900



Main Hospital, c. 1912



Contagious Disease Pavilion, c. 1912

1887 The hospital moves into a new building at California and Maple streets. The two-story hospital has 25 private rooms, open wards, a cow barn, chicken yard, and laundry.

1895 Citizens of San Francisco raise the funds to build the Little Jim Building for pediatrics at Children’s Hospital.

1897 William Randolph Hearst leads the campaign for the Eye and Ear Pavilion at Children’s Hospital.

1900 Children’s Hospital Nurses Home opens at Sacramento and Maple streets.

1906 Plaster and soot from the San Francisco earthquake cover patients in their beds at Children’s Hospital. A chimney falls through the roof of the maternity cottage, within feet of the women patients. Within half an hour of the earthquake, all 116 patients are safely relocated from the damaged main hospital to the round brick buildings on Sacramento Street. Minutes later, word arrives that the City is in flames and that most other hospitals are being evacuated. Nurses sweep away debris and drag beds out of their own rooms to create emergency wards in the old building. The earthquake forces the demolition of the 1887 Children’s Hospital building.

1911 Children’s Hospital opens a four-story brick-faced building at California and Cherry streets.

1912 The Contagious Disease Pavilion opens at the corner of California and Cherry streets.

1915 Children’s Hospital affiliates with the University of California for the teaching of medical students.

1928 The first iron lung west of the Mississippi arrives at Children’s Hospital and is widely used to treat polio patients. Similar to a modern-day ventilator, the iron lung enables breathing in patients who were otherwise unable to breathe on their own. The same year, Children’s Hospital opens a new wing for maternity patients.



Main Hospital, c. 1950

1941 Hahnemann Homeopathic Hospital opens a new building at California and Maple streets.

1954 A new east wing on Sacramento Street replaces the Little Jim Building and Eye & Ear buildings with 58 pediatric beds. A new maternity suite is opened as a response to the baby boom.

1957 The School of Nursing closes at Children’s Hospital.

1966 Children’s Hospital builds a new wing replacing the maternity cottage.

1967 Construction of a seven-story outpatient research building at Sacramento and Maple streets is completed.

1969 Children’s Hospital completes the north wing bed tower.

1973 A medical office building opens at 3838 California Street.

1974 Hahnemann Homeopathic Hospital is renamed Marshall Hale Memorial Hospital.

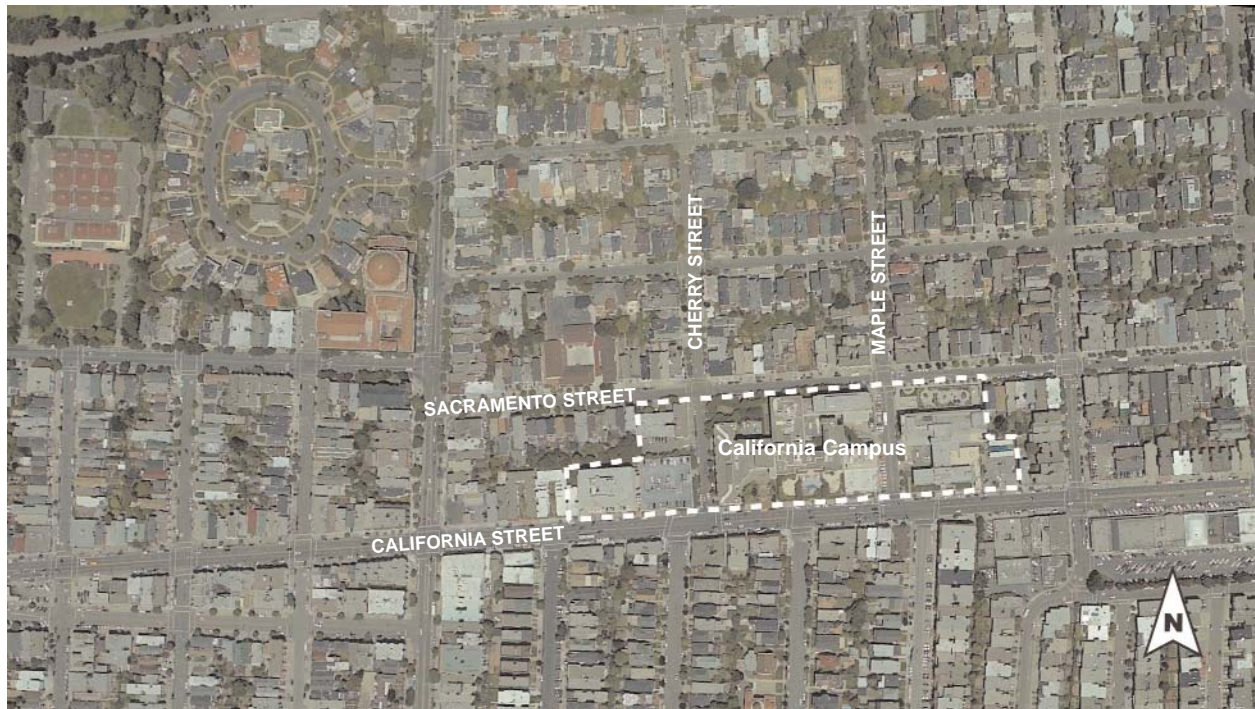
1981 Children’s Hospital and Pacific Medical Center sign an agreement to affiliate on January 14, 1981. The new corporation is named Children’s/Pacific Medical Center.



Marshall Hale Hospital, c. 1974

- 1984 Children's Hospital adopts a multi-corporate structure and becomes a subsidiary of the new parent corporation, The Northern California Health Center (NCHC).
- 1988 Marshall Hale Memorial Hospital merges with Children's Hospital.
- 1991 Children's Hospital and Pacific Presbyterian Medical Center merge to create California Pacific Medical Center (CPMC). By the next year, the medical staffs have fully merged.
- 2000 CPMC rings in the new millennium by delivering a record number of 5,307 babies at the California Campus.
- 2007 Pediatrics moves from the Pacific Campus to the California Campus, consolidating women and children's services care at the California Campus. The California Campus has High Risk Obstetrics, Mother-Baby Obstetrics, Neonatal & Pediatric Intensive Care, Pediatric Acute Care, Pediatric Program Specialty Care, Breast Health Center, and a new minimally invasive gynecological surgical program.
- 2008 The California Campus opens the first dedicated pediatric emergency room in San Francisco.

Figure 08-01
California Campus—Location and Context



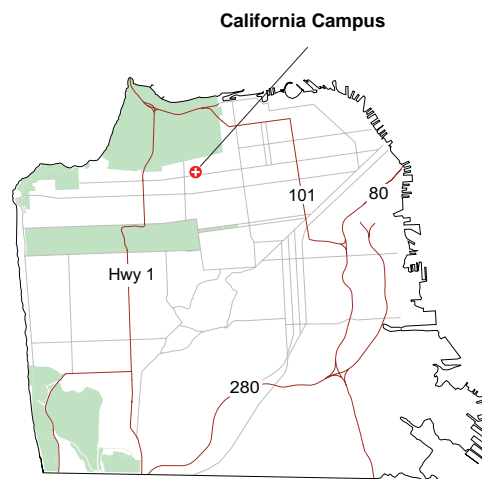
EXISTING CONDITIONS

Location and Context

The California Campus occupies an overall site area of 4.9 acres bordered by the Presidio Heights, Laurel Heights, and Jordan Park neighborhoods. The campus is bounded by Sacramento Street to the north, Maple Street to the east, California Street to the south, and Cherry Street to the west. The campus slopes downward in a southwest direction, with an approximately 30-foot elevation change from Sacramento Street to California Street.

The California Campus occupies nine buildings and is licensed for 400 beds, of which 242 are in-use beds. The total floor space on the campus is approximately 944,000 gross square feet. The primary services at the California Campus are skilled nursing, ambulatory surgery, and women and children’s services, which include labor and delivery, Neonatal

Figure 08-02
California Campus—Citywide Context



Intensive Care Unit (NICU), Pediatric Intensive Care (PICU), Pediatrics, the Breast Health Center, and the Minimally Invasive Gynecological Surgical Program.

Figure 08-03
California Campus—Aerial View



Existing Buildings at the California Campus

The following is an overview of the existing buildings at the California Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)



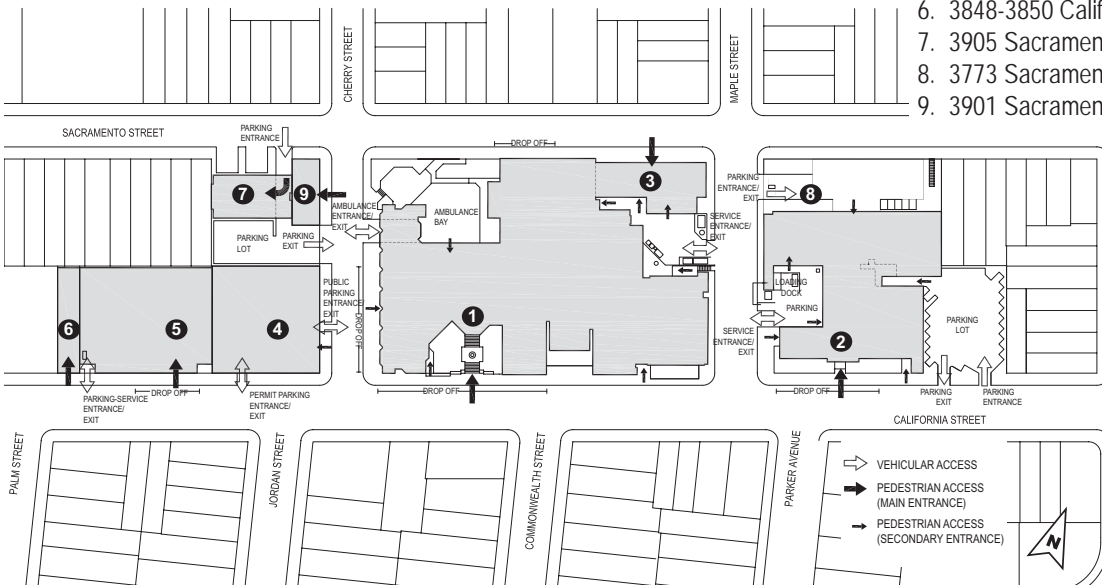
1. Main Hospital (California West Campus) **3700 California Street**

Present Use:	Hospital
Height:	6 stories plus 1 below ground / 91 feet
Gross Square Feet:	360,157
Licensed Beds:	299 (186 in use)
Seismic Rating:	SPC ratings range from SPC 1 to SPC 3
Parking:	7 spaces

Figure 08-04
California Campus—Existing Site Plan

California Campus Buildings

1. Main Hospital
2. 3698 California Street
3. 3801 Sacramento Street
4. Cherry St. Parking Garage
5. 3838 California Street
6. 3848-3850 California Street
7. 3905 Sacramento Street
8. 3773 Sacramento Street
9. 3901 Sacramento Street



2. California East Campus
3698 California Street

Present Use: Breast Health Center, Skilled Nursing Facility
 Height: 4 stories / 60 feet
 Gross Square Feet: 167,079
 Licensed Beds: 101 (56 in use)
 Seismic Rating: SPC 1
 Parking: 81 surface parking spaces



3. 3801 Sacramento Street

Present Use: Outpatient, research
 Height: 7 stories plus 2 below ground / 99 feet
 Gross Square Feet: 69,110



4. Cherry Street Parking Garage 460 Cherry Street

Present Use: Parking
Height: 6 stories / 51 feet
Gross Square Feet: 88,400
Parking: 290 spaces (enclosed)



5. 3838 California Street

Present Use: Medical office building
Height: 9 stories plus 3 below ground / 103 feet
Gross Square Feet: 204,000
Parking: 120 spaces



6. 3848/3850 California Street

Present Use: Offices
Height: 3 stories / 37 feet
Gross Square Feet: 4,890



7. 3905 Sacramento Street

Present Use: Medical office building
Height: 3 stories plus 1 below ground / 40 feet
Gross Square Feet: 25,600
Parking: 25 surface parking spaces adjacent to building



8. 3773 Sacramento Street

Present Use: Underground parking
Gross Square Feet: 17,000
Parking: 36 spaces



9. 3901 Sacramento Street

Present Use: Multiple-family residential
Height: 4 stories / 38 feet
Gross Square Feet: 8,300

Figure 08-05
California Campus—Street Access



Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

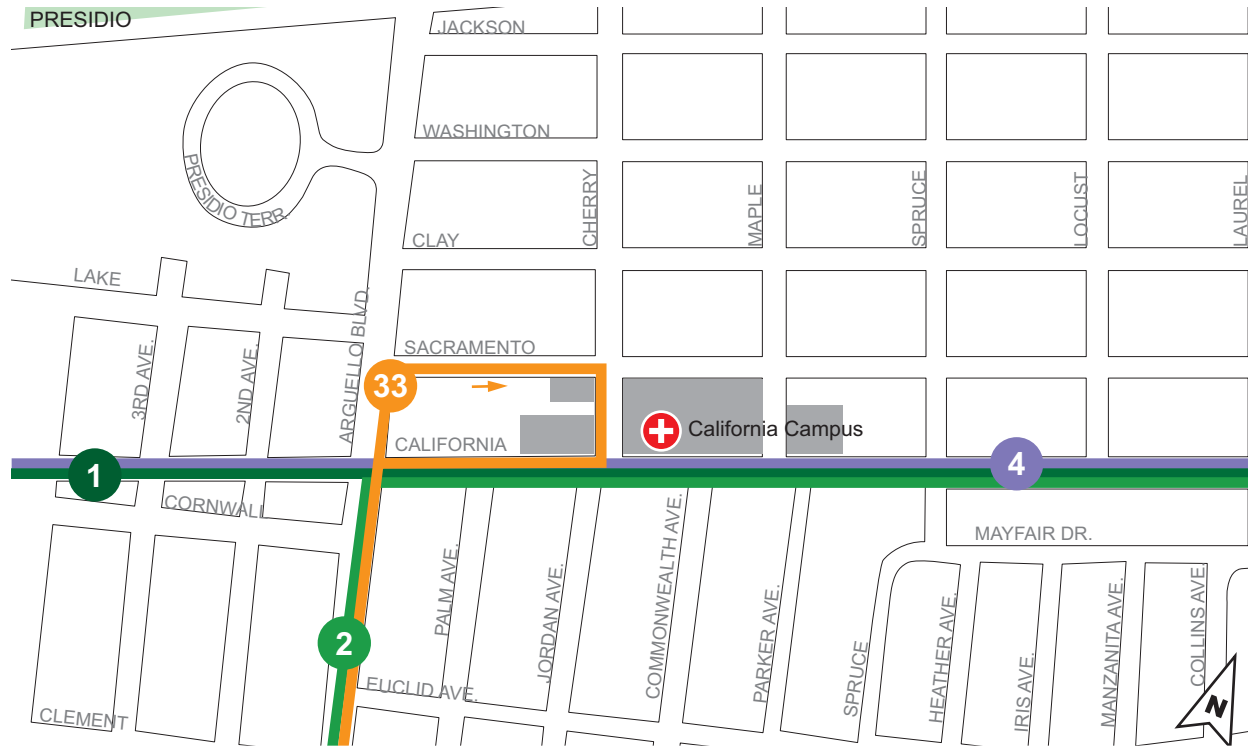
The California Campus has access from the west and east via several local streets, primarily California Street. California Street is a secondary arterial street that connects to the north-south Park Presidio Boulevard/Highway 1, a major arterial street, which in turn links to Highway 101 just south of the Golden Gate Bridge. This route is a primary connection between the North Bay and South Bay. California Street also connects to Van

Figure 08-06
California Campus—Arterial Streets



Ness Avenue/Highway 101, a major arterial street that is a major route to the Peninsula and East Bay via Interstate 80. Other streets around the campus, such as Sacramento Street, Maple Street, and Jordan Avenue, are residential streets and are not major thoroughfares.

Figure 08-07
California Campus—Muni Bus Routes



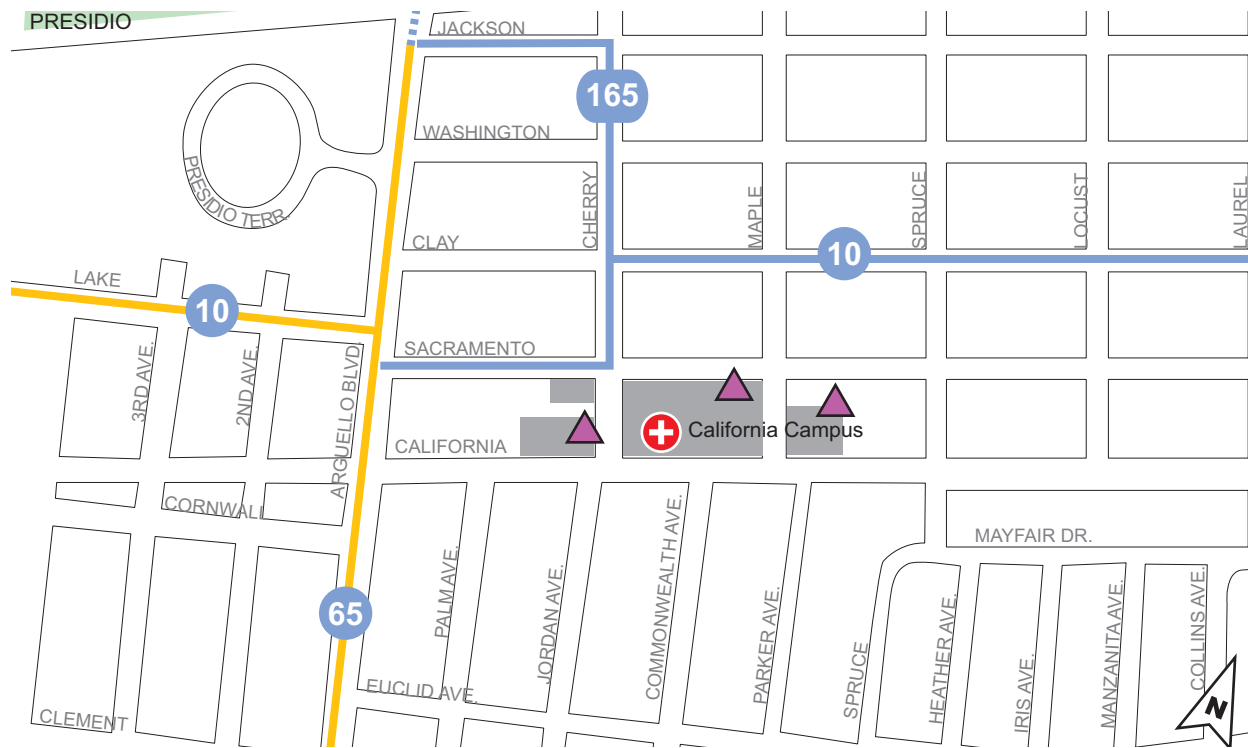
California Campus Muni Bus Routes

- 1-California: Connects the Richmond District to the Financial District via California and Sacramento streets.
- 2-Clement: Connects the Outer Richmond to the Ferry Terminal through a series of streets, primarily 33rd Avenue and Clement, California, Sutter, Post, and Market Streets.
- 4-Sutter: Connects the Inner Richmond to Downtown via California Street, 6th Avenue, and Sutter, Post, Kearny, Bush, and Sansome Streets.
- 33-Stanyan: Connects the Inner Richmond/Presidio Heights at the California Campus to the Mission, primarily via Arguello Boulevard, Stanyan Street, Haight Street, Ashbury Street, Clayton Street, Market Street, Mission Street, 16th Street, and Potrero Avenue.

Muni Bus Routes between the California Campus and Other Campuses

- To St. Luke’s Campus:
 1-California,
 49-Van Ness
- To Pacific Campus:
 1-California
- To Davies Campus:
 1-California,
 24-Divisadero
- To Cathedral Hill Campus:
 4-Sutter





Figure 08-08
California Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the California Campus include the following roadways as shown on the San Francisco Bike Map:

- Route 65: Class II bike route (with signs and a dedicated on-street bike lane) on Arguello Boulevard, linking Golden Gate Park and the Presidio.
- Route 10: Class III bike route (signs only, no dedicated bike lanes) on Clay Street between Cherry and Webster Streets. On Lake Street, Route 10 is a Class II bike lane.
- Route 165: Class III bike route on Cherry Street; connects to Route 10 on Clay Street and Route 65 on Arguello Boulevard.

-  **Bike Lane**
(Dedicated bike lane on roadway edge)
-  **Wide Curb Lane Bike Route**
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)
-  **Bike Route**
(Bikes and cars share the same roadway)
-  **Bicycle Parking**

Transportation Demand Management Program

Key components of the Transportation Demand Management (TDM) program for the California Campus include free shuttle service, guaranteed ride home, secure bicycle parking, carpool subsidies, and other options to reduce vehicular trips to and from the campus. (See Appendix B for complete transportation report.)

Bicycle Facilities

The California Campus provides 16 on-campus bicycle parking spaces. Bicycle parking is located inside the Cherry Street Parking Garage. Shower facilities are also available to employees who bike to work.

Shuttle Service

CPMC operates a free shuttle service from the California Campus to all campuses and CPMC parking facilities via the Pacific Campus. Major shuttle stops within the CPMC system-wide shuttle service include the Cathedral Hill Hotel, BART/Muni Metro stations, and the off-site parking facilities at Geary Mall and the Japan Center Garage.

Carpooling

CPMC offers free parking for registered carpools and vanpools with three or more CPMC tenants or employees, along with a \$2,500-per-year subsidy for vanpool vehicles.

Car Sharing

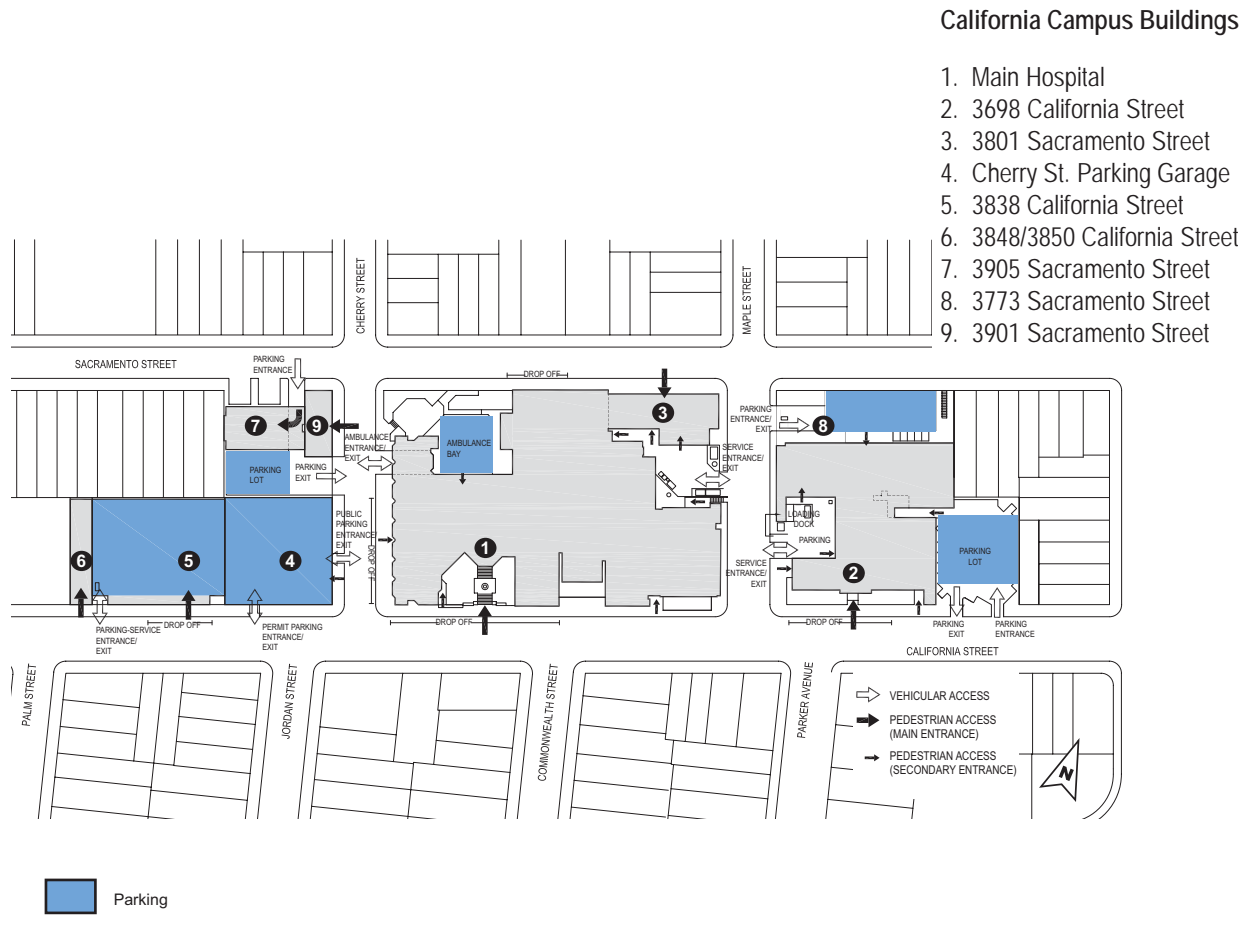
Four car share parking spaces are located within walking distance of the campus at California Street and 4th Avenue.

The shuttle service operates the following lines from the California Campus

C-Line:	to the Pacific Campus (to transfer to other campuses)
GMG-Line:	to the Geary Mall Garage

The California Campus has approximately 1,540 employees

Figure 08-09
California Campus—Existing Off-Street Parking



Off-Street Parking

Available parking is limited in the vicinity of the California Campus. The campus provides off-street parking for 559 vehicles. The main parking facilities are the Cherry Street Parking Garage, which provides parking for 290 vehicles; and the 3838 California Street medical office building, which provides parking for 120 vehicles.

FACILITY PLANNING AND FUTURE DEVELOPMENT

Medical services have been provided at the California Campus for over 120 years. Because of the current seismic condition and regulations established in SB 1953, several of the buildings can no longer be used for acute care medical services after 2013. At that time, the buildings will transition to other uses. The California Campus will play an important role for CPMC during this transition phase by allowing medical services to continue while other facilities are built and renovated. Ultimately, the California Campus will be sold and new occupants will replace CPMC.

Ongoing Projects

Minor Projects

Several construction projects have taken place at the California Campus within the last few years and others are still underway. All minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

Projects Completed in 2007

Pediatrics Services Moved to California Campus

The relocation of Pediatrics Services from the Pacific Campus to the California Campus was completed in April 2007. This move consolidated services in a central location in the main hospital at 3700 California Street, providing enhanced care for women and children.

Services include High Risk Obstetrics, Mother-Baby Obstetrics, Neonatal & Pediatric Intensive Care, Pediatric Acute Care, Pediatric Outpatient Specialty Care Programs, Breast Health Center, Surgical Services, skilled nursing facilities, and a new Minimally Invasive Gynecological Surgical Program. This move involved the following renovations at the California Campus:

- An expanded Neonatal Intensive Care Unit (ICU) on the second floor
- A new pediatrics ICU on the third floor
- New pediatrics acute care inpatient beds on the fifth floor
- Renovated Prenatal Diagnosis Center on the fourth floor
- A new play room and recreation room
- Improved family lounge and kitchen
- New Physician Subspecialist Clinic
- New Minimally Invasive Gynecological Surgical Program

The Neonatal ICU was expanded due to the increasing number of premature births throughout the Bay Area. The facility can now accommodate up to 36 premature babies who require the most specialized care. New private pediatric ICU rooms were added, allowing parents to stay with their children. Larger pediatric inpatient bed rooms were also developed, providing additional space for families. The relocation of the Maternity Urgent Care Triage Department began in June 2007 and was completed in December 2007.

Gastroenterology (GI) Laboratory Relocated to 3698 California Street

In order to accommodate the renovations described above, the GI Lab on the third floor of the main hospital at 3700 California Street was relocated to 3698 California Street.

2007-2008 Projects

Pediatric Emergency Department

A new dedicated Pediatric Emergency

Department, the first facility of this type in San Francisco, opened in November 2008 at 3700 California Street. The Pediatric Emergency Department occupies space that was used for the Maternity Urgent Care Triage Department, which now has moved to a new location in the same building. The Pediatric Emergency Department project began in December 2007.

3838 California Street Lab Expansion

CPMC has planned a substantial remodel of its laboratory space at this location.

Child Development Center Space

This space, which was on the first floor of 3700 California Street, was vacated when the Child Development Center moved to 1625 Van Ness Avenue, third floor. CPMC is exploring plans for the space, which could include relocation of existing outpatient clinics, or administrative offices and conference space.

Replacement of Existing Radiographic with New Digital Radiology Equipment (Rad Room #4)

Construction of this project began in 2007.

3700 California Street Main Hospital—Renovations in Operating Rooms

This project includes remodeling of Operating Rooms #1 and #10 to accommodate a new Pediatric Laparoscopic Cardiac Program and the Minimally Invasive Gynecological Surgical Program.

The Future of the California Campus

There are currently no construction or development projects planned at the California Campus. After 2015, CPMC will offer the buildings and lots that comprise the California Campus for sale, unless required for provision of new medical services resulting from major advances in health care. Although it is anticipated that the properties will be under new ownership, CPMC will continue some operations by leasing back space until renovations and construction at the Pacific Campus are

completed, between 2016 and 2019. Services provided at the California Campus will be transferred to the Cathedral Hill Hospital and the Pacific Campus in the following phases, beginning in 2015.

Phase One (2015): After completion of the new Cathedral Hill Hospital, acute care services at the California Campus (3700 California Street) will be transferred to the new facility. Diabetes Services, the Breast Health Center, MRI, Pathology and Clinical Lab space, and imaging services will remain at the California Campus until the Pacific Campus renovations are complete, at which point the services will be transferred.

Phase Two (2016): The following services at the California Campus will be transferred to the Pacific Campus upon completion of the Ambulatory Care Center (ACC) renovation:

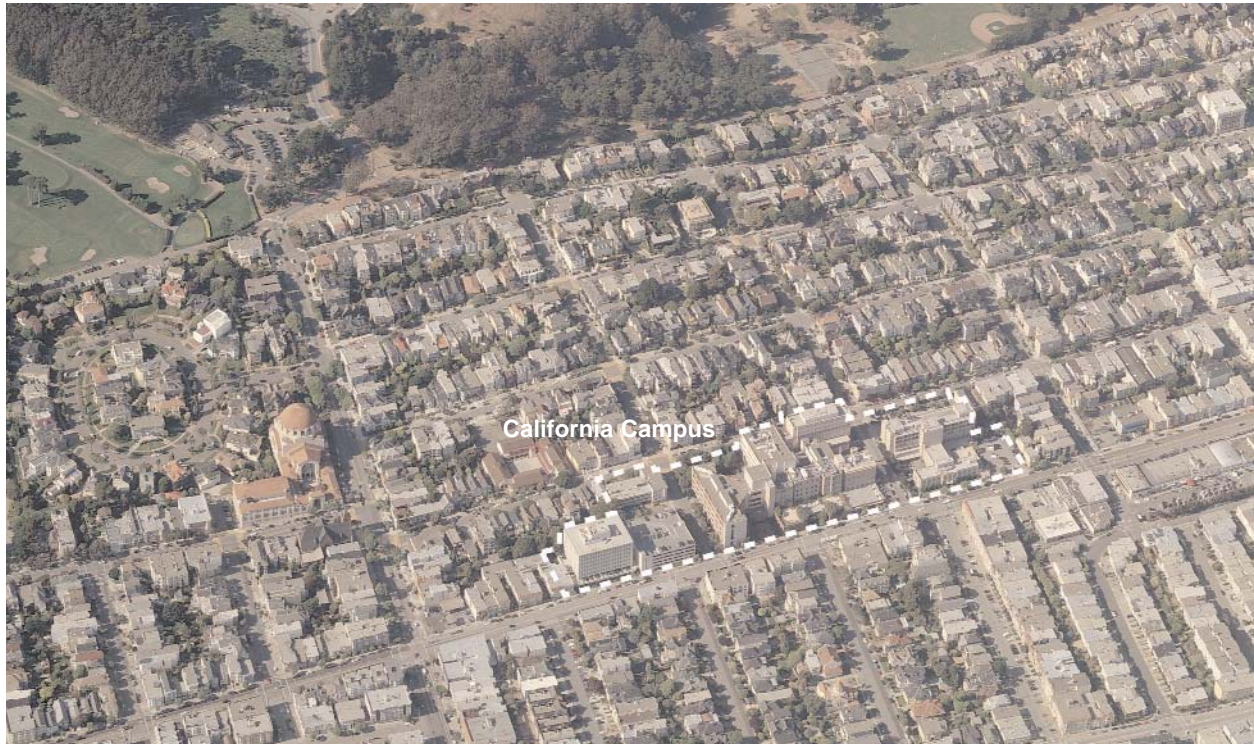
- Alzheimer’s Residential and Day Care Services
- Pre and Post Ambulatory Surgery
- Outpatient GI Laboratory Service
- Physical and Occupational Therapy

Phase Three (2018): When the ACC Addition at the Pacific Campus is complete, the following services will be transferred to the Pacific Campus:

- Center for Diabetes Services
- Breast Health Center
- MRI
- Pathology and Clinical Lab Space
- Imaging Services including Rad Diagnostic, CT Scan, Bone Density, and Non OB Ultrasound

By 2019, the remaining CPMC services at the California Campus will be outpatient imaging and the lab draw site that support the medical office building at 3838 California Street.

Figure 08-10
California Campus—Neighborhood Context



NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The California Campus borders the Presidio Heights, Laurel Heights, and Jordan Park neighborhoods. The area to the north of the campus is predominantly low-rise single-family homes, and the area to the south is primarily detached single-family homes. Nearby institutions include the Congregation Emanuel, Presidio Hill School, Claire Lilienthal public school, and UCSF Laurel Heights Campus.

The California Campus is also surrounded by two distinct neighborhood commercial shopping areas. The Sacramento Street neighborhood commercial district provides a mix of eateries, salons, home furnishing stores, boutiques, and other neighborhood-serving busi-

nesses with housing on upper floors. The Laurel Village shopping center on California Street provides a larger selection of grocery stores, coffee shops, restaurants, retail, and several chain store establishments.

City Planning Regulations

Zoning and Land Use

Most of the California Campus is within an RM-2 (Residential, Mixed Houses and Apartments) zoning district. The northwestern corner of the campus is within an RH-2 (Residential, House, 2 units per lot) district. Although these zoning classifications are intended primarily for moderate-density apartments and one- and two-family houses, a medical center may be permitted subject to conditional use approval by the San Francisco Planning Commission. The current campus'

**Figure 08-11
California Campus—Adjacent Institutions**



ADJACENT INSTITUTIONS

- A. The Congregation Emanu-El
2 Lake Street
- B. The Presidio Hill School
3839 Washington Street
- C. Claire Lilienthal public school
3630 Divisadero Street
- D. UCSF Laurel Heights Campus
3333 California Street

conditional use status has been authorized by the Planning Commission since the 1960s.

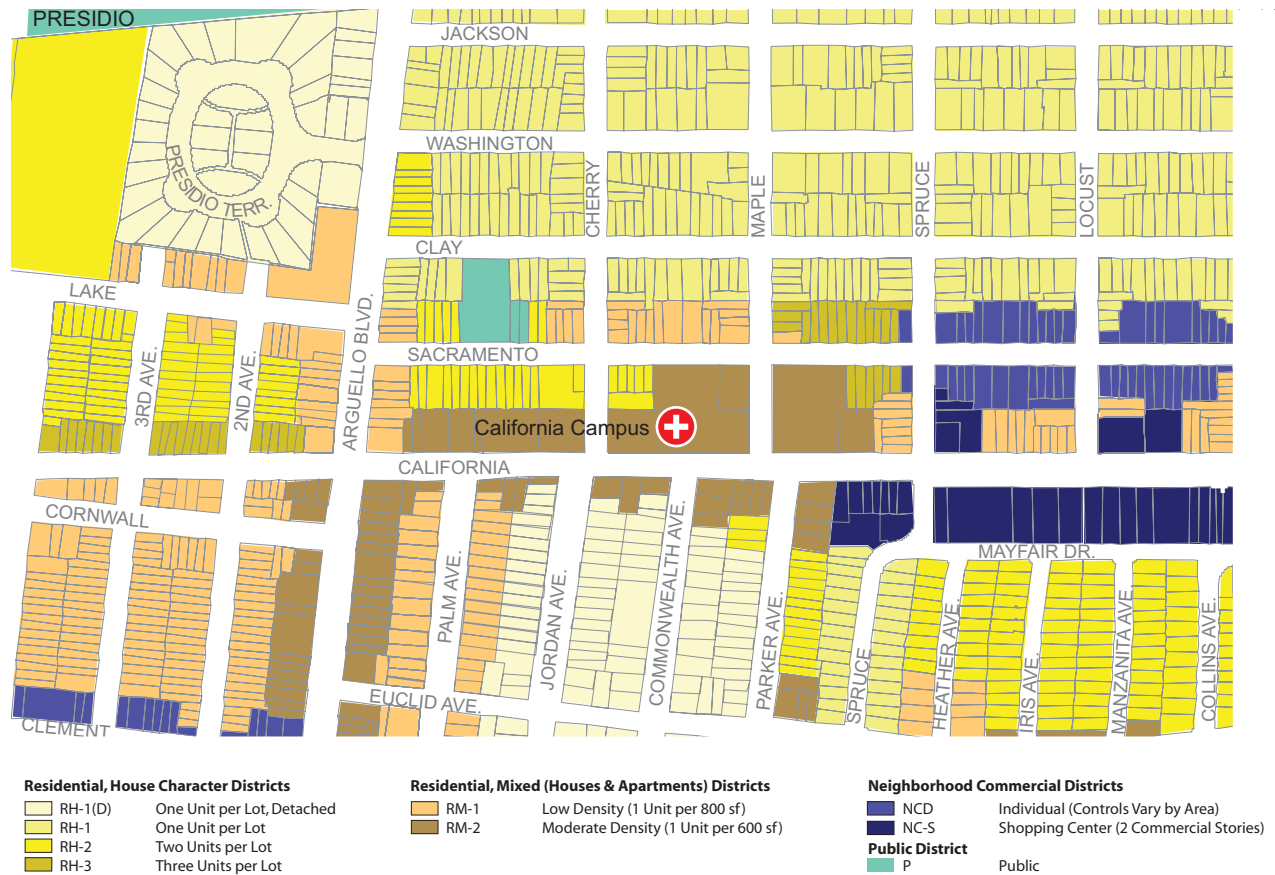
The area surrounding the California Campus is zoned for various uses, including low-density housing with 1 unit per 800 or 600 square feet of lot area (RM-1 or RM-2), detached single-family houses (RH-1D), and single-family houses with one unit per lot (RH-1). The Laurel Village shopping center on California

Street, zoned NC-S (Neighborhood Commercial, Shopping Center), and the Sacramento Street neighborhood commercial district, zoned NCD (Neighborhood Commercial District) make up the predominant commercial activity near the California Campus.

Building Height and Bulk Limits

The campus is within two height and bulk districts. The portion of the campus at the southwestern corner of Sacramento Street and Cherry Street is in the 40-X district, and the remainder of the campus is in the 80-E district. The 80-E district requires that buildings over 40 feet in height receive conditional use authorization and that portions of buildings over 65 feet have limited horizontal dimensions.

Figure 08-12
California Campus—Zoning Districts



Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR limit for the California Campus is 1.8 to 1. The California Campus was built prior to the adoption of this limit and has an existing FAR of 3.13 to 1.

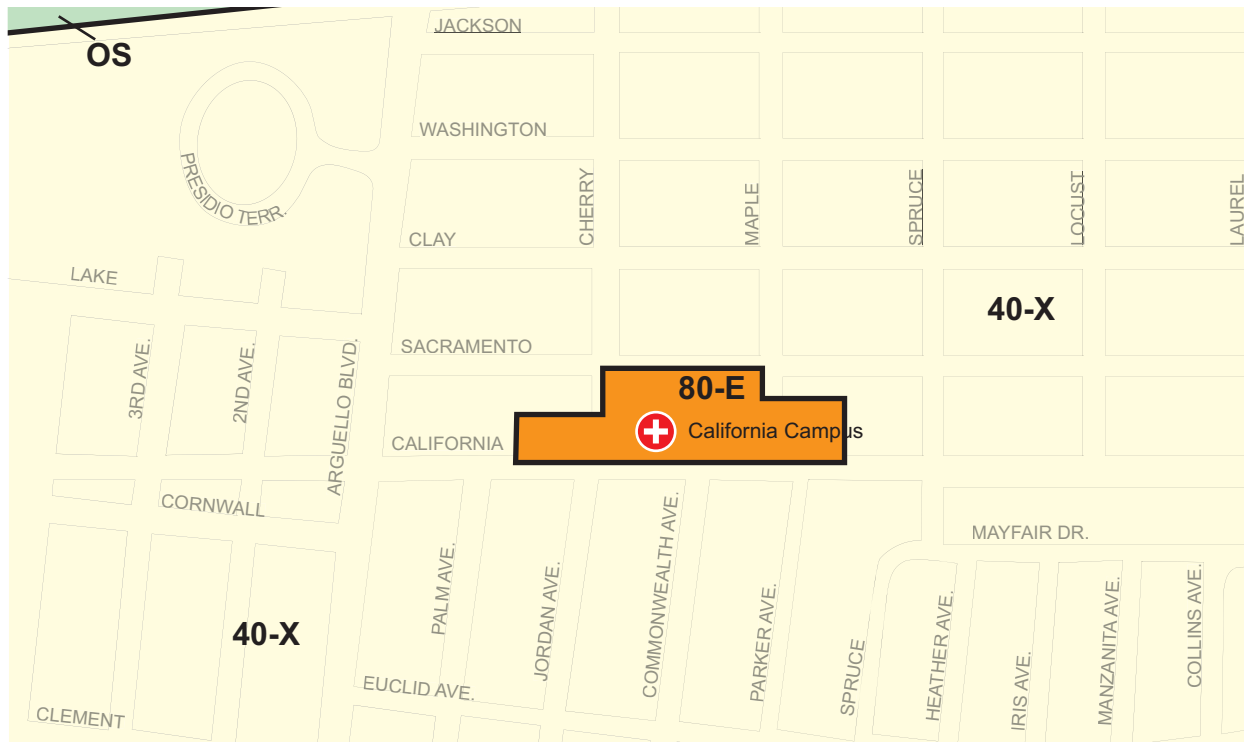
Project Approvals

As changes occur on the California Campus over time, CPMC or future owners will need to seek approvals from the City. Some of the approvals may include a parking variance as some buildings are changed from inpatient to outpatient use.

Impacts and Mitigations

Since there are no construction plans contemplated for the California Campus at this time, no impacts are anticipated. Interim uses, such as uses transferred from the Pacific Campus during the renovation of the hospital into an Ambulatory Care Center (ACC) and construction of the ACC Addition, may create interim impacts on transportation and parking. These impacts will be fully analyzed in the Environmental Impact Report (EIR) for the project. When the campus is sold, the future uses would need to be reviewed by the Planning Department and/or Planning Commission.

Figure 08-13
California Campus—Building Height and Bulk Limits



Community Outreach

CPMC has engaged neighborhood groups in the planning process for SB 1953 compliance and has met with and continues to dialogue with members and representatives of the following groups over the years to receive input on development plans and campus issues:

- Presidio Heights Association of Neighbors
- Jordan Park Improvement Association
- Planning Association of the Richmond
- Pacific Heights Residents Association
- Laurel Heights Merchants
- Individual merchants on California Street, Arguello Street, Sacramento Street, and other nearby businesses

CPMC has made the following resources available to the neighborhoods surrounding the California Campus:

BULK LIMITS			
District Symbol	Height	Length	Diagonal
E	65 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

- Meeting space for neighborhood groups
- Forums on health-related topics
- Open house for new Women & Children’s Center (2007)
- Health fair and other events at the Jewish Community Center



Michael

Champion Barbecue Chef

“The moment I started talking to people at CPMC, I felt better. The second time I went, they already knew my name, even though it took me weeks to learn all of theirs.”

For years, Michael had been competing in barbecue cook-offs and winning blue ribbons with the delicious, top-secret recipes that he’d honed and perfected over time. Then came a devastating blow: Michael had cancer of the salivary gland. The diagnosis threatened to take away so much—his health, his strength and his ability to taste. Without his sense of taste, Michael knew his days as a barbecue chef would be over.

By the time he began radiation treatment at California Pacific Medical Center, he was physically weakened and emotionally depressed. But every time Michael walked into the Radiation Therapy Center, he was greeted by warm, caring people who wanted to help him recover. The radiation therapists understood his anxiety about losing his sense of taste, and did whatever they could to save it. At one point, Michael received 40 days of hyperbaric treatment—a therapy that involves breathing 100 percent oxygen to help prevent tissue from dying after the trauma of radiation. He also received counseling to combat the inevitable anxiety and depression that comes with the diagnosis and treatment of cancer.

With CPMC’s help, Michael fought his disease and won. His cancer was eliminated, and while his sense of taste was temporarily compromised, the extra efforts by CPMC kept him from losing it altogether. In fact, after about a year, it was almost completely recovered. Now Michael is back behind his grill, competing in—and winning—barbecue championships. And every so often, the CPMC staff gets to sample his masterpieces firsthand when he brings his considerable barbecue skills to hospital events.

SECTION NINE: PACIFIC CAMPUS

This section of the IMP describes CPMC’s plans for the existing Pacific Campus. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development, and concludes with a discussion of neighborhood context and City requirements.

HISTORY OF THE PACIFIC CAMPUS

As one of San Francisco’s oldest medical institutions, the Pacific Campus has a well-established history of providing medical care for over 150 years. The campus was originally founded as a medical school and teaching hospital. The following timeline highlights key program and facility developments from the extensive history of the Pacific Campus.

1858 The first medical school on the West Coast is founded by Elias Samuel Cooper as the Medical Department of the University of the Pacific.

1882 Dr. Levi Cooper Lane and his colleagues launch Cooper Medical College at the northeast corner of Sacramento and Webster streets with Dr. Lane’s personal money.



Cooper Medical College, c. 1882



Lane Hospital, c. 1895



Stanford School of Nursing, c. 1922

- 1895 Lane Hospital, offering free medical care, opens as a teaching hospital at the current site of the Pacific Campus. The Lane Training School for Nurses also opens.
- 1908 Cooper Medical College becomes Stanford University School of Medicine.
- 1912 Lane Medical Library (today the Health Sciences Library) opens at the southeast corner of Webster and Sacramento streets.
- 1917 Stanford Hospital opens at 2351 Clay Street.
- 1922 The Stanford School of Nursing opens at 2340 Clay Street.
- 1939 Mrs. Lucie Stern finances construction of the Stern Research Building across Clay Street from Stanford Hospital.
- 1951 Dr. Frank Gerbode performs the first successful open heart surgery on the West Coast at the Pacific Campus.
- 1960 The Presbyterian Church accepts the Pacific Campus as a gift from Stanford University, and it becomes Presbyterian Medical Center.
- 1960 The Interns' Residence at the southwest corner of Clay and Buchanan streets is demolished to make room for the new hospital at Presbyterian Medical Center.
- 1964 The Institute of Medical Sciences opens the IMS Research Building at the corner of Clay and Webster streets, with the fourth and fifth floors completed in 1967.

1967 In order to reflect affiliations with the University of the Pacific for medical education and research programs, Presbyterian Medical Center changes its name to Pacific Medical Center.

1971 Garden Hospital Jerd Sullivan Rehabilitation Center at Geary Boulevard and Masonic Avenue joins Pacific Medical Center and provides physical and occupational therapy to patients.

1973 Pacific Medical Center opens the new Presbyterian Hospital at 2333 Buchanan Street. The new hospital replaces outdated facilities and allows for the renovation of the Stanford Hospital Building.

1974 The Artificial Kidney Dialysis Unit and other outpatient clinics are moved from the Cooper and Lane buildings to the partially remodeled Stanford Building. The remaining vacant buildings do not meet San Francisco earthquake codes and are demolished.

1980 The Northern California Transplant Bank opens at Pacific Medical Center and becomes one of the nation's most comprehensive centers for bone and tissue transplantation.

1980 The Kuzell Institute for Arthritis and Infectious Diseases is founded.

1980 Pacific Medical Foundation is created to develop resources for the medical center and its related organizations.



IMS Research Building, c. 1967



L to R: 2333 Buchanan under construction, Stanford Building, Lane Building, c. 1971



Stanford Nursing Students, c. 1922

- 1981 Children's Hospital and Pacific Medical Center sign an agreement to affiliate on January 14, 1981. The new corporation is named Children's/Pacific Medical Center.
- 1983 Pacific Medical Center becomes Pacific Presbyterian Medical Center.
- 1984 Pacific Presbyterian Medical Center performs the second heart transplant in San Francisco in the summer of 1984.
- 1986 Pacific Presbyterian Medical Center joins Mills-Peninsula Hospital and Marin General Hospital in forming California Healthcare System (CHS).
- 1986 The Pan-Med Building (known today as the Pacific Professional Building) opens at 2100 Webster Street on the site previously occupied by the Cooper and Lane buildings.
- 1991 Children's Hospital and Pacific Presbyterian Medical Center merge to create California Pacific Medical Center (CPMC). By 1992, the medical staffs have fully merged.
- 1991 Medical Research Institute merges with California Pacific Medical Center to become California Pacific Medical Center Research Institute.
- 1996 The Institute for Health & Healing opens at 2020 Webster Street (now known as 2040 Webster Street).
- 2004 The Pacific Campus opens the Kanbar Cardiac Center, a state-of-the-art clinical care facility offering advanced technology to treat heart conditions.

Figure 09-01
Pacific Campus—Location and Context



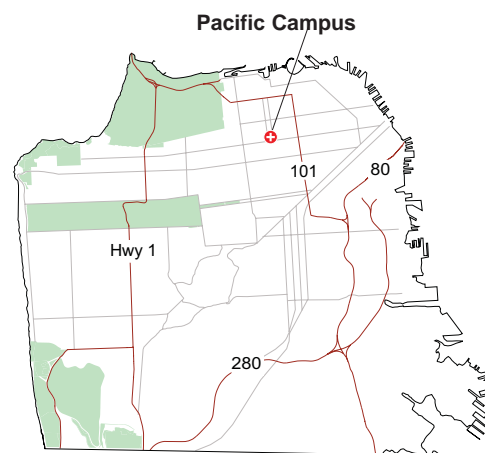
EXISTING CONDITIONS

Location and Context

The Pacific Campus occupies an overall site area of 4.6 acres in San Francisco’s Pacific Heights neighborhood. The campus is bounded generally by Washington Street to the north, Sacramento Street to the south, Buchanan Street to the east, and Webster Street to the west. The campus slopes in a southwest direction, with an approximately 25-foot elevation change from Buchanan Street to Webster Street.

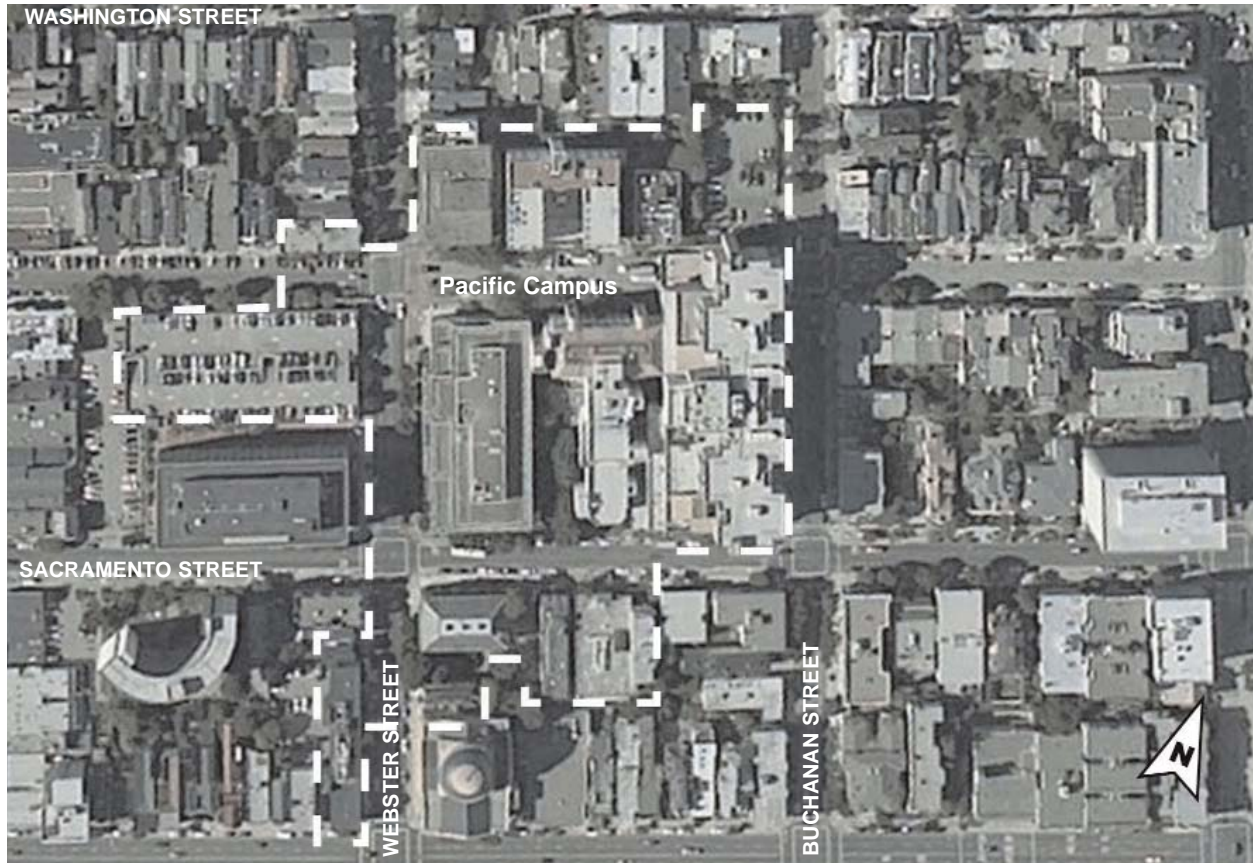
The Pacific Campus consists of 15 buildings. The most prominent building on the campus is the nine-story Pacific Hospital building at 2333 Buchanan Street. It is licensed for 313 acute care beds, of which 298 are in-use beds. The total floor space on the campus is approx-

Figure 09-02
Pacific Campus—Citywide Context



imately 1,100,000 gross square feet. The principal services provided at the Pacific Campus are inpatient surgery, ambulatory surgery, organ transplantation services, adult critical care services, emergency room services, psychiatric services, and research.

Figure 09-03
Pacific Campus—Aerial View



Existing Buildings at the Pacific Campus

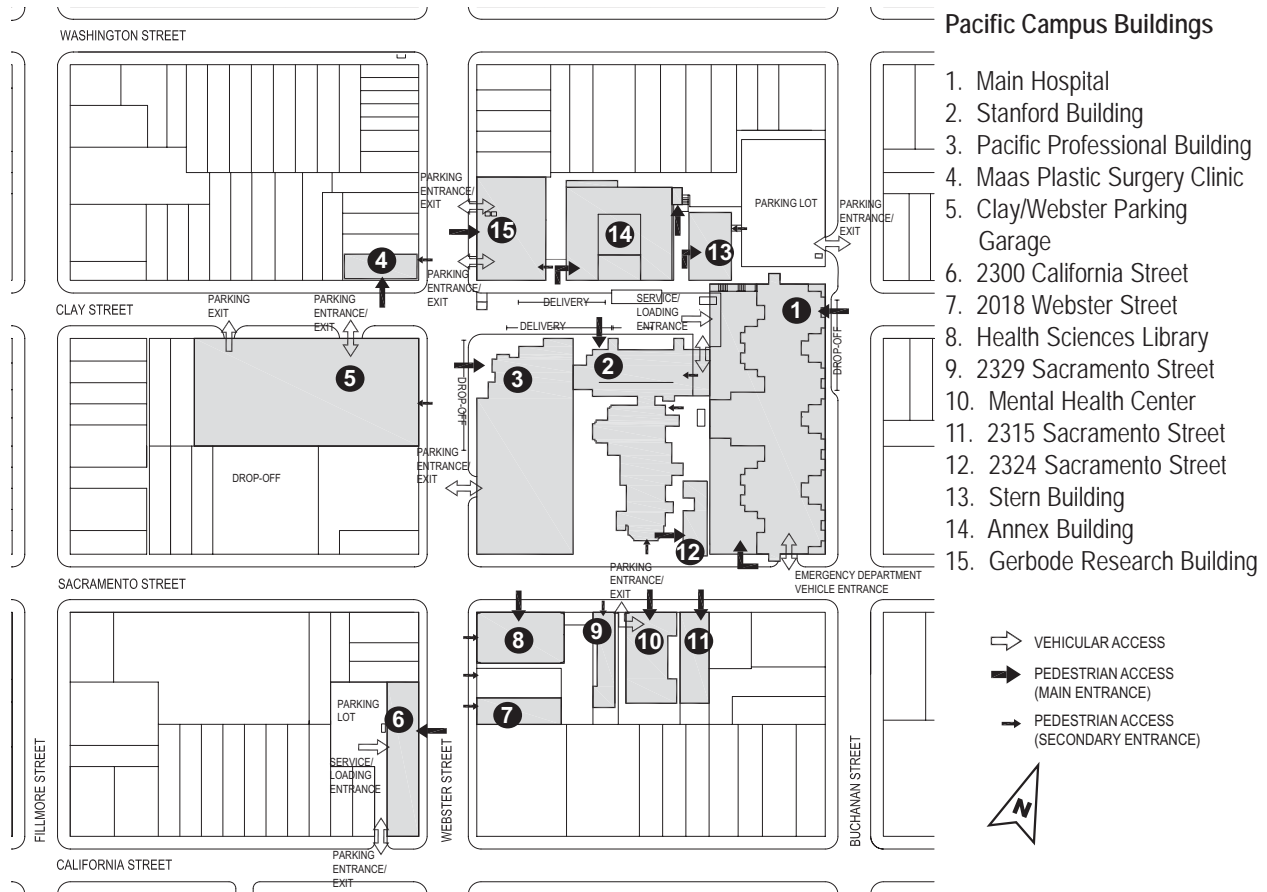
The following is an overview of the existing buildings at the Pacific Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)



1. Main Hospital
2333 Buchanan Street

Present Use:	Hospital (acute care)
Height:	9 stories / 120 feet
Gross Square Feet:	300,800
Parking:	32 surface spaces
Seismic Rating:	SPC 1
Licensed Beds:	313 (298 in-use)

**Figure 09-04
Pacific Campus—Existing Site Plan**



**2. Stanford Building
2351 Clay Street**

Present Use: Outpatient
 Height: 7 stories / 99 feet
 Gross Square Feet: 142,608



**3. Pacific Professional Building
2100 Webster Street**

Present Use: Medical office building
 Height: 5 stories / 80 feet
 Gross Square Feet: 232,554
 Note: The Pacific Professional Building, which is not owned by CPMC, also holds four floors of underground parking with 400 parking spaces.



**4. Maas Plastic Surgery Clinic
2400 Clay Street Medical Office Building**

Present Use: Medical office
Height: 3 stories / 39 feet
Gross Square Feet: 15,015
Note: Non-CPMC clinic, but leases the building from CPMC.



**5. Clay/Webster Parking Garage
2405 Clay Street**

Present Use: Parking
Height: 4 stories / 30 feet
Gross Square Feet: 150,876
Parking: 411 spaces
Note: Public parking is available.



**6. 2300 California Street
includes Institute for Health & Healing**

Present Use: Medical office building
Height: 3 stories / 40 feet
Gross Square Feet: 27,655
Parking: 41 surface parking spaces



7. 2018 Webster Street

Present Use: Residential over ground-floor retail (vacant)
Height: 3 stories / 54 feet
Gross Square Feet: 5,300



**8. Health Sciences Library
2395 Sacramento Street**

Present Use: Library
Height: 3 stories / 48 feet
Gross Square Feet: 33,600
Note: Designated as San Francisco Landmark No. 115.



9. 2329 Sacramento Street

Present Use: 12-unit residential apartment building
Height: 4 stories / 40 feet
Gross Square Feet: 16,950



10. Mental Health Center
2323 Sacramento Street

Present Use: Inpatient/outpatient care
Height: 3 stories / 20 feet
Gross Square Feet: 28,980



11. 2315 Sacramento Street

Present Use: Six-unit residential apartment building (vacant)
Height: 3 stories / 47 feet
Gross Square Feet: 10,220



12. 2324 Sacramento Street

Present Use: Clinic
Gross Square Feet: 2,464



13. Stern Building
2330 Clay Street

Present Use: Administrative office
Height: 3 stories/ 51 feet
Gross Square Feet: 16,000



14. Annex Building
2340-2360 Clay Street

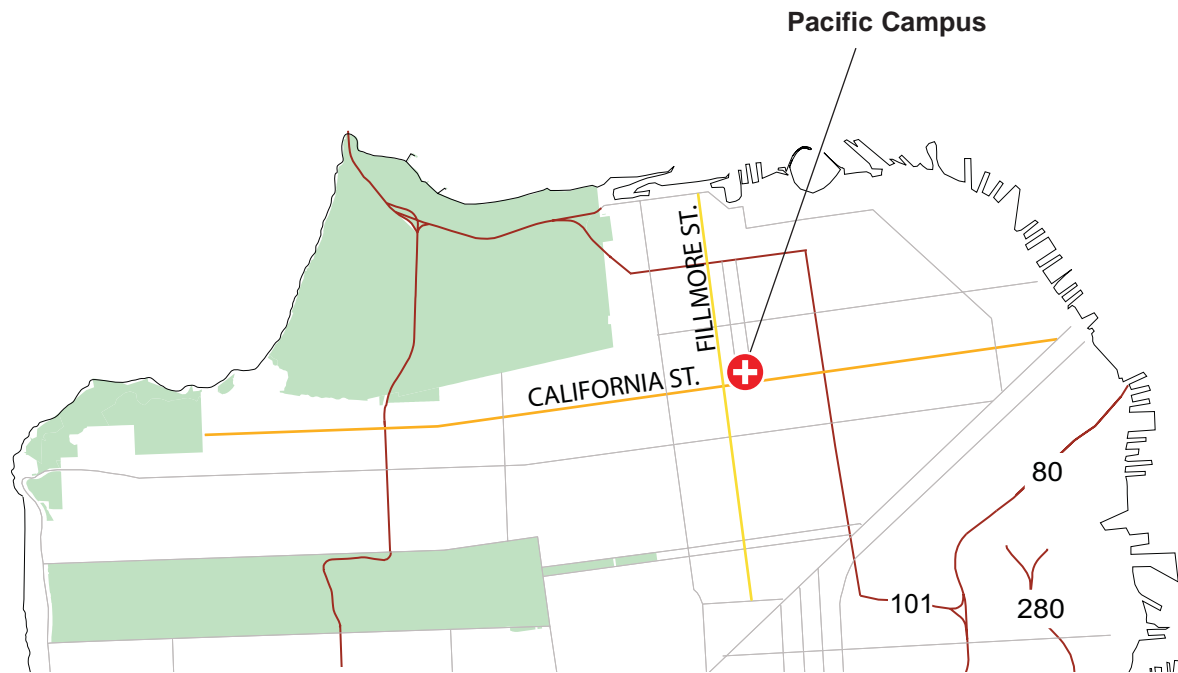
Present Use: Medical office building
Height: 7 stories / 76 feet
Gross Square Feet: 71,616



15. Gerbode Research Building
2200 Webster Street

Present Use: Research
Height: 5 stories / 60 feet
Gross Square Feet: 63,840

Figure 09-05
Pacific Campus—Street Access



Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

The Pacific Campus is accessible primarily by California Street, a secondary arterial street that provides direct access from the north-south Webster and Fillmore streets, which also connect to Lombard Street (Highway 101) north of the campus. California Street also connects to Van Ness Avenue (Highway 101) east of the campus, and to Park Presidio Boulevard (Highway 1) west of the campus.

Figure 09-06
Pacific Campus—Arterial Streets

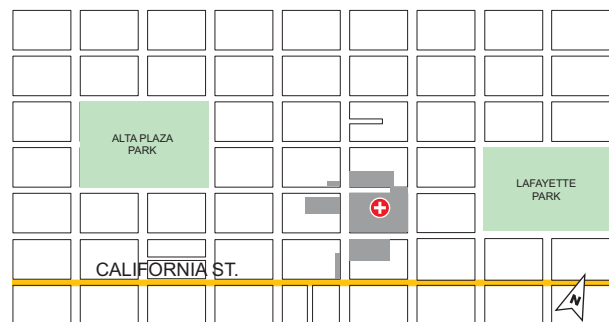
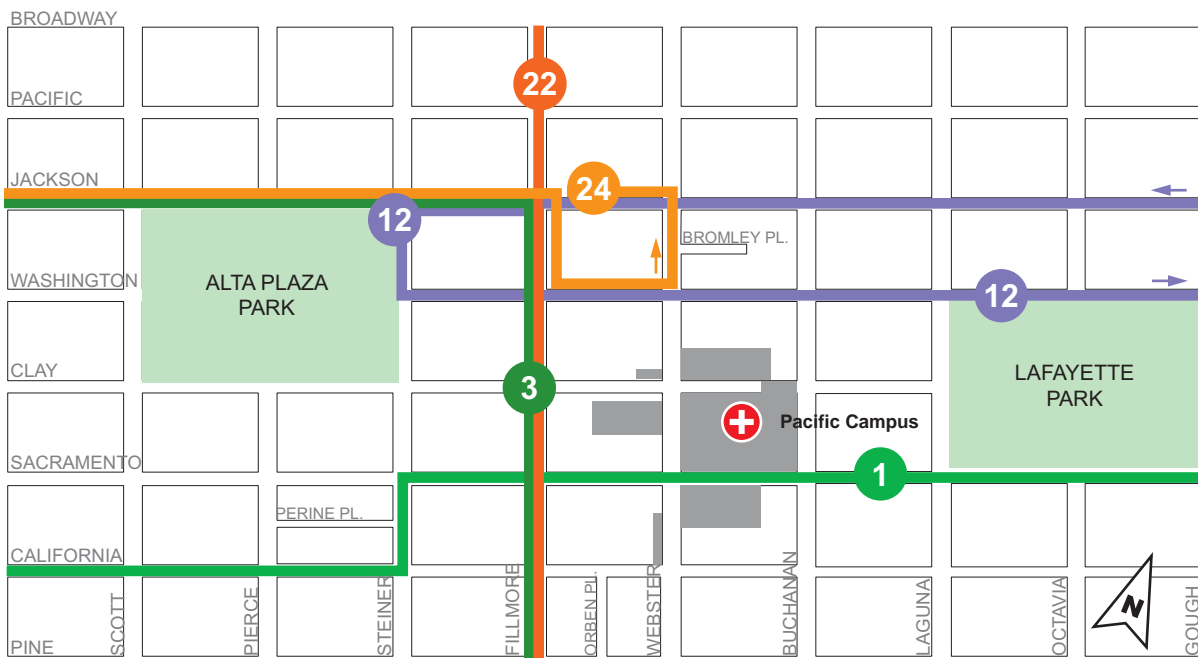


Figure 09-07
Pacific Campus—Muni Bus Routes



Pacific Campus Muni Bus Routes

- 1-California: Connects the Richmond to the Financial District via Sacramento Street and California Street.
- 3-Jackson: Connects the Inner Richmond to Downtown via Presidio Avenue, Jackson, Fillmore, Sutter, Post, Bush, and Sansome Streets.
- 12-Folsom: Connects the Mission to Pacific Heights via Cesar Chavez Street, 26th Street, Folsom Street, Harrison Street, the Embarcadero, Broadway Street, Pacific Avenue, Washington Street, and Jackson Street.
- 22-Fillmore: Connects Potrero Hill to the Marina, primarily via 18th Street, 17th Street, 16th Street, Church Street, Fillmore Street, Steiner Street, and Bay Street.
- 24-Divisadero: Connects the Bayview to Pacific Heights via Palou Avenue, Industrial Street, Cortland Avenue, 30th Street, Noe Street, 26th Street, Castro Street, Divisadero Street, Jackson Street, Fillmore Street, and Washington Street.

Muni Bus Routes between the Pacific Campus and Other Campuses

- To St. Luke’s Campus:
1-California,
49-Van Ness/Mission
- To California Campus:
1-California
- To Davies Campus:
24-Divisadero
- To Cathedral Hill Campus:
3-Jackson

Transportation Demand Management Program

Key components of the Transportation Demand Management program for the Pacific Campus include free shuttle service, guaranteed ride home, secure bicycle parking, car-pool subsidies, and other options to reduce vehicular trips to and from the campus.

Shuttle Service

CPMC operates a free shuttle service from the Pacific Campus to the California and Davies campuses. Shuttle service to St. Luke's is available via the Davies Campus. Shuttles also travel to the Cathedral Hill Hotel, BART/Muni Metro stations, and the Japan Center Garage for employee parking.

Carpooling

CPMC offers free parking for registered car-pools or vanpools with three or more CPMC tenants or employees, along with a subsidy for vanpool vehicles. Carpoolers park in the Clay/Webster Parking Garage.

Car Sharing

Two car share parking pods are located behind 3015 Steiner Street at California Street.

Bicycle Facilities

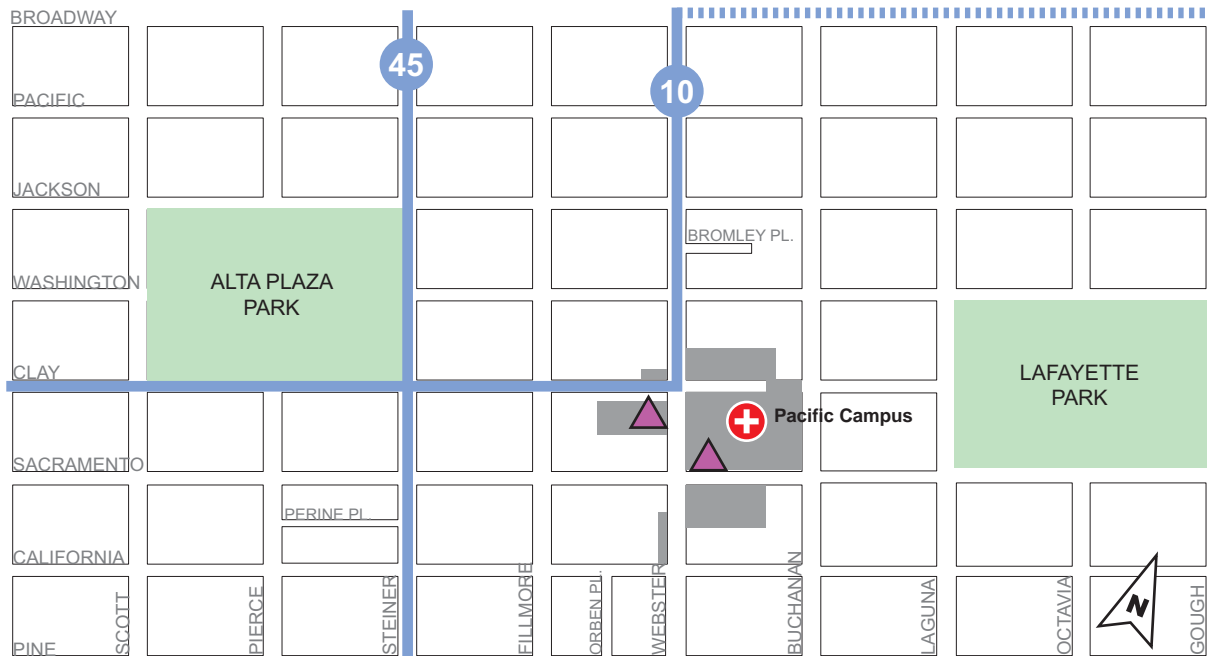
The Pacific Campus provides 16 on-campus bicycle parking spaces inside the Clay/Webster Parking Garage. Shower facilities are available for employees who bike to work.

CPMC Shuttle Lines from the Pacific Campus

C-Line:	to the California Campus
D-Line:	to the Davies Campus (stops at Japan Center Garage)
JC-Line:	to Japan Center Garage
CHH-Line:	to the Cathedral Hill Hotel
BV-Line:	to the BART/Muni Metro
F-Line:	to Folsom Street administrative offices

The Pacific Campus has approximately 2,790 employees

Figure 09-08
Pacific Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the Pacific Campus include the following Class II (signs only, no dedicated bike lanes) routes, as shown on the San Francisco Bike Map:

Route 10: Clay Street between Cherry and Webster streets, and Webster Street between Clay Street and Broadway.

Route 45: Steiner Street between Greenwich and Fulton Streets. Route 45 intersects Route 10 at Steiner and Clay Streets.




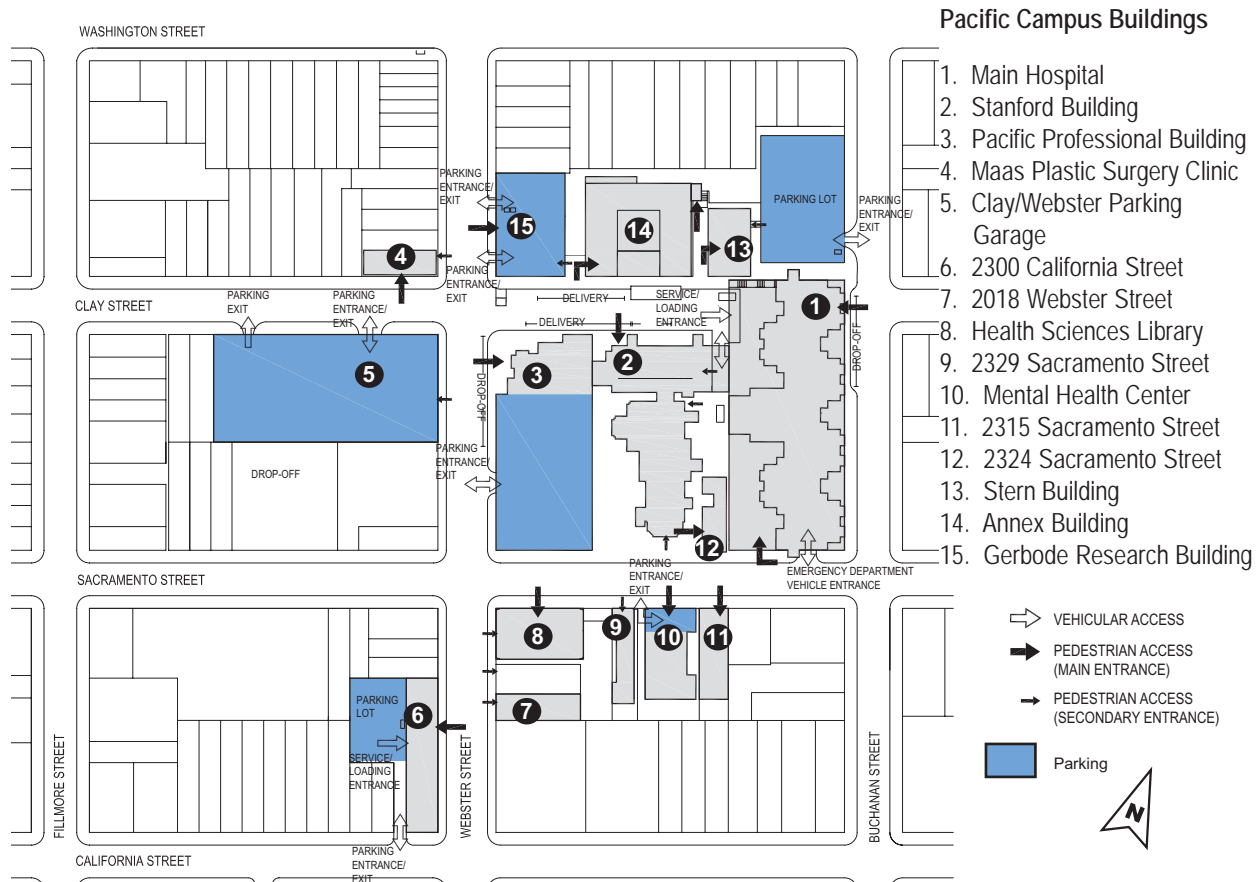
-  **Wide Curb Lane Bike Route**
 (Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)
-  **Bike Route**
 (Bikes and cars share the same roadway)
-  **Bicycle Parking**

Figure 09-09
Pacific Campus—Existing Off-Street Parking



Existing and Planned Parking at the Pacific Campus			
	Existing	Proposed	Total (2020)
2333 Buchanan Street (surface parking)	32	NA	NA
2100 Webster Street	400	0	400
Clay/Webster Parking Garage	411	150	561
2300 California Street	41	0	41
2323 Sacramento Street	11	0	11
2200 Webster Street	25	NA	NA
North of Clay Parking Garage	NA	623	623
Webster/Sacramento Underground Pkg. Garage	NA	269	269
Total Parking Spaces	920	1,042	1,905

Off-Street Parking

The Pacific Campus provides approximately 933 off-street parking spaces in multiple locations. The Clay/Webster Street Parking Garage is the largest CPMC-operated parking facility on the Pacific Campus. This garage contains

411 parking spaces and serves as the primary parking garage for patients, visitors, staff, and physicians. Capacity is increased with valet parking as necessary. CPMC leases 400 parking spaces at the Japan Center Garage (1610 Geary Boulevard) for use by Pacific Campus staff.

FACILITY PLANNING AND FUTURE DEVELOPMENT

Ongoing Projects

Minor Projects

Several construction projects have taken place at the Pacific Campus within the last few years and others are in the planning stage. These minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

Projects Completed in 2007

Relocation and Expansion of the Nuclear Medicine Department

The Nuclear Medicine Department moved from Level A of 2333 Buchanan Street to the second floor and added a new PET-CT Scanner. The purpose of this move was to allow for expansion of both the Nuclear Medicine Department and the Emergency Department on Level A.

Kanbar Cardiac Center

The Kanbar Cardiac Center opened on the Lobby Level of 2333 Buchanan Street in 2004 with three cardiac catheterization and electrophysiology labs. A new electrophysiology lab with stereotaxis was completed in 2007 for a total of four labs. This lab is for treatment of patients with irregular heartbeats. The Kanbar Cardiac Center now has two cardiac catheterization laboratories for treating patients with blocked vessels or arteries and

other cardiac problems and helping to diagnose the causes of heart failure.

2333 Buchanan Street Hospital - Third and Fourth Floor Renovations

Telemetry capability was added to the patient beds on the fourth floor that were former pediatrics beds prior to the move of pediatrics services to the California Campus. A cardiology conference suite was added to the fourth floor for teaching and professional education. There are eight new adult intensive care unit beds on the third floor in the space vacated by the move of the Pediatrics Intensive Care Unit to the California Campus.

Radiology Equipment Replacement

Radiology equipment was upgraded with advanced digital equipment on the second floor of 2333 Buchanan Street.

Expansion of Institute for Health & Healing

The first and second floors of the Institute for Health & Healing at 2300 California Street were expanded and remodeled.

Interventional Endoscopy Center

This new center was completed on the sixth floor of the Stanford Building at 2351 Clay Street. The center includes new state-of-the-art equipment for CPMC's Interventional Endoscopy and Gastroenterology Motility Procedures.

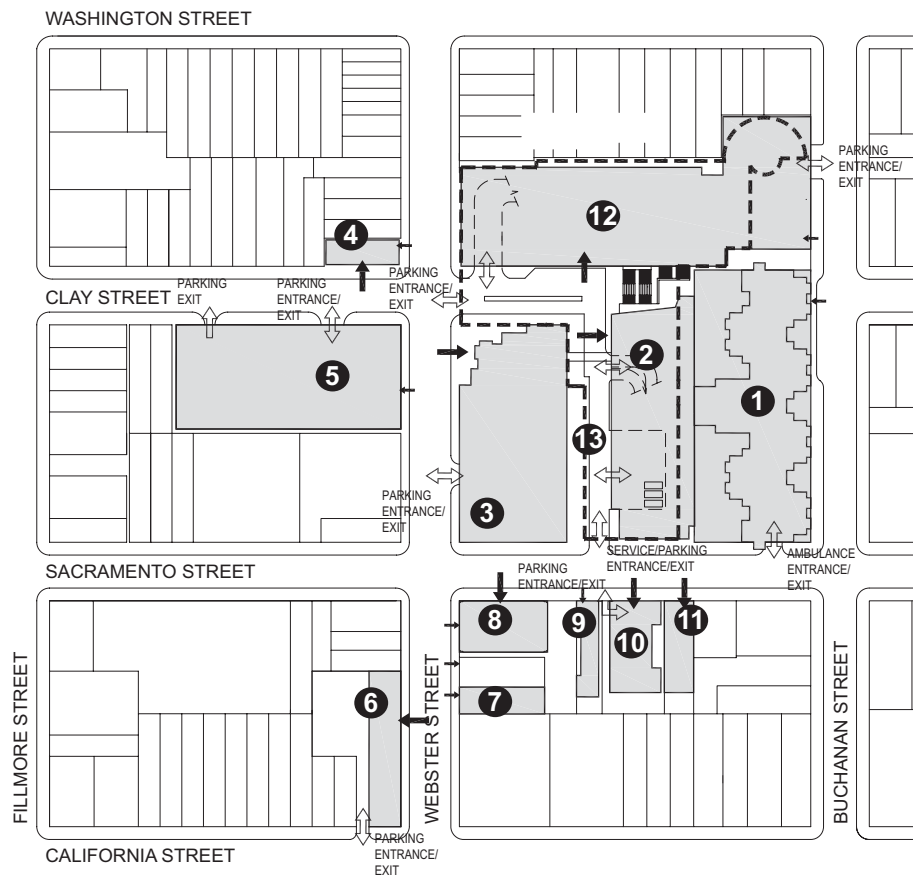
Expansion of Ambulatory Surgery Unit

Five patient treatment areas were added to the ambulatory surgery unit on the sixth floor of the Stanford Building at 2351 Clay Street.

2007-2008 Projects

The Radiation Oncology Department is being remodeled and expanded to provide additional space for examinations and new treatments. This project is scheduled to be completed by the end of 2008.

Section 09-10
Pacific Campus—Proposed Site Plan



Pacific Campus Proposed Buildings

1. Ambulatory Care Center (ACC)
2. ACC Addition
3. Pacific Professional Building
4. Maas Plastic Surgery Clinic
5. Clay/Webster Parking Garage
6. 2300 California Street
7. 2018 Webster Street
8. Health Sciences Library
9. 2329 Sacramento Street
10. Mental Health Center
11. 2315 Sacramento Street
12. North of Clay Parking Garage
13. Webster/Sacramento Street Underground Parking Garage

- ⇨ VEHICULAR ACCESS
- ➔ PEDESTRIAN ACCESS (MAIN ENTRANCE)
- ➔ PEDESTRIAN ACCESS (SECONDARY ENTRANCE)



Projects Scheduled to Begin in 2008/2009

Emergency Department Expansion

This project will expand the Emergency Department at 2333 Buchanan Street by about 1,800 square feet in order to increase the department's efficiency. The project is scheduled to begin in mid-2008 and be completed by 2009 or early 2010.

Cancer Care Center

A new Cancer Care Center to enhance CPMC's cancer programs will be built on the first floor of the Stanford Building, 2351 Clay Street. Construction is expected to begin in 2009.

2315 Sacramento Street

Renovations to this residential building are currently underway.

Loading Dock Reconfiguration

The loading dock for 2333 Buchanan Street will be reconfigured to improve access and efficiency in unloading.

Exterior Way-Finding Signage

New signs are planned to be installed for patient convenience and to reduce traffic on surrounding streets.

The Future of the Pacific Campus

Near-Term Projects

2329 Sacramento Street (Residential)

— *Possible Renovation/Reconstruction*

CPMC is undertaking studies to determine the feasibility of either renovating or rebuilding this structure. CPMC is committed to retaining the building for residential use through

renovation or reconstruction. This project may get underway as early as 2010, following the certification of the EIR.

Long-Term Projects

Based on the rigorous requirements of SB 1953, retaining hospital use at the Pacific Campus would require substantial seismic strengthening upgrades to the 2333 Buchanan Street building. Extensive analysis found that interruptions to patient care from a seismic retrofit project of the existing hospital would be impractical and nearly impossible. The building also does not meet contemporary hospital standards. For these reasons, the Pacific Campus will be converted to an Ambulatory Care Center (ACC), where the focus will be outpatient care.

The plan for the Pacific Campus is dependent upon the construction of the new acute care hospital at Cathedral Hill. Moving acute care beds and ancillary services to the new hospital at Cathedral Hill would allow the conversion of the hospital building at 2333 Buchanan Street to an Ambulatory Care Center. Since the Cathedral Hill Hospital is expected to be completed in late 2014, major construction activity at the Pacific Campus is not planned until 2015. The long-term plans at the Pacific Campus would be completed in two general phases: 1) renovation, and 2) demolition and construction.

Renovation of 2333 Buchanan Street

The renovation phase will start just after the Cathedral Hill Hospital is completed. This phase is estimated to start in early 2015 and extend until mid-2016.

First, the acute care and emergency department at the current 2333 Buchanan Street hospital will be transferred to the Cathedral Hill Hospital upon its completion. In early 2015, 2333 Buchanan Street will be renovated and converted into an Ambulatory Care Center.

The new ACC will provide outpatient care, diagnostic and treatment services, medical support services, hospital administration, and a new cafeteria. The renovations and improvements to the 2333 Buchanan Street building will be completed in mid-2016.

The following services will be transferred from the California Campus to the Pacific Campus upon completion of the Ambulatory Care Center (ACC) renovation:

- Alzheimer's Residential and Day Care Services
- Pre and Post Ambulatory Surgery
- Outpatient GI Laboratory Service
- Physical and Occupational Therapy

In 2016, after renovations are completed for the new ACC at 2333 Buchanan Street, the following building demolition and construction projects will begin.

Gerbode Research Building (2200 Webster Street), Stanford Building (2351 Clay Street), and Annex Building (2340-2360 Clay Street Medical Office Building)

The current programs in these buildings (primarily research, office, diagnostic and treatment, and outpatient care) will be transferred to the renovated ACC upon its completion in 2016. Once vacated, the buildings will be demolished, the site will be excavated, and a new "T"-shaped underground parking structure will be constructed. With entrances at the intersection of Clay and Webster Streets, as well as mid-block on Sacramento Street and off of Buchanan Street north of Clay Street, the new underground parking garage will extend south beneath the current site of the Stanford Building. Referred to here as the "Webster/Sacramento Street Underground Parking Garage," it will provide approximately 269 parking spaces and will be completed by 2018.

A 204,916-square-foot addition to the ACC (the ACC Addition) is proposed to be constructed above the proposed Webster/Sacramento Street Underground Parking Garage where the Stanford Building and the 2324 Sacramento Street Clinic are currently located. The new ACC Addition will be connected to the 2333 Buchanan Street ACC at three lower floors and by a bridge to the existing Pacific Professional Building at 2100 Webster Street. By mid-2019, the ACC Addition will accommodate medical offices and provide outpatient care.

As a result of these changes, the new main entrance to the campus will become the lobby level of the ACC Addition, on the east side of a new internal driveway.

When the ACC Addition at the Pacific Campus is complete, the following services will be transferred from the California Campus to the Pacific Campus:

- Center for Diabetes Services
- Breast Health Center
- MRI
- Pathology and Clinical Lab Space
- Imaging Services including Radiation Diagnostic, CT Scan, Bone Density, and Non OB Ultrasound

North of Clay Parking Garage

The second new building on the Pacific Campus will be a six-story above-ground parking garage where the CPMC-owned buildings north of Clay Street are currently located. This new garage will be built above the proposed underground parking garage and will provide parking for approximately 623 cars. Combined with the underground parking, total new structured parking on this lot will be approximately 892 spaces.

Clay/Webster Parking Garage

In 2018, the existing 411-space Clay/Webster Parking Garage will be modified to accommodate an additional two floors (150 spaces) of parking. The renovation will add 20 feet in height, so that the structure will be approximately 40 feet tall as measured from the Webster Street façade. The parking garage is scheduled for completion in 2020.

2018 Webster Street Building—Rehabilitation for Office Use

The building at 2018 Webster Street is currently vacant and zoned residential with nonconforming mixed commercial/residential permitted use. The building will be rehabilitated for future use as administrative offices for the Institute for Health & Healing.

Figure 09-11
Pacific Campus—Neighborhood Context



NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The Pacific Campus is in the Pacific Heights residential neighborhood and is surrounded by single-family homes, apartments, and residential high-rises. One block west of the campus is the commercially zoned Fillmore Street, providing a mix of cafes, restaurants, and retail businesses serving the neighborhood. Nearby parks include Lafayette Park one block east and Alta Plaza Park two blocks west of the campus.

Nearby institutions include the following:

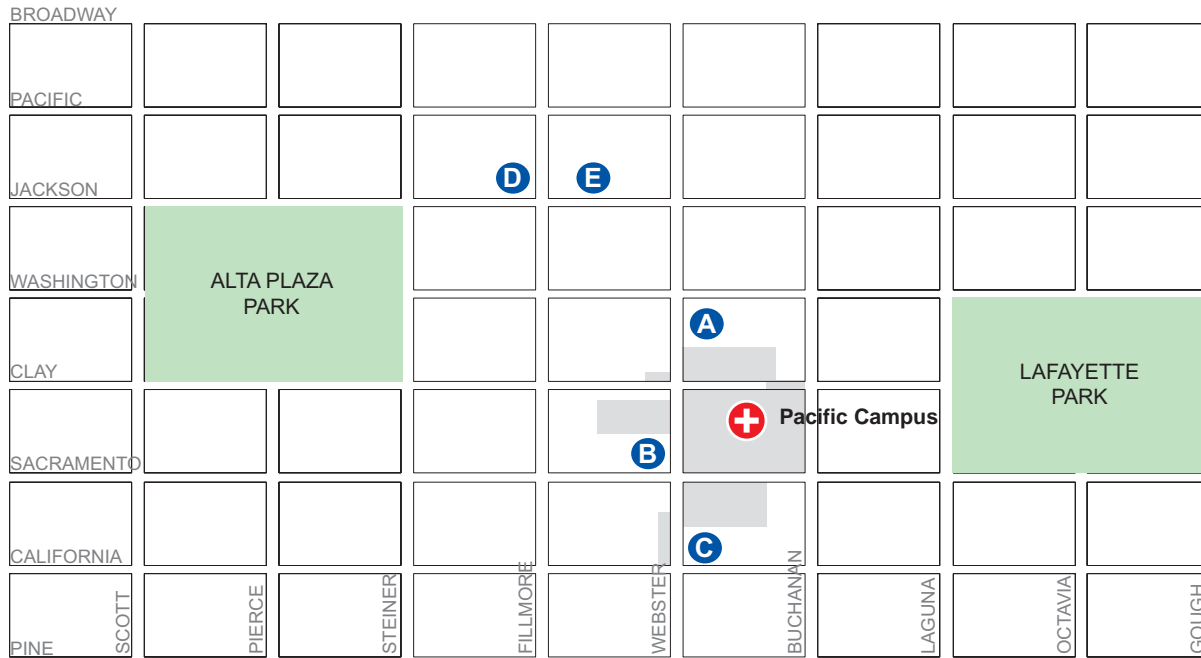
Smith-Kettlewell Eye Research Institute (SKERI) is a not-for-profit independent research institute. It occupies six buildings fronting on Webster Street, north of CPMC, and at 2318

Fillmore Street, between Clay and Washington streets. SKERI's main research interests are clinical studies relating to the diagnosis and treatment of eye diseases and disorders; the development of devices and vocational programs to aid the blind, partially sighted, and hearing impaired; and basic research into the eye and brain. The building at 2232 Webster Street was authorized by the City when the Research Institute was affiliated with Pacific Medical Center; subsequently the institution formally separated from Pacific Medical Center (now CPMC).

SKERI supports programs run by the CPMC Department of Ophthalmology. It is involved in partially funding and selecting participants for CPMC's Clinical Fellowship Program.

SKERI filed an abbreviated IMP with the City in January 2001. This IMP is available for public review at the San Francisco Planning

Figure 09-12
Pacific Campus—Adjacent Institutions



Department. The IMP indicates that SKERI has no expansion plans, but that future expansion, if any, would be on Fillmore Street, south of the existing facility at 2318 Fillmore Street.

University of The Pacific, Arthur A. Dugoni School of Dentistry (UOP), is at the corner of Webster and Sacramento streets. Although no longer formally affiliated with CPMC, UOP shares the use of the CPMC Health Sciences Library. UOP students and professors also provide dental care to patients at the CPMC California Campus.

UOP filed an IMP with the City on June 1, 2007. The IMP states that the school does not anticipate substantial enrollment or employment growth within the next ten years, and that there are no foreseeable plans to significantly change or expand the dental school building at 2155 Webster Street, except for typical interior and building infrastructure improvements.

ADJACENT INSTITUTIONS

- A. Smith-Kettlewell Eye Research Institute
Webster Street and 2318 Fillmore Street
- B. University of The Pacific, Arthur A. Dugoni School of Dentistry
2155 Webster Street
- C. Congregation Sherith Israel
2266 California Street
- D. Calvary Presbyterian Church
2525 Fillmore Street
- E. Newcomer High School
2340 Jackson Street

City Planning Regulations

Zoning and Land Use

The Pacific Campus is within the RM-1 (Low Density Residential, Mixed Houses and Apartments) and RM-2 (Moderate Density Residential, Mixed Houses and Apartments) zoning districts. Although these zoning classifications are intended primarily for low- to moderate-density houses and apartments of 1 unit per 600 to 800 square feet, a medical center is a conditional use subject to approval by the San Francisco Planning Commission. The Pacific Campus has historically been used as a medical center and has been granted conditional use authorizations over the years since the 1960s.

Zoning classifications in the vicinity of the Pacific Campus are primarily RM-1 and RH-2 (Residential, House, 2 units per lot). The Upper Fillmore Street Neighborhood Commercial Zoning District (NCD) applies to nearby Fillmore Street, which serves as the primary commercial area near the Pacific Campus.

Building Height and Bulk Limits

The height and bulk districts that apply to the Pacific Campus are 40-X (buildings over 40 feet in height need conditional use approval) and 160-F (buildings over 40 feet in height need conditional use approval and portions over 80 feet have horizontal dimension limitations). The immediate vicinity of the campus is within the 40-X height and bulk district, but a number of apartment buildings exceed this standard, having been built under prior zoning provisions.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR for the Pacific Campus is 1.8 to 1. Through

exemptions provided by conditional use authorizations, the Pacific Campus has an FAR of 3.75 to 1.

Project Approvals Summary

The near-term project at the Pacific Campus (2329 Sacramento Street) will require entitlements review and approvals.

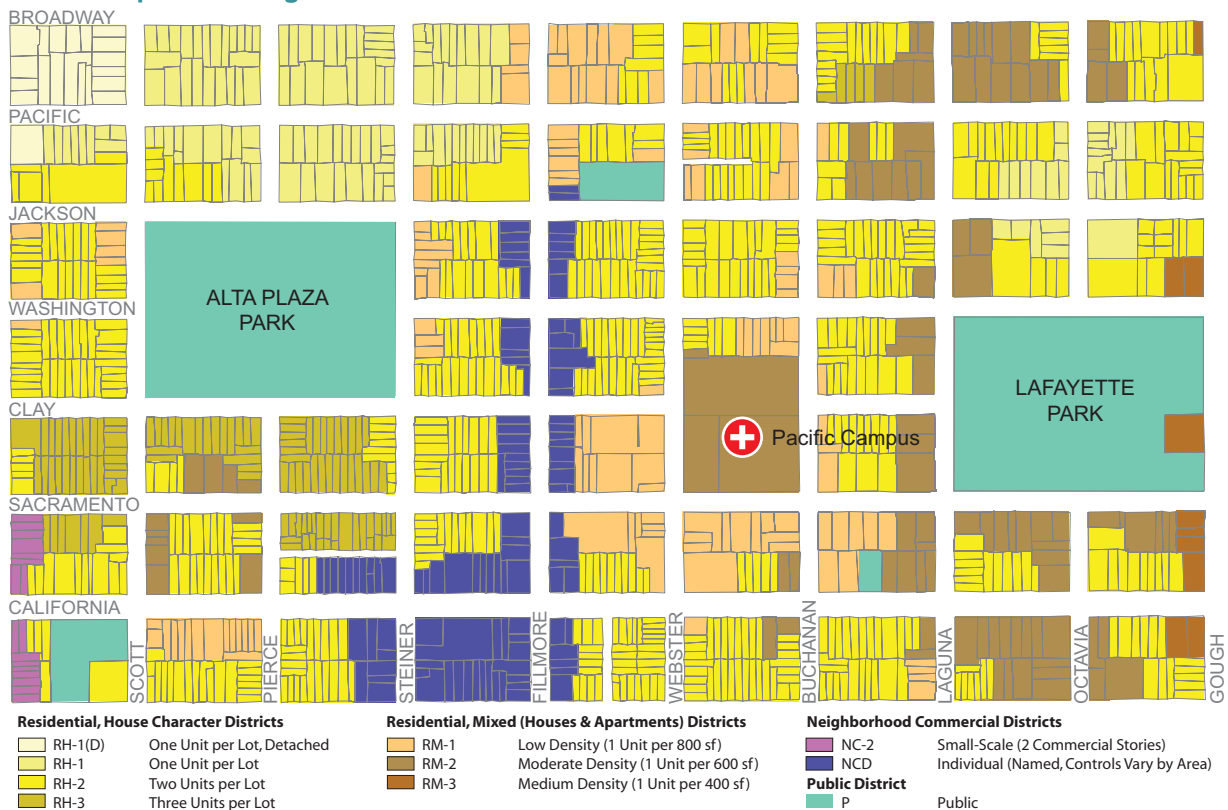
The long-term projects will require future review and approvals by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City and state agencies. Future approvals are needed to build the ACC Addition, including modifications for the existing Conditional Use and Planned Unit Development as well as amendments to the San Francisco Planning Code to permit a medical center that does not include acute care beds in a residential zoning district. In addition, project authorization for the annual office limit is also needed for the long-term projects.

Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. The following is an overview of the major environmental topics that CPMC anticipates would be the focus of the environmental analysis for the Pacific Campus, including possible approaches to improvement and/or mitigation measures. The more detailed analysis and conclusions on these issues will be contained in the EIR.

The first phase of construction on the Pacific Campus is limited to renovation of the existing 2333 Buchanan Street building. Impacts will include temporary effects related to con-

Figure 09-13
Pacific Campus—Zoning Districts



struction, which will be addressed in the construction management plan for the project. The second phase of construction includes the ACC Addition and new parking facilities. This work is expected to begin in 2016. Because this is a long-term project, it has not been designed to the same level as some of the near-term projects such as Cathedral Hill, and accordingly the discussion of potential impacts and approaches to mitigation/improvement measures is more generalized.

Land Use

The proposed changes will modify the existing uses on the Pacific Campus by converting the hospital building to ambulatory care, and include an expansion of parking facilities. The uses will remain as medical/institutional; it is not anticipated that the project would result in significant environmental impacts related to the new land use, and no improvement or mit-

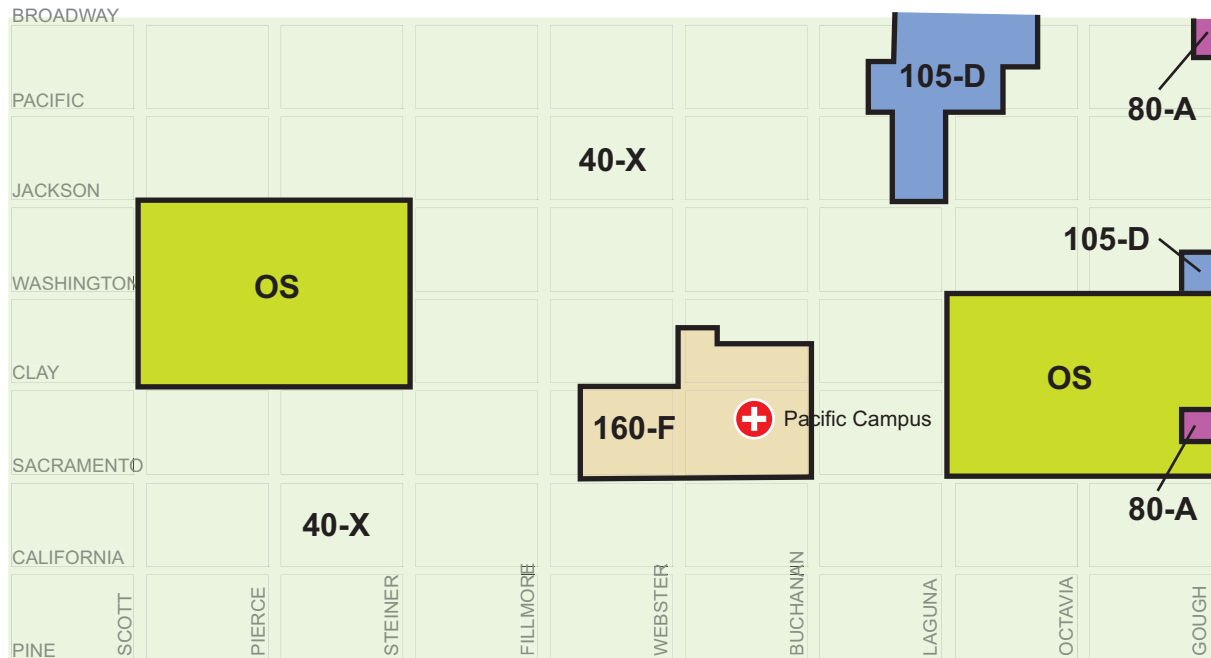
igation measures are expected to be proposed under this topic. However, the land use changes are also relevant to other environmental topics such as transportation, discussed below.

Aesthetic/Wind/Shadows

The North of Clay Parking Garage is proposed to be approximately 85 feet in height at its tallest point, and will replace buildings that range in height from approximately 65-80 feet. It is not expected to result in any significant impacts to visual resources, but will be visible from the rear yards of certain properties on Washington Street between Webster and Buchanan Streets.

The proposed addition to the Clay/Webster Parking Garage will add two levels of parking, or approximately 30 feet of building height, on top of the existing parking structure. This

Figure 09-14
Pacific Campus—Building Height and Bulk Districts



addition is not expected to result in any significant impacts to visual resources but will be visible from the adjacent residential buildings and buildings on the north side of Clay Street. The EIR will consider whether the addition has the potential to result in shadow or wind impacts.

Historic and Archeological Resources

The project does not propose the modification or demolition of any historic resources. The EIR will consider whether there are any additional historic resources in the vicinity, and whether the project has the potential to impact such resources.

The adjacent neighborhood includes Victorian and Edwardian structures, and the Webster Street Historic District adjoins the campus to the north. The project will not impact any of these resources.

The EIR will identify the potential for construction at the site to impact archeological resources, and will include mitigation meas-

BULK LIMITS

District Symbol	Height	Length	Diagonal
A	40 ft	110 ft	125 ft
D	40 ft	110 ft	140 ft
F	80 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

ures as may be required to address such impacts.

Transportation and Parking

Transportation and parking issues are addressed in the preliminary transportation analysis prepared by CHS Consulting for the project sponsor, contained in Appendix B of this document. The EIR will contain its own transportation analysis, which will identify any appropriate mitigation and/or improvement measures.

The proposed project includes the transfer of all inpatient acute care services from the Pacific Campus to the new Cathedral Hill Hospital in 2015. In general, the conversion of the existing hospital to an ACC would be expected to increase the number of vehicle and pedestrian trips to the campus. While the project includes expansion of parking facilities to address the increase in vehicle trips, CPMC is also considering a number of measures to encourage alternative means of travel. These include transit passes, valet parking, bike lanes, clearer demarcation of passenger loading and drop-off zones, traffic calming measures, and additions to the existing Transportation Demand Management program.

CPMC is also proposing to relocate the main entrance and passenger drop-off. Currently, the main entrance is on Buchanan Street. This location has historically caused traffic congestion problems in the neighborhood and has also created difficulties for patient transport. The new entrance will be from a proposed internal driveway with access from Sacramento Street, relieving Buchanan Street of any new traffic.

When the transfer of hospital functions occurs, the parking requirements for hospitals will no longer apply at the Pacific Campus. The new requirements will be based on medical offices and clinics, resulting in an increased number of parking spaces required for the outpatient facility. The combined parking requirement for the renovated 2333 Buchanan Street building and the new ACC Addition will necessitate the construction of the parking structure planned for CPMC's lot north of Clay Street, plus 150 additional spaces on top of the existing Clay/Webster Parking Garage.

In total, approximately 460,000 new gross square feet of structured parking are proposed to be added to the campus, even though non-

parking area on the campus will not increase. The proposed new parking will result in a net increase of approximately 1,000 off-street parking spaces (from 933 to 1,918) at the Pacific Campus. Valet parking will also be used in some areas to obtain additional capacity.

The EIR will further analyze this issue and identify mitigation and/or improvement measures as appropriate.

Other Operational Impacts

Once the facilities are completed and occupied, daily operations may have impacts such as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

Construction Impacts

Renovation of the existing hospital and construction for the ACC Addition and parking facilities will generate temporary construction impacts, related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise.

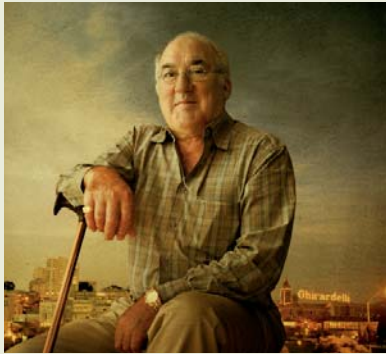
Community Outreach

CPMC has engaged neighborhood groups in the planning process for SB 1953 compliance and has met with the members and representatives of the following groups over the years to receive input on development plans and campus issues:

- Pacific Heights Residents Association
- Fillmore Merchants Association
- Japantown Merchants Association
- Japantown Task Force
- Fillmore Jazz Community Benefits District
- Western Addition Neighborhood Association
- Cow Hollow Neighborhood Association
- Marina Merchants
- Union Street Merchants
- D2gether
- Individual merchants on California Street, Fillmore Street, Sacramento Street, Webster Street, and other nearby businesses

CPMC has made the following resources available to the neighborhoods surrounding the Pacific Campus:

- Meeting space for neighborhood groups
- Parking during off hours for surrounding neighbors and merchants
- Forums on health-related topics
- Participation in Fillmore Merchants Association and Community Benefits District
- Hepatitis B free screening in Japantown
- Sponsorship of Asian Heritage Festival in Japantown
- Health screenings at Juneteenth event in the Fillmore
- Participation in Fillmore Street Jazz Festival
- Community events at Institute for Health & Healing
- CPR training at Galileo High School
- Partnership with University of the Pacific, Arthur A. Dugoni School of Dentistry



Ed

Grandfather

“I had the greatest nurses and therapists. They absolutely brought sunshine into the room. I can walk. I can drive. And I can’t imagine it would have happened without them.”

After back surgery left him unable to get out of bed, Ed was admitted to California Pacific Medical Center’s Rehabilitation Center. He was so physically and emotionally weakened that he was terrified he’d never walk again, much less work, drive or play with his grandchildren. At the Rehabilitation Center, Ed immediately began working with a comprehensive therapy team, which included physical, occupational and recreational therapists, a psychologist, an internist and a case manager. The team partnered with Ed to map out a treatment plan, always keeping in mind his specific goals and desires. At first, Ed’s goal was simply to get out of bed and take a few steps, a daunting task considering his pain and exhaustion.

Ed and his physical therapist worked patiently until he was able to walk, first with a walker, then with crutches and, finally, with just a cane. When his recreational therapist learned that Ed loves to cook and entertain, the team incorporated specific exercises to get him back to his favorite hobby. Soon Ed was able to cook a meal for his entire team, which turned into a festive celebration of his progress. Before discharging him, the team even visited Ed’s house to help his wife prepare for his arrival. Now that he’s home, Ed can’t believe how far he’s come. But his therapy team is not a bit surprised.

SECTION TEN: DAVIES CAMPUS

This section of the IMP describes CPMC’s plans for the existing Davies Campus. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development, and concludes with a discussion of neighborhood context and City requirements.

HISTORY OF THE DAVIES CAMPUS

The Davies Campus has been a center for the delivery of health care services for over 150 years. In the 1850s, the German General Benevolent Society formed to provide health care, food, and shelter for the City’s German immigrants. By 1878, the German Hospital opened on the current Davies Campus site, serving both German immigrants and later opening its doors to treat all citizens of San Francisco. Over the years, physical rehabilitation medicine and specialized reconstructive plastic surgeries as well as neurosciences have become a focus of the Davies Campus. The following timeline highlights key program and facility developments from the extensive history of the Davies Campus.

1852-1854 Leaders of San Francisco’s German immigrant community open a free clinic for the indigent in rented rooms on Mission Street. Physicians volunteer their time.

1878 German Hospital reopens at Castro Street and Duboce Avenue, at the current Davies Campus site, in a new frame building with more than 200 beds. The total cost of construction is \$88,241.

1888 A 20-room annex especially for women is added to the hospital.

1906 In the days following the 1906 earthquake, the hospital welcomes more than 2,000 refugees. More than 1,000 patients are treated free of charge. The earthquake delays construction of a brick structure for the hospital.

1908 The new German Hospital replacement opens at Castro Street and Duboce Avenue.

1916-1917 The hospital accepts its first medical interns for training in 1916. A year later the German Hospital is renamed Franklin Hospital, in honor of Benjamin Franklin’s pioneering work in the field of medicine.



German Hospital, c. 1890



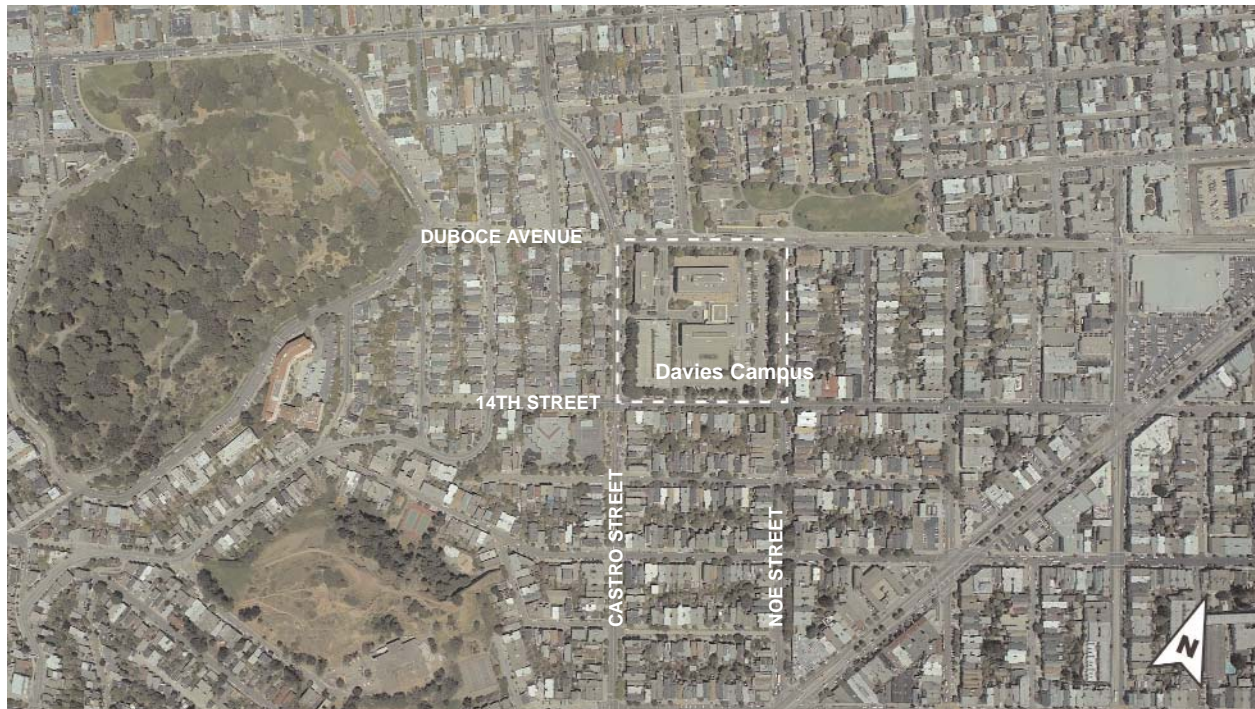
German Hospital, c. 1914



Franklin Hospital, c. 1952

- 1955-1956 The Franklin Hospital Volunteer Auxiliary is formed and the Franklin Hospital Foundation is created to relieve the German General Benevolent Society of responsibility for the hospital.
- 1961 The first dialysis unit in Northern California is installed.
- 1968-1969 The new Franklin Hospital (North Tower) opens in 1968. This is followed one year later by a medical office building at 45 Castro Street.
- 1970 An extended care wing opens in the South Tower.
- 1971 The Franklin Hospital is renamed in honor of philanthropist and longtime trustee, Ralph K. Davies. The Microsurgical Laboratory opens.
- 1972 Davies Medical Center physicians perform the first toe-to-hand transplant in the U.S.
- 1973 San Francisco's first computerized patient information system is introduced at Davies.
- 1988 The Institute for HIV Research and Treatment opens.
- 1989 The San Francisco Institute for Plastic Surgery opens at Davies Medical Center.
- 1990 U.S. Surgeon General Antonia C. Novello helps inaugurate the Gazebo at Davies for HIV/AIDS patients and their families. During the ensuing years of the AIDS epidemic, two entire nursing units provide care for up to 150 patients at a time.
- 1998 As part of an acquisition/merger, Davies becomes the third campus of California Pacific Medical Center.
- 2005-2007 Seismic retrofitting is completed on the Davies Campus North Tower containing facilities for emergency care, acute care, and rehabilitation.

Figure 10-01
Davies Campus—Location and Context



EXISTING CONDITIONS

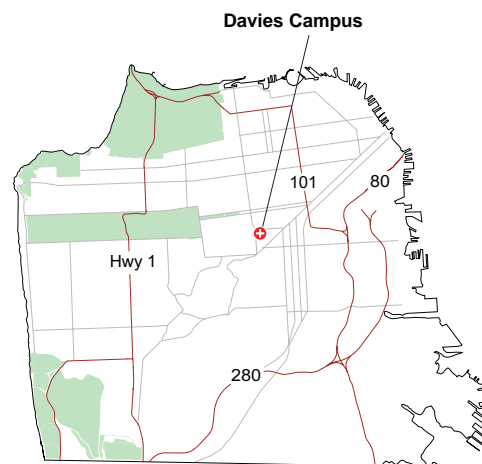
Location and Context

The Davies Campus is an entire city block comprising approximately 7.2 acres, bounded by Duboce Avenue to the north, Noe Street to the east, 14th Street to the south, and Castro Street to the west. The block is a single lot, bordered on the east, west, and south sides by residential neighborhoods. The north side of the campus is bordered by Duboce Park.

Like many properties in San Francisco, the Davies Campus is located on a sloping site. The site slopes downward in an eastern direction, with an approximately 18-foot elevation change from Castro Street to Noe Street.

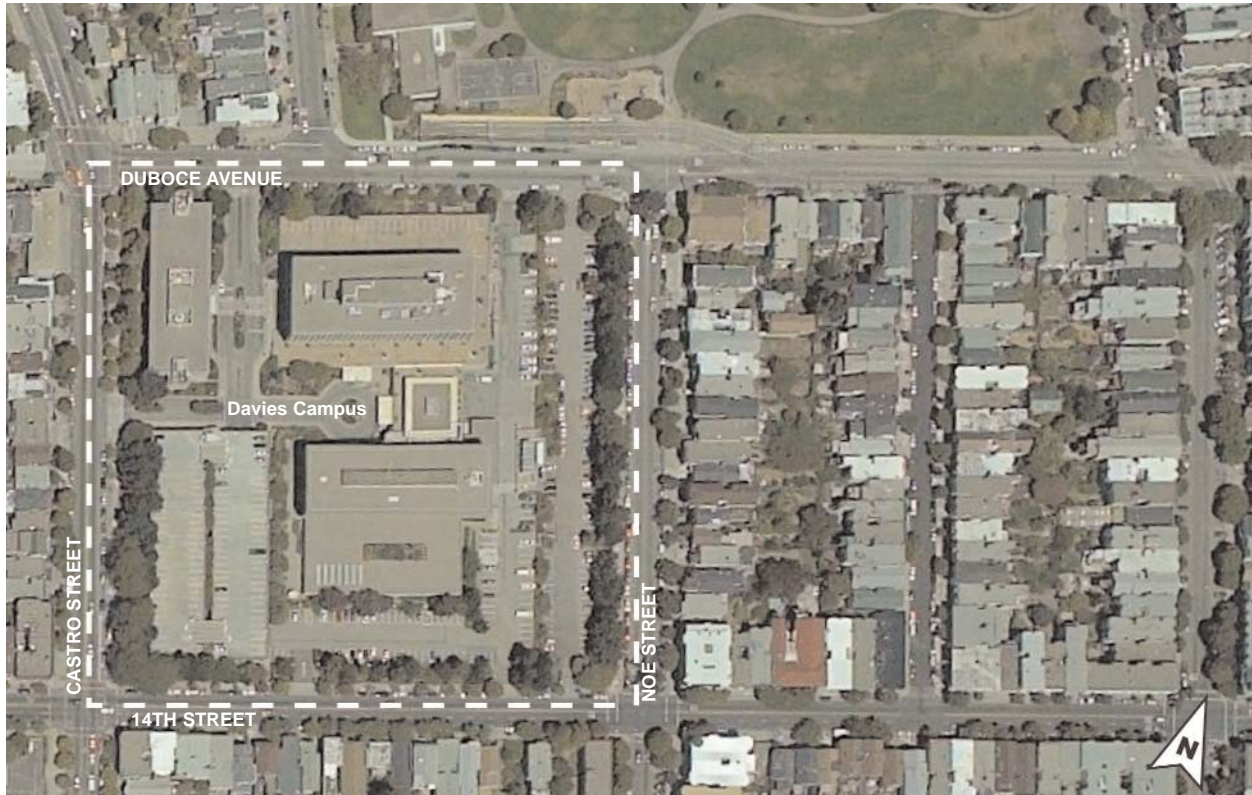
The campus is currently occupied by five buildings: the North Tower, the South Tower, the Rehabilitation Center, the 45 Castro

Figure 10-02
Davies Campus—Citywide Context



Medical Office Building, and a parking garage. The total floor space on the campus is approximately 500,000 gross square feet.

Figure 10-03
Davies Campus—Aerial View



Existing Buildings at the Davies Campus

The following is an overview of existing buildings at the Davies Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)



1. The North Tower (Main Hospital Building)

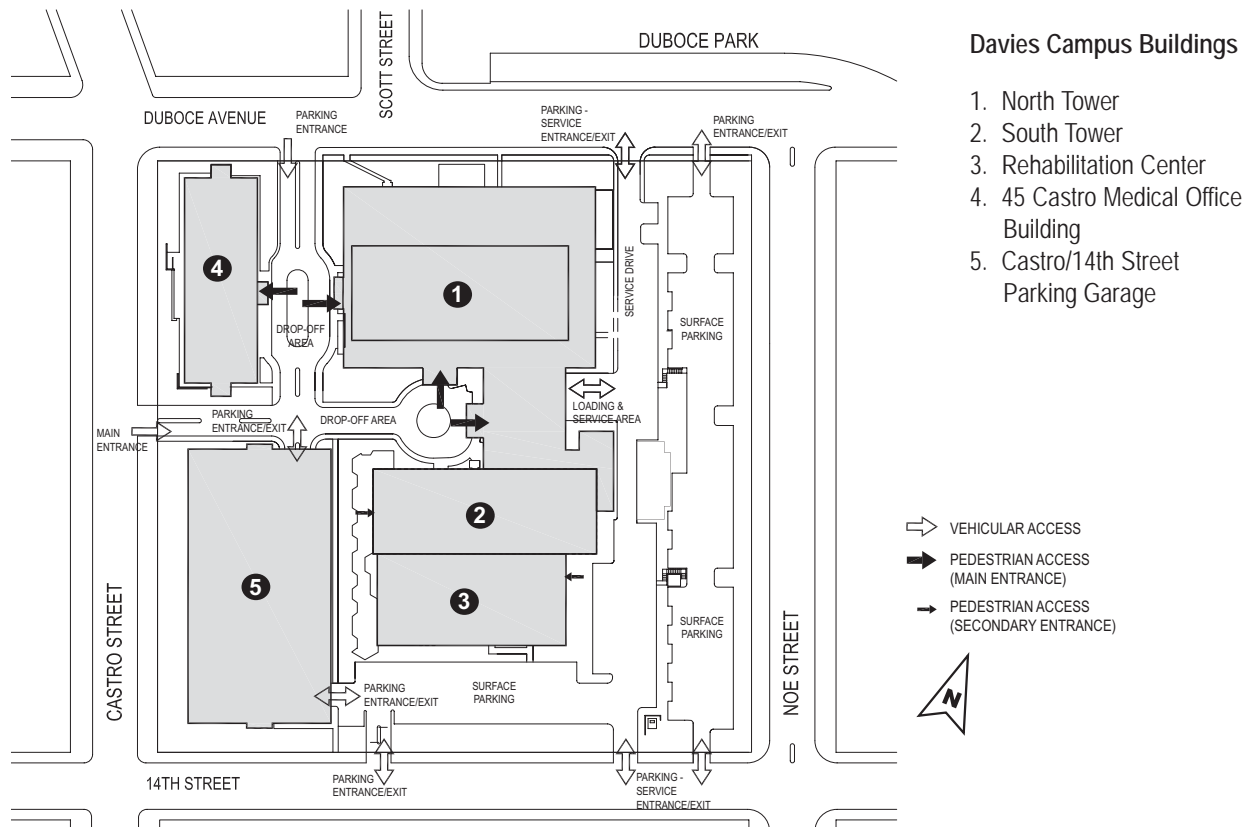
Present Use: Hospital (acute care)
 Height: 5 stories / 66 feet
 Gross Square Feet: 188,000
 Seismic Rating: SPC 2
 Licensed Beds: 311 (190 in use)



2. The South Tower

Present Use: Skilled nursing facility, outpatient, and diagnostic and treatment
 Height: 3 stories
 Gross Square Feet: 105,000
 Seismic Rating: SPC 1
 Licensed Beds: Included in North Tower

**Figure 10-04
Davies Campus—Existing Site Plan**



3. The Rehabilitation Center

Present Use: Rehabilitation services
 Height: 2 stories
 Gross Square Feet: 32,000 (not including the outdoor Terrain Park)
 Seismic Rating: SPC 1



4. 45 Castro Medical Office Building

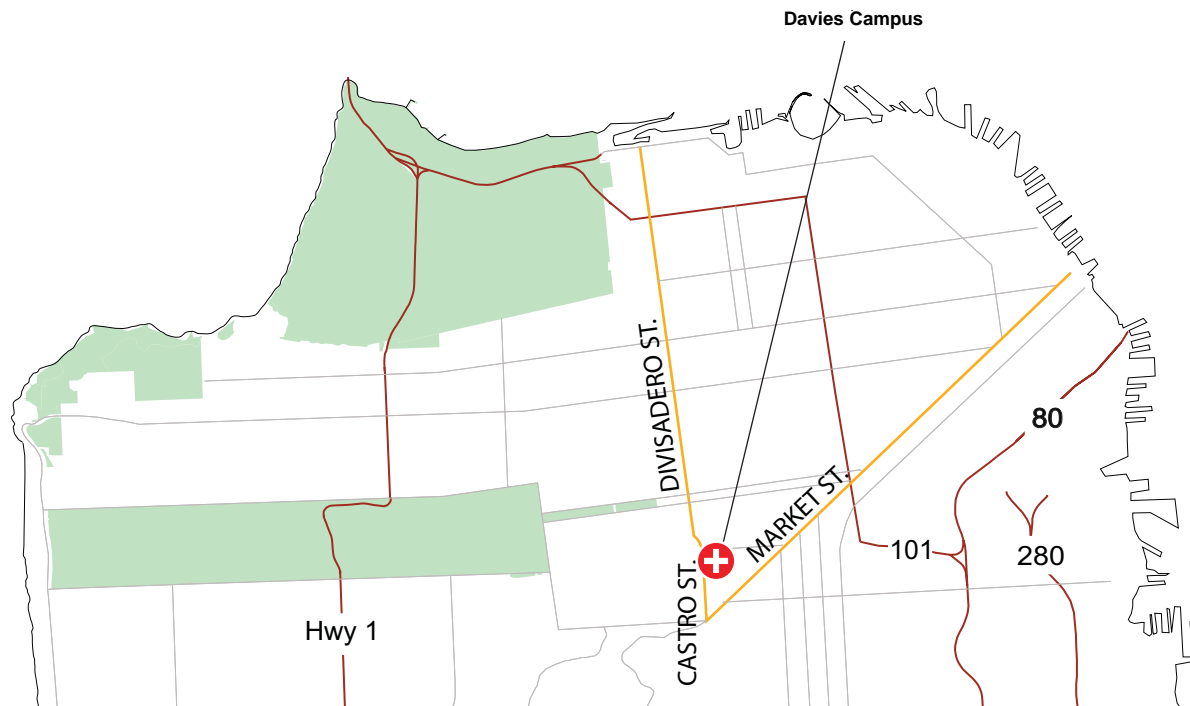
Present Use: Physicians' offices
 Height: 4 stories / 67 feet
 Gross Square Feet: 63,000
 Note: Approximately 40 physicians have offices in the Medical Office Building.



5. Castro/14th Street Parking Garage

Present Use: Parking
 Height: 3 stories
 Gross Square Feet: 113,000
 Parking: 290 spaces
 Note: The campus includes an additional 207 off-street surface parking spaces.

Figure 10-05
Davies Campus—Street Access



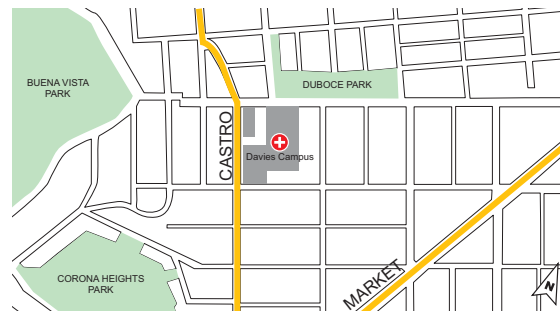
Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

Local access to the campus is possible on any of the surrounding two-way streets, including Duboce Avenue, an east-west street; Noe Street, a north-south street; 14th Street, an east-west street; and Castro Street, a major arterial north-south street. The Divisadero/Castro Street corridor is used as the primary access route to the campus. Highway access to the Davies Campus is available via Interstate 80, U.S. Highway 101, and Interstate 280.

Figure 10-06
Davies Campus—Arterial Streets



The Davies Campus has direct access to Muni light rail and bus lines, and a high percentage (40 percent) of campus staff travel to and from work on public transit.

Figure 10-07
Davies Campus—Muni Bus and Light Rail Routes



Davies Campus Muni Bus and Light Rail Routes

- N-Judah:** Connects Ocean Beach to Downtown via Judah Street, 9th Avenue, Irving Street, Arguello Street, Carl Street, Sunset tunnel, Duboce Street, Market Street subway, the Embarcadero, King and 4th Streets.
- 24-Divisadero:** Connects Bayview to Pacific Heights via 3rd Street, Newcomb Avenue, Newhall Street, Palou Avenue, Industrial Street, Bayshore Boulevard, Cortland Avenue, Mission Street, 30th Street, Noe Street, 26th Street, Castro Street, Divisadero Street, Jackson Street, Fillmore Street, Washington Street, Webster Street, and Jackson Street to the terminal.
- 37-Corbett:** Connects Twin Peaks to the Haight via Burnett Avenue, Portola Drive, Corbett Avenue, 17th Street, Eureka Street, Market Street (Castro Street Muni Metro station), 15th Street, Church Street (Church Street Muni Metro station), 14th Street, Roosevelt Way, Buena Vista Terrace, Buena Vista East, Upper Terrace, Loma Vista Terrace, Roosevelt Way, 17th Street, Cole Street, Haight Street, and Masonic Avenue to the terminal.

Muni Bus Routes between the Davies Campus and Other Campuses

- To St. Luke's Campus:
 24-Divisadero,
 26-Valencia
- To California Campus:
 24-Divisadero,
 1-California
- To Pacific Campus:
 24-Divisadero
- To Cathedral Hill Campus:
 24-Divisadero,
 38-Geary

Transportation Demand Management Program

California Pacific Medical Center employs a comprehensive Transportation Demand Management (TDM) program developed to provide staff, employees, and physicians with a convenient network of transportation options, including employee transit subsidies, shuttle service, guaranteed ride home, and bicycle parking to reduce car trips to and from work (see Appendix B).

Shuttle Service

CPMC operates a free shuttle service from the Davies Campus to the Pacific and St. Luke's campuses.

Carpooling

Davies employees are offered a carpool matching program through 511.org, free parking for registered carpool/vanpool vehicles, and a \$2,500-per-year subsidy for vanpools.

Car Sharing

Since 2001, the Davies Campus has provided parking spaces for City CarShare vehicles. With six dedicated parking spaces, the Davies Campus is one of City CarShare's best-used "pods" for vehicle pick-up/drop-off in San Francisco.

Bicycle Access

The Davies Campus parking garage provides 18 secure bicycle parking spaces. Shower and locker facilities are available for employees who bike to the campus.

The shuttle service operates the following lines from the Davies Campus

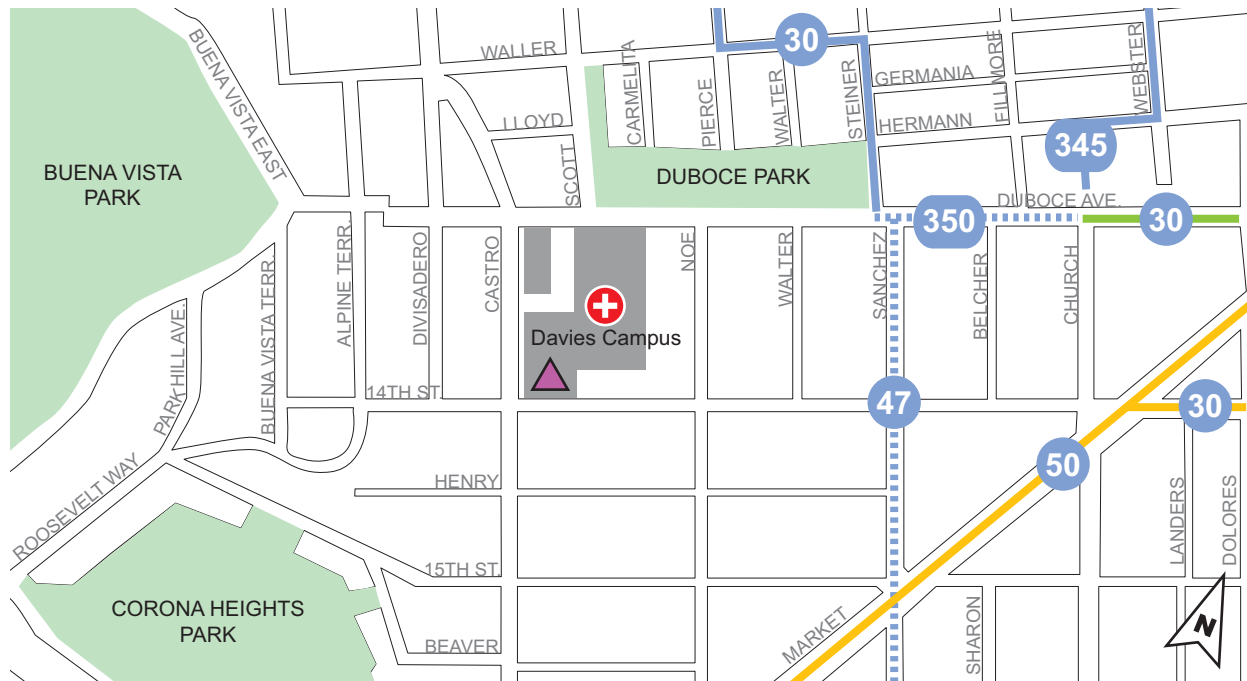
D-Line:	to the Pacific Campus
SL-Line:	to the St. Luke's Campus
LSL-Line:	to the St. Luke's Campus via 55 Laguna (off-site parking)

Transit Subsidy

CPMC provides on-site sales of Muni, BART, Golden Gate Transit, and SamTrans passes at the Davies Campus, and employees receive a monthly transit subsidy of \$20. Approximately 40 percent of Davies Campus staff use public transportation. This rate is among the highest rates of employee transit use among San Francisco institutions.

The Davies Campus has
approximately 831 employees

**Figure 10-08
Davies Campus—Bike Routes**



Bicycle Access

Local bike routes in the vicinity of the Davies Campus include the following Class II (signs only, no dedicated bike lanes) routes, as shown on the San Francisco Bike Map:

Route 30: Runs the length of Golden Gate Park and the Panhandle, continues to Duboce Avenue, and proceeds South of Market on 14th Street where it extends along Folsom and Howard streets to the Embarcadero.

Route 47: Follows Route 30 from Scott Street to Duboce Avenue and proceeds along Sanchez Street to 17th Street.

Route 345: Runs on Webster Street between Sutter Street and Duboce Avenue.

Route 350: Connects Routes 30 and 47.






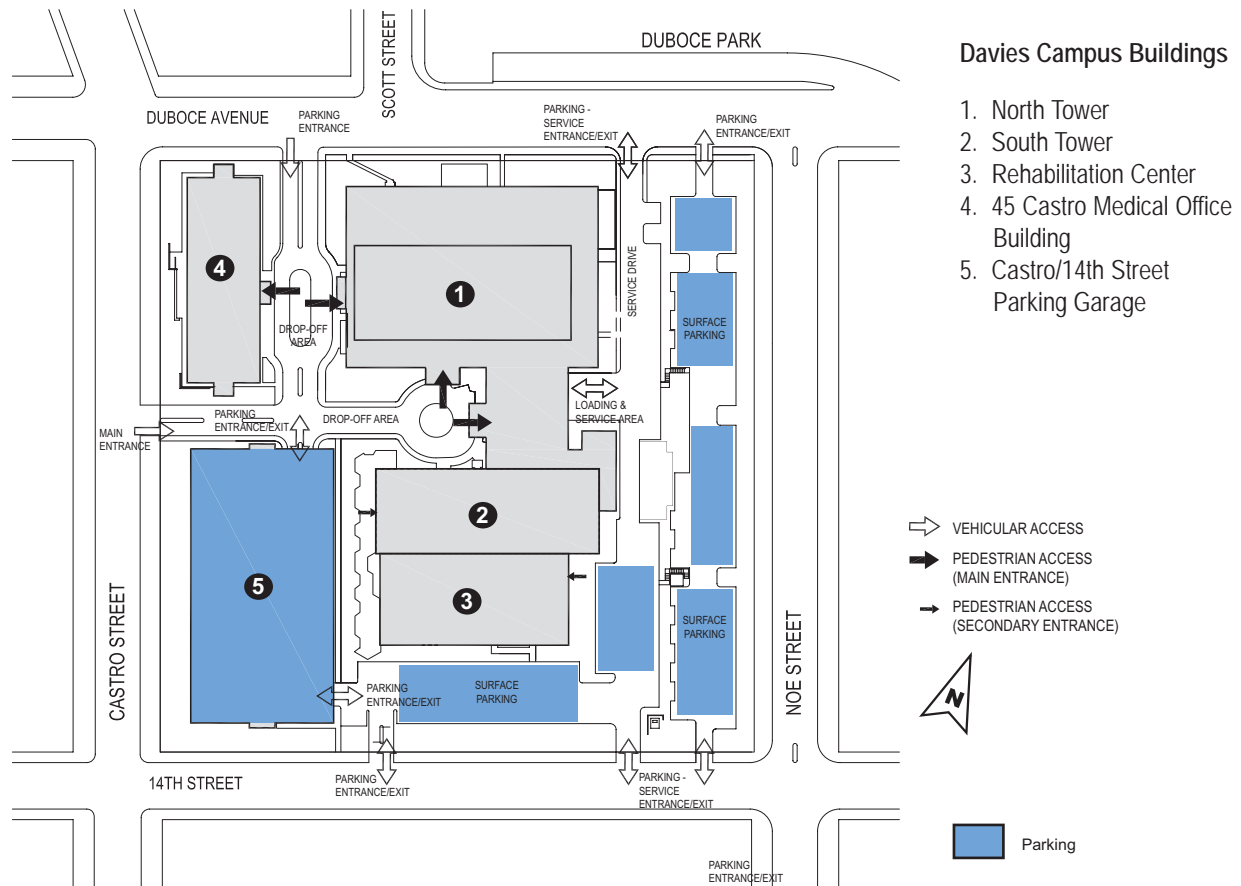
-  **Bike Path**
(Dedicated off-street – usually paved – bike path)
-  **Bike Lane**
(Dedicated bike lane on roadway edge)
-  **Wide Curb Lane Bike Route**
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)
-  **Bike Route**
(Bikes and cars share the same roadway)
-  **Bicycle Parking**

Figure 10-09
Davies Campus—Existing Off-Street Parking



Existing and Planned Parking at the Davies Campus			
	Existing	Proposed	Total (2020)
Castro/14th Street Parking Garage	290	0	0
North and South Tower Surface Parking	207	143	143
Castro/14th Street Medical Office Building	NA	490	490
Total Parking Spaces	497	633	633

Off-Street Parking

The Davies Campus provides approximately 497 off-street public parking spaces: 290 parking spaces within the Castro/14th Street Parking Garage and 207 parking spaces within surface parking locations on-site.

An additional 50 parking spaces are leased from the UC Extension site at 55 Laguna Street.

FACILITY PLANNING AND FUTURE DEVELOPMENT

Ongoing Projects

CPMC has completed several construction projects over the last few years at the Davies Campus, resulting in the seismic strengthening of the North Tower, improved programs and services, and more viability for the existing acute care hospital.

Minor Projects

All minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

2007-2008 Projects

North Tower

The North Tower seismic upgrade was completed in 2007. Work included the addition of two new exterior buttresses, interior shear walls, and various bracing improvements. The seismic upgrades to the tower meet SB 1953 requirements, and the tower can be operated until 2030.

Acute Rehabilitation Services

Renovations related to Acute Rehabilitation Services include the relocation of acute rehabilitation services from the South Tower to the North Tower. Renovations are underway and are expected to be completed in 2010.

The Archibald/Ehrenberg Rehabilitation Terrain Park

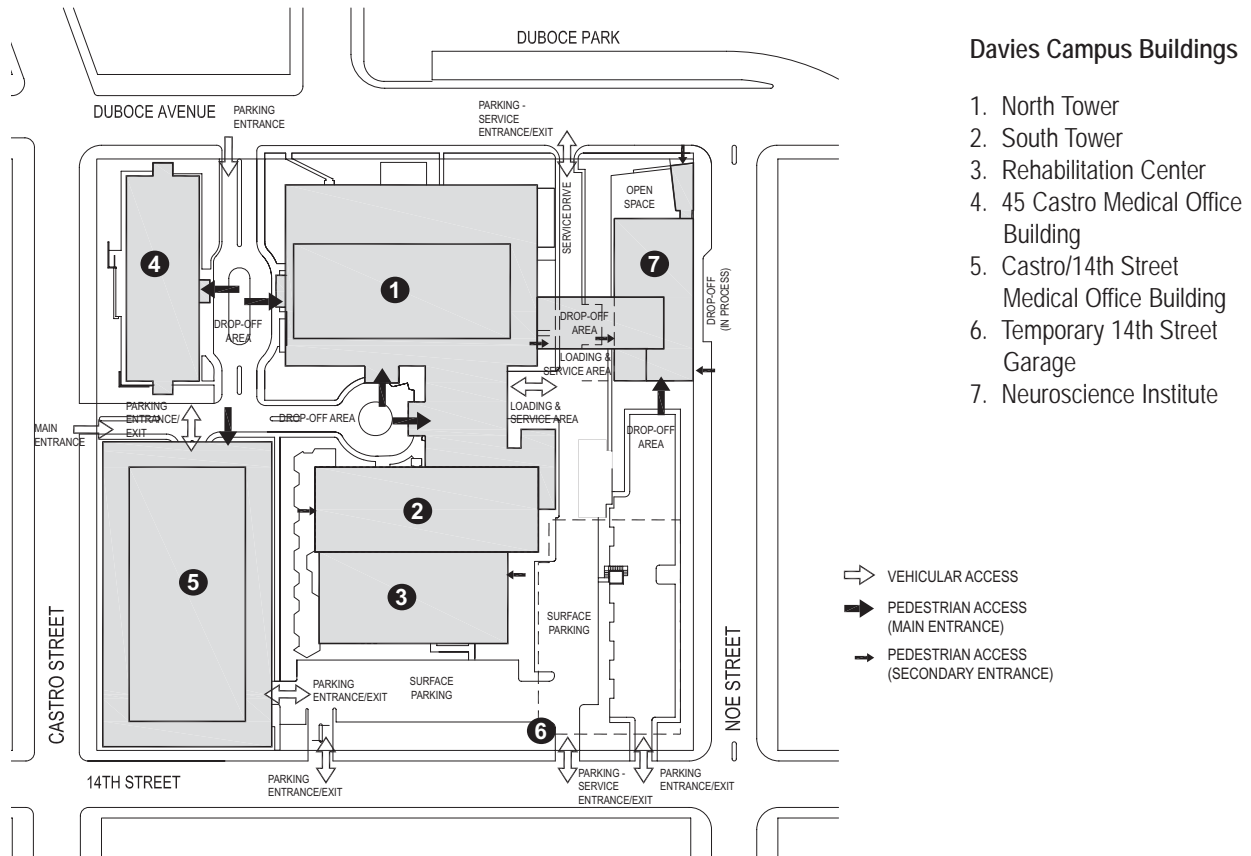
The Archibald/Ehrenberg Rehabilitation Terrain Park at the Davies Campus is a new therapeutic park that helps patients learn to walk again after an injury or stroke. Completed in November 2007, the park is a component of the California Pacific Regional Rehabilitation Center for patients who have suffered brain injuries or use prosthetic limbs. The new terrain park features real-world obstacles such as uneven surfaces, marble floors, beaches, and cobble-stoned roads.

The terrain park was funded almost entirely by charitable contributions, including a generous donation from Dr. Kenneth C. Archibald, the former Chair of Rehabilitative Medicine at CPMC. The park is named in honor of Dr. Archibald and his deceased partner, Robert Ehrenberg.

Consolidation of Geriatric Psychiatric Program

The Geriatric Psychiatric Program was consolidated at Davies in 2008.

Figure 10-10
Davies Campus—Proposed Site Plan



The Future of the Davies Campus

In addition to ongoing changes to upgrade the North and South Towers, the major plans for the Davies Campus over the next 15 years include construction of two medical office buildings: 1) the Neuroscience Institute, also called the Noe Street Medical Office Building; and 2) the Castro/14th Street Medical Office Building, which would replace the existing parking structure at the corner of Castro Street and 14th Street with new medical offices and underground parking.

A medical office building at the corner of Noe Street and Duboce Avenue has been planned for the Davies Campus since 1991. At that time, the City certified an Environmental Impact Report (EIR) for the project. Several years passed and the approved project was never built. In 2004, CPMC made a separate

application to the City for a new building that would consolidate CPMC’s neuroscience programs in a new building at the Davies Campus. CPMC submitted an Environmental Evaluation Application (EEA) for the construction of the Neuroscience Institute. The new project was not considered part of the proposed CPMC Seismic Compliance, Hospital Replacement and Campus Renovation program (also called the Four Campus Master Plan), which was being studied in a separate environmental review process. The planning process for the project included a new environmental review by the Planning Department and several years of community and neighborhood input. The process resulted in a project that was guided and enhanced by the community and the local neighborhood. After several years of planning, the San Francisco Planning Commission voted to approve the Neuroscience Institute project in June 2007.

In September 2007, the San Francisco Board of Supervisors held a hearing on an environmental appeal to the project and voted to require that this project be evaluated in the context of CPMC's future development plans.

Near-Term Projects

Neuroscience Institute

CPMC is proposing to build new facilities for its neuroscience programs and services, including neuroscience/neurosurgery, microsurgery, and acute rehabilitation. The Neuroscience Institute (also called the Noe Street Medical Office Building) will provide care for patients with neurological disorders, including ALS (Lou Gehrig's disease), muscular dystrophy, and other neurological conditions. Upon completion of this project, the Davies Campus will provide a consolidated location for leading-edge neuroscience/neurosurgery, microsurgery, and acute rehabilitation.

The nature of the neuroscience programs allows them to be easily consolidated at one campus. CPMC selected the Davies Campus for this program because of the availability of current programs at the campus, as well as the availability of land area for new construction on otherwise underused areas. The new building will also allow for the development of new services and programs to complement those currently available and help ensure the long-term viability of the Davies Campus.

The proposed Neuroscience Institute will be a four-story, 50,100-gross-square-foot medical office building at the corner of Noe Street and Duboce Avenue. The building will be comprised of clinic space, medical office space, lobby space, and a pharmacy that will serve patients of the Neuroscience Institute. The fourth floor of the medical office building will connect directly to the North Tower and



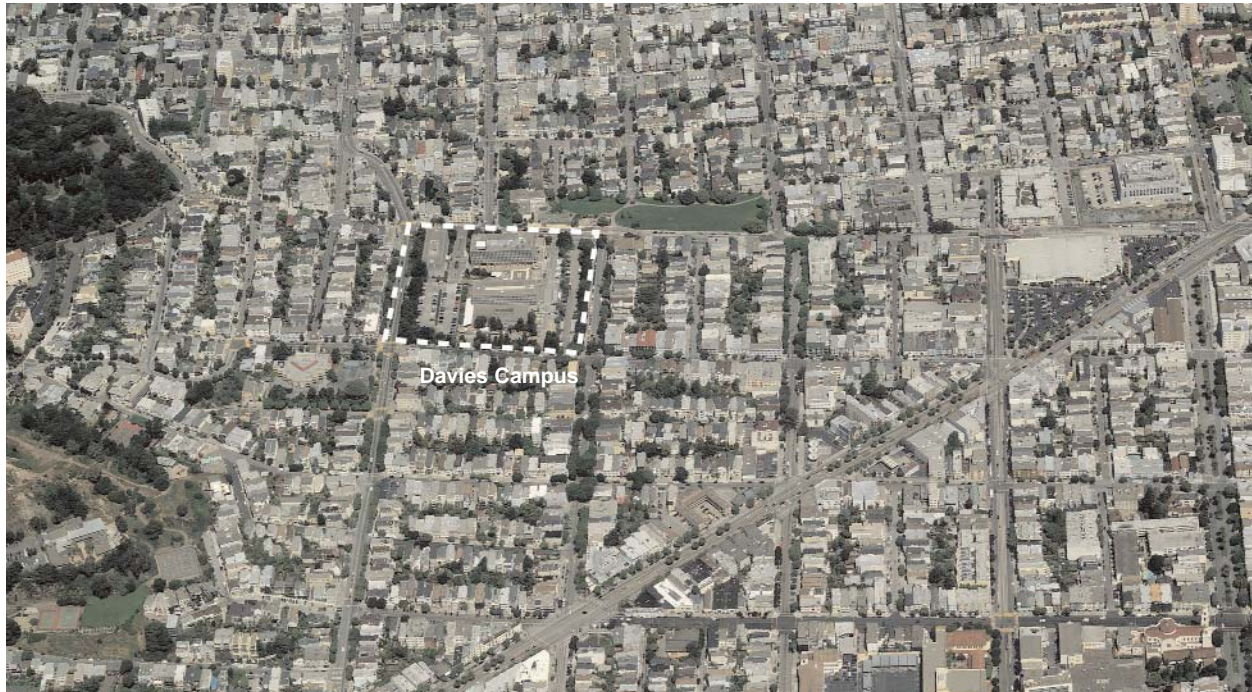
Proposed Neuroscience Institute, Noe Street and Duboce Avenue

Davies Acute Care Hospital, physically connecting the programs of the Neuroscience Institute and services available at the hospital. The medical office building will include two pedestrian entrances: a southern entrance at a pedestrian plaza off Noe Street and a northern entrance located along Duboce Avenue across from the N-Judah Muni stop. The project will result in the removal of 75 on-site parking spaces. No new parking spaces are proposed to be constructed as part of the project.

The proposed building design complies with San Francisco Planning Code requirements, including zoning and height and bulk requirements, while meeting the programmatic needs of the medical center. The building has also been designed to respond to the neighborhood setting and incorporates high-quality, sustainable features. The project includes improved landscaping, a widened sidewalk on the west side of Noe Street, a public plaza, funding for traffic calming along Noe Street, and other improvements.

The Neuroscience Institute continues to be an important project for CPMC and the community. If approved as part of the development plans for all of CPMC's campuses, the Neuroscience Institute is anticipated to begin construction in 2010 and open in 2012.

Figure 10-11
Davies Campus—Neighborhood Context



Long-Term Projects

Castro/14th Street Medical Office Building

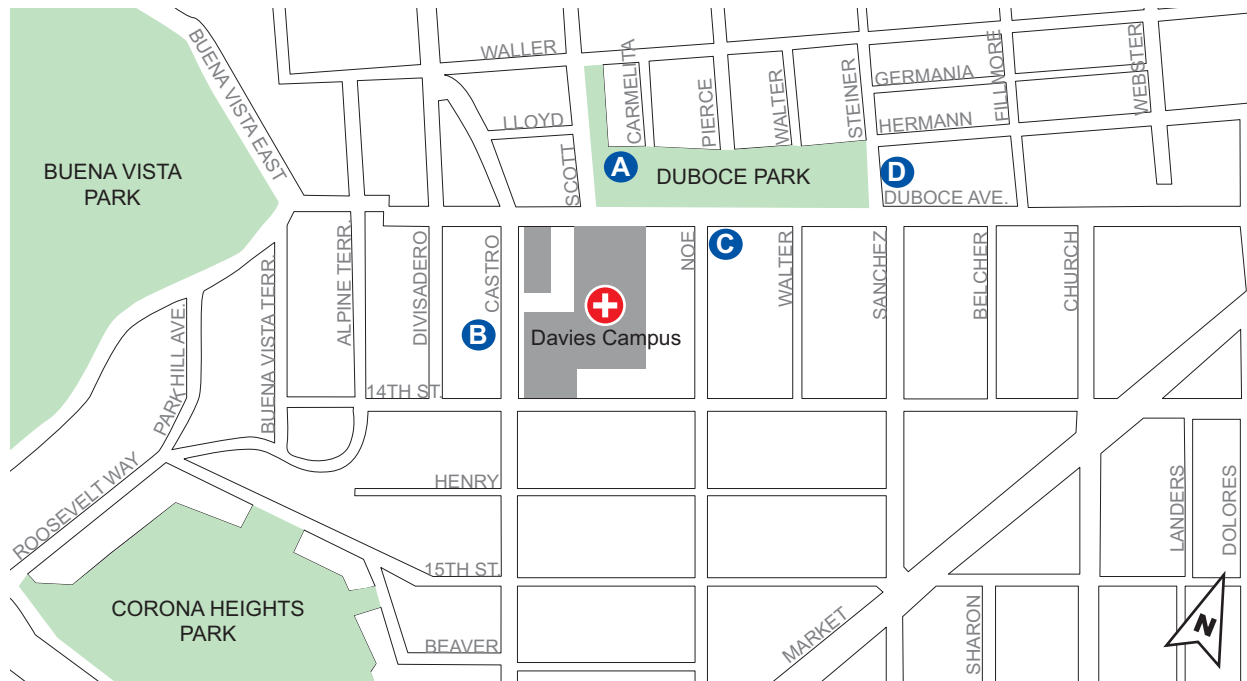
In order to accommodate additional future medical office needs, the IMP includes a proposed medical office building and underground parking at the southwest corner of Castro Street and 14th Street, a site currently occupied by the Castro/14th Street Parking Garage. The new 45-foot-high medical office building will replace the existing parking garage and will contain four levels of underground parking with 490 parking spaces. The medical office building will provide about 60,000 gross square feet of medical office space. To serve the hospital campus during the demolition of the existing parking structure, a temporary parking structure will be constructed at the southeast corner of the campus (at the corner of Noe and 14th streets). Construction will begin in 2018 and be completed by 2020.

NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The Davies Campus is situated within the Duboce Triangle neighborhood directly adjoining the Buena Vista neighborhood. The campus is also close to the Upper Market, Corona Heights, Castro, and Eureka Valley neighborhoods to the west and south, and the Lower Haight and Hayes Valley neighborhoods to the north and east. It is surrounded by a public park, single-family homes, duplexes, flats, and high-density apartments. The Davies Campus is approximately one-quarter mile south of commercially zoned Divisadero and Haight streets, and one-third mile north of commercially zoned Market and Castro streets. These streets provide a mix of cafes, restaurants, and retail businesses serving the neighborhood. Nearby parks include the immediately adjacent Duboce Park, and Buena Vista Park northwest of the campus.

**Figure 10-12
Davies Campus—Adjacent Institutions**



City Planning Regulations

Zoning and Land Use

The Davies Campus is within an RH-3 (Residential, House, Three-Family) zoning district. This zoning classification is intended primarily for housing, with three units per lot; however, a medical center may be permitted subject to approval of a conditional use permit by the San Francisco Planning Commission. Conditional use authorization has been granted for the current Davies Campus buildings over the years.

The zoning districts surrounding the Davies Campus are primarily RH-3, RM-1 (Low Density Residential, Mixed Houses and Apartments), RH-2 (Residential, House, with two units per lot), and RTO (Residential Transit-Oriented). Two- and three-story, single- and multi-family buildings are the predominant residential structures in the neighborhood. The Upper Market Street

ADJACENT INSTITUTIONS

- A. Harvey Milk Recreation Center
50 Scott Street
- B. McKinley Elementary School
1025 14th Street
- C. First Christian Church
599 Duboce Avenue
- D. Church of the Synaxis
20 Steiner Street

Neighborhood Commercial Transit-Oriented District (NCT) and the small-scale commercial corridor (NC-2) on Divisadero Street serve as the primary commercial activity near the Davies Campus.

While the Davies Campus is not located within any special area or use district boundaries,

Figure 10-13
Davies Campus—Zoning Districts



it adjoins the boundary of the newly adopted Market & Octavia Neighborhood Plan. The plan is intended to respond to the need for housing, repair the fabric of the neighborhood, and support transit-oriented development. It includes new zoning for appropriate residential and commercial uses, prescribes streetscape and open space improvements, and places high-density land uses close to transit. The improvements planned at the Davies Campus would further enhance some of the key goals of the plan, most notably policies related to transit. The Davies Campus is located in one of the most transit-rich areas of the City, and the Neuroscience Institute project will create many incentives to use transit, including a weather-protected Muni pavilion for the N-Judah line stop and bicycle storage and facilities. In addition, the Market & Octavia Neighborhood Plan recommends the preservation of architecturally and culturally

significant resources. As a result of further studies, the City is recommending the adoption of a new historic district for the Duboce Triangle neighborhood. The Davies Campus is not considered part of this potential district, but is adjacent to it (along the Noe Street edge). The plan for the new buildings at the Davies Campus will not affect the proposed historic district.

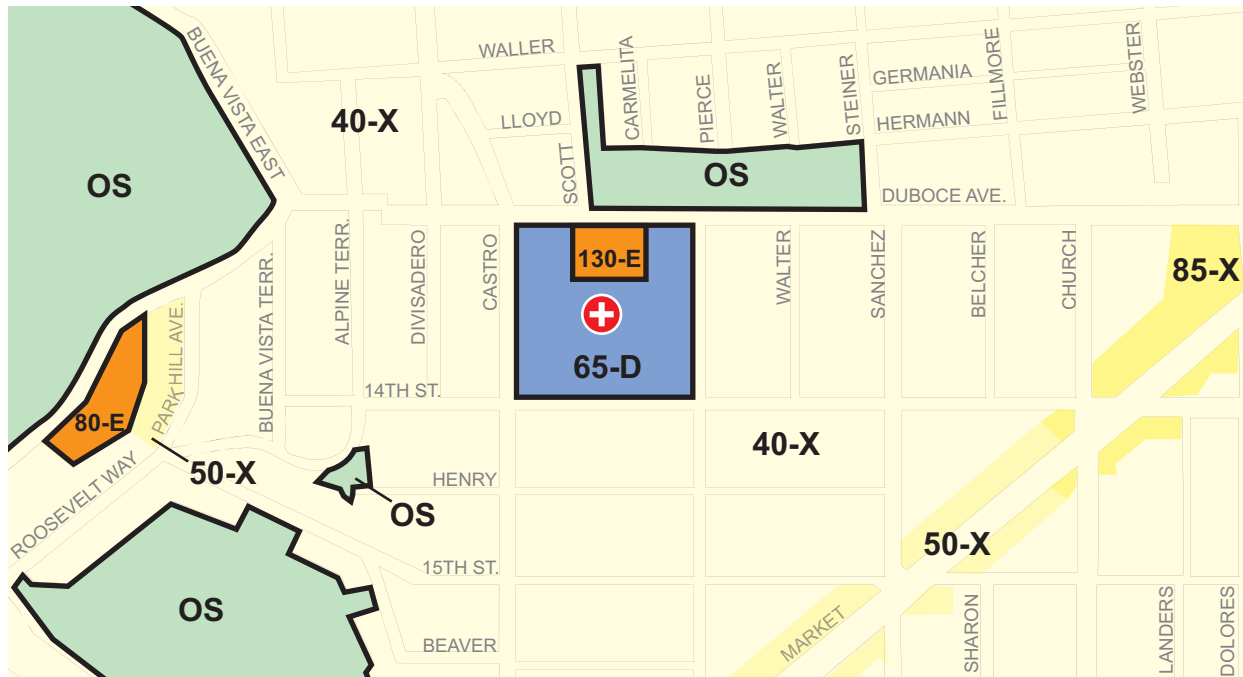
Building Height and Bulk Limits

The North Tower is within a 130-D height and bulk district. All other buildings are within a 65-D height and bulk district.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The allowable FAR at the Davies Campus is 1.8 to 1. The campus has an existing FAR of 1.24 to 1.

Figure 10-14
Davies Campus—Building Height and Bulk Limits



Project Approvals Summary

The near-term project (the Neuroscience Institute) will require review and approval by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City and state agencies. The long-term project (the Castro/14th Street Medical Office Building) will require future review and approvals. These approvals include modification of the existing Planned Unit Development for the campus to allow new medical office buildings, and project authorization under applicable annual limits on office space. The near-term project will also require exceptions to rear yard setbacks.

Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. The following is an overview of the major

BULK LIMITS

District Symbol	Height	Length	Diagonal
D	40 ft	110 ft	140 ft
E	65 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

environmental topics that CPMC anticipates would be the focus of the environmental analysis for the proposed construction projects on the Davies Campus. The Neuroscience Institute is proposed as a near-term project, and more is known about its potential impacts. A Final Mitigated Negative Declaration (FMND) prepared for this project in 2007 concluded that it would not have any significant effects on the environment. That document was referred back to the Planning Department with direction to analyze the Neuroscience Institute as part of the EIR for the larger project, but the underlying analysis and studies remain valid and are referenced herein where relevant. The Castro/14th Street

Medical Office Building is not planned for development until at least 2018, and accordingly the discussion of potential impacts and approaches to mitigation/improvement measures is more generalized.

Land Use

The proposed Neuroscience Institute will expand the existing uses on the Davies Campus. The plans represent a continuation and intensification of an existing institutional use on the campus. In light of the relative size of the project and design features intended to integrate the new building into the larger site and adjacent community, it is not expected that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. Although the Castro/14th Street Medical Office Building has not yet been designed, it is similarly expected that as a continuation and intensification of an existing institutional use, it would not result in a significant land use impact. However, the land use changes for both projects are also relevant to other environmental topics such as transportation, discussed below.

Aesthetics/Wind/Shadows

The new Neuroscience Institute building will be approximately 57 feet in height at its tallest point. The building will be 39 feet as measured from Noe Street in accordance with the San Francisco Planning Code. View, shadow and wind impacts were studied as part of the FMND, and no impacts were identified. The FMND concluded that although the proposed building will alter views currently observed from streets adjacent to the site, it will not result in demonstrable negative effects on scenic views or vistas. Shadow studies indicate that the building will cast new shadows on Duboce Park in the afternoon for about five weeks in December and January. The FMND concluded that these shadows are not consid-

ered to result in a significant impact. View, shadow and wind impacts from the Castro/14th Street Medical Office Building, will be addressed in the EIR.

Historic and Archeological Resources

The FMND concluded that the campus does not contain any historic resources. The adjacent neighborhood includes Victorian and Edwardian structures, and the FMND concluded that these would not be impacted by the project. The FMND also concluded that no archeological resources are known to exist within the Davies Campus. It identified a standard mitigation measure designed to address the potential discovery of such resources, and that measure would be incorporated into any construction plans on the Davies Campus that involve excavation.

Transportation and Parking

Transportation and parking issues are addressed in the preliminary transportation analysis prepared by CHS Consulting for the project sponsor, contained in Appendix B of this document, and in the analysis prepared for the FMND. The EIR will contain its own transportation analysis, which will identify any appropriate mitigation and/or improvement measures. The transportation study prepared for the FMND identified several improvement measures. These include providing transit passes, valet parking, bike lanes, more clearly defining passenger loading zones and drop-off zones, use of temporary parking lots during construction, traffic calming measures, and additions to the existing Transportation Demand Management program. The EIR will further analyze this issue and identify mitigation and/or improvement measures as appropriate.

Other Operational Impacts

Once the facilities are completed and occupied, daily operations may have impacts such

as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

Construction Impacts

Construction on the Davies Campus will generate temporary construction impacts, related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise.

Community Outreach

Over the past five years, CPMC had concentrated its outreach efforts to work with the greater Davies community on the planning process for SB 1953 compliance, including the recently completed seismic retrofit and upgrade of the North Tower. In addition, specific outreach was conducted for the proposed Neuroscience Institute. CPMC has listened as participants from many neighborhood groups have raised issues such as CPMC's relationship with its neighbors, the neighbors' overwhelming support for mass transit solutions, and the strong desire to see the Emergency Department retained and strengthened. CPMC has also conducted walking tours, sent informational mailers, provided newsletter articles, made presentations to numerous neighborhood groups, and conducted over 30 Davies Task Force meetings. Through this public participation process, neighborhood input has directly informed the planning and

design of the Neuroscience Institute. CPMC has met with and will continue to dialogue with the members and representatives of the following groups over the years to get input on development plans and campus issues:

- Davies Campus Task Force
- Duboce Triangle Neighborhood Association
- Buena Vista Neighborhood Association
- Hayes Valley Neighborhood Association
- Castro Action + Planning Association
- Merchants of Upper Market and Castro
- Eureka Valley Promotion Association
- Haight-Divisadero Merchants and Neighbors
- Noe Valley Merchants Association
- Corbett Heights Neighborhood Association
- Noe Street Neighbors
- Individual merchants on Castro Street, Market Street, Haight Street, and Divisadero Street, and other nearby businesses

CPMC has made the following resources available to the neighborhoods surrounding the Davies Campus:

- Meeting space for neighborhood groups
- Parking during off hours for surrounding neighbors and merchants
- Car share pods
- Forums on health-related topics
- Sponsorship of Castro Street Fair
- Sponsorship of Halloween in the Castro (through 2006)
- Donations to Duboce Triangle Neighborhood Association
- Sponsorship of activities at the LGBT Center
- Sponsorship of Scott Street Labyrinth at Duboce Park
- Donation for Castro/Upper Market Community Benefit District
- Donation for holiday lights on Divisadero Street



Mikyung

Aspiring Nurse's Aide

“It was the worst thing our family had ever encountered, but after the treatment at CPMC, we came out of it better than ever before. It changed us all for the better and inspired our whole family.”

Mikyung woke up one day with a terrible headache. Throughout the day, it continued to get worse until she couldn't get out of bed and even had trouble remembering the names of her children. She was rushed to a neighborhood hospital, where it was determined that she had not just one aneurysm, but two. Aneurysms have alarming statistics—they immediately kill 25 percent of the people they affect, and of those who survive, only about 50 percent are alive after one month. When the local surgeons said they would need to open Mikyung's head to perform surgery, her husband decided to move her to California Pacific Medical Center, one of the only hospitals in the world that offers a procedure in which the neurosurgeon can access the patient's brain through the thigh using tiny wires and catheters.

Any brain surgery is risky, but Mikyung's family knew that this particular surgery and this particular hospital would give her the best shot at surviving. Her family waited and prayed. They were amazed when she woke up a few hours later with her brain function completely recovered. Not only was she alive, she was out of pain and her memory was restored. Most amazing of all was that after undergoing brain surgery, she was left with only a tiny scar on her thigh. But Mikyung was changed in other ways. She says the extraordinary care she received at CPMC inspired her so much that now she wants to give the same kind of care to others. Someday soon, she hopes to volunteer as a nurse's aide.

SECTION ELEVEN: ST. LUKE'S CAMPUS

When St. Luke's Hospital opened in the 1870s, its mission was to provide care to anyone who walked through its doors, regardless of race, age or ability to pay for services.

More than 137 years after its founding, St. Luke's continues to care for San Francisco's most underserved residents. The hospital has traditionally provided care to ethnically diverse, low-income populations, and patients living in areas of increased rates of health disparities.

As a full service acute care hospital, St Luke's provides 24-hour emergency care, surgery, diagnostic testing, radiology, laboratory, obstetrics, pediatrics, respiratory care, pharmacy, and social services.

This section of the IMP describes CPMC's plans for the St. Luke's Campus, including the activities of the Blue Ribbon Panel recently convened to consider options for the future of St. Luke's. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development. It concludes with a discussion of neighborhood context and City requirements.

Planning for the Future of St. Luke's—The Blue Ribbon Panel

From March to July 2008, a Blue Ribbon Panel convened to review options for the future of St. Luke's and the overall health delivery approach for neighborhoods south of Market Street. The Blue Ribbon Panel was an independent body created under the guidance of San Francisco Supervisor Michela Alioto-Pier and the director of the San Francisco Department of Public Health, Mitch Katz, M.D. The panel was chaired by Stephen Shortell, Ph.D., MPH, dean of the School of Public Health at UC Berkeley, with vice-chair Rt. Rev. Marc Handley Andrus, bishop of the Episcopal Diocese of California.

The panel's goal was to articulate a viable plan for acute care hospital and outpatient services at the St. Luke's Campus that will complement and be supported by CPMC's current institutional plan for its other campuses and that will meet the health needs of the communities served by St. Luke's.

Members of the St. Luke's Blue Ribbon Panel

Chair:

Steven Shortell, Ph.D., MPH,
Dean of the School of Public Health at the UC Berkeley

Vice Chair:

Rt. Rev. Marc Andrus, Episcopal Diocese of California

Facilitators:

Rev. John Golenski, EdD, Executive Director, George Mark Children's House

Co-Facilitator:

Nancy Shemick, MPA, Shemick and Associates Health Care Consultants

Panelists:

Michela Alioto-Pier, Supervisor, District Two, San Francisco Board of Supervisors

Damian Augustyn, M.D., CPMC Chief of Medical Staff

Kenneth Barnes, M.D., Savestlukes.org

Kevin Barnett, DrPH, MCP, Senior Investigator, Public Health Institute

Dan Bernal, District Director for Congresswoman Nancy Pelosi, Speaker of the House

Ed Chow, M.D., Chinese Community Health Plan and SF Health Commissioner

Catherine Dodd, Ph.D., RN, Deputy Chief of Staff for Health and Human Services

Steve Falk, President & CEO, San Francisco Chamber of Commerce

Cheryl Fama, Executive Director, Peninsula Health Care District

Anna Eng, Senior Organizer, Bay Area Organizing Committee

Jean Fraser, Former CEO, San Francisco Health Plan

Roma Guy, MSW, Former President of the Health Commission,

designee to the Blue Ribbon Panel by Supervisor Tom Ammiano

Louis J. Giraud, Co-Founder and Principal, GESD Capital Partners

John Gressman, President & CEO, San Francisco Community Clinic Consortium

Sandra Hernandez, M.D., President, San Francisco Foundation

Mitch Katz, M.D., Director, San Francisco Department of Public Health

Edward Kersh, M.D., St. Luke's Medical Staff Representative

Paul Kumar, Administrative Vice President, United Health Workers (SEIU)

David Lawrence, M.D., Former CEO, Kaiser Permanente

Michael Lighty, Director of Public Policy, California Nurses Association

Gabriel Metcalf, Executive Director, San Francisco Planning and Urban Research Association

Anthony Miles, CPMC Board Member

Jacob Moody, Bayview Hunters Point Foundation

Bob Morales, Labor Leader, 350 Secretary General

Laura Norrell, M.D., Medical Director, St. Luke's Women's Center,

designee to the Blue Ribbon Panel by Supervisor Michela Alioto-Pier

Tim Paulson, Executive Director, San Francisco Labor Council

Bob Prentice, Board member, Bernal Heights Neighborhood Community Center

Anthony Wagner, Former VP, National Labor Management Partnership,

Kaiser Foundation Health Plan

Jim Wunderman, CEO, Bay Area Council



Blue Ribbon Panel Community Outreach Task Force

Rosario Anaya, Mission Language & Vocational School
Rev. Dr. Joseph Bryant Jr., Calvary Hill Community Church
Anni Chung, Self Help for the Elderly
Charlene Clemens, Family Service Agency of San Francisco
Pat Coleman, Arthur H. Coleman Medical Center
Olivia Fe, Latina Breast Cancer Agency
Donald Frazier, Westside Community Services
Estela Garcia, Instituto Familiar de la Raza
Karen Garrison, Bernal Heights Neighborhood Center
Gillian Gillett, The San Jose/ Guerrero Coalition to Save Our Streets
Fr. John Hardin, St. Anthony's Foundation
Mai-Mai Q. Ho, Asian Prenatal Services
Judy Li, St. Luke's Campus, CPMC
Stephen Lockhart, M.D., Ph.D., Medical Director, Surgical Services, CPMC
Marilyn Metz, Arthur H. Coleman Community Foundation
Suzanne Palmer, Episcopal Community Services
Ana Perez, Central American Resource Center (CARECEN)
Raye Richardson, Marcus Books
Rev. Shad Riddick, Metropolitan Baptist Church
Ahsha Safai, Mission Language and Vocational School
Jim Salinas, Carpenter's Union Local 22
Gladys Sandlin, Mission Neighborhood Health Center
Maria Vicente-Puletti, St. Luke's Women Center

The panel's last meeting was in July 2008. At that meeting, the panel developed a formal recommendation that included a strong preference for keeping uninterrupted acute care services at the St. Luke's Campus. The consensus position included in the recommendation to the CPMC Board of Directors emphasized the following:

- Full integration of the St. Luke's Campus into the broad mission, strategies, and operations of the CPMC system;
- Construction of a new acute care community hospital on the St. Luke's Campus;
- Sizing of the new hospital in proportion to the planned service mix;
- Commitment to providing services that meet the greatest needs of the surrounding community;
- Development of primary care, disease prevention, and health promotion programs that reduce the need for hospitalization;
- Establishment of Centers for Excellence in Community Health and Senior Health on the St. Luke's Campus; and
- Excellence in recruitment and workforce retention.

On September 25, 2008, the California Pacific Medical Center Board of Directors unanimously voted to approve and authorize planning for implementation of the main recommendations of the Blue Ribbon Panel. The full resolution and recommendations can be found in Appendix D of this IMP.

HISTORY OF THE ST. LUKE'S CAMPUS

St. Luke's was created in 1871 by Thomas W. Brotherton, a physician and Episcopalian Priest concerned about the shortage of health care south of Market Street. From the day it opened its doors, St. Luke's has cared for all San Francisco residents who visited the hospital, regardless of a patient's ability to pay. St. Luke's is committed to continuing and revitalizing the delivery of high-quality health care to the community in an affordable, accessible, and culturally sensitive manner. Recent efforts have focused on preventative clinics such as HealthFirst to maintain wellness and manage chronic disease for those most in need.

The following timeline highlights key program and facility developments from the extensive history of the St. Luke's Campus.

- 1871 St. Luke's Hospital opens in Bernal Heights in a rented house.
- 1873 The parcel of land located on Valencia and 27th streets is purchased. By 1875, a fully furnished modern hospital with about 100 beds is in operation.
- 1875 St. Luke's moves to its current location.
- 1889 St. Luke's Hospital School of Nursing opens.
- 1910 St. Luke's expands to cover the entire block.
- 1912 Construction of a new four-story hospital, chapel, classrooms, and nurses' home is completed.
- 1920 St. Luke's formalizes its drop-in emergency room into an outpatient clinic that delivers low-cost medical care. The Health Center is housed in the former Bancroft Library, adjoining the hospital.
- 1936 St. Luke's opens a Cancer Clinic.
- 1946 St. Luke's School of Nursing affiliates with City College.
- 1950 Women's Auxiliary of St. Luke's Hospital is established.



St. Luke's first building, c. 1870s



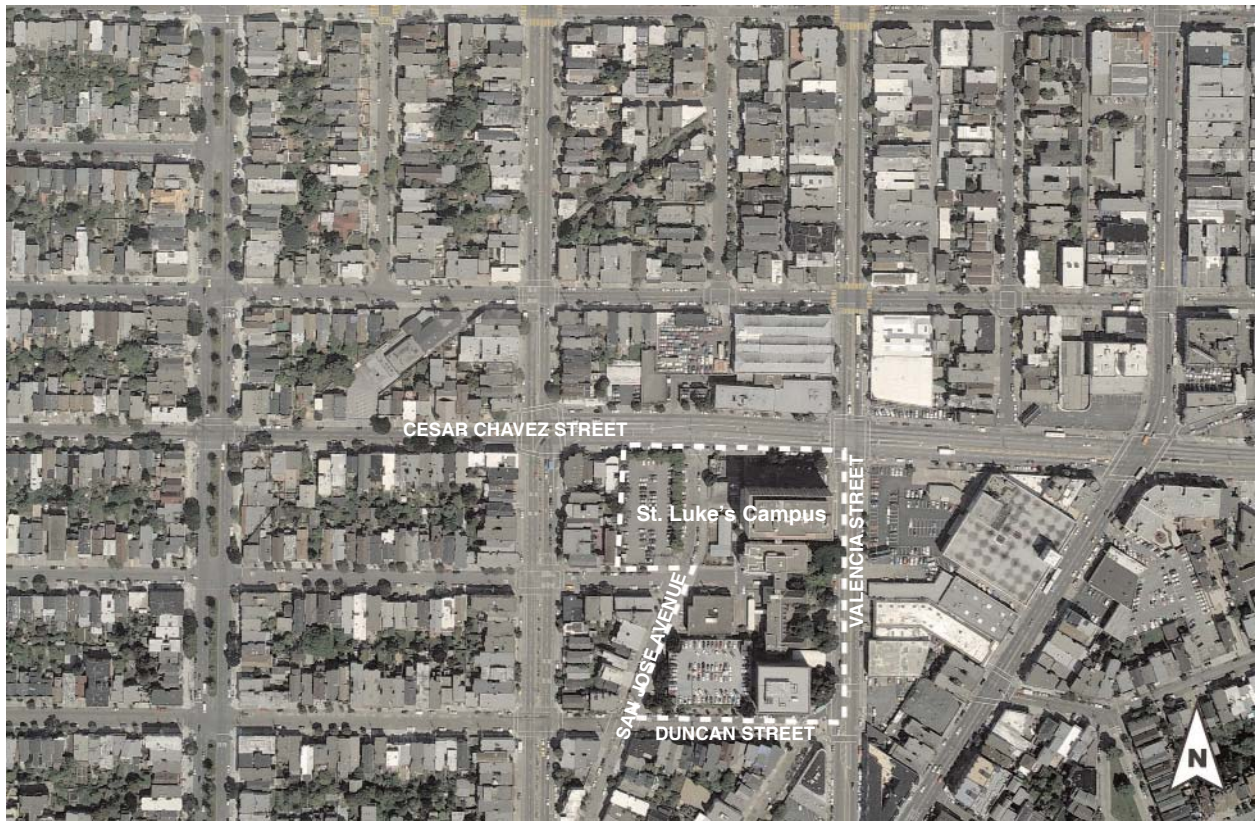
St. Luke's Campus, c. 1920s



St. Luke's Tower, c. 1970

- 1952 St. Luke's Hospital Auxiliary is founded. Members hold the first of their signature fundraising events, the Musee de Noel.
- 1957 Contributions cover most of the \$1 million cost of a north wing for surgery, radiology, and a 36-bed pediatric ward.
- 1962 Alumnae of St. Luke's Nursing School raise money and design a stained glass window for the chapel. The window is dedicated to the hospital's past nurses.
- 1969 A coronary care unit opens at St. Luke's.
- 1970 A new chapel is built as a memorial to a former patient, Pauline K. Schroeder. Later that year, at a large procession along San Jose Avenue, dignitaries dedicate the new 12-story tower of St. Luke's Hospital.
- 1976 The eight-story Monteagle Medical Center opens to accommodate clinics, physician offices, ancillary services, and the first designated outpatient surgery center in San Francisco.
- 1980 The two-story education building opens, named in honor of Ethel L. Hartzell, a 1921 nursing school graduate.
- 1983 St. Luke's School of Nursing affiliates with Dominican College (now Dominican University of California) for a baccalaureate program named Dominican St. Luke's School of Nursing.
- 1988 St. Luke's School of Nursing closes.
- 1991 St. Luke's launches its WorkWright occupational health and rehabilitation center.
- 2001 St. Luke's becomes a Sutter Health affiliate.
- 2007 St. Luke's merges with California Pacific Medical Center.

Figure 11-01
St. Luke's Campus—Location and Context



EXISTING CONDITIONS

Location and Context

The St. Luke's Campus occupies a relatively flat city block comprising approximately 3.6 acres, bounded by Cesar Chavez Street to the north, Valencia Street to the east, Duncan Street to the south, and San Jose Avenue to the west.

The campus contains seven buildings: the Main Hospital (3555 Cesar Chavez Street), Monteagle Medical Center, 1912 Building, 1957 Building, Hartzell Building, Redwood Administrative Building, and a parking garage. The total floor space on the campus is approximately 450,000 gross square feet.

Figure 11-02
St. Luke's Campus—Citywide Context

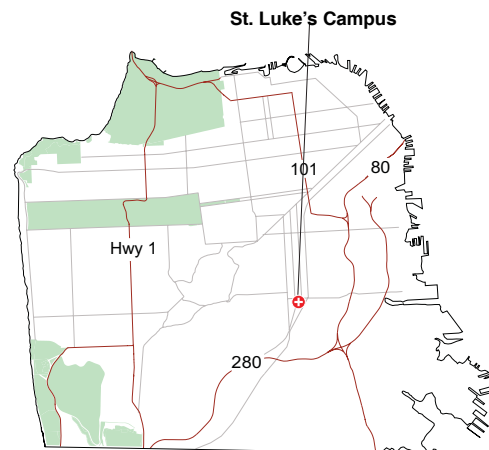


Figure 11-03
St. Luke's Campus—Aerial View



Existing Buildings at the St. Luke's Campus

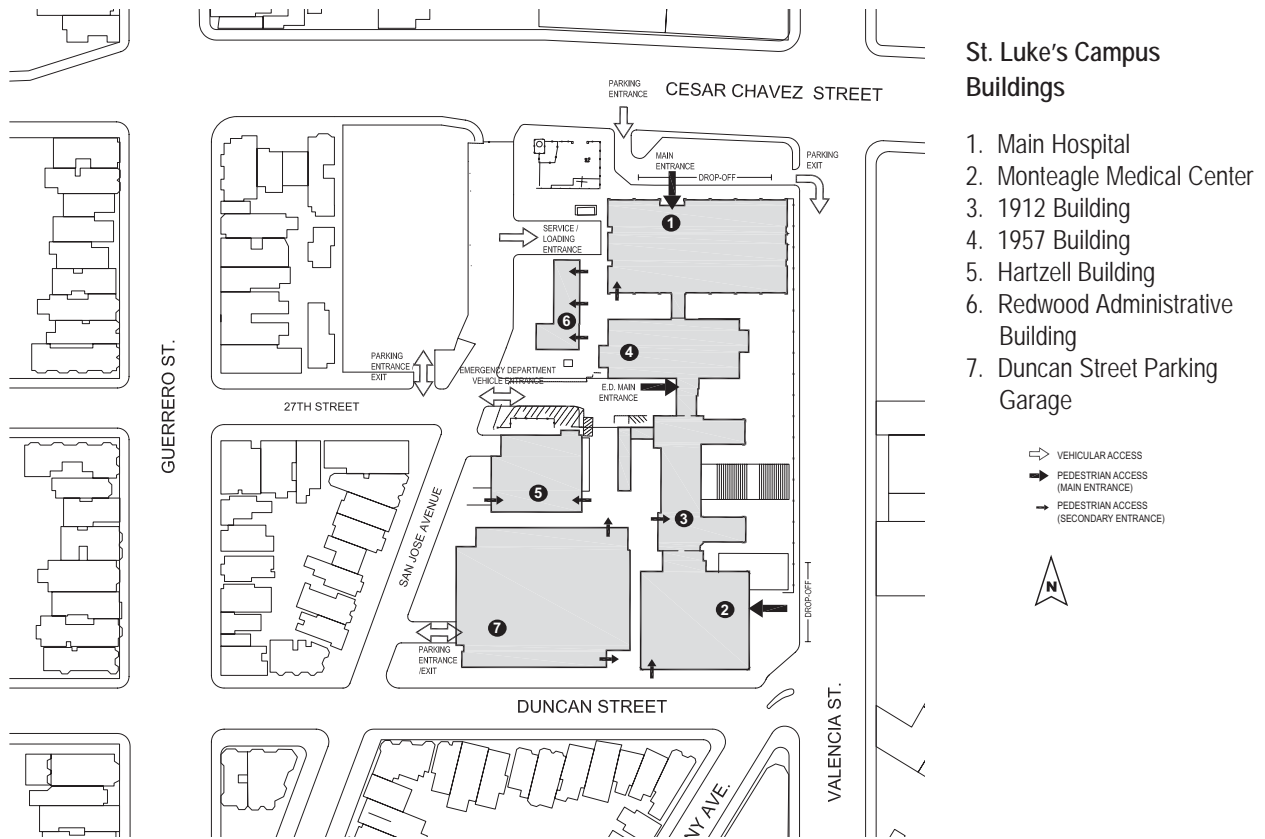
The following is an overview of the existing buildings at the St. Luke's Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)



1. Main Hospital
3555 Cesar Chavez Street

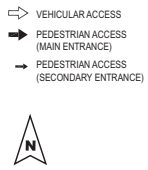
Present Use:	Hospital
Height:	12 stories / 158 feet
Gross Square Feet:	197,983
Seismic Rating:	SPC 1
Licensed Beds:	229
Other:	13 surface parking spaces

Figure 11-04
St. Luke's Campus—Existing Site Plan



St. Luke's Campus Buildings

1. Main Hospital
2. Monteagle Medical Center
3. 1912 Building
4. 1957 Building
5. Hartzell Building
6. Redwood Administrative Building
7. Duncan Street Parking Garage



2. Monteagle Medical Center
1580 Valencia Street

Present Use: Clinic, medical office
 Height: 8 stories / 102 feet
 Gross Square Feet: 90,005



3. 1912 Building

Present Use: Administration
 Height: 4 stories / 53 feet
 Gross Square Feet: 26,280



4. 1957 Building

Present Use: Diagnostics and treatment, Emergency Department
 Height: 4 stories / 52 feet
 Gross Square Feet: 31,724
 Seismic Rating: SPC 1



5. Hartzell Building
555 San Jose Avenue

Present Use: Office
Height: 2 stories / 34 feet
Gross Square Feet: 18,506
Seismic Rating: SPC 4



6. Redwood Administrative Building

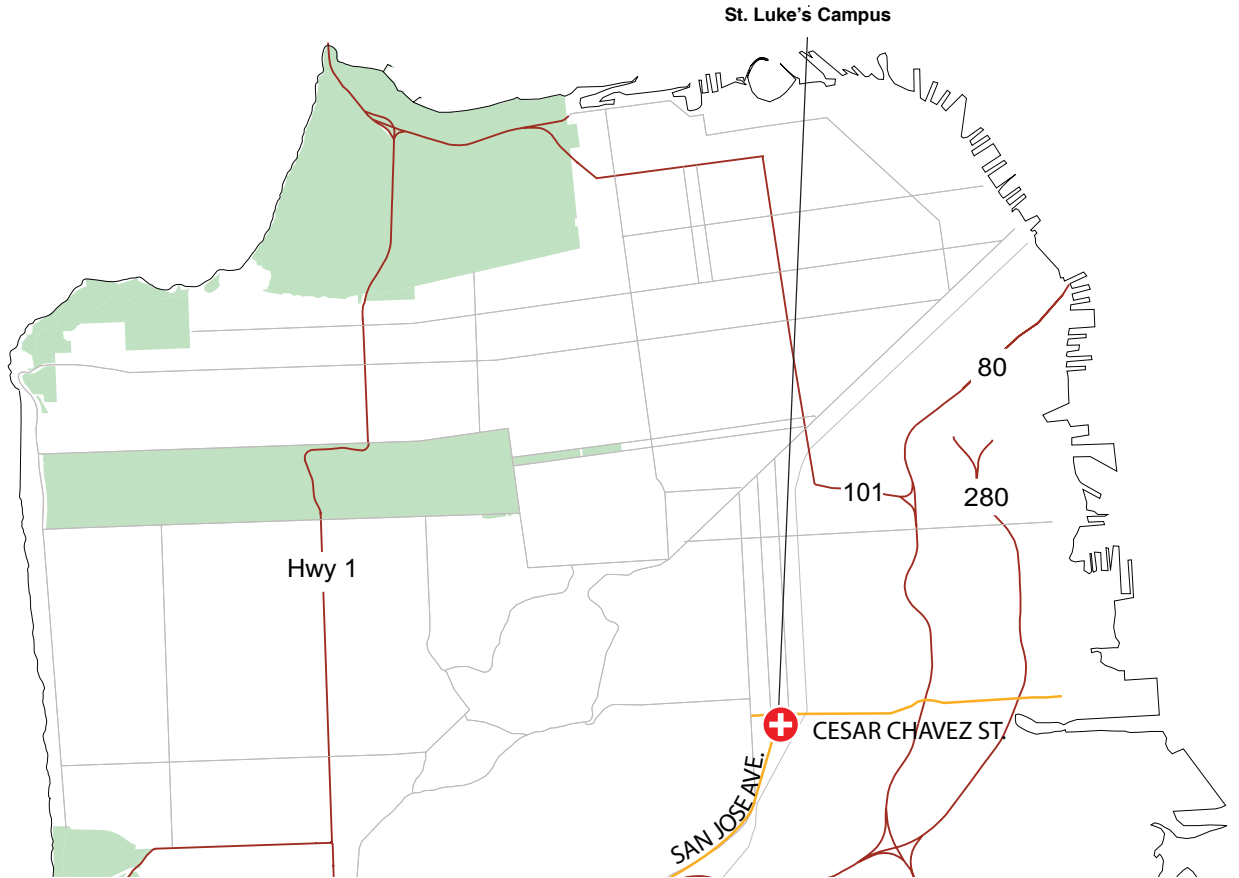
Present Use: Administration
Height: 1 story / 12 feet
Gross Square Feet: 2,400



7. Duncan Street Parking Garage

Present Use: Parking
Height: 2 stories / 28 feet
Gross Square Feet: 83,370
Parking: 214 spaces

Figure 11-05
St. Luke's Campus—Street Access



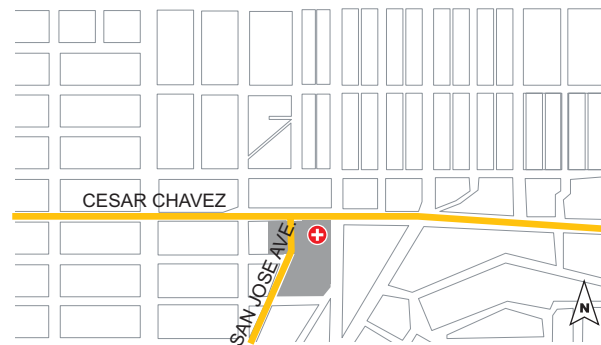
Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the St. Luke's Campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

St. Luke's is accessible by two major arterial streets: Cesar Chavez Street and San Jose Avenue. Other access streets include the north-south Dolores Street, Guerrero Street, Valencia Street, and Mission Street. Local east-west streets include 25th Street, 26th Street, Cesar Chavez Street, 27th Street, Duncan

Figure 11-06
St. Luke's Campus—Arterial Streets



Street, and 28th Street. East of the campus, Cesar Chavez Street provides access to Highway 101, which connects to Highways 80 and 280. San Jose Avenue provides access to Highway 280 south of the campus.

Figure 11-07
St. Luke's Campus—Muni Bus and Light Rail Routes



St. Luke's Campus Muni Bus and Light Rail Routes

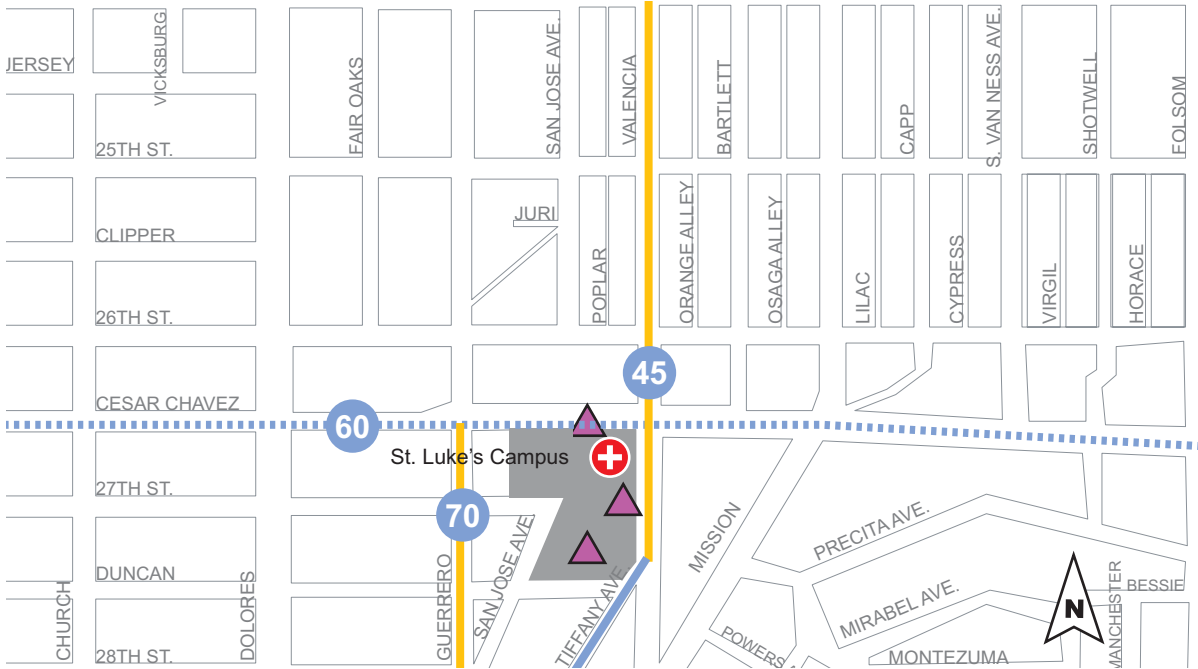
- 14-Mission: Connects Daly City to Downtown via Mission Street.
- 26-Valencia: Connects Balboa Park to Downtown via a series of streets, primarily Geneva Avenue, San Jose Avenue, Chenery, Mission, Valencia, and Market Streets.
- 27-Bryant: Connects the Mission to Russian Hill via a series of streets, primarily Cesar Chavez/Valencia Street, Bryant Street, 5th Street, Ellis, Leavenworth, Jackson, Washington, Hyde, Bush, Jones, O'Farrell and Mason Streets.
- 49-Van Ness-Mission: Connects City College to Fort Mason via Ocean Avenue, Mission Street, South Van Ness Avenue, and Van Ness Avenue.
- 67-Bernal Heights: Connects Bernal Heights to the Mission via Mission Street, 24th Street, Folsom Street, Ripley Street, Nevada Street, Cortland Avenue, Alemany Boulevard, and Crescent Street.

In addition, the 24th Street BART Station is located at the corner of Mission Street and 24th Street, approximately five blocks north of the campus. The J-Church light rail line is six blocks west of the campus.

Muni Bus Routes between the St. Luke's Campus and Other Campuses

- To California Campus:
 - 49-Van Ness-Mission,
 - 4-Sutter
- To Pacific Campus:
 - 26-Valencia,
 - 24-Divisadero
- To Davies Campus:
 - 26-Valencia,
 - 24-Divisadero
- To Cathedral Hill Campus:
 - 49-Van Ness-Mission

Figure 11-08
St. Luke's Campus—Bike Routes







Bicycle Access

Local bike routes in the vicinity of the St. Luke's Campus include the following roadways as shown on the San Francisco Bike Map:

Route 45: Class II bike route (with signs and a dedicated on-street bike lane) on Valencia Street. At Tiffany Avenue, Route 45 becomes a Class III bike route (signs only, no dedicated bike lanes) between Duncan Street and 29th Avenue, and continues as a Class II bike route on San Jose Avenue south of St. Luke's.

Route 60: Class III bike route on Cesar Chavez Street connecting to Route 49 at Sanchez Street, Route 45 at Cesar Chavez Street, and Route 33 at Harrison Street.

-  **Bike Lane**
 (Dedicated bike lane on roadway edge)
-  **Wide Curb Lane Bike Route**
 (Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)
-  **Bike Route**
 (Bikes and cars share the same roadway)
-  **Bicycle Parking**

Transportation Demand Management Program

Key components of the Transportation Demand Management (TDM) program for the St. Luke's Campus include free shuttle service, secure bicycle parking, carpool subsidies, and other options to reduce vehicular trips to and from the campus. (Refer to Appendix B for a complete description of CPMC's system-wide TDM program.)

Shuttle Service

CPMC operates a free shuttle service from the St. Luke's Campus to all campuses via the Davies Campus.

Carpooling

CPMC offers free parking for registered carpools and vanpools with three or more CPMC tenants or employees, along with a subsidy for vanpool vehicles.

Car Sharing

Car sharing is available at the Duncan Street Parking Garage, with several additional car sharing options in the vicinity of the campus.

Bicycle Facilities

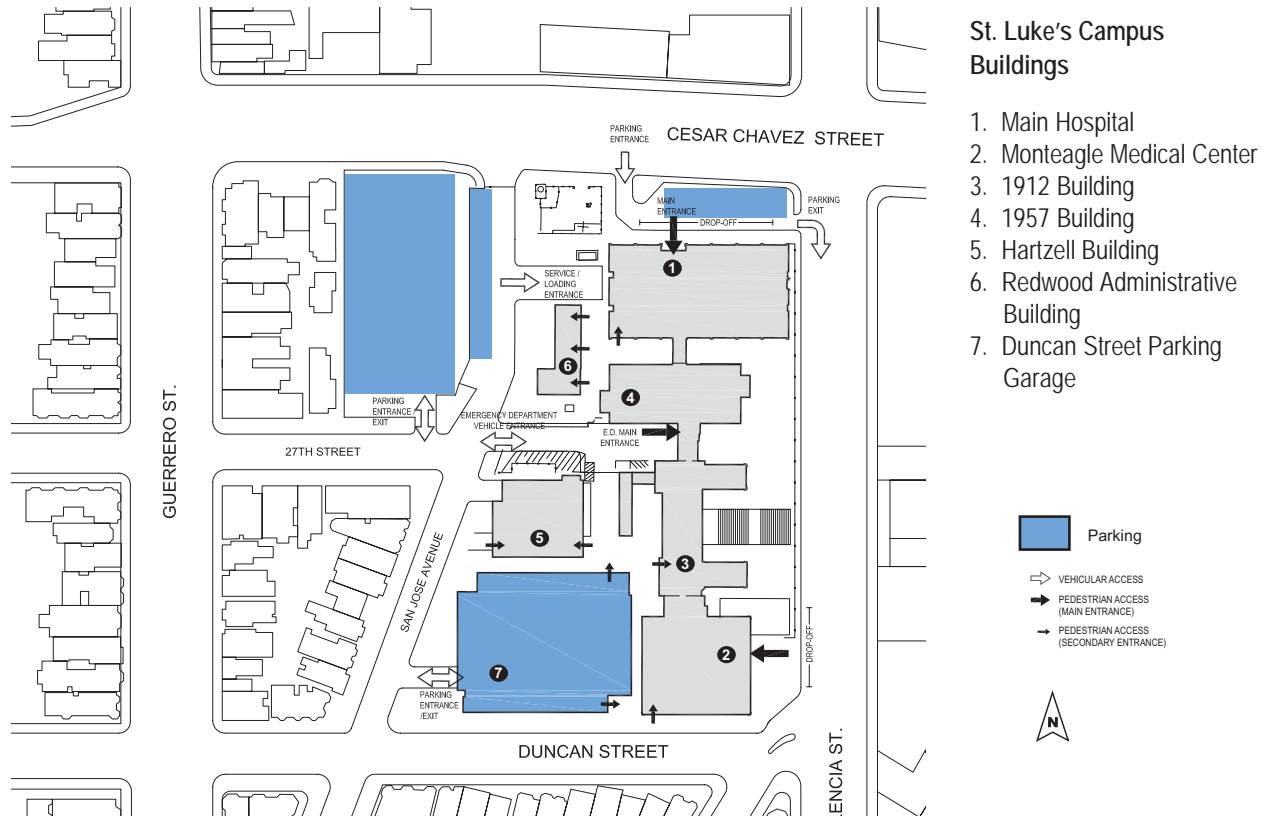
The St. Luke's Campus provides seven on-campus bicycle parking spaces and shower facilities for employees.

The shuttle service operates the following lines from the St. Luke's Campus

SL-Line: to the Davies Campus
LSL-Line: to the Davies Campus via 55 Laguna (off-site parking)

The St. Luke's Campus has approximately 1,012 employees

Figure 11-09
St. Luke's Campus—Existing Off-Street Parking

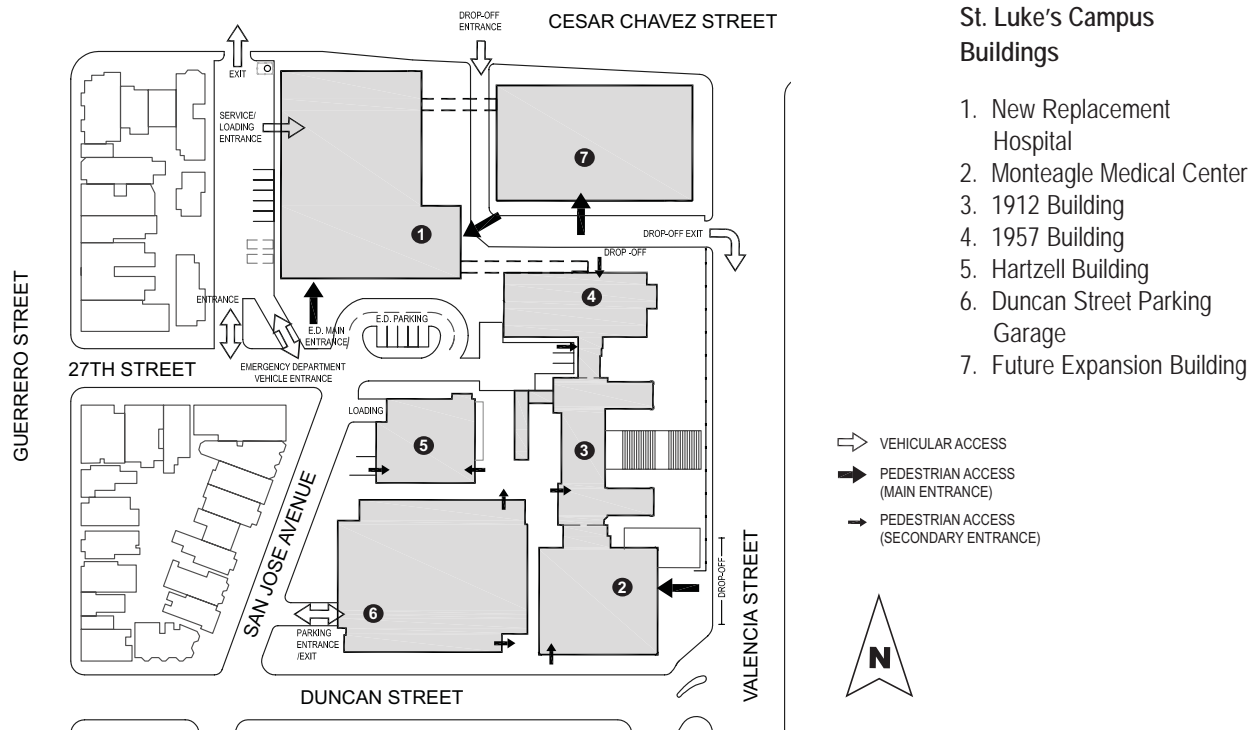


Off-Street Parking

The St. Luke's Campus provides approximately 338 off-street public parking spaces, consisting of 214 parking garage spaces and 124 surface parking spaces.

St. Luke's Campus Number of Parking Spaces	
Main Hospital	13
San Jose Avenue Surface Parking Lot	111
Duncan Street Parking Garage	214
Total Parking Spaces	338

Figure 11-10
St. Luke's Campus—Proposed Site Plan



FACILITY PLANNING AND FUTURE DEVELOPMENT

St. Luke's Hospital (previously a Sutter Health affiliate) formally became the fourth campus of California Pacific Medical Center in January 2007. The addition of the St. Luke's Campus required the reevaluation and expansion of CPMC's business and facility planning process. Many of the buildings on the St. Luke's Campus require substantial seismic upgrades; most notably, the Main Hospital tower, constructed in the 1970s, is not considered life safe.

Ongoing Projects

Minor Projects

Several investments have been made at St. Luke's since it became a Sutter Health affiliate and subsequently a CPMC campus. These include information technology upgrades, new equipment (such as endoscopy, laborato-

ry, and labor beds), and physical upgrades (such as elevator and seismic upgrades and replacement flooring). Improvements were made to the existing entry area, creating a curved glass-enclosed structure that connects the building's entrance to Valencia Street.

All minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

2007-2008 Projects

The existing Main Hospital tower at St. Luke's requires upgrades to structurally stabilize the building to meet basic immediate life-safety

standards. Once completed, these upgrades will not bring the building into compliance with SB 1953 standards for operation as an inpatient facility.

There are other improvements planned for the St. Luke's Main Hospital tower and the 1957 Building. These are non-seismic renovations of the interior spaces that are ongoing, including improvements to outpatient and clinical services.

The Future of the St. Luke's Campus

The Blue Ribbon Panel process recommended potential options for continuation of acute care services at the St. Luke's Campus. On September 25, 2008, the CPMC Board of Directors resolved to build a new acute care hospital while continuing operations of the existing hospital until completion of the new hospital. Among the recommendations the CPMC Board voted to approve are:

- Building a new acute care community hospital on the site of the St. Luke's Campus;
- Integrating the medical staffs at St. Luke's and CPMC; and
- Maintaining critical services at St. Luke's, including an emergency department, OB/GYN, medical/surgical, intensive care unit, urgent care, and a new Center of Excellence on Senior Health.

The panel considered several alternative site options for new development using a set of urban design criteria (transit access, distribution of services, compatibility with surrounding uses, open space, active ground floor uses, use of overly large parcels, and protecting historic buildings) and medical planning criteria (integrated needs of stakeholders, accessibility, entry points, growth and change, medical planning principles). The Blue Ribbon Panel indicated that the new project should not cause a significant disruption in services.

The CPMC Board of Directors resolution recognizes the important link between the future of the St. Luke's Campus and the building of a new hospital at Cathedral Hill, since the new Cathedral Hill Hospital is the clinical and economic engine that will help provide funding to rebuild the St. Luke's Campus and maintain services there.

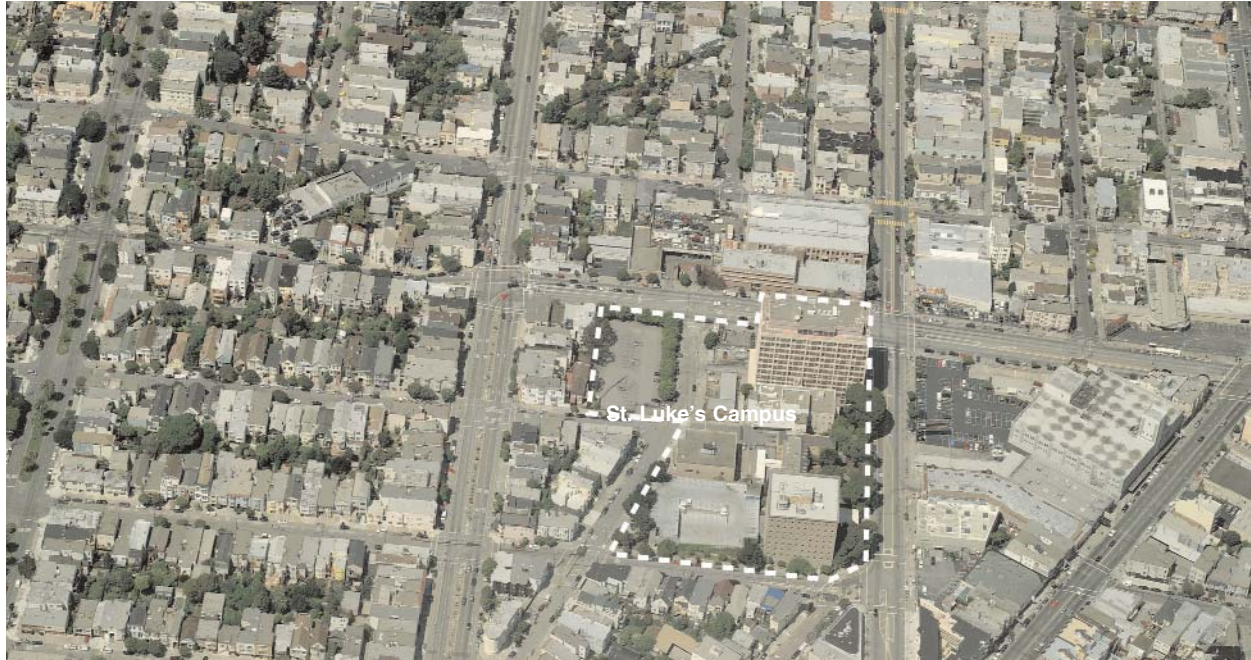
The Board recognizes the work that CPMC must undertake to garner the necessary support, approvals, and permits to make the hospital at Cathedral Hill a reality, and hopes that San Francisco, including the Board of Supervisors, the Mayor's Office, the Department of Public Health, the Health Commission, and community representatives, will continue to collaborate and support CPMC's City-wide plan as recommended by the Blue Ribbon Panel.

Near-Term Projects

New Replacement Hospital and Renovation of 1957 Building

The new 86-bed acute care replacement hospital at the St. Luke's Campus would include medical/surgical, OB/GYN, an emergency department, an intensive care unit, urgent care, primary and urgent pediatrics, and a Center of Excellence on Senior Health. The proposed new replacement hospital will be constructed by 2014 partially on San Jose Avenue and partially on an existing parking lot on the corner of Cesar Chavez Street and San Jose Avenue, which would require the City to vacate this section of San Jose Avenue. The new 145,000 gross-square-foot, six story hospital will be approximately 100 feet in height. The new hospital will connect to the existing 1957 Building. Vehicular access to and from the site would be from Cesar Chavez Avenue and San Jose Avenue, as well as existing egress onto Valencia from the existing Main Hospital tower. Pedestrian access to the replacement hospital's main entrance (located

Figure 11-11
St. Luke's Campus—Neighborhood Context



on the eastern side) could be achieved from either Valencia Street or Cesar Chavez Street. Once the replacement hospital is built (by 2014), nearly all of the 1957 Building would undergo interior renovation, including structural and cosmetic upgrades, to accommodate non-acute hospital support services. The existing emergency department and operating rooms in the 1957 Building would be transferred to the new hospital.

Long Term Projects

Demolition and Future Expansion

After completion of the new replacement hospital, the existing Main Hospital tower would be demolished and a new five-story future expansion building would be constructed on that portion of the site. The height of the future expansion building would be about 82 feet; the use of the new building will depend on the future needs of the campus, and would be designed with four below-ground parking levels that would accommodate approximately 300 parking spaces. The future expansion building would be occupied around 2020.

NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

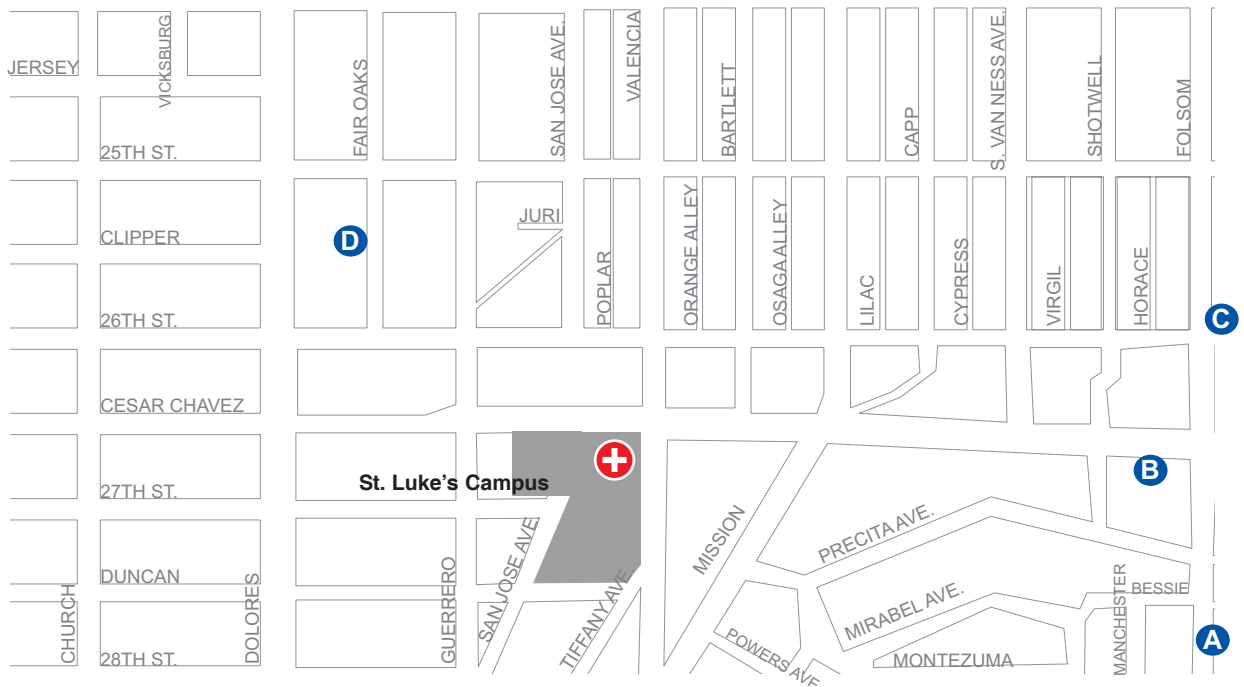
The St. Luke's Campus is in the greater Mission neighborhood, surrounded by the Inner Mission, Outer Mission, Glen Park, Bernal Heights, Precita Valley, Diamond Heights, and Noe Valley neighborhoods. The neighborhood contains a mix of residential uses, including single-family dwellings, duplexes, and small apartment buildings. Neighborhood-serving retail and commercial businesses are located along Cesar Chavez Street one block north of the campus and on Mission Street.

City Planning Regulations

Zoning and Land Use

The entire St. Luke's Campus is located within an RH-2 (Residential, House, 2 units per lot) zoning district. New construction or significant modification of existing hospitals and

Figure 11-12
St. Luke’s Campus—Adjacent Institutions



medical center buildings is allowed only after conditional use authorization by the Planning Commission.

The Eastern Neighborhoods Plan area is directly to the north of the St. Luke’s Campus.

Building Height and Bulk Limits

Some of the campus is within a 40-X height and bulk district, and other areas are within the 160-F and 105-E height and bulk districts.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR for the St. Luke’s Campus is 1.8 to 1. Through exemptions provided by conditional use authorizations, the St. Luke’s Campus has an FAR of 2.3 to 1.

Project Approvals Summary

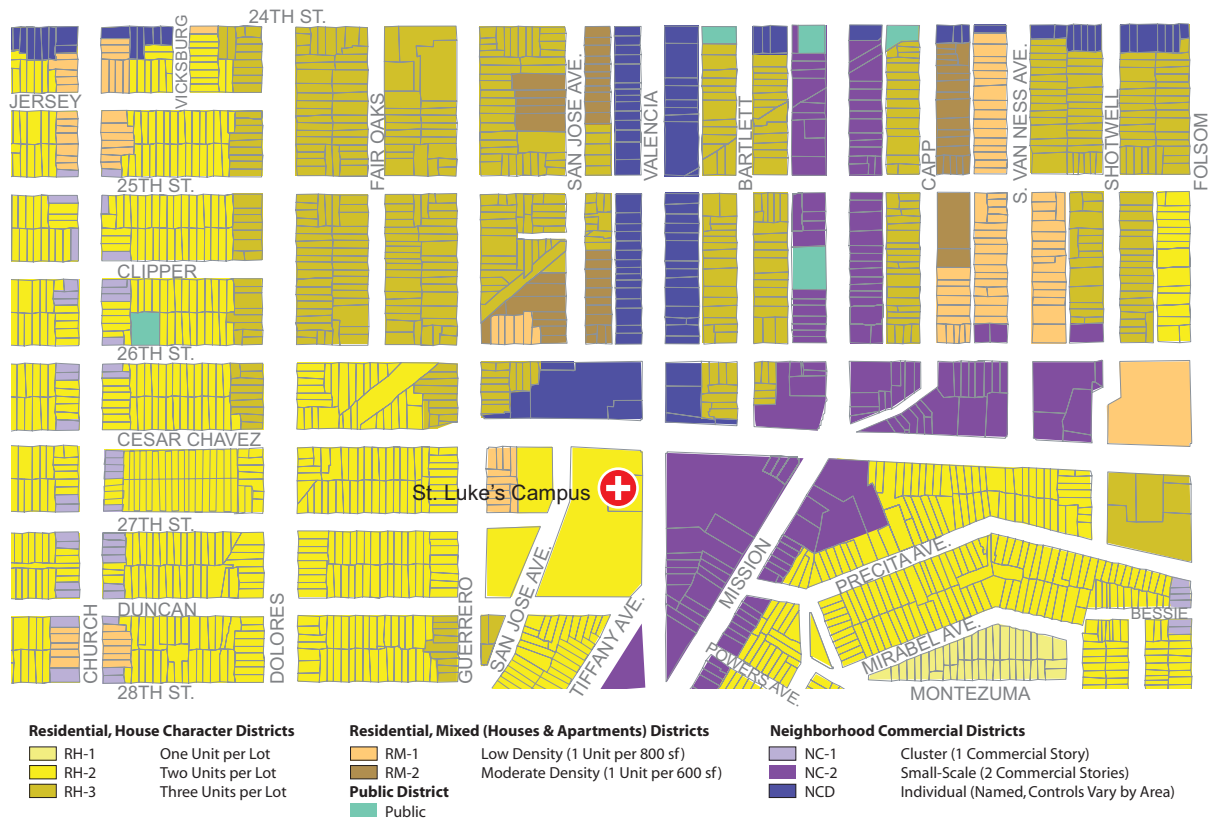
The near-term projects at the St. Luke’s Campus (including the new replacement hos-

ADJACENT INSTITUTIONS

- A. Immaculate Conception Church
3255 Folsom Street
- B. St. Anthony’s Church
3215 Cesar Chavez Street
- C. Arca de Dios Church
2993 Folsom Street
- D. Holy Innocents Episcopal Church
455 Fair Oaks Street

pital) will require review and approval by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City and state agencies. This includes vacation and purchase of San Jose Avenue right-of-way and modifications to the existing Planned Unit Development and Conditional Use authorizations for the construction of the new hospital facility. Additional review will be required for the potential relocation of existing sewer lines that run through the site.

Figure 11-13
St. Luke's Campus—Zoning Districts



The long-term project (the expansion building) will require future review and approvals, including modifications to the existing Planned Unit Development and Conditional Use authorizations will also be required for the expansion building.

Impacts and Mitigations

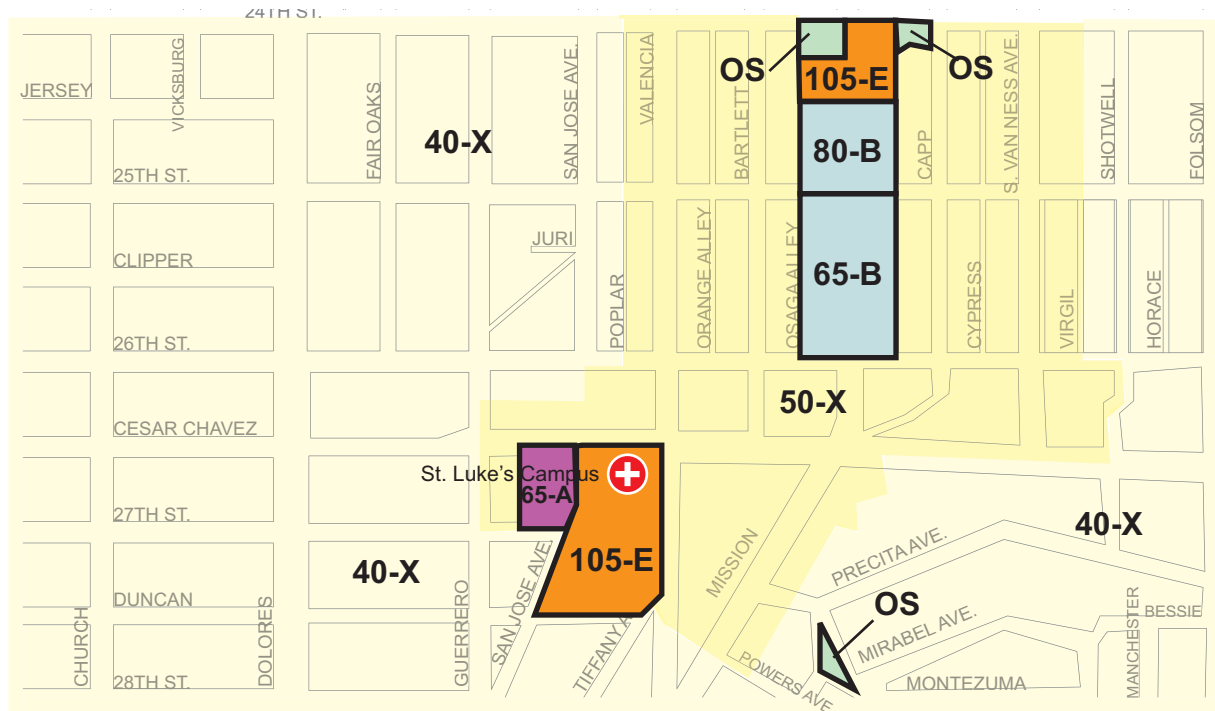
The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. Plans for the St. Luke's campus were developed more recently as part of the Blue Ribbon Panel process, and include in the near-term a replacement hospital building, and in the long-term, a hospital expansion building. Because the plans were only recently developed, technical analysis and studies related to issues such as historic and archaeological

resources, aesthetics/wind/shadow, and transportation and parking have not been completed, and will be addressed in the EIR. A general summary with respect to land uses, operational and construction impacts is provided below, and these topics will also be analyzed in greater detail in the EIR.

Land Use

The proposed hospital building will expand the existing uses on the St. Luke's Campus. The plans represent a continuation and intensification of an existing institutional use on the campus. In light of the relative size of the project and design features intended to integrate the new building into the larger site and adjacent community, it is not expected that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. Although the hospital expansion building has

Figure 11-14
St. Luke's Campus—Building Height and Bulk Limits



not yet been designed, it is similarly expected that as a continuation and intensification of an existing institutional use, it would not result in a significant land use impact. However, the land use changes for both projects are also relevant to other environmental topics such as transportation.

Operational Impacts

In addition to transportation and parking issues, once the facilities are completed and occupied, daily operations may have impacts such as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

BULK LIMITS

District Symbol	Height	Length	Diagonal
A	40 ft	110 ft	125 ft
B	50 ft	110 ft	125 ft
E	65 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Construction Impacts

Construction on the St. Luke's Campus will generate temporary construction impacts, related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise.

Community Outreach

CPMC has engaged neighborhood groups in the planning process for SB 1953 compliance and has met with the members and representatives of the following groups to receive input on development plans and campus issues:

- St. Luke's Community Advisory Committee
- Blue Ribbon Outreach Task Force—Excelsior
- Blue Ribbon Outreach Task Force—Bayview
- Blue Ribbon Outreach Task Force—Mission
- Blue Ribbon Outreach Task Force—St. Luke's Medical Staff
- Noe Valley Merchants and Professionals Association
- Upper Noe Neighbors
- San Jose/Guerrero Coalition to Save our Streets
- Save St. Luke's Coalition
- Mission Community Coalition
- Mission Language and Vocational School
- Calvary Hill Community Church
- Self Help for the Elderly
- Family Service Agency of San Francisco
- Latina Breast Cancer Agency
- Westside Community Services
- Episcopal Community Services
- Instituto Familiar de la Raza
- Bernal Heights Neighborhood Center
- St. Anthony's Foundation
- APA Family Support Services
- Arthur H. Coleman Community Foundation
- Central American Resource Center (CARECEN)
- Marcus Books
- Metropolitan Baptist Church
- Carpenter's Union Local 22
- Mission Neighborhood Health Center
- St. Luke's Women's Center

CPMC has made the following resources available to the neighborhoods surrounding the St. Luke's Campus:

- Meeting space for neighborhood groups
- Forums on health-related topics
- Sponsorship of Carnaval in the Mission
- St. Luke's Binational Health Week Celebration
- HealthFirst program for MediCal patients
- Sponsorship of Bayview Carnival
- Bayview Child Health Center
- Sponsorship of Cesar Chavez Parade and Festival

SECTION TWELVE: OFF-SITE FACILITIES

In addition to its four main medical center campuses, CPMC owns and leases other properties throughout San Francisco. Uses of these properties include medical offices, research, off-street parking facilities, and administrative/support services. The properties described below have been purchased or leased since the 2004 Institutional Master Plan Update was filed.

633 FOLSOM STREET

CPMC began leasing the seven-story, 171,000-square-foot building at 633 Folsom Street in early 2008. The building provides offices for up to approximately 400 CPMC employees who work in departments such as Marketing & Communications, Information Technology, Human Resources, Facilities Development and Institutional Master Planning, and other administrative support services. Most of these departments were previously located at One South Van Ness Avenue, which is no longer leased by CPMC. The 633 Folsom Street office building is an ideal location for employees because it is close to public transportation and major highways.

1375 SUTTER STREET

1375 Sutter Street was purchased in 2008. The building currently contains general commercial, office, and parking, as well as medical offices not associated with CPMC. Although plans have not been finalized, CPMC anticipates using the building for office or medical uses to support the nearby proposed Cathedral Hill Hospital. Once the Cathedral Hill Hospital and Medical Office Building are built, this site will be considered part of the Cathedral Hill Campus.

OTHER PROPERTIES

In addition, CPMC owns or leases other properties throughout the City. The following is a list of the other properties and their current uses.

ADDRESS

CURRENT USE

Proposed Cathedral Hill Campus

1101 Van Ness Avenue	Cathedral Hill Hotel
1255 Post Street	Office building/ Ground-floor retail/hotel
1100 Van Ness Avenue	Retail
1062 Geary Street	Retail/light industrial/1 dwelling unit
1054-1060 Geary Street	Retail/4 dwelling units
1040-1052 Geary Street	Vacant
1034-1036 Geary Street	Retail/hotel (6 residential hotel rooms)

Properties used for medical care, administration or parking

115 Diamond Street	Hospice
441 Mason Street	Vacant Offices; Parking
1700 California Street	Medical offices
1675 Van Ness Avenue	Child Development Center; Sutter Visiting Nurses & Hospice
475 Brannan Street	Research Institute (lease)
1635 Divisadero Street #200	Presidio Surgery Center (51% ownership)
3468 California Street	Endoscopy Center (51% ownership)
3700 California Street	Advanced Imaging Center (51% ownership)
1500 Mission Street	Parking
1610 Geary Boulevard	Japan Center Garage (lease)
855 Geary Street	Parking (lease)
5200 Geary Boulevard (Geary Mall)	Parking (lease)

Other stand-alone properties

2015 Steiner Street	Vacant office
2019 Steiner Street	Single family dwelling (vacant)
3019 Mission Street	Vacant commercial (lease)
1335 Evans Avenue	Bayview Child Health Center

CPMC may purchase or lease additional space in San Francisco, from time to time, for uses such as parking, offices, or clinic space that cannot be otherwise accommodated at existing facilities.

SECTION THIRTEEN: ALTERNATIVES

CPMC has considered reasonable alternatives to the preferred project described in this IMP. These alternatives fall into three general categories: 1) moving all CPMC operations to one new site and abandoning the existing campuses, 2) building new facilities and/or completing renovations of existing buildings on CPMC's existing campuses, and 3) building new facilities on new sites in addition to CPMC's existing campuses. The Environmental Impact Report (EIR) for the proposed project will contain detailed studies of these and/or other alternatives to CPMC's proposed plans.

The following is a summary of the alternatives that CPMC considered for its future operational and resulting facilities needs.

SINGLE-CAMPUS ALTERNATIVE

One of the alternatives that CPMC considered as part of its long-range planning process was to consolidate all of CPMC's facilities and services onto one new campus. After this consolidation, the existing campuses would have been decommissioned. This alternative had the advantages of eliminating redundancies and providing services in all new state-of-the-art facilities. The criteria for searching for and considering new sites included appropriate location, suitability for medical uses, adequate size, and availability of the site.

While several sites were identified, three primary sites were researched to determine if a new consolidated campus would be appropriate and feasible. Extensive review was undertaken and a brief summary of the analysis of the primary potential sites is as follows.

The Presidio

In 2001, CPMC worked with the Presidio Trust to explore whether the Presidio would be an appropriate location for a new single CPMC campus. The Presidio, which contains a large amount of open space as well as some deteriorating buildings that could be rehabilitated or redeveloped, had potential to provide such a location. After further discussion and evalu-

ation, however, it was determined that a new campus could not be approved at the Presidio in compliance with the SB 1953 deadlines.

Muni Car Barn

Another site considered in 2001 was the Muni Car Barn at Bush Street and Masonic Avenue. This site could have accommodated a new large consolidated campus. After Muni determined that there was no alternative site available for existing Muni operations, however, this option was abandoned.

Mervyn's Shopping Center (formerly Sears)

In 2001, CPMC considered building a new consolidated campus at a large existing retail site, the Mervyn's Shopping Center at Geary Boulevard and Masonic Avenue. This option was not feasible, however, because the site was not available for purchase.

Other Sites

Two other sites were considered by CPMC in 2001. Both would have required assembling parcels with various owners. One such site was on Masonic Avenue, between O'Farrell and Turk Streets. A second was on Geary Boulevard between Scott and Pierce Streets.

The second site was not large enough and would also have required the acquisition of an adjacent site. Neither of these options was considered feasible for reasons including the difficulty of assembling the parcels.

Conclusions

When no alternative sites suitable for development of a consolidated CPMC campus in San Francisco could be found, the concept was rejected and other alternatives were considered. Rising construction costs were another factor leading to the rejection of this alternative.

“THREE CAMPUS PLAN” ALTERNATIVE

Following the 1998 merger with Davies Medical Center, CPMC began a comprehensive planning effort to guide the programmatic development of the Pacific, California, and Davies campuses. The primary focus was to reallocate programs and services so that they would be distributed more rationally and efficiently across the three CPMC campuses.

As described in CPMC’s 2002 Institutional Master Plan Update, the preferred option under consideration at that time kept all facilities on CPMC’s then three campuses (the “Three Campus Plan”). The Three Campus Plan included a new acute care hospital and a new women’s and children’s hospital at the California Campus, with an emergency room; an ambulatory services center to replace the hospital and emergency room at the Pacific Campus; and a continuum of care center providing related longer-term services such as acute rehabilitation, subacute care, and skilled nursing in upgraded facilities at the Davies Campus, with an emergency room there at least through 2007. The options of retrofitting either the hospital at the Pacific Campus, the hospital at the California Campus, or both, were considered but rejected because of cost, unacceptable service disruption, the fact that retrofitted hospitals are compliant under SB 1953 only until 2030, and the many advantages of new hospitals over retrofitted facilities.

After operational and other disadvantages of the Three Campus Plan became more apparent, it was determined that the best option was to construct a new hospital on an off-campus site.

ADDITIONAL CAMPUS ALTERNATIVE

The search for an off-campus location for a new hospital to replace the beds at the California and Pacific campuses led to the purchase of the block that includes the Cathedral Hill Hotel and Office Building and is bounded by Van Ness Avenue, Franklin Street, Geary Boulevard, and Post Street. The Cathedral Hill Hospital that has been planned for this location is described in Section Seven, Cathedral Hill Campus.

FUTURE ALTERNATIVES

If the City determines that the proposed Cathedral Hill Campus and the other changes to CPMC facilities described in this IMP are not acceptable, CPMC would have to reconsider previously rejected options, such as renovating existing buildings, or consider new alternatives.

**California Pacific Medical Center
2008 Institutional Master Plan**

PART III: OTHER INFORMATION



Bernie Brown

The Ray of Sunshine

Bernie calculates that he serves over 2,000 of his milkshakes each year. California Pacific Medical Center serves more than 1,775,000 meals annually, of which over 500,000 are for patients.

Over the past 25 years, California Pacific Medical Center has brought a lot into Bernie Brown's life—his wife (a dietician whom he met through his job as a nutritional aide), his three children, who were all born at CPMC, and a true calling for making patients happy. But without a doubt, he has given back just as much as he has received. About five years ago, Bernie's job description changed when he went from working behind the scenes in the cafeteria to meeting patients face to face. One day, he met a microsurgery patient who was sick from morphine and couldn't eat. On a whim, Bernie decided to make him a strawberry milkshake. The patient drank the milkshake—then asked for another. For three days, Bernie's shakes were the only thing he could eat, and Bernie made them for him faithfully. After his ordeal, the patient told Bernie that his milkshakes had saved his life.

Bernie suddenly realized that, between his expertise in nutrition and his compassionate personality, he could offer patients something unique and significant during a trying time. Recognizing his talents, CPMC bought Bernie a blender and ingredients, and he began making custom-tailored milkshakes and smoothies for microsurgery, HIV and cancer patients. His delicious concoctions, along with his warm and engaging personality, helped these patients find comfort and nourishment. Bernie, now known affectionately as "The Milkshake Guy," became the most popular person on the floor. In fact, many patients who come back for doctors' appointments make special trips to visit Bernie, and maybe even get another one of his famous milkshakes! (His specialty is a milkshake made with Peet's espresso and vanilla ice cream.) However, Bernie's compassion for others doesn't end with his milkshakes. After seeing the long hours many family members log in at the bedsides of sick loved ones, Bernie began making sure they were fed right along with the patients. While he has received a Service Star Award for his work, he takes it all with a humble grain of salt. "If it wasn't for everyone I work with, I wouldn't be able to do what I do. I'm just one of many who are making patients feel special."

SECTION FOURTEEN: GENERAL PLAN CONSISTENCY

Pursuant to Section 304.5 of the San Francisco Planning Code, CPMC is required to analyze its plans for development for consistency with the City's eight priority policies, along with other provisions of the current San Francisco General Plan and other relevant area plans. The following is an overview of these documents and their relationship to CPMC's IMP.

SAN FRANCISCO'S PRIORITY POLICIES

The San Francisco General Plan includes eight priority policies. These policies are a preamble to the General Plan establishing the City's position on issues important to the community. The eight policies are listed below in italics, followed by CPMC's response describing how the project furthers these policies.

1. That existing neighborhood-serving retail uses be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses be enhanced.

The proposed development of the four existing campuses and the development of a new medical center at Cathedral Hill will reinforce the vitality of existing neighborhood-serving retail uses.

2. That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods.

Although institutional in character and larger in scale than the surrounding development, the future site configurations and new buildings proposed at existing CPMC campuses and at the new Cathedral Hill Campus are designed to be compatible with the residential neighborhoods that surround each campus. The future development has been designed to improve, as possible, existing traffic, circulation, and parking deficiencies that negatively affect residents adjacent to several existing CPMC campuses.

3. That the City's supply of affordable housing be preserved and enhanced.

The development of the new Cathedral Hill Campus will result in the loss of five dwelling units and 22 residential hotel units on the proposed new campus site. These units are all in modest to marginal condition. CPMC will provide for the relocation of tenants needing assistance, in excess of that required by law.

4. That commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking.

Transportation Demand Management programs established by CPMC for the operation of all five campuses are intended to discourage private auto use and encourage use of sustainable transportation. Site and building designs will complement and support the operation of Muni and other transit lines in the immediate vicinity of each campus.

5. That a diverse economic base be maintained by protecting our industrial and service sectors from displacement due to commercial office development, and that future opportunities for resident employment and ownership in these sectors be enhanced.

CPMC is one of the largest private employers in San Francisco. The proposed construction plans will maintain and enhance the medical services provided by CPMC to San Francisco and the surrounding region. Approximately 49 percent of current CPMC employees are San Francisco residents.

6. That the City achieves the greatest possible preparedness to protect against injury and the loss of life in an earthquake.

The proposed project is driven by construction intended to move acute care hospital beds at CPMC's campuses into buildings that meet the State of California's seismic safety mandates for all hospitals. Non-acute care buildings on existing campuses will also be retrofitted for greater structural stability. Construction of the Cathedral Hill and St. Luke's hospitals will result in nearly half the City's private health care being provided in facilities that will be operational after a major seismic event.

7. That landmarks and historic buildings be preserved.

Several buildings across the CPMC system are either registered landmarks, presumed to be historic resources, or otherwise considered valuable additions to the city's historic fabric. Several of these buildings are also functionally obsolete as medical buildings. Each facility proposed for renovation or demolition as part of the IMP will be reviewed on a case-by-case basis to weigh its preservation against the benefits of reuse/replacement for continued medical use, and potential resources will be analyzed as part of the environmental review process.

8. That our parks and open space and their access to sunlight and vistas be protected from development.

While portions of the project will result in some localized shadow on adjacent sidewalks and streets, the proposed buildings will maintain existing sunlight and protected vistas to parks and open spaces.

OVERVIEW OF GENERAL PLAN ELEMENTS

The following is a review of the project’s consistency with relevant policies and objectives contained in the elements of the General Plan:

- Air Quality
- Arts
- Commerce and Industry
- Community Safety
- Environmental Protection
- Recreation and Open Space
- Housing
- Transportation
- Urban Design

Note: There is no discussion of Community Facilities as this element pertains mainly to the development of new police facilities and is not applicable to the proposed project.

Air Quality

CPMC will comply with all federal, state, and local regulations regarding air quality. The Environmental Impact Report (EIR) for the project will recommend mitigations to control and reduce air pollutants, both during ongoing operations and temporarily during construction of new facilities, as well as to promote energy conservation and waste management. The air quality issues to be studied in the EIR include emissions from traffic, new equipment, and construction activities. In addition, as a health care provider, CPMC intends to take a more active role in increasing awareness and educating the public about negative health effects of pollution caused by mobile sources. By complying with all regulations and promoting air quality to protect the population in San Francisco, CPMC will meet the objectives in the Air Quality Element of the General Plan.

Arts

Although this General Plan element is not technically applicable to the proposed development projects, CPMC will continue its tradition of bringing the arts into its facilities. Recent examples include the Pacific Campus Labyrinth.

Commerce and Industry

CPMC is one of the largest private employers in San Francisco and has, under the management of the last ten years, been a relatively successful and stable San Francisco Not-for-Profit Corporation. CPMC provides jobs that range from entry-level positions to upper-level professional and technical jobs. Affiliated doctors, employees, patients, and visitors at CPMC significantly contribute to the health services and related sectors of the San Francisco economy. Maintaining and enhancing CPMC’s essential health care services within San Francisco promotes Objectives 1, 2, and 3 of the Commerce and Industry Element of the General Plan.

The proposed new hospital at Cathedral Hill and the renovated and enhanced medical facilities at the Davies, Pacific, and St. Luke’s campuses will result in substantial net benefits to the community. The projects will contribute significantly to San Francisco’s economy by enhancing existing health services, promoting job stability, and stimulating new jobs and business. These benefits will be achieved through CPMC’s private investments, without financial assistance from the City or additional tax dollars. The preservation of existing jobs, as well as the creation of new jobs from the project, is consistent with Objective 3.

The new facilities proposed by the IMP, such as the new hospitals at the Cathedral Hill and St. Luke’s campuses, the Neuroscience

Institute at the Davies Campus, and the new Ambulatory Care Center at the Pacific Campus, are new construction projects that will improve the visual and urban character of each of these campuses. As a result, it is expected that adjacent neighborhoods will benefit from the improvements, consistent with Objective 6.

CPMC recognizes that a project of this scale cannot meet all General Plan policies, such as density and building height provisions. In addition, the project cannot be without potential impacts, including effects of the proposed closing of the California Campus. These impacts are expected to be effectively mitigated consistent with the objectives in the Commerce and Industry Element of the General Plan. The overall benefits of the project to the City and region will outweigh these localized impacts (consistent with Objective 1, Policy 1.1).

Community Safety

Existing hospital beds at the California, Pacific, and St. Luke's campuses are in buildings that by 2015 will fail to meet stringent seismic safety hospital standards adopted by the State of California. The proposed new hospital at the Cathedral Hill Campus will allow for the relocation of beds to a new facility that complies with the state's mandated seismic safety standards. The existing hospital at the Davies Campus has been retrofitted to comply with applicable state standards and the proposed new hospital at St. Luke's will also comply with the state's seismic standards. CPMC's planned seismic safety improvements for buildings that provide essential medical services to San Franciscans are consistent with Objective 2, Policy 2.1 of the Community Safety Element.

Proposed renovations and new construction of outpatient facilities at CPMC's campuses will

include structural and life-safety improvements that will increase emergency preparedness at those campuses, consistent with Objective 2, Policy 2.1.

The new Cathedral Hill Campus, the improved St. Luke's Campus facilities, and continuing medical services, including the emergency department at the Davies Campus and urgent care at the Pacific Campus, will constitute an important and significant component in the City's emergency operations plan, consistent with Objective 3, Policies 3.3 and 3.4.

The new Cathedral Hill Hospital emergency department facilities and the renovated and enhanced emergency department facilities at the Davies Campus will add to the existing emergency room capacity and improve response time for providing emergency medical care to San Francisco, consistent with Objective 3, Policies 3.3 and 3.4.

A key component of CPMC's plan is to build new facilities while existing facilities continue to operate. A disruption of services would leave a gap in emergency services. Planning for uninterrupted service to the City is consistent with Objective 4.

Environmental Protection

Since the proposed CPMC projects are on already-developed sites, no significant natural resources will be affected. Overall energy efficiency is expected to improve, with the decommissioning and demolition of older, energy-intensive buildings. The Cathedral Hill Hospital will seek Leadership in Energy and Environmental Design (LEED) certification, and CPMC intends to incorporate physical features and operational measures that sustain and improve environmental efficiencies. As such, the Cathedral Hill Hospital will offer the potential for environmental facility

innovations on a scale not yet seen in the health care industry.

Objective 10 of the Environmental Protection Element addresses noise impacts on adjacent areas. Noise generated from construction and future operations at the hospitals and other new facilities proposed by the IMP will be thoroughly evaluated in the EIR for the project. It is anticipated that noise mitigations will be required to reduce noise to acceptable levels. These mitigations will likely include limitations on hours of noise-producing work, selection of low noise-emitting equipment and vehicles, appropriate siting of equipment, and the use of equipment sound-proofing as appropriate.

Recreation and Open Space

Most of the objectives and policies in the Recreation and Open Space Element are not applicable to the proposed IMP. CPMC has identified open spaces near each campus and intends to help preserve and enhance them, as appropriate. An existing example of a project that supports open space is the new Scott Street Labyrinth at Duboce Park, adjacent to the Davies Campus. CPMC was a major sponsor of this project.

In general, new development proposed by the IMP will not cast significant shadows over any existing open spaces or recreation areas, particularly City parks or playgrounds. However, since the new Cathedral Hill Hospital will be larger than the hotel and office complex it replaces, there will be new shadows in the area. Shadows at the new hospital and at other development sites identified by the IMP will be evaluated in the EIR for the project.

The proposed development projects will include enhanced streetscapes, including

some outdoor open spaces, consistent with Objective 4, Policy 4.2 of the Recreation and Open Space Element.

Housing

Most of the objectives and policies in the Housing Element are not applicable to the proposed IMP. Proposed development, particularly the hospital at Cathedral Hill, will support plans and policies for new residential development in the surrounding neighborhoods.

The IMP proposes demolition of five dwelling units and 22 residential hotel units that are on the future Cathedral Hill Medical Office Building site. CPMC will provide relocation assistance to the tenants of existing units (consistent with Objective 9 of the Housing Element).

Transportation

Proposed development of the new Cathedral Hill Hospital and other new and renovated buildings on the campuses will have implications for public transit, parking, circulation, and other transportation-related issues, discussed below.

CPMC is committed to providing employees, patients, and visitors at all its campuses with multiple options for traveling to and from the campuses. CPMC has developed an extensive Transportation Demand Management (TDM) program that helps reduce transportation impacts in the surrounding neighborhoods. The CPMC shuttle system provides a connection between CPMC campuses and employee parking facilities. The design and features of the new Cathedral Hill Hospital and other new buildings will provide enhanced transportation features, such as the Muni pavilion at the Davies Neuroscience Institute (consistent with Objective 1, Policies 1.3 and 1.6).

One of the key criteria for selection of the site for the new hospital at Cathedral Hill was the site's proximity to major transportation routes and modes. The site's location provides easy access via public transportation and expanded mobility for people without automobiles (consistent with Objective 1, Policy 1.7 and Objective 2, Policy 2.1).

CPMC encourages its employees to use public transit by providing incentives such as car-pools, transit pass subsidies, bicycle parking and amenities, and other TDM measures (consistent with Objective 2, Policy 2.1 and Objective 12).

CPMC provides an intercampus shuttle service. The purpose of the shuttle is to allow employees to travel to designated off-site parking facilities, such as the Japan Center Garage, and to other campuses (consistent with Objective 7).

As part of CPMC's comprehensive TDM program, CPMC offers facilities for transit, bicycles, carpools, and pedestrians, reducing capacity for single-occupant autos. CPMC also offers some of its employees flexible work schedules (consistent with Objectives 12 and 14).

Proposed new development projects, such as the Davies Neuroscience Institute, will include specific plans for traffic calming measures on surrounding neighborhood streets, including widened sidewalks, new landscaping, and connection with adjacent transit stops. The Neuroscience Institute project will include a contribution to the City's Better Streets program, allowing for street improvements and traffic calming measures such as new parking striping on Noe Street that will help slow traffic in the neighborhood (consistent with Objective 15, Policy 15.1).

CPMC's development projects will include features that reduce personal automobile use at each campus, such as car share pods and the CPMC shuttle system. Through the addition of parking, CPMC will maintain an adequate amount of parking at each campus to meet Planning Code requirements (consistent with Objective 16) while balancing this parking supply against the need to create disincentives to driving for those able to use other modes of transportation.

The future site design proposals for each of the existing campuses as well as the new Cathedral Hill Campus are intended to discourage traffic on residential streets. Entrances to buildings and parking facilities will be designed to direct traffic to major and secondary arterials, rather than residential streets. The Cathedral Hill, Davies, and California campuses front on major arterial streets (Geary Boulevard and Van Ness Avenue, Castro Street, and California Street, respectively). The Pacific Campus, however, is one block from a secondary arterial (Fillmore Street) and a major arterial (California Street). To address this, a new pedestrian and vehicle entrance is planned for the Pacific Campus, which will help disperse traffic and eliminate congestion on residential streets (consistent with Objective 18, Policy 18.1).

The new developments planned at each campus will include enhancements to the pedestrian circulation patterns, with the intent of reducing congestion and improving way-finding. Projects at the Cathedral Hill, Davies, St. Luke's, and Pacific campuses will include wider sidewalks, improved intersections, and more pedestrian amenities (consistent with Objective 23, Policies 23.2 and 23.4 and Objective 25).

Proposed revisions to the Pacific Campus site create a new entrance from Sacramento Street, reconfigure the existing loading dock, and provide an interior campus vehicular circulation system. These revisions are intended to discourage CPMC-generated traffic circulation and parking on local residential streets and to increase pedestrian safety. Furthermore, creation of more off-street parking within the same block as the Ambulatory Care Center is intended to reduce employee, patient, and visitor reliance on on-street parking within the neighborhood.

All of CPMC's campuses have bicycle facilities. CPMC will continue to provide bicycle facilities at existing campuses as well as at the new Cathedral Hill Campus (consistent with Objective 28) at or beyond the levels required by the Planning Code.

The proposed development projects include the construction of new parking at the Cathedral Hill, Pacific, and Davies campuses. The new parking facilities will be designed to meet the design criteria outlined in Objectives 30 and 33. The parking fee structure will also comply with the City's policies to discourage long-term parking, consistent with Objective 31. The proposed development projects will be thoroughly analyzed in a traffic study required in the EIR for the project. The EIR will evaluate whether the proposed parking capacity is adequate (consistent with Objective 34).

All of CPMC's campuses are served by major freight traffic routes. Some deliveries to the campuses come through Sutter Health's distribution center in Millbrae, California. This off-site facility allows for a more efficient delivery schedule, minimizing trips to each campus. The new facilities at the Cathedral Hill and Pacific campuses will include carefully planned loading areas to avoid disruptions to the surrounding neighborhoods. The

Cathedral Hill Campus loading area will be located off Franklin Street and will accommodate up to 55-foot-long trucks, allowing deliveries to occur inside the building and avoiding trucks stopping on major streets surrounding the campus. The Pacific Campus loading area will improve current conditions, moving more activity off local streets and onto an interior campus driveway. The proposed loading and delivery plans will be evaluated in the EIR for the project (Objectives 38, 39, and 40).

Urban Design

New buildings proposed at the Cathedral Hill, Pacific, Davies, and St. Luke's campuses will be designed to be compatible with the scale, form, and proportions of existing and potential nearby development through appropriate façade articulation, setbacks, building materials, texture, and color (consistent with Objective 3, Policies 3.1, 3.2, 3.3, and 3.7).

Cathedral Hill Campus

The building form, articulation, material, and color of the Cathedral Hill Hospital and Medical Office Building will be compatible with the nature of historically and architecturally significant buildings identified in the Van Ness Avenue Area Plan discussed later in this section (consistent with Objective 2, Policy 2.6 of the Urban Design Element).

The site plan and architectural form and style of the existing Cathedral Hill Hotel and office building do not contribute to the overall design structure of Van Ness Avenue. The site plan and architectural design of the proposed Cathedral Hill Hospital will provide for articulated street walls, upper floor setbacks, and an articulated building tower in keeping with the width of Van Ness Avenue (consistent with Objective 5, Policies 5.1, 5.2, and 5.3 of the Van Ness Avenue Area Plan).

The approximately 280-foot-high hospital proposed for the Cathedral Hill Campus, 240 feet as measured by the Planning Code, will comply with the “Urban Design Guidelines for Height of Buildings” map in the Urban Design Element of the General Plan, albeit exceeding the current height limit for the site under the Van Ness Avenue Area Plan. Although the building will be higher and larger than its neighbors, this size is driven by the functional requirement to replace existing hospital capacity. The building will announce the presence of an essential public service at a significant transit hub (consistent with Objective 1, Policies 1.6 and 1.8, and Objective 3, Policies 3.2 and 3.5).

Consistent with Objective 3, Policy 3.5, the proposed Cathedral Hill Medical Office Building will comply with the height designated for the site under the “Urban Design Guidelines for Heights of Buildings” map in the Urban Design Element of the General Plan and the height designated for the site under the Van Ness Avenue Area Plan.

Pacific Campus

The proposed massing of new buildings at the Pacific Campus will place higher buildings at the interior of the campus and will not exceed the predominant height of the buildings along the northern edge of the campus that abuts properties occupied by low-rise and low-density residential buildings. The final form of the new buildings on the edge of the campus will reflect the scale of existing adjacent development consistent with Objective 2, Policy 2.6 and Objective 3, Policy 3.1 of the Urban Design Element.

Since the existing hospital building at the Pacific Campus is higher than most of the buildings in the immediate vicinity (albeit consistent with the height indicated for the

campus in the “Urban Design Guidelines for Height of Buildings” map in the General Plan), the existing building’s mass and height will help announce the presence of a public service, the remodeled Ambulatory Care Center intended for the reuse of this building (consistent with Objective 3, Policy 3.2).

Davies Campus

The design of the proposed Neuroscience Institute on the Davies Campus will provide an appropriate architectural transition between the existing campus buildings and the adjacent low-rise, low-density residences; a visual connection between the building interior and the adjacent sidewalk; and sidewalk and Noe Street right-of-way modifications to increase pedestrian amenities and calm traffic movement through the area (consistent with Objective 2, Policy 2.6; Objective 3, Policy 3.1; and Objective 4, Policy 4.1 of the Urban Design Element).

St. Luke’s Campus

The proposed new hospital at the St. Luke’s campus is in early stages of design. Some of the key design elements of the new hospital include pedestrian access to the campus from Valencia Street and/or Cesar Chavez Street, reduced building setbacks and more windows on the street level for “eyes on the street” and enhanced pedestrian experience, and more efficient locations for the emergency department, loading docks, and vehicle access via San Jose Avenue. CPMC intends to design the new hospital at St. Luke’s to be consistent with the urban design principles in the Urban Design Element, ensuring that the height, scale, massing, and façade are compatible with the surrounding neighborhood.

RELEVANT AREA PLANS/ ONGOING PLANNING EFFORTS

Cathedral Hill Campus

The proposed Cathedral Hill Campus site is regulated by two special use districts: the Automotive Special Use District and the Van Ness Special Use District.

Van Ness Avenue has traditionally functioned as a transportation corridor connecting the northern and southern parts of the City. Historically, the corridor developed with numerous automobile-related land uses, including sales and repairs. The Automotive Special Use District was established in the 1960s to allow a continuation of automobile-related land uses along Van Ness Avenue.

Over the years, many auto-related uses have left the corridor, and a number of properties have become available for new development or adaptive re-use. In 1995, the City adopted the Van Ness Avenue Area Plan and Special Use District, which established land use, urban design, and transportation policies and regulations to preserve the character of Van Ness Avenue. The focus of the plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed-use boulevard. In order to encourage residential development, the Van Ness Avenue Special Use District eliminates density limits for housing and establishes a ratio for residential use for all new development such that, for every three square feet of floor area for non-residential uses (with the exception of hospitals), one square foot of residential area is required. This residential area requirement does not apply to the proposed CPMC projects, which are hospital uses.

The existing hotel site was part of the Western Addition A-2 Redevelopment Area. The Redevelopment Area's jurisdiction ended in January 2009. The IMP will not require review by the San Francisco Redevelopment Agency.

Pacific and California Campuses

The Pacific and California campuses are not located in any special area or use district and are not subject to additional regulations or policies.

Davies Campus

While the Davies Campus is not located within any special area or use district boundaries, the campus does adjoin the boundaries of the newly adopted Market & Octavia Neighborhood Plan. The plan is intended to respond to the need for housing, repair the fabric of the neighborhood, and support transit-oriented development. It includes new zoning for appropriate residential and commercial uses, prescribes streetscape and open space improvements, and places high-density land uses close to transit. The improvements planned at the Davies Campus would further enhance some of the key goals of the plan, most notably policies related to transit. The Davies Campus is located in one of the most transit-rich areas of the City, and the Neuroscience Institute project will create many incentives for transit use, including a weather-protected Muni pavilion for the N-Judah line stop and bicycle storage and facilities.

In addition, the Market & Octavia Neighborhood Plan recommends the preservation of architecturally and culturally significant resources. As a result of further studies, the City is recommending the adoption of a

new historic district for the Duboce Triangle neighborhood. The Davies Campus is not considered part of this potential district, but is adjacent to it (along the Noe Street edge).

St. Luke's Campus

The St. Luke's Campus is located at the border of the newly adopted Eastern Neighborhoods Plan, a plan for balanced industrial, commercial, and residential development. The planning area boundary is north of Cesar Chavez Street. The focus of the Eastern Neighborhoods Plan is to implement zoning regulations that identify appropriate sites for development, particularly for affordable housing amidst existing industrial and commercial land uses. Since the St. Luke's campus adjoins the edge of this new planning area, CPMC believes that the development of a new hospital on the campus will improve the quality of residential and non-residential development in the area by providing an improved health care facility in the southern part of the City.

SECTION FIFTEEN: SUMMARY OF ECONOMIC BENEFITS OF CPMC'S PROPOSED PLANS

The following is a summary of the anticipated economic impacts of CPMC's plans as described in this IMP. A more detailed description of these impacts is found in Appendix C, "Economic Study."

The proposed Cathedral Hill Campus—the most significant part of CPMC's plans—will positively affect the economy of San Francisco in multiple ways.

The Cathedral Hill Campus will have a direct positive economic effect on its neighborhood. The project will draw employees, medical staff, physicians and their office personnel, and patients with their families and other visitors to the new campus, increasing the population at the site and in the neighborhood throughout the seven-day week and the 24-hour day. Sales by retail and related businesses in the area are likely to increase and the project will encourage the development of new businesses to take advantage of the increase in the volume of potential customers. Even during the construction period, when disruptions of vehicular and pedestrian movement will impede normal circulation patterns, the concentration of construction workers will tend to boost the sales of groceries and food service businesses as well as a range of convenience goods outlets and personal services. Any new businesses that develop because of increased demand will also benefit the existing residents and workers in the area.

The development of the Cathedral Hill Campus will indirectly affect the neighborhoods of existing campuses. It is the first step in a rearrangement of campus functions among CPMC campuses to increase efficiency and improve patient service through campus specialization; acute care consolidated at Cathedral Hill would free up space at the Pacific Campus for a focus on outpatient diagnostics and treatment, while Davies Campus space would be reconfigured to reflect more closely its focus on neuroscience-related treatment and complementary rehabilitation. At the same time, the emphasis at the St. Luke's Campus on its community hospital mission would be refreshed and most of the California Campus would be released for other uses (most likely residential, with the potential for some degree of medical orientation).

As the realignment of campuses moves forward, the neighborhoods of the remaining three campuses will see increases in their economic interactions with CPMC. The change is expected to be greatest at the Pacific Campus as a result of the shift to predominantly daytime use (with the inpatient function moved to Cathedral Hill). More modest effects would be expected at the Davies and St. Luke's Campuses, where the change in functional orientation is less marked. Although the California Campus's future medical activities will be at a much-reduced scale, the replacement of hospital and medical uses by other uses (particularly if those uses are residential) may well increase economic benefits to neighborhood businesses. At all campuses, the economic effect is expected to be positive, notwithstanding temporary disruptions resulting from renovation and new construction.

Citywide, the effects of the Cathedral Hill project are important to San Francisco's economy. An overall increase in employment is a notable benefit, and the characteristics of hospital and related employment increase that benefit. Medical center jobs are arrayed across the occupation and earnings spectrum, from entry-level to the upper echelons of research and practice. Distinctive to the CMPC employment mix are a relatively high wage scale, a significant number of skilled/experienced positions without a four-year degree requirement, and a demographic cross-section of workers. CPMC jobs, as hospital-related, would tend to be resistant to the typical business cycle.

At the most specialized and highest technical levels of practice, professional education, and research, CPMC's staff and professional affiliates form part of San Francisco's growing strength as a medical and scientific center—a reputation that attracts linked activities and enterprises, further strengthening the economy. The contribution of this not-for-profit institution to San Francisco's direct "exports" of medical services, and its contribution to indirect exports of related products and services by supporting and potentially attracting linked activities, make it a valuable element of the City's economic base, as well as of its social infrastructure.

**California Pacific Medical Center
2008 Institutional Master Plan**

Appendices

APPENDIX A: GLOSSARY

Acute Care	Short-term medical treatment, usually in a hospital, for patients having an illness, injury or recovering from surgery.
Allied Health Professionals	Health care practitioners such as nurse practitioners or physician assistants with formal education and clinical training who are credentialed through certification, registration and/or licensure. They collaborate with physicians and other members of the health care team to deliver high quality patient care services for the identification, prevention, and treatment of diseases, disabilities and disorders.
Ambulatory Care	Health services provided to patients who do not require overnight care, e.g. "day surgery".
Ambulatory Care Sensitive Conditions (ACSCs)	Medical problems that are potentially preventable with proper medication and management of care. Examples include hypertension (high blood pressure), asthma, and diabetes.
Average Length of Stay	The average number of days of service delivered to all overnight patients released from a hospital (including deaths).
Charity Care	The cost of emergency, inpatient or outpatient medical care provided to those who cannot afford to pay (i.e., those who are uninsured or underinsured) and without expectation of reimbursement.
Complementary Medical Services	Various systems of healing or treating disease (such as chiropractic, or faith healing) not included in the traditional Western medical system.
Continuum of Care	Medical care over time without any discontinuations (birth to end of life).
Coronary Care Unit (CCU)	An area of the hospital dedicated to adult patients with heart (cardiac) conditions identified as critical, including but not limited to acute myocardial infarction, heart failure,

	cardiomyopathy, severe dysrhythmias, cardiac arrest, and cardiogenic shock requiring frequent hemodynamic monitoring, specialized diagnostic treatments, frequent observations, and specialized intensive care nursing are provided care.
Critical Care/ICU	A level of care provided patients in serious condition. Patients are closely monitored by a team of physicians, specially trained nurses, respiratory therapists, social workers, case managers, rehabilitation services, nutritionists and many others. The care is continuous and proactive in nature, assuring that the patient is managed in a safe, compassionate, and effective manner, utilizing resources to provide a high quality of care and most optimal outcome.
Discharges	Patients who are admitted to a hospital as inpatients for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer, and who then leave the hospital.
Emergency Medical Services (EMS) licensed levels	<p>Standby: Provision of emergency medical care in a specifically designated area of the hospital that is equipped and maintained at all times to receive patients with urgent medical problems, and is capable of providing physician service within a reasonable time.</p> <p>Basic: Provision of emergency medical care in a specifically designated area of the hospital that is staffed and equipped at all times to provide prompt care for urgent medical problems.</p> <p>Comprehensive: Provision of diagnostic and therapeutic services for unforeseen physical and mental disorders that, if not properly treated, would lead to marked suffering, disability, or death. The scope of services is comprehensive with in-house capability for managing all medical situations on a definitive and continuing basis.</p> <p>Trauma: Emergency rooms which are staffed and equipped at the highest level to treat any and all severe trauma cases.</p> <p>A local Emergency Medical Services Agency determines the EMS level of designation.</p>

Home Care	Medical services provided to patients at their home.
Hospice Care	An end of life program with a team of specially trained providers for terminally ill patients and their families that provides a therapeutic environment, typically a home setting, with a focus on comfort.
Hospital	A building that typically contains inpatient beds and services. Due to the ever changing needs of health care, programs and services are frequently moved or restructured.
Hospital Based Physician/Hospitalist	Physician who cares for patients only in a hospital and has a contractual or employment relationship with the hospital.
Inpatient	A patient who is provided with a room overnight, 24 hour nursing care and supporting services (such as food, laundry, and housekeeping).
Inpatient facility	Includes every entity licensed as a general acute care hospital other than a hospital operated by the City, state or federal government.
Intern	A graduate of a medical, osteopathic or dental school serving a first-year-period of graduate clinical training, generally at a hospital.
The Joint Commission (formerly JCAHO)	A National voluntary accreditation body for hospitals and other healthcare providers.
Licensed Acute Care Beds	The number of acute care beds licensed by the Licensing and Certification Division of the California Department of Health Services.
Long-Term Care	Services provided to patients who require a period of care generally in excess of 30 days.
Medical Office Building (MOB)	A non acute care facility for offices of physicians and allied health professionals who provide care, as individuals or groups, independent of a hospital.
MediCare (TITLE XVIII)	A Federal Insurance Program covering hospitals, skilled nursing, and physician related costs incurred by 1) most citizens over 65 years of age, 2) those who have been

	physically disabled for two years or longer and 3) certain patients needing treatment for end stage renal disease.
Neonatal Intensive Care Unit	An Intensive Care Unit designed with special equipment to care for premature, low-birth-weight or seriously ill newborns.
Newborn Nursery	A unit designed to care for healthy newborns.
Not-for-profit	Type of charitable organization formed and operated under laws by which no trustee or other person shares in the profits of the enterprise.
Outpatient	A person who visits a clinic, emergency room, or similar facility attached to or affiliated with a health care institution and receives health care requiring less than a 24-hour stay.
Patient (Discharge) Days	The number of days between admission and discharge for each inpatient (Length of Stay). The day of admission but not the day of discharge is counted (except for admission and discharge on the same day, which is counted as one discharge day). See: Average Length of Stay.
Pediatric Intensive Care Unit	A unit where critically ill children under 18 years of age are cared for by specially trained personnel that contains monitoring and support equipment for comprehensive observation and care.
Physically available beds (or vacant beds)	Beds that are licensed, physically set up, and available for use. These are beds regularly maintained in the hospital for the use of patients, which furnish accommodations with supporting services (such as food, laundry, and housekeeping). These beds may or may not be staffed by nursing but are physically available.
Post Partum Unit	A unit in a hospital that cares for women immediately following childbirth.
Primary Care	Checkups, vaccinations and diagnosis and treatment of minor illnesses that can be accomplished in an outpatient or office setting.
Private Practice	An independent physician (not an employee) who sees

	patients primarily in an outpatient office setting.
Quaternary Care	Advanced levels of medicine which include highly specialized services for the most severely ill. Patients being provided care at this level require state-of-the-art facilities and technology, specialized physicians and staff and potentially experimental procedures to address their illnesses (e.g. transplantation).
Rehabilitation Unit	An area of treatment to restore patients to a condition of good health, ability to work, or the like where a wide array of restoration services are administered for disabled and recuperating patients, including all support services necessary to help them attain their maximum functional capacity.
Secondary Care	Medical care, inpatient or outpatient, provided by a specialist or facility, usually upon referral by a primary care physician, that requires more specialized knowledge, skill, or equipment than primary care.
Skilled Nursing Facility (SNF)	A Skilled Nursing Facility is a facility in which care is provided to patients who have a chronic illness, or who require extended rehabilitation after a stay in an Acute Care Hospital. These patients cannot be at home, but need a reduced level of nursing care on a 24-hour basis.
Structural Performance Categories (SPC)	<p>The Structural Performance Categories (SPC) are levels or ratings of seismic safety. They range from SPC-1, the lowest possible structural performance category (wherein buildings pose a significant risk of collapse and a danger to the public after a strong earthquake), to SPC-5, the highest category (wherein buildings are in compliance with the structural provisions of the Alquist Act and are reasonably capable of providing services to the public following strong ground motion). Buildings rated SPC-2 do not significantly jeopardize life, but may not be repairable or functional following strong ground motion.</p> <p>SPC 1: Significant risk of collapse. Must be brought to level SPC 2 by Jan. 1, 2008. 5-year extension to 2013 may be granted.</p>

	<p>SPC 2: Buildings are “life safe” but may not be repairable following earthquake. Must be brought into compliance with Seismic Safety Act structural provisions by Jan. 1, 2030 or be removed from acute care service.</p> <p>SPC 3: Buildings with steel moment resisting frames in compliance with Seismic Safety Act, constructed before 1994. May experience structural damage that does not significantly jeopardize life, but may not be repairable following an earthquake. May be used to Jan. 1, 2030 and beyond.</p> <p>SPC 4: In compliance with structural provisions of Seismic Safety Act, but may experience structural damage that may inhibit provision of services to the public following an earthquake. May be used to Jan. 1, 2030 and beyond.</p> <p>SPC 5: In compliance with Seismic Safety Act and reasonably capable of providing services to the public following an earthquake. May be used to Jan. 1, 2030 and beyond.</p>
Tertiary Care	Specialized consultative care, usually on referral from primary or secondary medical care personnel, by specialists working in a center that has personnel and facilities for special investigation and treatment. Specialist cancer care, neurosurgery (brain surgery), burn care and plastic surgery are examples of tertiary care services.
Unit	A division of an area that is staffed and equipped to provide a particular kind of care.
Urgent Care	The delivery of ambulatory care in a facility dedicated to the delivery of unscheduled, walk-in care outside of a hospital emergency department. Urgent care centers are primarily used to treat patients who have an injury or illness that requires immediate care but is not serious enough to warrant a visit to an emergency room. Often urgent care centers are not open on a continuous basis, unlike a hospital emergency room that must be open at all times.

Appendix B

CALIFORNIA PACIFIC MEDICAL CENTER INSTITUTIONAL MASTER PLAN 2008 TRANSPORTATION STUDY

Prepared for:
California Pacific Medical Center

Prepared by:



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January 8, 2008

TABLE OF CONTENTS

1.0 INTRODUCTION.....	1
1.1 <i>The CPMC Campuses.....</i>	<i>1</i>
2.0 SETTING.....	3
2.1 <i>San Francisco General Plan Transportation Policies</i>	<i>3</i>
2.2 <i>Regional Roadway and Transit Systems</i>	<i>3</i>
2.2.1 Regional and Arterial Roadway System.....	3
2.2.2 Regional Transit Connection.....	4
2.3 <i>Cathedral Hill Campus.....</i>	<i>6</i>
2.3.1 Traffic Circulation	6
2.3.2 Transit Network	12
2.3.3 Parking Conditions	17
2.3.4 Loading Conditions.....	23
2.3.5 Bicycle Conditions.....	23
2.3.6 Pedestrian Conditions	25
2.3.7 Transportation Demand Management Program.....	25
2.4 <i>California Campus</i>	<i>27</i>
2.4.1 Traffic Circulation	27
2.4.2 Transit Network	31
2.4.3 Parking Conditions	35
2.4.4 Loading Conditions.....	39
2.4.5 Bicycle Conditions.....	41
2.4.6 Pedestrian Conditions	43
2.4.7 Transportation Demand Management Program.....	43
2.4.8 Employee and Patient/Visitor Travel Pattern	45
2.4.9 Existing Daily Person Trips	46
2.5 <i>Pacific Campus</i>	<i>47</i>
2.5.1 Traffic Circulation	47
2.5.2 Transit Network	52
2.5.3 Parking Conditions	55
2.5.4 Loading Conditions.....	60
2.5.5 Bicycle Conditions.....	61
2.5.6 Pedestrian Conditions	61
2.5.7 Transportation Demand Management Program.....	63
2.5.8 Employee and Patient/Visitor Travel Pattern	64
2.5.9 Existing Daily Person Trips	65
2.6 <i>Davies Campus.....</i>	<i>66</i>
2.6.1 Traffic Circulation	66
2.6.2 Transit Network	71
2.6.3 Parking Conditions	75
2.6.4 Loading Conditions.....	80
2.6.5 Bicycle Conditions.....	80
2.6.6 Pedestrian Conditions	82
2.6.7 Transportation Demand Management Program.....	82
2.6.8 Employee and Patient/Visitor Travel Pattern	84
2.6.9 Daily Person Trips	85

2.7	<i>St Luke's Campus</i>	86
2.7.1	Traffic Circulation	86
2.7.2	Transit Network	91
2.7.3	Parking Conditions	94
	CPMC Operated.....	95
2.7.4	Loading Conditions.....	99
2.7.5	Bicycle Conditions.....	99
2.7.6	Pedestrian Conditions	101
2.7.7	Transportation Demand Management Program.....	101
3.0	INSTITUTIONAL MASTER PLAN	103
3.1	<i>Cathedral Hill Campus</i>	103
3.1.1	Site Access & Traffic Circulation	104
3.1.2	Transit.....	104
3.1.3	Parking	106
3.1.4	Loading Facilities & Truck Traffic	106
3.1.5	Bicycle Parking.....	107
3.1.6	Pedestrian	107
3.2	<i>California Campus</i>	107
3.3	<i>Pacific Campus</i>	108
3.3.1	Site Access & Traffic Circulation Pattern	108
3.3.2	Transit.....	108
3.3.3	Parking	110
3.3.4	Loading.....	110
3.3.5	Bicycle Parking.....	110
3.3.6	Pedestrian	110
3.4	<i>Davies Campus</i>	111
3.4.1	Site Access & Traffic Circulation	111
3.4.2	Parking	111
3.4.3	Loading.....	113
3.4.4	Bicycle.....	113
3.4.5	Pedestrian	113
3.5	<i>St. Luke's Campus</i>	114
3.5.1	Site Access & Traffic Circulation	114
3.5.2	Transit.....	116
3.5.3	Parking	116
3.5.4	Loading.....	116
3.5.5	Bicycle Parking.....	116
3.5.6	Pedestrian	116
3.6	<i>Proposed TDM Program</i>	117

LIST OF TABLES

Table 1 - Employees, Patients and Visitors in CPMC Campuses.....	1
Table 2 - Cathedral Hill Campus – Existing Weekday Peak Hour Intersection Level of Service...	12
Table 3 - Cathedral Hill Campus – Muni Lines Operating in the Vicinity.....	15
Table 4 - Cathedral Hill Campus – Existing Muni PM Peak Ridership and Capacity.....	16
Table 5 - Existing Golden Gate Transit Service.....	17
Table 6 - Cathedral Hill Campus – On-Street Parking Supply and Hourly Occupancy.....	18
Table 7 - Cathedral Hill Campus – On-Street Parking Supply and Midday Occupancy.....	18
Table 8 - Cathedral Hill Campus – Off-Street Parking Supply and Hourly Occupancy.....	21
Table 9 - Cathedral Hill Campus – Off-Street Parking Supply and Occupancy.....	21
Table 10 - Cathedral Hill Campus – Peak Hour Bicycle Counts.....	23
Table 11 - Cathedral Hill Campus – Shuttle Service Schedule and Ridership.....	25
Table 12 - California Campus – Existing Weekday PM Peak Hour Intersection Level of Service.	31
Table 13 - California Campus – Muni Lines Operating in the Vicinity.....	35
Table 14 - California Campus – Existing Muni PM Peak Hour Ridership and Capacity.....	35
Table 15 - California Campus – On-Street Parking Supply and Hourly Occupancy.....	36
Table 16 - California Campus – On-Street Parking Supply and Midday Occupancy.....	36
Table 17 - California Campus – Off-Street Parking Supply and Hourly Occupancy.....	39
Table 18 - California Campus – Off-Street Parking Supply and Occupancy.....	39
Table 19 - California Campus – Average Trucks by Vehicle Type and Location.....	41
Table 20 - California Campus – Peak Hour Bicycle Counts.....	41
Table 21 - California Campus – Shuttle Service Schedule and Ridership.....	44
Table 22 - California Campus – Employee Travel Modes.....	45
Table 23 - California Campus – Employee Residence Location.....	45
Table 24 - California Campus – Patient and Visitor Travel Modes.....	45
Table 25 - California Campus – Patient and Visitor Parking Location.....	45
Table 26 - California Campus – Daily Person Trips (7:00 a.m. to 7:00 p.m.).....	46
Table 27 - Pacific Campus – Existing Weekday PM Peak Hour Intersection Level of Service.....	52
Table 28 - Pacific Campus – Muni Bus Lines Operating in the Vicinity.....	52
Table 29 - Pacific Campus – Existing Muni PM Peak Ridership and Capacity.....	55
Table 30 - Pacific Campus – On-Street Parking Supply and Hourly Occupancy.....	55
Table 31 - Pacific Campus – Midday On-Street Parking Supply and Occupancy.....	57
Table 32 - Pacific Campus – Off-Street Parking Supply and Hourly Occupancy.....	57
Table 33 - Pacific Campus – Off-Street Parking Supply and Occupancy.....	60
Table 34 - Pacific Campus – Average Trucks by Vehicle Type and Location.....	60
Table 35 - Pacific Campus – Peak Hour Bicycle Counts.....	61
Table 36 - Pacific Campus – Shuttle Service Schedule and Ridership.....	64
Table 37 - Pacific Campus – Employee Travel Modes.....	65
Table 38 - Pacific Campus – Employee Residence Location.....	65
Table 39 - Pacific Campus – Patient and Visitor Travel Modes.....	65
Table 40 - Pacific Campus – Patient and Visitor Parking Location.....	65
Table 41 - Pacific Campus – Person Trip Generation.....	65
Table 42 - Davies Campus – Existing Weekday PM Peak Hour Intersection Level of Service.....	71
Table 43 - Davies Campus – Transit Service Summary.....	74
Table 44 - Davies Campus – Existing Muni PM Peak Ridership and Capacity.....	75
Table 45 - Davies Campus – On-Street Parking Supply and Hourly Occupancy.....	75
Table 46 - Davies Campus – Midday On-Street Parking Supply and Occupancy.....	76

Table 47 - Davies Campus – Off-Street Parking Supply and Hourly Occupancy.....	76
Table 48 - Davies Campus – Off-Street Parking Supply and Occupancy.....	80
Table 49 - Davies Campus – Average Trucks by Vehicle Type and Location	80
Table 50 - Davies Campus – Peak Hour Bicycle Counts	82
Table 51 - Davies Campus – Shuttle Service Schedule and Ridership.....	84
Table 52 - Davies Campus – Employee Travel Modes	84
Table 53 - Davies Campus – Employee Residence Location	84
Table 54 - Davies Campus – Patient and Visitor Travel Modes.....	85
Table 55 - Davies Campus – Patient and Visitor Parking Location	85
Table 56 - Davies Campus – Person Trip Generation	85
Table 57 - St. Luke’s Campus – Existing Weekday PM Peak Hour Intersection Level of Service	89
Table 58 - St. Luke’s Campus – Transit Service Summary.....	93
Table 59 - St. Luke’s Campus – Existing Muni PM Peak Ridership and Capacity	94
Table 60 - St. Luke’s Campus – On-Street Parking Supply and Hourly Occupancy	94
Table 61 - St. Luke’s Campus – On-Street Parking Supply and Midday Occupancy	95
Table 62 - St. Luke’s Campus – On-Street Parking Supply and Hourly Occupancy	95
Table 63 - St. Luke’s Campus – Off-Street Parking Supply and Occupancy	95
Table 64 - St. Luke’s Campus – Average Trucks by Vehicle Type and Location	99
Table 65 - St. Luke’s Campus – Peak Hour Bicycle Counts	99
Table 66 - St. Luke’s Campus – Shuttle Service Schedule and Ridership.....	102
Table 67 - Pacific Campus – Existing and Proposed Off-Street Parking Spaces.....	110
Table 68 - Davies Campus – Existing and Proposed Off-Street Parking Spaces.....	111
Table 69 - St. Luke’s Campus – Existing and Proposed Off-Street Parking Spaces.....	116

LIST OF FIGURES

Figure 1: Vehicular Street Network.....	2
Figure 2: Regional Transit Connections.....	5
Figure 3: Cathedral Hill Campus – Existing Site-Plan.....	7
Figure 4-1: Cathedral Hill Campus – Existing Traffic Volumes (AM Peak).....	10
Figure 4-2: Cathedral Hill Campus – Existing Traffic Volumes (PM Peak).....	11
Figure 5: Cathedral Hill Campus – Existing Transit Routes and Stop Locations.....	14
Figure 6: Cathedral Hill Campus – Existing On-Street Parking Supply and Occupancy (1:00 p.m. – 2:00 p.m.).....	19
Figure 7: Cathedral Hill Campus – Existing Residential Parking Permit Areas.....	20
Figure 8: Cathedral Hill Campus – Existing Off-Street Parking Facilities.....	22
Figure 9: Cathedral Hill Campus – Existing and Proposed Bicycle Routes.....	24
Figure 10: CPMC Shuttle Bus Routes and Stops.....	26
Figure 11: California Campus – Existing Site-Plan.....	28
Figure 12: California Campus – Existing Traffic Volumes.....	32
Figure 13: California Campus – Existing Transit Routes and Stop Locations.....	33
Figure 14: California Campus – Existing On-Street Parking and Supply and Occupancy (2:00 p.m. – 3:00 p.m.).....	37
Figure 15: California Campus – Existing Residential Parking Permit Areas.....	38
Figure 16: California Campus – Existing Off-Street Parking Facilities.....	40
Figure 17: California Campus – Existing and Proposed Bicycle Routes.....	42
Figure 18: Pacific Campus – Existing Site-Plan.....	48
Figure 19: Pacific Campus – Existing Traffic Volumes.....	51
Figure 20: Pacific Campus – Existing Transit Routes and Stop Locations.....	53
Figure 21: Pacific Campus – Existing On-Street Parking Supply and Occupancy (3:00 p.m. - 4:00 p.m.).....	56
Figure 22: Pacific Campus – Existing Residential Parking Permit Areas.....	58
Figure 23: Pacific Campus – Existing Off-Street Parking Facilities.....	59
Figure 24: Pacific Campus – Existing and Proposed Bicycle Routes.....	62
Figure 25: Davies Campus – Existing Site-Plan.....	67
Figure 26: Davies Campus – Existing Traffic Volumes.....	70
Figure 27: Davies Campus – Existing Transit Routes and Stop Locations.....	72
Figure 28: Davies Campus – Existing On-Street Parking Supply and Occupancy (2:00 p.m. – 3:00 p.m.).....	77
Figure 29: Davies Campus – Existing Residential Parking Permit Areas.....	78
Figure 30: Davies Campus – Existing Off-Street Parking Facilities.....	79
Figure 31: Davies Campus – Existing and Proposed Bicycle Routes.....	81
Figure 32: St. Luke’s Campus – Existing Site-Plan.....	87
Figure 33: St. Luke’s Campus – Existing Traffic Volumes.....	90
Figure 34: St. Luke’s Campus – Existing Transit Routes and Stop Locations.....	92
Figure 35: St. Luke’s Campus – Existing On-Street Parking Supply and Occupancy (3:00 p.m. – 4:00 p.m.).....	96
Figure 36: St. Luke’s Campus – Existing Residential Parking Permit Areas.....	97
Figure 37: St. Luke’s Campus – Existing Off-Street Parking Facilities.....	98
Figure 38: St. Luke’s Campus – Existing and Proposed Bicycle Routes.....	100
Figure 39: Cathedral Hill Campus – Project Site Plan.....	105
Figure 40: Pacific Campus – Project Site Plan.....	109

Figure 41: Davies Campus – Project Site Plan..... 112
Figure 42: St Luke’s Campus – Project Site Plan 115

1.0 INTRODUCTION

This report describes the transportation systems that serve the five California Pacific Medical Center (CPMC) campuses - Cathedral Hill (proposed), California, Pacific, Davies, and St. Luke's and presents the proposed master plans for each campus. The following elements are included:

- Traffic Circulation
- Transit Network
- Parking Conditions
- Loading Conditions
- Bicycle Conditions
- Pedestrian Conditions
- Transportation Demand Management (TDM) Program
- Employee and Patient/Visitor Travel Patterns
- Estimated daily person trips

1.1 The CPMC Campuses

CPMC currently operates four campuses in San Francisco: California, Pacific, Davies, and St. Luke's. In 2003, CPMC proposed to build a new Cathedral Hill campus. Figure 1 shows the locations of the five campuses. The *California* campus is comprised of several buildings on three blocks bounded by Sacramento Street, Spruce Street, California Street, and Arguello Boulevard. The *Pacific* campus has multiple buildings on blocks bounded by Washington Street, Buchanan Street, California Street, and Fillmore Street. The *Davies* campus is located on the block bounded by Duboce Avenue, Noe Street, 14th Street, and Castro Street. The *St. Luke's* campus encompasses multiple buildings on the block bounded by Cesar Chavez Avenue, Valencia Street, Duncan Street, and San Jose Avenue. The *proposed Cathedral Hill* campus site (herein referred to as the Cathedral Hill campus) includes the block bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street, 1375 Sutter Street and at the northeast corner of Van Ness Avenue and Geary Street.

CPMC occupies a total of 3.8 million building gross square feet in its five San Francisco campuses, and employs approximately 6,662 hospital workers¹. Table 1 presents the number of employees, and the estimated number of patients and visitors at the CPMC campuses. In 2006, the Pacific campus had approximately 2,790 employees and served the most number of patients and visitors among three campuses (i.e., California, Pacific and Davies campuses).

Table 1 - Employees, Patients and Visitors in CPMC Campuses

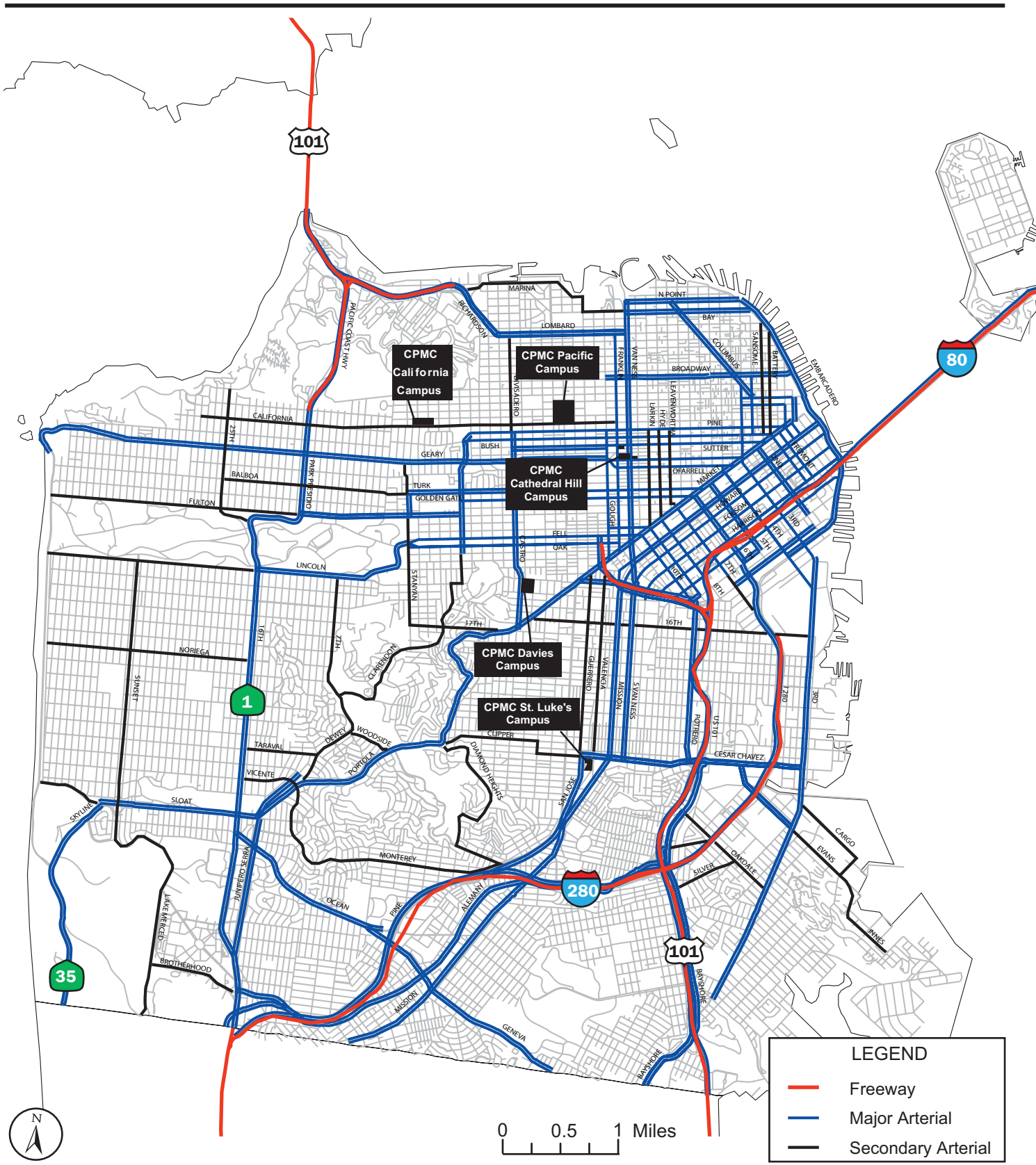
	Cathedral Hill	California	Pacific	Davies	St. Luke's	Total
Building Area (gsf)	829,471	944,536	1,118,478	501,000	455,268	3,848,753
Employees on Payroll	N/A	1,540	2,790	831	1,012	6,662 ¹
Employees on Typical Day ²	N/A	1,330	1,953	865	N/A	N/A
Patients and Visitors	N/A	196,157	502,591	189,010	N/A	N/A

Sources: CPMC Human Resources, 2006 (employees); CHS Consulting, 2004 (patients and visitors)

Notes: gsf = gross square feet; N/A = Not Available

1. Represents the total number of employees in four campuses (i.e., California, Pacific, Davies and St. Luke's) and 489 employees working off-site.
2. Data refined to represent one-day employee counts on June 20, 2006.

¹ CPMC Human Resources, 2006. Data represents the total number of employees on payroll in 2006. The numbers in Table 1 are subject to refinements.



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Figure 1
Vehicular Street Network

2.0 SETTING

This section discusses the *San Francisco General Plan* Transportation Policies and the regional roadway access and transit connections for the five CPMC campuses. For each campus, the existing conditions of the following transportation elements are presented: local traffic circulation, transit network, parking conditions, loading conditions, bicycle conditions, transportation demand management program, employee and patient/visitor travel patterns, and existing trip generation.

2.1 San Francisco General Plan Transportation Policies

The *San Francisco General Plan* establishes transportation goals and objectives, and presents transportation policies that are used to guide the development of transportation systems in the City. The transportation systems discussed in the plan include regional transportation, congestion management, vehicle circulation, mass transit, pedestrian, bicycles, citywide parking, and urban goods movement. The Regional Transportation policies state that the City should maintain and enhance its position as a regional destination (without inducing a greater volume of through automobile traffic) and as a regional and city-centered transit hub. The regional transportation systems serving the City are described in more detail below.

2.2 Regional Roadway and Transit Systems

This section discusses the regional transportation systems serving the five CPMC campuses in terms of roadways and transit connections to the larger San Francisco Bay Area. The five CPMC campuses are served by three major freeways and regional transit systems.

2.2.1 Regional and Arterial Roadway System

Figure 1 presents the designated freeways, major arterials, and secondary arterials to the five CPMC campuses as outlined in the *General Plan*. Freeways are limited-access, very high-capacity facilities with the primary function of carrying intercity traffic; they may, as a result of route location, also serve the secondary function of providing for travel between distant sections within the City. Major arterials are cross-town thoroughfares with the primary function of linking districts within the City and distributing traffic from and to the freeways; major arterials are generally routes of citywide significance, with varying capacities to accommodate travel demand in specific directions and for adjacent land uses. Secondary arterials are primarily intra-district routes of varying capacity that serve as collectors for the major thoroughfares, in some cases as supplemental to the major arterial system.

The five CPMC campuses are served by Interstate 80 (I-80), Interstate 280 (I-280), and U.S. Highway 101 (US 101). These are all limited-access, divided facilities, except for a portion of US 101 in San Francisco (Van Ness Avenue), which is an arterial road. Each of these facilities is described below.

Interstate 80 - I-80 is oriented east-west, and runs across the U.S. from San Francisco, California to New York, New York. The San Francisco-Oakland Bay Bridge is part of the I-80 system, connecting San Francisco to the East Bay. The Bay Bridge has five eastbound travel lanes on the lower deck and five westbound travel lanes on the upper deck.

U.S. Highway 101 - US 101 serves San Francisco, the Peninsula, and the South Bay. It extends north to the Golden Gate Bridge, Marin County, and on to the Seattle, Washington area. It extends south through Central California to Los Angeles. Through San Francisco, US 101 traverses Doyle Drive, Richardson Avenue, Lombard Street, Van Ness Avenue, and South Van Ness Avenue. At Duboce

Avenue, it becomes an elevated limited-access freeway. US 101 is primarily an eight-lane freeway south of I-80 and along the Peninsula.

Interstate 280 - I-280 provides regional access to the site from western San Francisco and the South Bay/Peninsula. I-280 and US 101 intersect south of downtown San Francisco. I-280 is a six-lane highway that splits and terminates at two locations: 6th Street/Brannan Street and 5th Street/King Street.

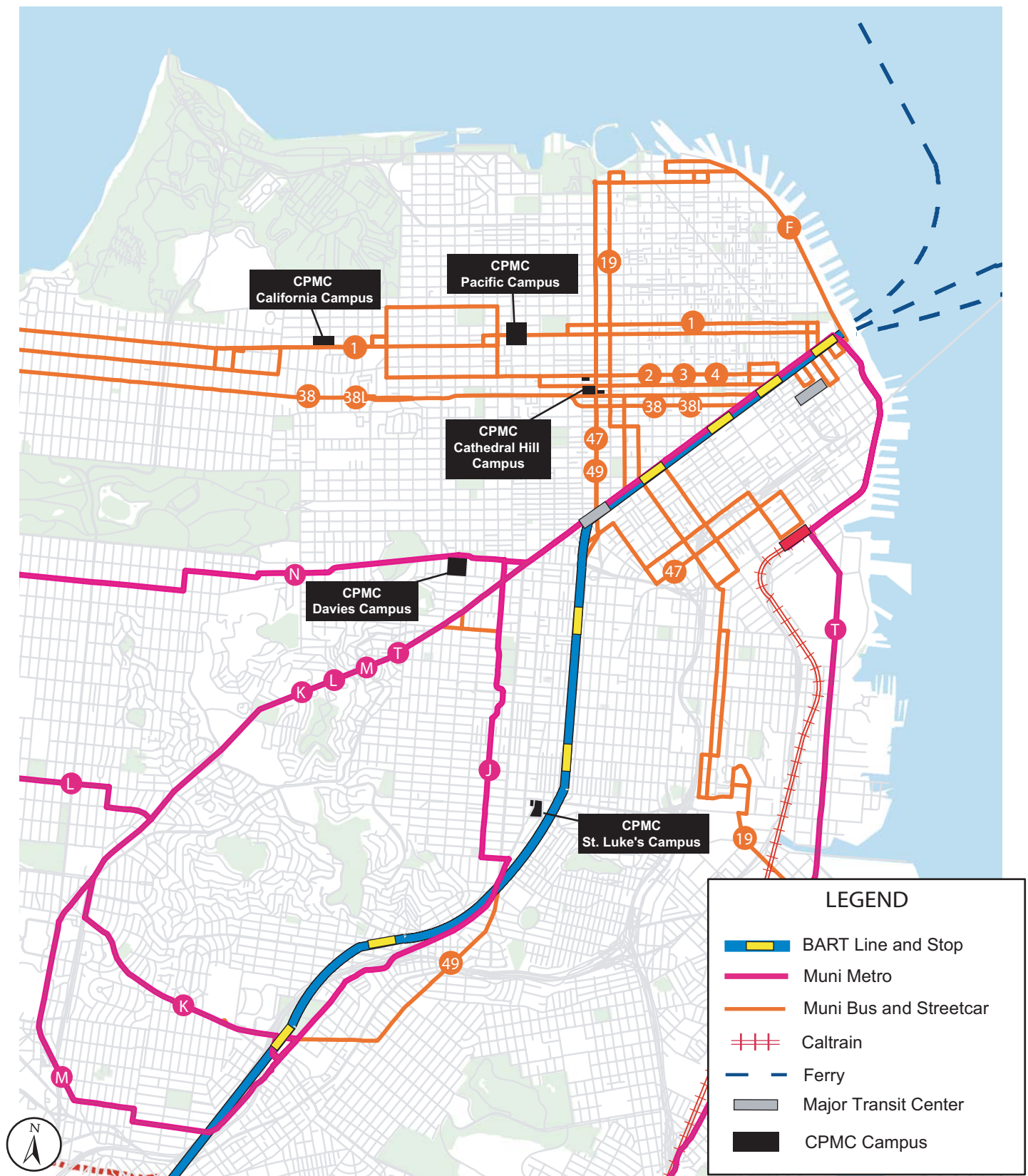
During the evening commute hours, the on-ramps to the freeway system (I-80 eastbound to the Bay Bridge and I-80/US 101 westbound to the Peninsula) are congested. Long queuing at intersections that provide direct access to the freeway on-ramps is likely to continue on weekdays between the hours of 4:00 p.m. and 7:00 p.m. This condition affects traffic flow on the major roadways near the freeways.

2.2.2 Regional Transit Connection

Regional transit connections to the larger San Francisco Bay Area are offered at the locations of the five CPMC campuses via Bay Area Rapid Transit (BART), Caltrain, ferries, and regional bus services (which congregate in the San Francisco Transbay Terminal).

BART provides a heavy rail passenger service in Alameda County, Contra Costa County, San Mateo County, and the City and County of San Francisco. There are four BART Stations along Market Street - Embarcadero, Montgomery, Powell, and Civic Center. The BART Embarcadero Station provides direct connections to the Pacific and California campuses via Muni bus line #1. The BART Civic Center Station provides connections to the CPMC shuttle bus services to the Pacific campus, which in turn connects with the California, Davies, and St. Luke's campuses.

Caltrain provides commuter rail service between the City of San Francisco and San Mateo and Santa Clara Counties. Caltrain's San Francisco terminal is located at 4th Street/Townsend Street, approximately 1½ miles from the core of Downtown. Ferry service is provided between San Francisco and Vallejo, Alameda, Oakland, and Tiburon by the Blue and Gold Fleet. Golden Gate Transit operates ferry service between San Francisco and Larkspur and Sausalito. Golden Gate Transit has two primary routes; one use Battery and Sansome Streets to the Financial District, and the other uses Van Ness Avenue to serve the Civic Center and South-of-Market area. All ferries serve the Ferry Terminal, located at The Embarcadero and Market Street. The Transbay Terminal, located on Mission Street between 1st and Fremont Streets, is the regional bus terminal for Alameda-Contra Costa Transit District (AC Transit), Golden Gate Transit, San Mateo County Transit District (SamTrans) and several Muni bus lines. These three bus services provide routes to and from the East Bay, the North Bay, and the Peninsula, respectively. Figure 2 presents the regional transit connections from the five CPMC campuses.



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Figure 2
Regional Transit Connections

2.3 Cathedral Hill Campus

The proposed Cathedral Hill campus contains three sites. The western portion is a full city block bounded by Van Ness Avenue, Geary Boulevard, Post Street, and Franklin Street; this portion is currently occupied by the Cathedral Hill Hotel and an office building. The Cathedral Hill Hotel is a 402-room hotel with ten stories above ground and one basement-level garage; the 1255 Post Street Office Building is an 11-story building with one basement level on the northwest corner of the lot, bordering Post Street and Franklin Street. The eastern portion of the proposed Cathedral Hill campus consists of seven buildings on the western three fourths of the block bounded by Van Ness Avenue, Cedar Street, Geary Street, and Polk Street. The northern portion of the proposed Cathedral Hill campus is a mixed-use retail/office building at 1375 Sutter Street, located on the southeast corner of Sutter Street and Franklin Street intersection. Figure 3 presents the current site plan and vehicular and pedestrian access to the buildings contained within the proposed Cathedral Hill campus.

2.3.1 Traffic Circulation

This subsection discusses the local roadway systems serving the proposed Cathedral Hill campus area, including functional designation, number of lanes, and directions of travel. The functional designation of these roads is obtained from the *San Francisco General Plan*.²

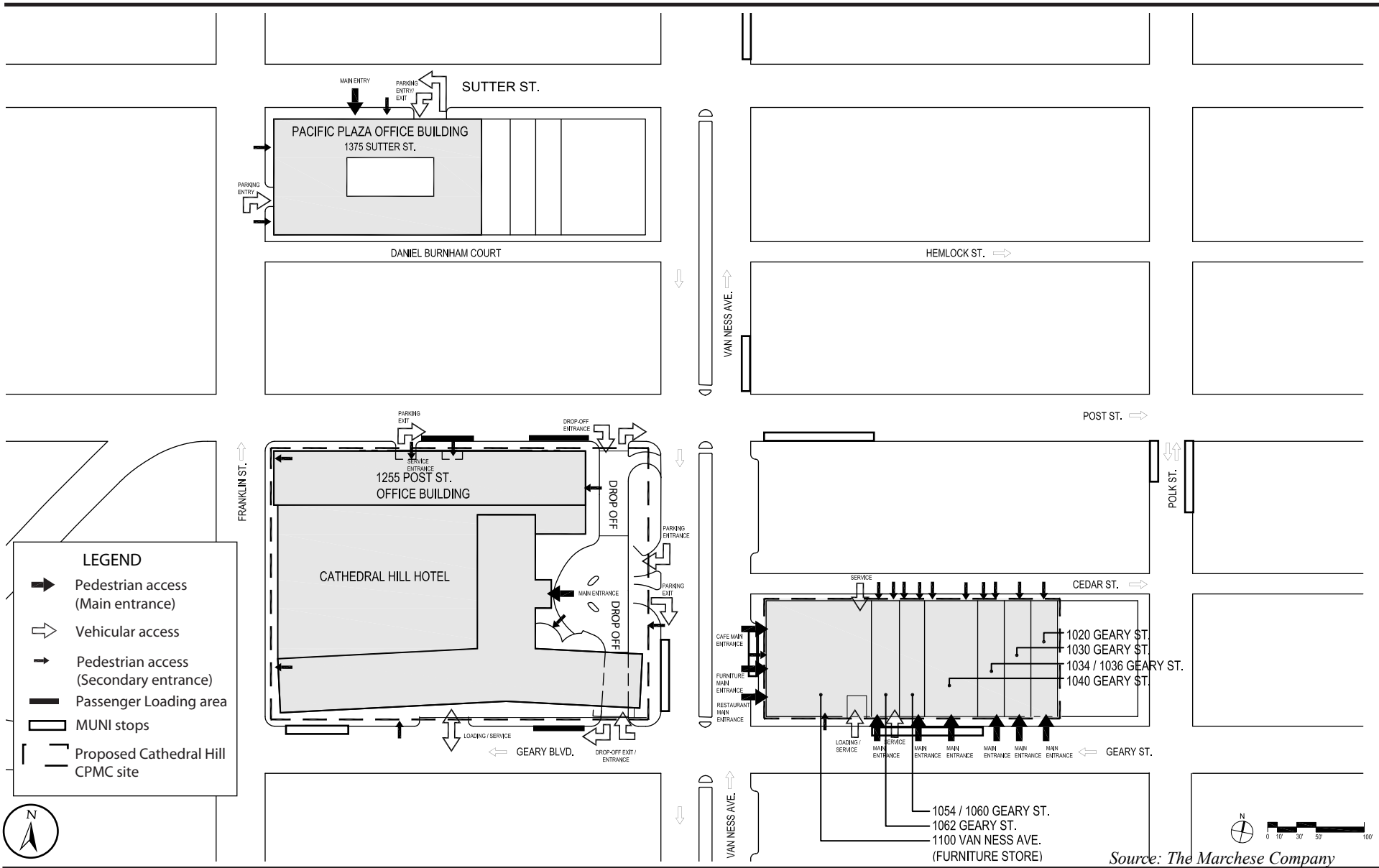
Roadway Description

Bush Street - Bush Street is an east-west street that runs between Presidio Avenue and Battery Street. In the vicinity of the Cathedral Hill campus, Bush Street operates one way eastbound with three travel lanes and on-street parking on both sides. The *San Francisco General Plan* identifies Bush Street as a Major Arterial and as a Neighborhood Commercial Street between Divisadero Avenue and Scott Streets. It is also part of the Congestion Management Program (CMP) and the Metropolitan Transportation System (MTS) networks.

Sutter Street - Sutter Street is an east-west street that runs between Presidio Avenue and Sansome Street. In the vicinity of the Cathedral Hill campus, Sutter Street operates one way westbound with three travel lanes and parking on both sides of the street. The *San Francisco General Plan* identifies Sutter Street as a Transit Conflict Street and a Transit Preferential Street (Secondary Transit Street). It is part of the CMP network. Sutter Street is also part of Citywide Bicycle Route #16.

Post Street - Post Street is an east-west street that runs between Presidio Avenue and Montgomery Street. East of Gough Street, Post Street is one way eastbound, with two mixed-flow travel lanes, a bus-only lane, and on-street parking on both sides. The *San Francisco General Plan* identifies Post Street as a Transit Preferential Street (secondary transit street). Post Street is identified as a Neighborhood Pedestrian Street between Market and Gough Streets, between Laguna and Fillmore Streets, and between Pierce and Divisadero Streets. Post Street is part of Citywide Bicycle Route #16.

² *San Francisco General Plan*, Transportation Element, July 1995.



Source: The Marchese Company
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Figure 3
 Existing Site Plan
 CATHEDRAL HILL CAMPUS

Geary Boulevard - Geary Boulevard is an east-west arterial that runs from Market Street in downtown San Francisco to 48th Avenue in the Richmond District. Geary Boulevard is a two-way roadway between Ocean Beach and Gough Street; east of Gough Street, Geary becomes a one-way westbound roadway. Near the Cathedral Hill campus, Geary Boulevard is a six-lane roadway (three lanes each way) with on-street parking and 13-foot-wide sidewalks on both sides of the street. In general, intersections along Geary Boulevard in the vicinity of the Cathedral Hill campus - including Gough Street and Franklin Street - have left-turn prohibitions for travel from Geary Boulevard to the cross streets. The *San Francisco General Plan* identifies the entire length of Geary Boulevard as a Major Arterial, a Transit Important Street, and a Neighborhood Pedestrian Street (Neighborhood Commercial Street). It is also part of the CMP and the MTS networks.

O'Farrell Street - O'Farrell Street is an east-west street that runs between Grant Street and Gough Street. In the vicinity of the Cathedral Hill campus, O'Farrell Street operates one way eastbound with two travel lanes, parking on both sides of the street, and 12-foot-wide sidewalks. The *San Francisco General Plan* identifies O'Farrell Street to the east of Gough Street as a Major Arterial, a Transit Important Street, and a Neighborhood Pedestrian Street (Neighborhood Commercial Street). It is also part of the CMP and the MTS networks.

Ellis Street - Ellis Street is an east-west street that runs between Market Street and Saint Joseph's Avenue with interruptions between Laguna Street and Steiner Street. In the vicinity of the Cathedral Hill campus, Ellis Street operates one way westbound with three travel lanes and parking on both sides of the street.

Gough Street - Gough Street is a north-south street that runs between Bay Street and Otis Street. In the vicinity of the Cathedral Hill campus, Gough Street has three southbound travel lanes and on-street parking on both sides of the street. In the *San Francisco General Plan*, Gough Street is classified as a Major Arterial road. It is also part of the CMP and the MTS networks.

Franklin Street - Franklin Street is a north-south street that runs between Bay Street and Market Street. In the vicinity of the Cathedral Hill campus, Franklin Street has three to four northbound travel lanes and on-street parking on both sides of the street. In the *San Francisco General Plan*, Franklin Street is classified as a Major Arterial road. It is also part of the CMP and the MTS networks.

Van Ness Avenue - Van Ness Avenue is a north-south street that runs between North Point Street and Market Street. In the vicinity of the Cathedral Hill campus, Van Ness Avenue is a six-lane roadway (three travel lanes each way) with metered parking on both sides of the street. In the *San Francisco General Plan*, Van Ness Avenue is classified as a Major Arterial road, a Transit Preferential Street (Primary Transit Street – transit important), a Neighborhood Pedestrian Street (Neighborhood Commercial Street), and is part of the Citywide Pedestrian Network. It is also part of the CMP and the MTS networks

Polk Street - Polk Street is a north-south street that runs between Beach Street and the intersection of Market and Fell Streets. In the vicinity of the Cathedral Hill campus, Polk Street operates two ways with one travel lane in each direction and parking on both sides of the street. Polk Street is designated as part of Citywide Bicycle Route #25 between Beach and Market Streets.

Larkin Street - Larkin Street is a north-south street that runs from Beach Street to Market Street. In the vicinity of the Cathedral Hill campus, Larkin Street operates two ways with one travel lane in each direction and parking on both sides of the street. It is also part of the MTS network.

Fern Street - Fern Street is an east-west alleyway that runs between Larkin Street and Gough Street. In the vicinity of the Cathedral Hill campus, Fern Street is one way (westbound west of Van Ness Avenue and eastbound east of Van Ness Avenue) with one travel lane and parking on the south side of the street between Gough Street and Van Ness Avenue and on the north side of the street between Van Ness Avenue and Larkin Street.

Hemlock Street - Hemlock Street is an east-west alleyway that runs between Larkin Street and Franklin Street. In the vicinity of the Cathedral Hill campus, Hemlock Street is one way eastbound street with one travel lane and parking on the north side of the street. On the west of Van Ness Avenue, Hemlock Street is named Daniel Burnham Court.

Cedar Street - Cedar Street is an east-west alleyway that runs between Larkin Street and Van Ness Avenue. In the vicinity of the Cathedral Hill campus, Cedar Street is one way eastbound with one travel lane and parking on both sides of the street.

Myrtle Street - Myrtle Street is an east-west alleyway that runs between Larkin Street and Franklin Street. In the vicinity of the Cathedral Hill campus, Myrtle Street is one way eastbound with one travel lane and parking on the south side of the street.

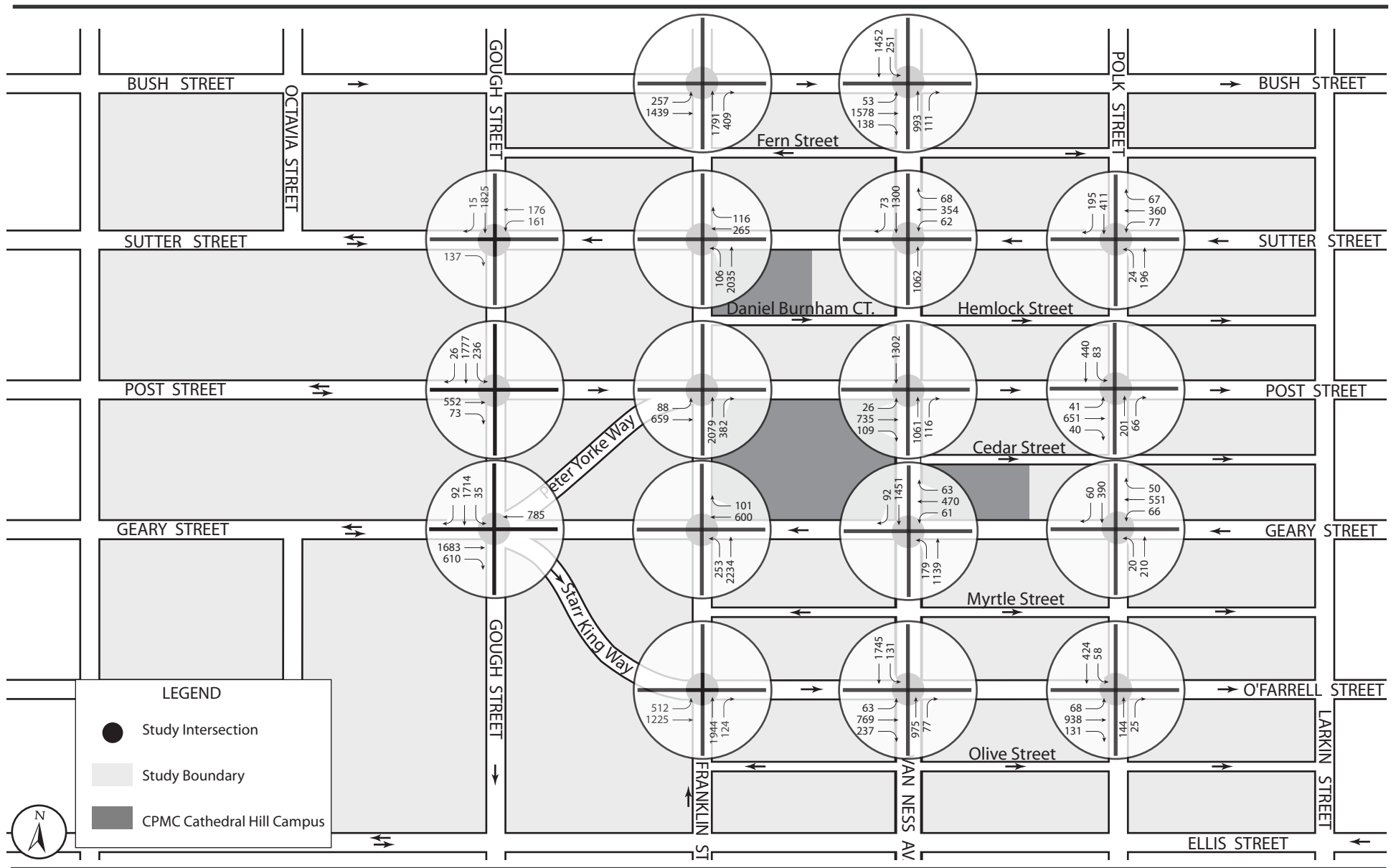
Olive Street - Olive Street is an east-west alleyway that runs between Larkin Street and Franklin Street. In the vicinity of the Cathedral Hill campus, Olive Street is one way eastbound to the east of Van Ness Avenue and one way westbound to the west of Van Ness Avenue with one travel lane and parking on one side of the street.

Traffic Conditions

Existing intersection operating conditions were evaluated for the peak 60 minutes during both the weekday morning peak commute period (7:00 a.m. to 9:00 a.m.) and weekday evening peak commute period (4:00 p.m. to 6:00 p.m.). Intersection turning movement counts for the following 17 intersections within a two-block radius of the proposed Cathedral Hill campus were collected on May 17-18, May 24-25, and May 31, 2006. All 17 of the study intersections are signalized. Figures 4-1 and 4-2 present the intersection volumes for the study intersections during the AM and PM peak hours, respectively, in the vicinity of the Cathedral Hill campus.

- | | |
|-------------------------------------|-------------------------------------|
| 1. Gough Street/Geary Boulevard | 10. Van Ness Avenue/Geary Boulevard |
| 2. Gough Street/Post Street | 11. Van Ness Avenue/Post Street |
| 3. Gough Street/Sutter Street | 12. Van Ness Avenue/Sutter Street |
| 4. Franklin Street/O'Farrell Street | 13. Van Ness Avenue/Bush Street |
| 5. Franklin Street/Geary Boulevard. | 14. Polk Street/O'Farrell Street |
| 6. Franklin Street/Post Street | 15. Polk Street/Geary Boulevard |
| 7. Franklin Street/Sutter Street | 16. Polk Street/Post Street |
| 8. Franklin Street/Bush Street | 17. Polk Street/Sutter Street |
| 9. Van Ness Avenue/O'Farrell Street | |

The operating characteristics of signalized and unsignalized intersections are described by the concept of level of service (LOS). LOS is a qualitative description of the performance of an intersection based on the average delay per vehicle. Intersection levels of service ranges from LOS A, which indicates free-flow or excellent conditions with short delays, to LOS F, which indicates congested or overloaded conditions with extremely long delays.

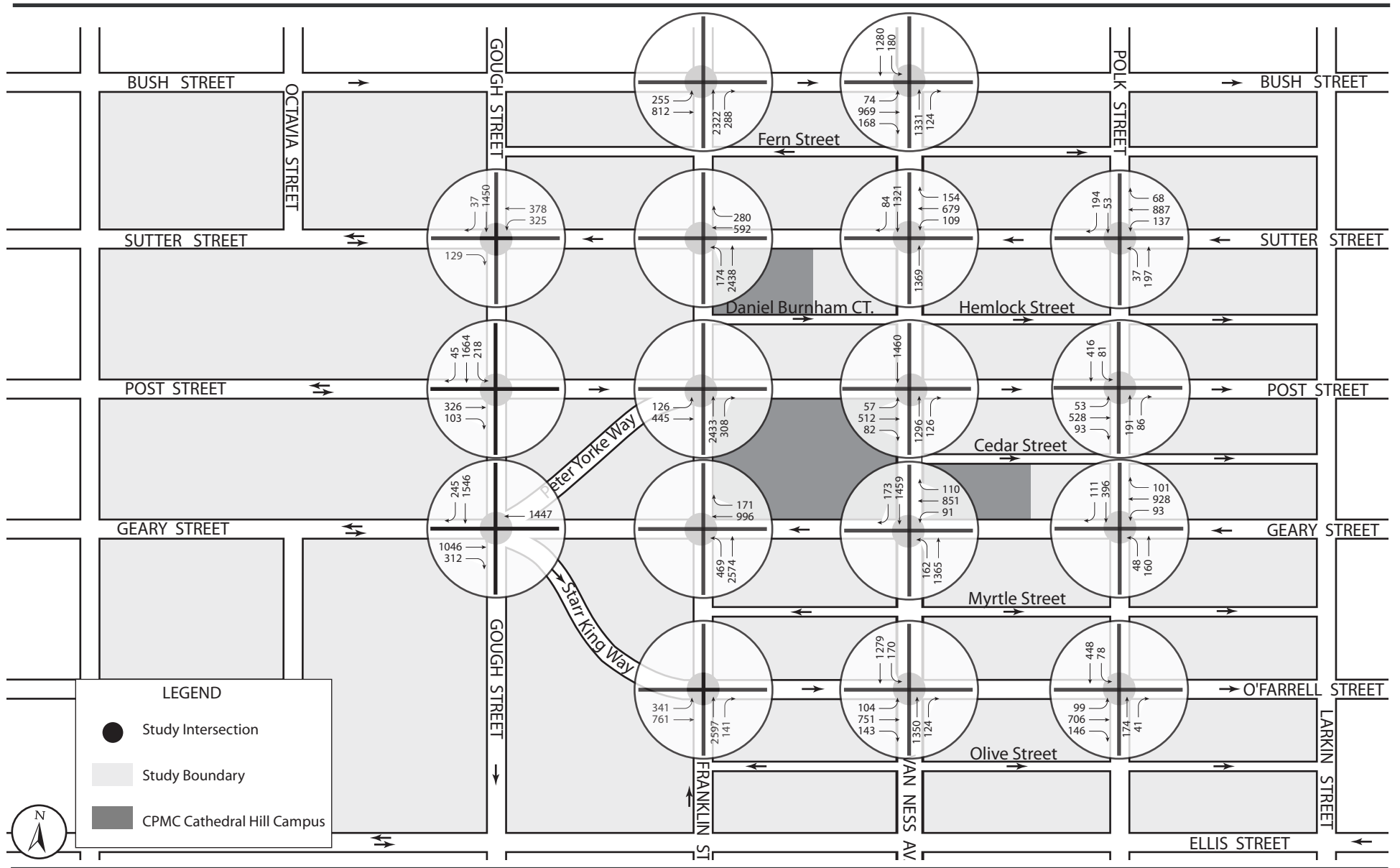


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Figure 4-1
Existing Traffic Volumes (AM Peak Hour)
CATHEDRAL HILL CAMPUS



California Pacific Medical Center IMP 2008

Figure 4-2
Existing Traffic Volumes (PM Peak Hour)
CATHEDRAL HILL CAMPUS

The intersections were evaluated using the *2000 Highway Capacity Manual* methodology. For signalized intersections, this methodology determines the capacity of each lane group approaching the intersection. The LOS is then based on average delay (in seconds per vehicle) for the various movements within the intersection. A combined weighted average delay and LOS are presented for the intersection. Appendix A contains the LOS definitions for signalized and unsignalized intersections. In San Francisco, LOS A through D are considered satisfactory service levels, and LOS E and F are considered unsatisfactory service levels for signalized intersections.

Table 2 presents the results of the intersection LOS analysis for the existing weekday AM and PM peak hour conditions. During the weekday AM peak hour, 13 study intersections operate satisfactorily at LOS D or better. The signalized intersections of Gough and Geary Streets, Franklin and O’Farrell Streets, Franklin and Bush Streets, and Polk and Sutter Streets operate unsatisfactorily at LOS E or F. The intersections of Gough Street/Geary Street and Franklin Street/O’Farrell Street experience long delays in the eastbound direction due to heavy morning traffic bound for downtown and the long signal cycle length, which often causes long queues at the intersections. The intersection of Franklin and Bush Streets experienced long delays due to long signal cycle length and heavy traffic in the northbound and eastbound directions. During the weekday PM peak hour, 16 study intersections operated satisfactorily at LOS D or better. The signalized intersection of Franklin and O’Farrell Streets operates unsatisfactorily at LOS E due to heavy traffic along Franklin Street in the northbound direction during PM peak hours. See Appendix A for the detailed LOS calculation sheets.

Table 2 - Cathedral Hill Campus – Existing Weekday Peak Hour Intersection Level of Service

Intersection	AM Peak Hour		PM Peak Hour	
	Delay (sec/veh)	LOS	Delay (sec/veh)	LOS
1. Gough Street/Geary Boulevard	67.7	E	49	D
2. Gough Street/Post Street	24.8	C	23.5	C
3. Gough Street/Sutter Street	25.2	C	26.2	C
4. Franklin Street/O’Farrell Street	>80	F	58.8	E
5. Franklin Street/Geary Boulevard	21	C	47.2	D
6. Franklin Street/Post Street	29.3	C	19.8	B
7. Franklin Street/Sutter Street	48.5	D	39.1	D
8. Franklin Street/Bush Street	69.0	E	28.3	C
9. Van Ness Avenue/O’Farrell Street	32.2	C	40.6	D
10. Van Ness Avenue/Geary Boulevard	36.2	D	42.8	D
11. Van Ness Avenue/Post Street	19.6	B	20.3	C
12. Van Ness Avenue/Sutter Street	16.3	B	22.2	C
13. Van Ness Avenue/Bush Street	38	D	46.6	D
14. Polk Street/O’Farrell Street	30.4	C	41.8	D
15. Polk Street/Geary Street	22	C	29.9	C
16. Polk Street/Post Street	38.5	D	20.6	C
17. Polk Street/Sutter Street	69.4	E	26.4	C

Source: Wilbur Smith Associates

2.3.2 Transit Network

Nine Muni bus lines and seven Golden Gate Transit bus lines directly serve the Cathedral Hill campus.

Muni Transit Routes

The San Francisco Municipal Railway (Muni) provides transit service within the City and County of San Francisco, including bus (diesel motor coaches and electric trolley), light rail (Metro), cable car, and streetcar lines. Figure 5 shows the transit services within a two-block radius of the Cathedral Hill campus. Table 3 presents the service frequencies during the AM and PM peak periods for these Muni bus lines and their nearest stops. These bus routes, their ridership at the maximum load point (MLP), and capacity utilization are described below. The MLP ridership data were obtained from the recent Muni Transit Effective Project.³

Muni Line #2 - Clement: This line connects the Richmond District and the Ferry Plaza via Clement, California, and Sutter Streets west of Laguna Street. East of Laguna Street, it runs on Sutter Street in the outbound direction and Post Street in the inbound direction. Service is provided every 10 minutes during the AM and PM peak periods and every 20 minutes during the midday period. The PM peak hour ridership at the MLP is 378, which occurs at the intersection of Sutter and Powell Streets in the outbound direction. Capacity utilization at the MLP is approximately 71 percent.

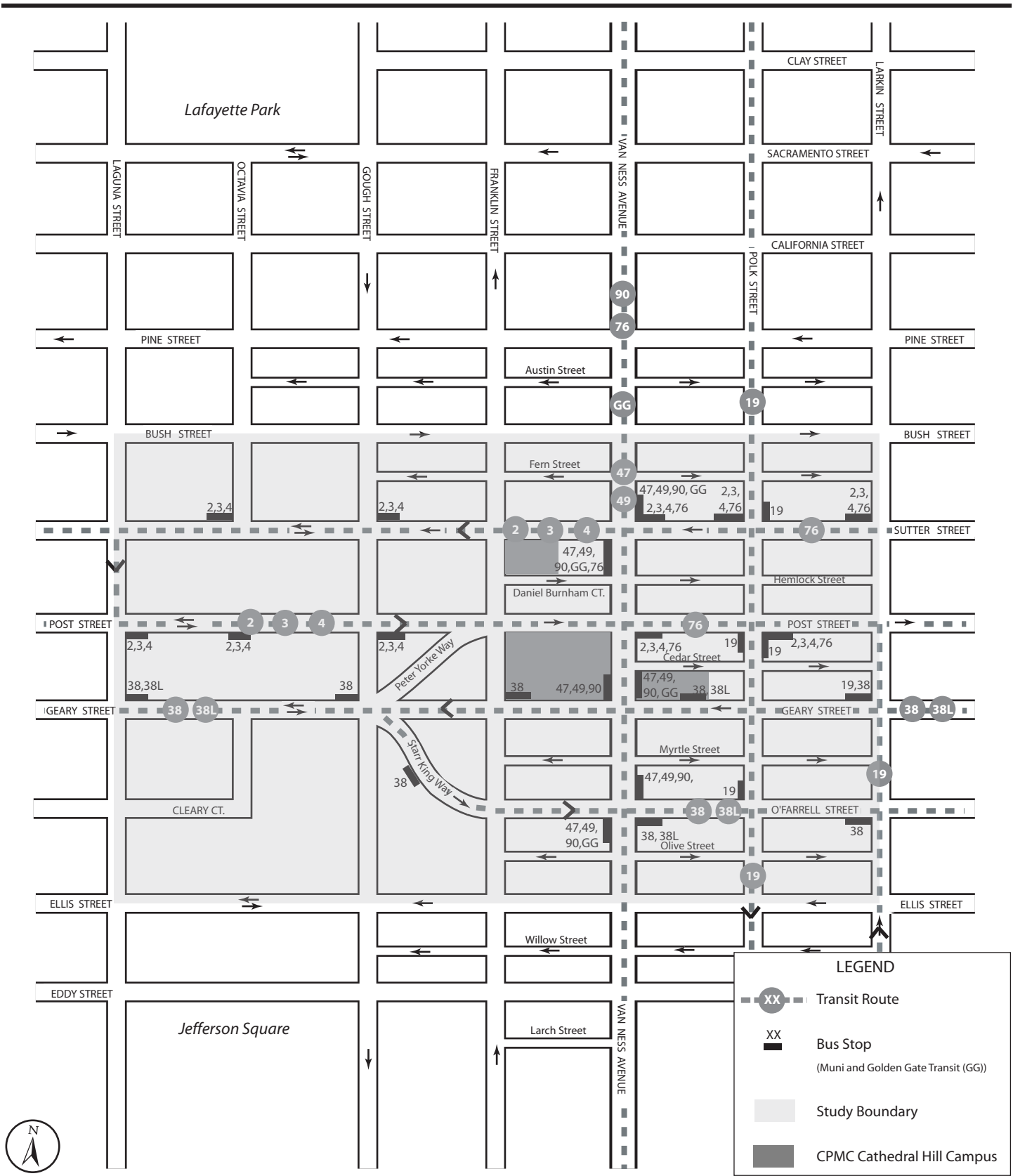
Muni Line #3 - Jackson: This line connects California/Presidio Avenue in the Pacific Heights District to Sutter/Sansome in Downtown via Presidio, Jackson, Fillmore, and Sutter/Post to Sansome Street. It operates every 10 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 190, which occurs at the intersection of Sutter and Mason Streets in the inbound direction. Capacity utilization at the MLP is approximately 50 percent.

Muni Line #4 - Sutter: This line connects the Inner Richmond and Downtown via Clement, California, and Sutter Streets west of Laguna Street. East of Laguna Street, it runs on Sutter Street in the outbound direction and Post Street in the inbound direction. Service is provided during the AM and PM peak periods only, with 15-minute headways in both directions. The PM peak hour ridership at the MLP is 106, which occurs at the intersection of Sutter and Taylor Streets in the outbound direction. Capacity utilization at the MLP is approximately 42 percent.

Muni Line #19 - Polk: This line connects the Marina District and Hunters Point via Polk, 7th, 8th, and Evans Streets. It operates every 10 minutes during the AM and PM peak periods, every 24 minutes during the midday (or every 12 minutes north of Townsend), and every 20 minutes from 6:00 p.m. to 1:30 a.m. The PM peak hour ridership at the MLP is 223, which occurs at the intersection of Polk and Sutter Streets in the inbound direction. Capacity utilization at the MLP is approximately 59 percent.

Muni Line #38/38L - Geary/Limited: Routes 38 and 38L (limited stops) operate on Geary Boulevard, serving the Richmond District, Japantown, and Downtown. To the west of 33rd Avenue, Route 38 splits into four different routes (Fort Miley, Point Lobos, Ocean Beach, and 33rd Avenue), two of which operate for 24 hours and two of which operate from 5:00 a.m. to 1:00 a.m. Together, these routes operate at 12- to 15-minute headways to the west and 6- to 8-minute headways to the east of 33rd Avenue throughout the day. While Route 38L operates during the daytime only, Route 38 offers 24-hour service (owl service begins after 1:00 a.m.) with 30-minute headways. During the PM peak hour, the MLP for Route 38 occurs at the intersection of Geary Boulevard and Taylor Street in the outbound direction, with capacity utilization of approximately 72 percent. The MLP for Route 38L occurs at the intersection of Geary Boulevard and Van Ness Avenue in the outbound direction, with capacity utilization of 91 percent.

³ Muni TEP data are presented at <http://www.sfmta.com/cms/rtep/tepdataindx.htm>.



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Figure 5
Existing Transit Routes and Stop Locations
CATHEDRAL HILL CAMPUS

Muni Line #47 - Van Ness: This line connects Fisherman's Wharf and the Caltrain Station at 4th and Townsend Streets, via Van Ness Avenue, Bryant Street, and Harrison Street. Service is provided from 6:00 a.m. to 1:00 a.m., with 8- to 9-minute headways during the peak and midday periods and 20-minute headways after 6:00 p.m. After 1:00 a.m., Route 90 Owl replaces Route 47, operating at 30-minute headways. The PM peak hour ridership at the MLP is 354, which occurs at the intersection of Van Ness Avenue and McAllister Street in the inbound direction. Capacity utilization at the MLP is approximately 47 percent.

Muni Line #49 - Van Ness - Mission: This line connects Fort Mason and City College of San Francisco via Van Ness Avenue on the north and Mission Street on the south. It serves as a primary north-south arterial transit route in the City, operating every 8 to 9 minutes during the peak and midday periods and every 20 minutes after 6:00 p.m. After 1:00 a.m., Route 90 Owl replaces Route 49, operating every 20 minutes. The PM peak hour ridership at the MLP is 389, which occurs at the intersection of Van Ness Avenue and Grove Street in the inbound direction. Capacity utilization at the MLP is approximately 52 percent.

Muni Line #76 - Marin Headlands: This line provides local service between the Marin Headlands and the Caltrain Station via the Golden Gate Bridge and downtown. It operates every hour from 9:30 a.m. to 6:30 p.m. on Sundays and some holidays.

Table 3 - Cathedral Hill Campus – Muni Lines Operating in the Vicinity

Route ¹	Weekday Hours of Operation	Weekday Headway (min)		Nearest Stop
		AM	PM	
2-Clement	5:17 a.m. - 7:18 p.m.	10	10	Van Ness/Post
3-Jackson	7:06 a.m. - 1:05 a.m.	10	10	Van Ness/Post
4-Sutter	AM & PM Peaks Only	15	15	Van Ness/Post
19-Polk	5:21 a.m. - 1:23 a.m.	10	10	Polk/Post
38-Geary	5:14 a.m. - 12:07 a.m. 24 Hours ²	7-15	7-12	Van Ness/O'Farrell
38L-Geary Limited	6:00 a.m. - 5:43 p.m.	7	5-7	Van Ness/Geary
47-Van Ness	6:00 a.m. - 1:05 a.m.	8	8	Van Ness/Geary
49-Van Ness-Mission	5:40 a.m. - 1:12 a.m.	8	8	Van Ness/Geary
76-Marin Headlands	Sundays & Holidays Only	N/A	N/A	Van Ness/Post

Source: San Francisco Municipal Transportation Agency (SFMTA)

Notes:

¹ Routes that operate within a two-block radius of the site

² Via Ocean Beach route only.

Based on the most recent ridership data collected for the Muni Transit Effectiveness Project (TEP) in 2006, capacity utilization was determined for each route's MLP during the weekday PM peak hour. The MLP is the location at which the route has its highest number of passengers. Capacity utilization is calculated by dividing the ridership at the MLP by the total capacity (seating capacity plus a reasonable number of standees defined by Muni for each vehicle type). The San Francisco Municipal Transportation Agency (SFMTA) has established 85 percent as a threshold for Muni operations. As shown in Table 4, Route 38L exceeded Muni's standard of 85 percent capacity utilization.

The following abbreviations (shown in parentheses after the route names) refer to the type of vehicle serving each line:

- MC—Motor Coach
- TC—Trolley Coach
- AE—Articulated Electric Coach

Table 4 - Cathedral Hill Campus – Existing Muni PM Peak Ridership and Capacity

Route	Vehicle Type	Buses Per Hour	Passenger Load	Peak Hour Capacity	Capacity Utilization	Maximum Load Point
2-Clement	MC	6	269	378	71%	Sutter/Powell
3-Jackson	TC	6	190	378	50%	Sutter/Mason
4-Sutter	TC	4	106	252	42%	Sutter/Taylor
19-Polk	MC	6	223	378	59%	7 th /Howard
38-Geary	MC	10	675	940	72%	Geary/Taylor
38L-Geary	MC	8	683	752	91%	Geary/Van Ness
47-Van Ness	MC	8	354	752	47%	Van Ness/McAllister
49-Van Ness-Mission	TC	8	389	752	52%	Van Ness/Grove

Source: Muni TEP Data, (October 2006 to June 2007)

Golden Gate Transit

The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties. It operates both Golden Gate Transit buses and Golden Gate Transit ferries. There are seven Golden Gate Transit bus routes serving the Cathedral Hill campus area: two basic routes and five commute routes. Routes 70 and 80 are basic routes; all of the other routes are commute routes. Basic routes run daily at 60-minute headways, while commute buses run during the peak periods in the peak direction only with more frequent service. The nearest bus stop serving the Cathedral Hill campus area is located at the intersection of Van Ness Avenue and Geary Boulevard. Table 5 presents the service frequencies during the AM and PM peak periods for the Golden Gate Transit bus lines.

Route 70: Route 70 provides daily service between Novato and San Francisco, and complements Route 80 service within Marin County on Highway 101. Route 70 travels on Lombard Street, Van Ness Avenue, and Mission Street, and terminates at the Transbay Terminal. It runs from 5:16 a.m. to 12:43 p.m. with roughly 1-hour headways throughout the day.

Route 80: Route 80 provides daily service between Sonoma, Marin, and San Francisco Counties. Areas of service include Santa Rosa, Rohnert Park, Petaluma, Novato, San Rafael, and San Francisco (Civic Center and Financial District). Route 80 travels along the same streets as Route 70 within San Francisco. It runs from 4:01 a.m. to 11:43 p.m. with 1-hour headways throughout the day.

Route 54: Route 54 operates between San Marin, Novato, and San Francisco (Financial District), with one exception for a bus leaving Novato at 6:20 a.m. and making a stop at Civic Center around 7:50 a.m. via Van Ness Avenue. Buses traveling to the Financial District are routed along Battery and Sansome Streets. Service is offered every 10 to 20 minutes during the AM and PM peak periods.

Route 72: Route 72 provides service between Santa Rosa, Rohnert Park, Cotati, and San Francisco during the AM and PM peak periods. Most Route 72 buses travel directly to the Financial District via

Battery and Sansome Streets, except for one departing Santa Rosa at 4:43 a.m. and arriving at San Francisco Civic Center at 6:50 a.m. via Van Ness Avenue.

Route 73: Route 73 provides service between Santa Rosa, Rohnert Park, Petaluma, and San Francisco (Civic Center and Financial District) via Highway 101 (which becomes Van Ness Avenue within San Francisco) and Mission Street. Service is provided every 30 to 60 minutes during the AM and PM peak periods.

Route 76: Route 76 provides service between East Petaluma and San Francisco during the AM and PM peak periods. While most Route 76 buses travel directly to the Financial District via Battery and Sansome Streets, two buses (leaving Petaluma at 5:35 a.m. and 6:13 a.m.) are routed along Van Ness Avenue to Civic Center. Likewise, one bus is scheduled to leave from Civic Center during the PM peak period. Route 76 operates every 20 to 30 minutes.

Route 93: Route 93 provides a shuttle service from the Golden Gate Bridge Toll Plaza to the San Francisco Civic Center and Financial District via Van Ness Avenue and Mission Street. Service is offered during the AM and PM peak periods only, with approximately 10- to 15-minute headways during the AM peak period and 20- to 30-minute headways during the PM peak period.

Table 5 - Existing Golden Gate Transit Service

Route	Service Area	Typical Weekday Hours of Operation	PM Peak Headways ¹ (min)	PM Peak Ridership (SF Boarding Only)	PM Peak Load Factor ²
70	Santa Rosa–Novato–San Rafael–San Francisco	5:16 a.m. – 12:43 a.m.	60	25	61%
80	Santa Rosa–Novato–San Rafael–San Francisco	4:01 a.m. – 11:43 p.m.	60	33	81%
54	San Marin–Novato–San Francisco	AM & PM Peaks Only	10	179	45%
72	Santa Rosa–San Francisco	AM & PM Peaks Only	20	80	47%
73	Santa Rosa– San Francisco	AM & PM Peaks Only	30	42	54%
76	East Petaluma–San Francisco	AM & PM Peaks Only	15	92	40%
93	Golden Gate Bridge Toll Plaza–Civic Center	AM & PM Peaks Only	30	N/A	N/A

Source: Joshua Widmann (Golden Gate Transit), Average of trips from July 1, 2007 to June 30, 2008

Notes:

¹ Peak 1 hour between 4:00 p.m. and 7:00 p.m.

² Load factor refers to the ridership-to-bus seating capacity (standees are not allowed under Golden Gate Transit policy).

2.3.3 Parking Conditions

The existing on- and off-street parking supply and occupancy conditions were examined within a two-block radius of the Cathedral Hill campus, defined as Bush Street to the north, Larkin Street to the east, Ellis Street to the south, and Laguna Street to the west.

On-Street Parking

Table 6 shows the average hourly parking occupancy rate in the study area. The on-street parking supply and occupancy data were counted from 1:00 p.m. to 8:00 p.m. on September 6, 2006. The study area contains approximately 1,458 on-street parking spaces, with the parking occupancy rate at its lowest during the PM peak hour (56 percent from 4:00 p.m. to 5:00 p.m.) and higher at night (72 percent from 7:00 p.m. to 8:00 p.m.) when residents return from work and nighttime activities begin in the area. The midday peak parking occupancy occurred between 1:00 p.m. and 2:00 p.m., at 66 percent.

Table 6 - Cathedral Hill Campus – On-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
1,458	66%	62%	58%	56%	57%	67%	72%

Source: Wilbur Smith Associates (September 6, 2006)

Table 7 presents the on-street parking supply and midday occupancy rates for each block. Appendix B contains a complete inventory of on-street parking supply and occupancy data. During the midday peak hour, occupancy rate ranges widely from a low of 35 percent to a high of 94 percent. This indicates that on-street parking in the study area generally is not a constraint. Figure 6 presents the weekday midday on-street parking supply and occupancy rates for each block.

Table 7 - Cathedral Hill Campus – On-Street Parking Supply and Midday Occupancy

Block	Supply	Occupancy (1:00-2:00 p.m.)	Block	Supply	Occupancy (1:00-2:00 p.m.)
1	43	91%	14	37	41%
2	67	81%	15	44	43%
3	64	94%	16	48	63%
4	58	52%	17	53	92%
5	45	73%	18	130	77%
6	64	56%	19	78	55%
7	89	89%	20	57	49%
8	54	70%	21	40	35%
9	47	72%	22	30	53%
10	68	40%	23	49	53%
11	53	66%	24	43	53%
12	66	77%	25	54	72%
13	77	55%	Total	1,458	66%

Source: Wilbur Smith Associates (September 6, 2006)

Residential Parking Permits

There are three Residential Parking Permit (RPP) areas - “C,” “G,” and “R” - in the immediate vicinity of the Cathedral Hill campus. RPP Area “C” is bounded by Broadway, Kearny Street, Sutter Street, and Polk Street; RPP Area “G” is bounded by Broadway, Polk Street, Post Street, and Presidio Avenue; and RPP Area “R” is bounded by Webster Street/Laguna Street, Geary Boulevard, Turk Street/Ivy Streets, and Gough Street/Franklin Street. Vehicles displaying a RPP within each area are not subject to posted parking time limits from 8:00 a.m. to 6:00 p.m. on weekdays. Figure 7 presents the boundary



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Figure 6
Existing On-Street Parking Supply and Occupancy (1:00 PM - 2:00 PM)
CATHEDRAL HILL CAMPUS



LEGEND

- Parking Permit G
- Parking Permit C
- Parking Permit R
- ▒ Study Boundary
- CPMC Campus



Figure 7
Existing Residential Parking Permit Areas
CATHEDRAL HILL CAMPUS

of the three RPP zones. The total number of vehicles with an RPP in the study area ranged from a low of 205 (at 7:00 p.m.) to a high of 234 (at 1:00 p.m.). The percentage of parked cars in the study area displaying a RPP ranged from a low of 11 percent (at 7:00 p.m.) to a high of 15 percent (at 3:00 p.m.).

Off-Street Parking

Public off-street parking inventory and occupancy data were surveyed in October 17, 2006 for the period between 1:00 p.m. and 8:00 p.m. Figure 8 presents the location of off-street parking facilities in the study area. There are 11 off-street parking facilities with a total 1,488 spaces in the study area. CPMC operates one of these facilities. Table 8 presents the average hourly occupancy rates for the off-street parking facilities. Occupancy is highest from 1:00 p.m. to 2:00 p.m. and then gradually lessens. Between 7:00 p.m. and 8:00 p.m., the occupancy reduces to less than 50 percent.

Table 8 - Cathedral Hill Campus – Off-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
1,488	66%	65%	61%	58%	55%	45%	41%

Source: Wilbur Smith Associates (October 17, 2006)

Table 9 presents the supply and midday occupancy rates for the off-street parking facilities in the vicinity of the Cathedral Hill campus. Occupancy rates for these parking facilities ranged from a low of 15 percent in the evening period to 100 percent in three of the facilities during the midday period.

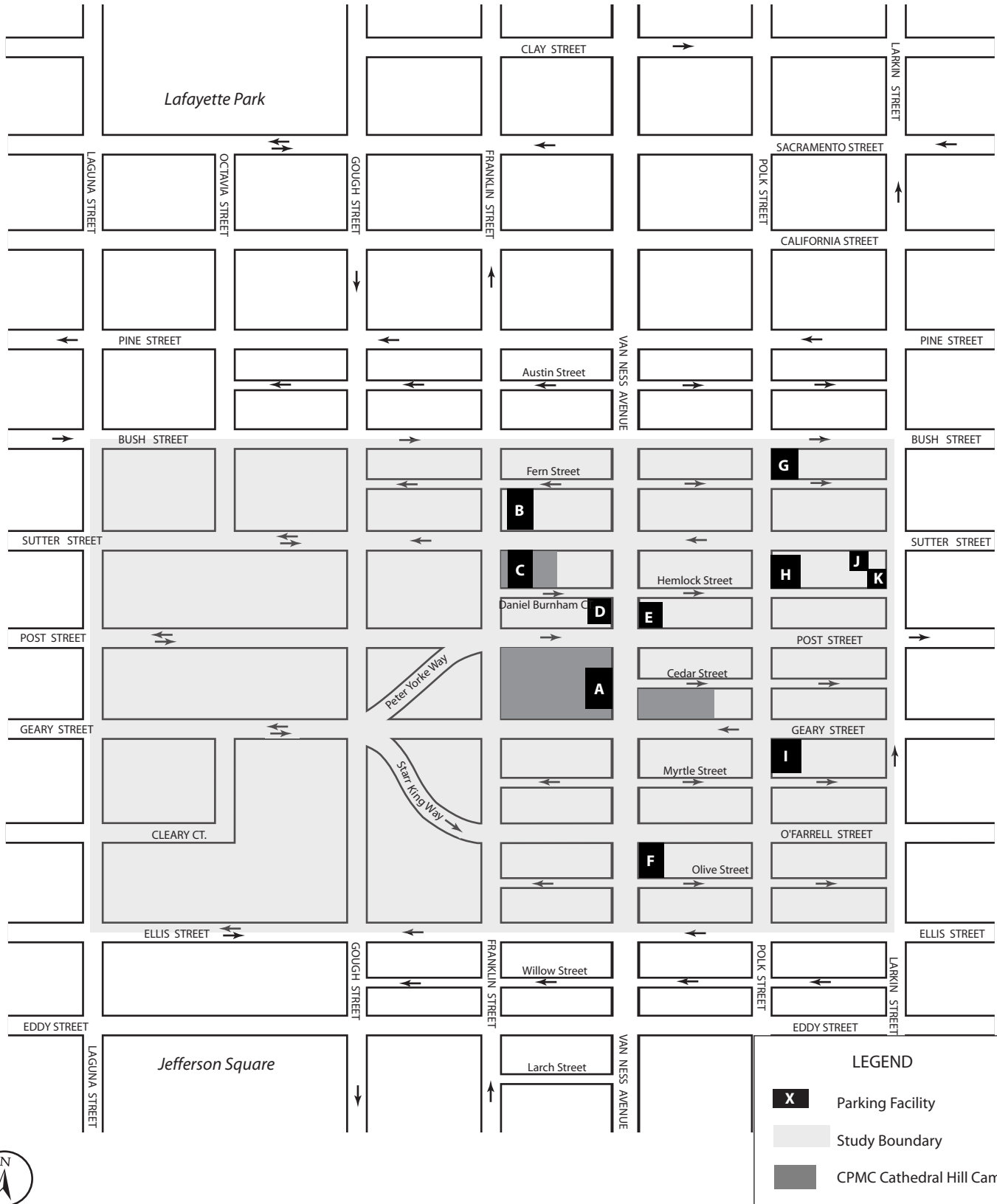
Table 9 - Cathedral Hill Campus – Off-Street Parking Supply and Occupancy

Facility	Address	Supply	Midday Occupancy (1:00-2:00 p.m.)
CPMC Operated			
A	1133 Van Ness Avenue	405	66%
Not CPMC Operated			
B ¹	1388 Sutter Street (251 Fern)	68	100%
C ¹	1355-1375 Sutter Street	140	95%
D ¹	1 Daniel Burnham Court	160	100%
E ¹	1200 Van Ness Avenue	118	30%
F	1000 Van Ness Avenue	250	59%
G	1399 Bush Street	127	76%
H ¹	80 Hemlock Alley	75	100%
I	Geary/Polk Streets	25	96%
J ¹	1101 Sutter Street	80	80%
K ¹	1075 Larkin Street	40	95%
Total		1,488	75%

Source: Wilbur Smith Associates (October 17, 2006)

Notes:

¹ Hourly occupancy rates are not available for facilities B, C, D, E, H, J, and K. Occupancy rates for these facilities were provided by the garage operator for the midday period.



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Figure 8
Existing Off-Street Parking Facilities
CATHEDRAL HILL CAMPUS

2.3.4 Loading Conditions

The Cathedral Hill campus contains two loading facilities. The first loading facility, with two loading spaces, is located on Geary Boulevard between Van Ness Avenue and Franklin Street. The second loading facility, with one loading space, is located on Post Street between Van Ness Avenue and Franklin Street. In addition, yellow-metered parking spaces are provided along Post Street between Van Ness Avenue and Franklin Street. The locations of the loading facilities are shown on Figure 3.

2.3.5 Bicycle Conditions

The Cathedral Hill campus is served by two primary bicycle routes: Route #16 on Post Street between Webster and Taylor Streets (Class III facility), and Route #25 on Polk Street between Jackson and Post Streets (Class III facility) and between Post and Fell Streets (Class II facility). Class I bikeways are bike paths with exclusive rights-of-way for use by bicyclists or pedestrians. Class II bikeways are bike lanes striped within the paved areas of roadways and established for the exclusive or semi-exclusive use of bicycles. Class III bikeways are signed bike routes that allow bicycles to share streets with vehicles.⁴

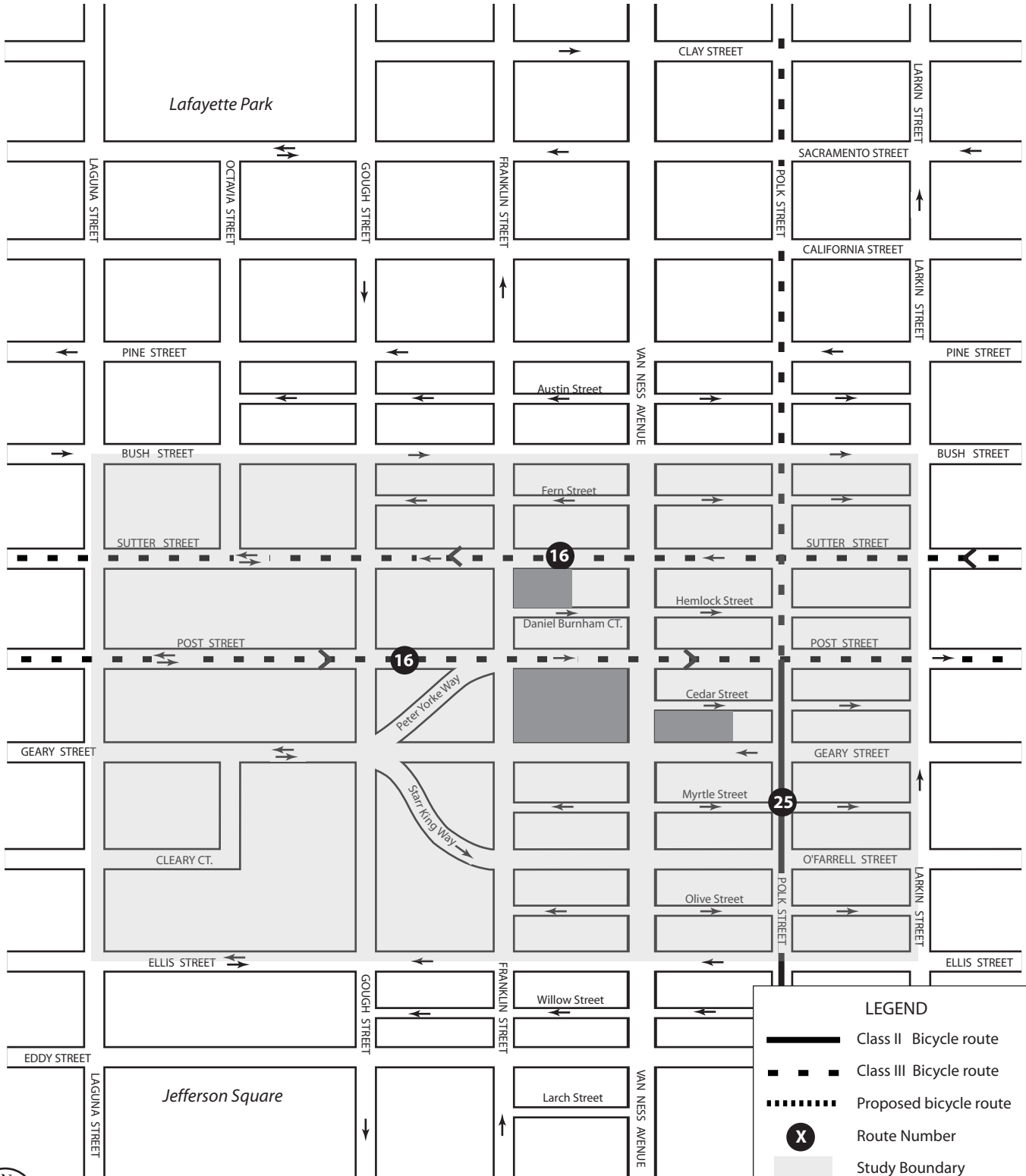
Figure 9 presents the bicycle route network in the vicinity of the CPMC Cathedral Hill campus. Bicycle volumes were conducted in the vicinity of the Cathedral Hill campus along bicycle Routes #16 and #25 in August 2006 during the AM (7:00 to 9:00 a.m.) and PM (4:00 to 6:00 p.m.) peak periods. Table 10 presents the total bicycle volumes observed along Polk and Post Streets. In general, moderate level bicycle volumes were observed during both the AM and PM peak periods along bicycle Route #25. Bicycle conditions were observed to be operating acceptably, with only minor conflicts between bicyclists, pedestrians, and vehicles (cyclists traveling on Polk Street were seen competing with vehicular traffic). In contrast, low bicycle volumes were observed along bicycle Route #16 where only a handful of cyclists were noted to ride during both the AM and PM peak periods.

Table 10 - Cathedral Hill Campus – Peak Hour Bicycle Counts

AM Peak Hour					
Street Segment	Northbound	Southbound	Eastbound	Westbound	Total
Route 25 - Polk Street between Post and Geary Streets	30	32	--	--	62
Route 16 - Post Street between Van Ness Avenue and Franklin Street	--	--	18	--	18
PM Peak Hour					
Street Segment	Northbound	Southbound	Eastbound	Westbound	Total
Route 25 - Polk Street between Post and Geary Streets	57	41	--	--	98
Route 16 - Post Street between Van Ness Avenue and Franklin Street	--	--	3	1	4

Source: Wilbur Smith Associates

⁴ Bicycle facilities are defined by the State of California in the California Streets and Highway Code Section, 8902.4.



LEGEND

- Class II Bicycle route
- Class III Bicycle route
- Proposed bicycle route
- Route Number
- Study Boundary
- CPMC Cathedral Hill Campus

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Figure 9
Existing and Proposed Bicycle Routes
CATHEDRAL HILL CAMPUS

2.3.6 Pedestrian Conditions

Sidewalks adjacent to the Cathedral Hill campus are generally 10 to 15 feet wide. All major intersections surrounding the Cathedral Hill campus have pedestrian crosswalks: Franklin Street/Sutter Street, Franklin Street/Post Street, Franklin Street/Geary Street, Van Ness Avenue/Post Street, and Van Ness Avenue/Geary Street. There are two unsignalized intersections adjacent to the campus with no crosswalks: Van Ness Avenue at Cedar Street and Franklin Street at Daniel Burnham Court (both side streets are essentially alleyways).

A qualitative evaluation of existing pedestrian conditions was conducted during a field visit to the site on a weekday during the midday period (generally 11:30 a.m. to 1:30 p.m.) and PM peak period (generally 4:00 p.m. to 6:00 p.m.). The observations indicate that the pedestrian volumes were low to moderate during the midday and PM peak periods. Overall, sidewalks and crosswalks operate at satisfactory conditions, with pedestrians moving at normal walking speeds and with the freedom to bypass other pedestrians.

In the vicinity of the Cathedral Hill Hotel, passengers are typically picked up and dropped off at the southwest corner of the Post Street/Van Ness Avenue intersection, on Post Street between Franklin Street and Van Ness Avenue, and at the northeast corner of the Geary Boulevard/Franklin Street intersection. Locations of possible pedestrian/traffic conflict include the driveways that mark the entrance and exit to the Cathedral Hill Hotel, notably at the southwest corner.

2.3.7 Transportation Demand Management Program

The Cathedral Hill campus currently has a limited number of CPMC personnel and limited operations. Thus, the only TDM program offered at the Cathedral Hill campus is free shuttle bus services (CHH Line) between the campus and the Pacific campus. The fixed shuttle stops for the CHH-Line is located at the Cathedral Hill Hotel. Figure 10 shows CPMC shuttle bus routes and stops. Table 11 presents the shuttle schedule and the average weekday ridership from and to the Cathedral Hill campus.

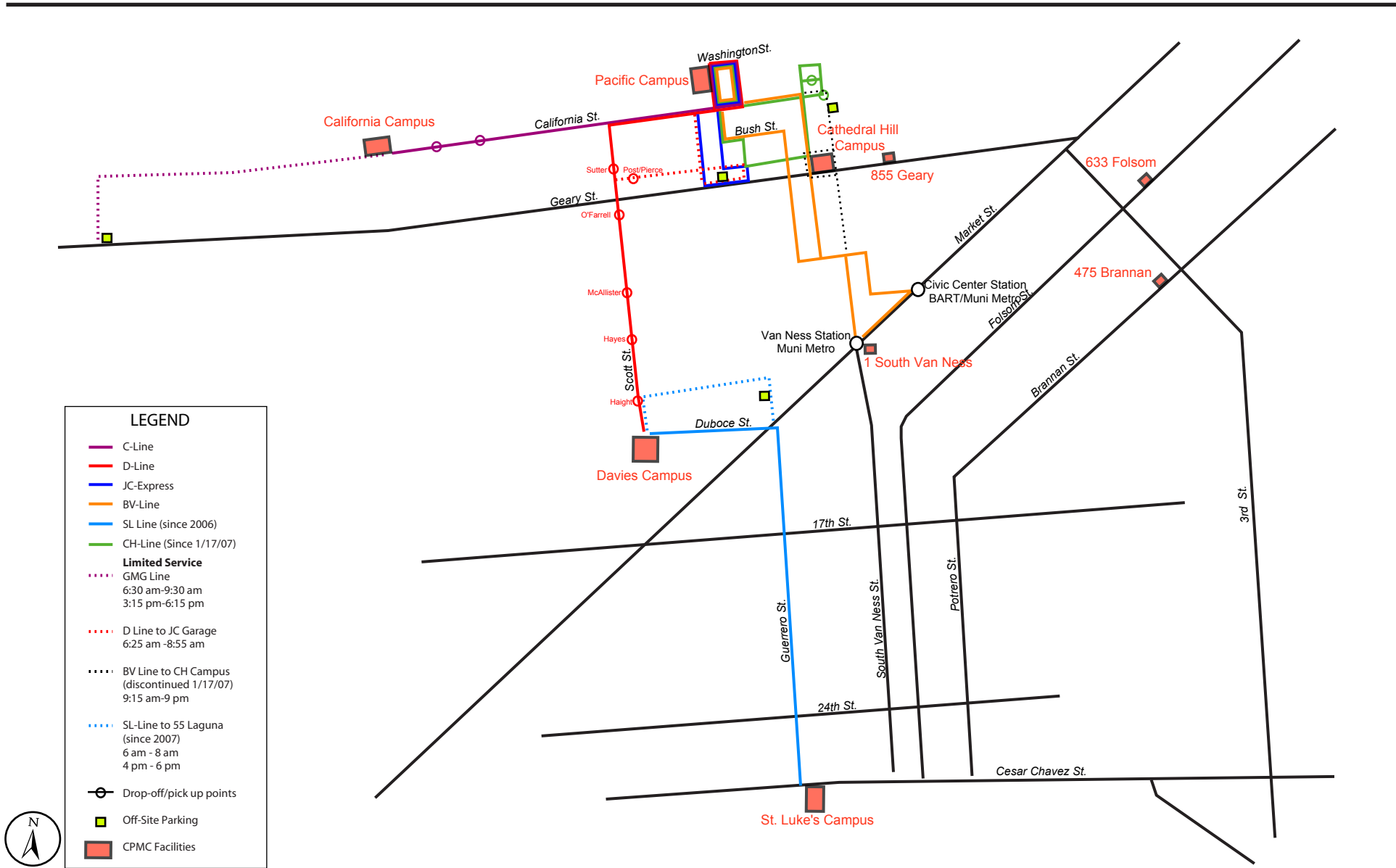
Table 11 - Cathedral Hill Campus – Shuttle Service Schedule and Ridership

Line	Hours of Operation	Frequency	Ridership ¹		
			From	To	Total
Pacific Campus (CHH-Line)	6:30 a.m.- 6:20 p.m.	20 min	100	72	172

Source: CPMC (January 2008)

Note:

¹ Ridership numbers are presented as an average weekday ridership for the week of June 4 through 8, 2007.



2.4 California Campus

The California campus borders the Presidio Heights, Laurel Heights, and Jordan Park neighborhoods in San Francisco. The campus consists of nine buildings, and is bounded by Sacramento Street, Maple Street, California Street, and Cherry Street. Figure 11 shows the existing site plan for the California campus.

2.4.1 Traffic Circulation

The local roadway systems serving the California campus are discussed below, in terms of functional designation, number of lanes, and directions of travel. The functional designation of these roads is obtained from the *San Francisco General Plan*.⁵

Roadway Description

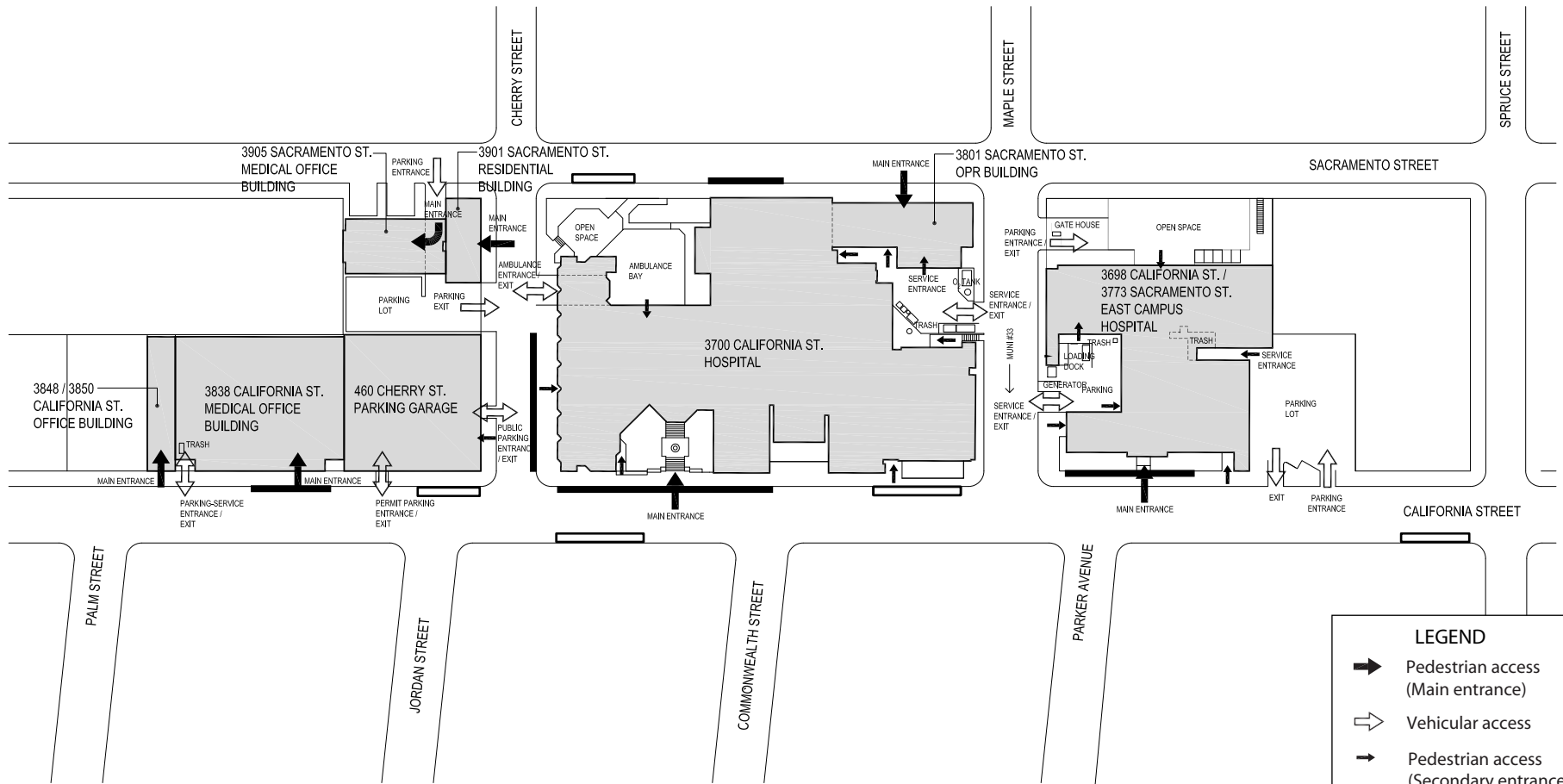
Washington Street - Washington Street is an east-west street running between The Embarcadero and Presidio Terrace with an interruption between Steiner Street and Scott Street for Alta Plaza Park. Washington Street is one way eastbound between Gough and Powell Streets, and westbound between Drumm and Powell Streets. In the vicinity of the California campus, Washington Street is a two-way road with one lane in each direction and parking on both sides.

Clay Street - Clay Street is an east-west street running between Drumm Street and Arguello Boulevard, with interruptions between Gough Street and Laguna Street for Lafayette Park and between Buchanan Street and Webster Street for the Pacific campus of CPMC. Clay Street is one way eastbound from Van Ness Avenue to Drumm Street. In the vicinity of the California campus, Clay Street is a two-lane two-way street, except for the block from Laguna Street to Buchanan Street, which is one way westbound. Parking is generally allowed on both sides of the street. The *San Francisco General Plan* identifies Clay Street as a Citywide Bicycle Route between Webster and Cherry Streets, a Neighborhood Network Connection Street between Fillmore Street and Van Ness Avenue, and a Neighborhood Commercial Street between Polk and Mason Streets.

Sacramento Street - Sacramento Street is an east-west street running between Drumm Street and Arguello Boulevard. It operates one way in the westbound direction from Drumm Street to Gough Street. In the vicinity of the California campus, Sacramento Street is a two-lane two-way street with parking on both sides and 15-foot-wide sidewalks. The *San Francisco General Plan* identifies Sacramento Street as a Citywide Bicycle Route between Cherry Street and Arguello Boulevard, a Secondary Transit Street between Sansome and Steiner Streets, a Neighborhood Commercial Street between Maple Street and Presidio Avenue and between Franklin and Drumm Streets, and a Neighborhood Network Connection Street between Fillmore and Gough Streets.

California Street - California Street is an east-west street running between Market Street and 32nd Avenue. Within the project study area, California Street is a four-lane two-way street with parking on both sides of the street. In the vicinity of the California campus, California Street has 15-foot-wide sidewalks on both sides of the street, except between Spruce Street and Laurel Street where the sidewalks narrow to 14 feet. Between Spruce and Laurel Streets, California Street has angled parking on the south side of the street. The *San Francisco General Plan* identifies California Street as a

⁵ *San Francisco General Plan*, Transportation Element, July 1995.



LEGEND

- Pedestrian access (Main entrance)
- Vehicular access
- Pedestrian access (Secondary entrance)
- Passenger Loading area
- MUNI stops



Source: The Marchese Company
 California Pacific Medical Center IMP 2008



CHS Consulting Group

Figure 11
 Existing Site Plan
 CALIFORNIA CAMPUS

Secondary Arterial from Van Ness Avenue to 29th Avenue, a Primary Transit Street between Presidio Avenue and Park Presidio Boulevard, a Secondary Transit Street between 33rd Avenue and Park Presidio Boulevard and between Presidio Avenue and Steiner Street, a Citywide Pedestrian Network Street between Fillmore and Market Streets, and a Neighborhood Commercial Street between 33rd Avenue and Baker Street and between Fillmore and Market Streets.

Lake Street - Lake Street is an east-west street running between Arguello Boulevard and El Camino del Mar. Within the project area, Lake Street is a two-lane street operating in two directions.

Cornwall Street - Cornwall Street is an east-west street running between Arguello Boulevard and California Street between 7th and 8th Avenues. Cornwall Street operates one way in the eastbound direction between 5th and 6th Avenues. Near the California campus, it has 15-foot-wide sidewalks.

Mayfair Drive - Mayfair Drive is an east-west street running between Spruce Street and Laurel Street. Trucks weighing more than 6,000 pounds are restricted for the entire length of Mayfair Drive.

Euclid Avenue - Euclid Avenue is an east-west street running between Presidio Avenue and Arguello Boulevard. It is a two-lane two-way road with parking on both side of the street. In the vicinity of the California campus, sidewalks are 10 feet wide a half block east of Parker Street, and 15 feet wide a half block west of Spruce Street.

Clement Street - Clement Street is an east-west street running between Arguello Boulevard and 45th Avenue. The *San Francisco General Plan* designates Clement Street between Park Presidio and Arguello Boulevards as a Neighborhood Commercial Street. In the vicinity of the California campus, Clement Street operates in two directions and has two lanes with 13-foot-wide sidewalks and parking on both sides of the street.

3rd Avenue – 3rd Avenue is a north-south street running between Lake and Parnassus Streets, with an interruption between Lincoln Way and Fulton Street for Golden Gate Park. In the vicinity of the California campus, 3rd Avenue has 15-foot-wide sidewalks and is a two lane two-way road.

2nd Avenue – 2nd Avenue is a north-south street running between Lake and Irving Streets, with an interruption between Lincoln Way and Fulton Street for Golden Gate Park. In the vicinity of the California campus, 2nd Avenue has 15-foot-wide sidewalks.

Arguello Boulevard - Arguello Boulevard in a north-south street running from Fulton Street to Sheridan Avenue in the Presidio. Near the California campus, Arguello Boulevard has two lanes operating in two directions with parking on both sides and 22-foot-wide sidewalks. The *San Francisco General Plan* identifies Arguello Boulevard as a Citywide Bicycle Route; it is also identified as a Neighborhood Network Connection Street between Geary Boulevard and Fulton Street, and a Bay, Ridge, and Coast Trail between Presidio Avenue and McAllister Street.

Cherry Street - Cherry Street is a north-south street running between California and Jackson Streets. In the vicinity of the California campus, Cherry Street has two lanes, operates in two directions, allows parking on both sides of the street, and has 15-foot-wide sidewalks. The *San Francisco General Plan* identifies Cherry Street as a Citywide Bicycle Route between Sacramento and Jackson Streets.

Maple Street - Maple Street is a north-south street running between California and Jackson Streets. In the vicinity of the California campus, Maple Street has two lanes, operates in both directions, and allows parking on both sides of the street. Sidewalks are 15 feet wide north of Sacramento Street and 8 feet wide south of Sacramento Street.

Spruce Street - Spruce Street is a north-south street running between Anza Street and Pacific Avenue. In the vicinity of the California campus, Spruce Street has two lanes, operates in both directions, and allows parking on both sides of the street. Sidewalks are 10 feet wide south of California and 15 feet wide north of California. Trucks weighing more than 6,000 pounds are restricted on Spruce Street between California Street and Geary Boulevard.

Locust Street - Locust Street is a north-south street running between California Street and Pacific Avenue. In the vicinity of the California campus, Locust Street has two lanes, operates in both directions, allows parking on both sides of the street, and has 15-foot-wide sidewalks.

Laurel Street - Laurel Street is a north-south street running between Lupine Avenue and Pacific Avenue. In the vicinity of the California campus, Laurel Street operates in both directions. Laurel Street has two lanes, one operating in each direction, with parking on both sides of the street. Sidewalks are 10 feet wide south of California Street and 15 feet wide north of California Street.

Palm Avenue - Palm Avenue is a north-south street running between Geary Boulevard and California Street. It has two lanes operating in both directions, parking on both sides of the street, and 15-foot-wide sidewalks. Trucks weighing more than 6,000 pounds are restricted on Palm Avenue.

Jordan Avenue - Jordan Avenue is a north-south street running between Geary Boulevard and California Street. It has two lanes operating in both directions, parking on both sides of the street, and 15-foot-wide sidewalks. Trucks weighing more than 6,000 pounds are restricted on Jordan Avenue.

Commonwealth Avenue - Commonwealth Avenue is a north-south street running between Geary Boulevard and California Street. It has two lanes operating in both directions, parking on both sides of the street, and 15-foot-wide sidewalks. Trucks weighing more than 6,000 pounds are restricted on Commonwealth Avenue.

Parker Avenue - Parker Avenue is a north-south street running between Fulton and California Streets. Sidewalks are 12 feet wide in the vicinity of the California campus and 15 feet wide near Euclid Avenue. Trucks weighing more than 6,000 pounds are restricted on Parker Avenue between California Street and Geary Boulevard and between Anza and Turk Streets.

Heather Avenue - Heather Avenue is a north-south street running between Mayfair Drive and Euclid Avenue. In the vicinity of the California campus, sidewalks are 10 feet wide.

Iris Avenue - Iris Avenue is a north-south street running between Mayfair Drive and Euclid Avenue. In the vicinity of the California campus, sidewalks are 10 feet wide.

Manzanita Avenue - Manzanita Avenue is a north-south street running between Mayfair Drive and Euclid Avenue. In the vicinity of the California campus, sidewalks are 10 feet wide.

Collins Street - Collins Street is a north-south street running between Mayfair Drive and Euclid Avenue. In the vicinity of the California campus, sidewalks are 10 feet wide.

Traffic Conditions

Existing intersection operating conditions were evaluated for the peak hour of the weekday PM peak commute period (4:00 to 6:00 p.m.). Intersection turning movement counts for the following intersections were collected on June 13, 2006:

1. Arguello Boulevard/California Street
2. Arguello Boulevard /Sacramento Street
3. Jordan Avenue/Cherry Street /California Street
4. Commonwealth Avenue/California Street
5. Parker Avenue/Maple Street/California Street
6. Spruce Street/California Street
7. Locust Street/California Street
8. Cherry Street/Sacramento Street

Figure 12 presents the existing volumes at the study intersections. All of the above intersections, except Cherry Street/Sacramento Street, are signalized.

Table 12 presents the results of the intersection LOS analysis for existing weekday PM peak hour conditions. During the weekday PM peak hour, all signalized and unsignalized intersections operate satisfactorily at LOS C or better. Appendix A contains detailed LOS calculation sheets.

Table 12 - California Campus – Existing Weekday PM Peak Hour Intersection Level of Service

Intersections	Delay (sec/veh)	LOS
Signalized		
1. Arguello Boulevard/Sacramento Street	28.5	C
2. Arguello Boulevard/California Street	18.9	B
3. Jordan Avenue/Cherry Street/California Street	30.4	C
4. Commonwealth Avenue/California Street	14	B
5. Parker Avenue/Maple Street/California Street	33.8	C
6. Spruce Street/California Street	16.5	B
7. Locust Street/California Street	11.2	B
Unsignalized¹		
8. Cherry Street/Sacramento Street	9.0	A

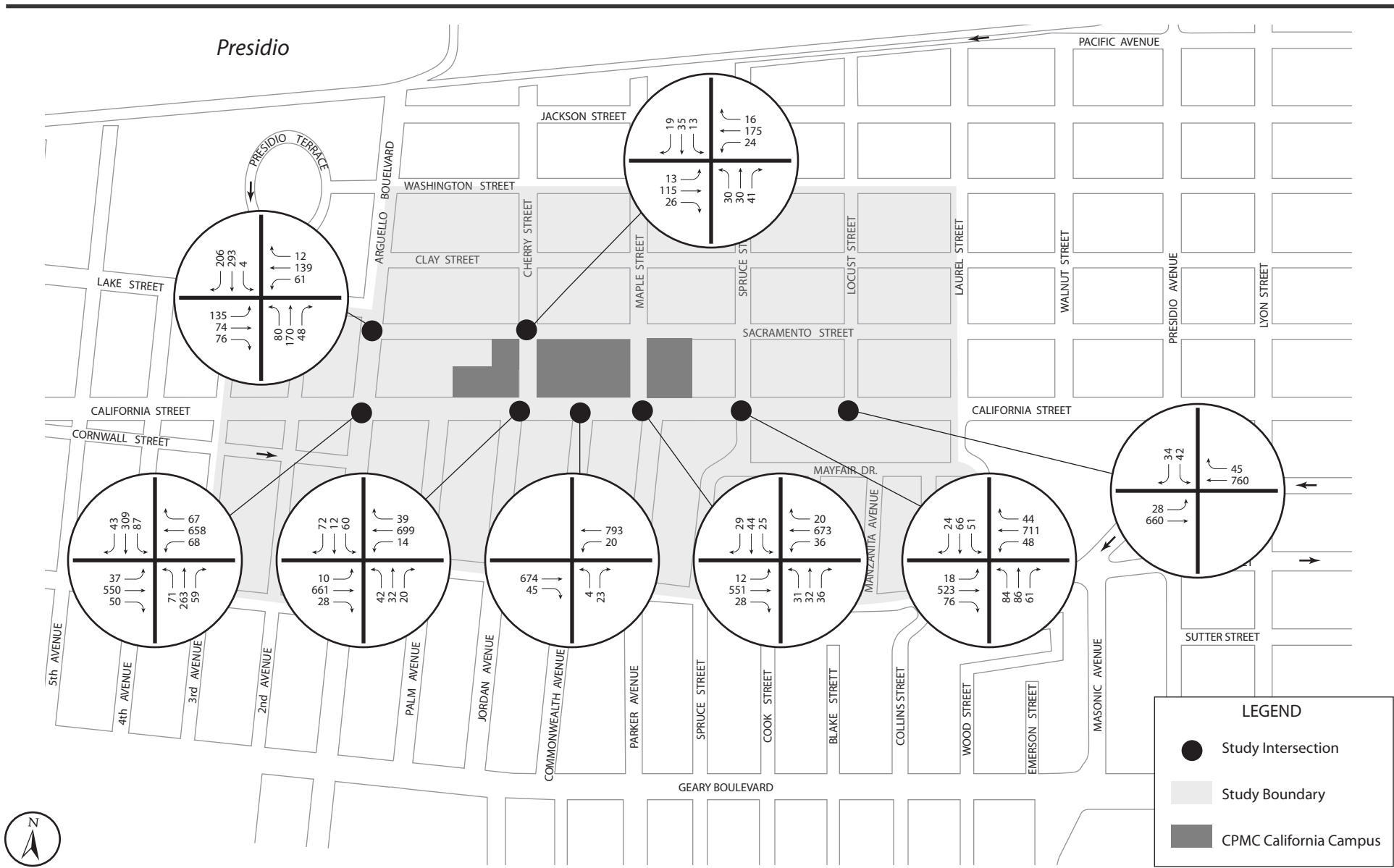
Source: Wilbur Smith Associates

Notes:

¹ This intersection is four-way stop-controlled.

2.4.2 Transit Network

Muni operates seven bus lines in the vicinity of the California campus. The bus routes serving the California campus are described below. Table 13 presents the service frequencies during the AM and PM peak periods and the nearest stop locations for Muni lines. Figure 13 shows the transit service within a two-block radius of the California campus.

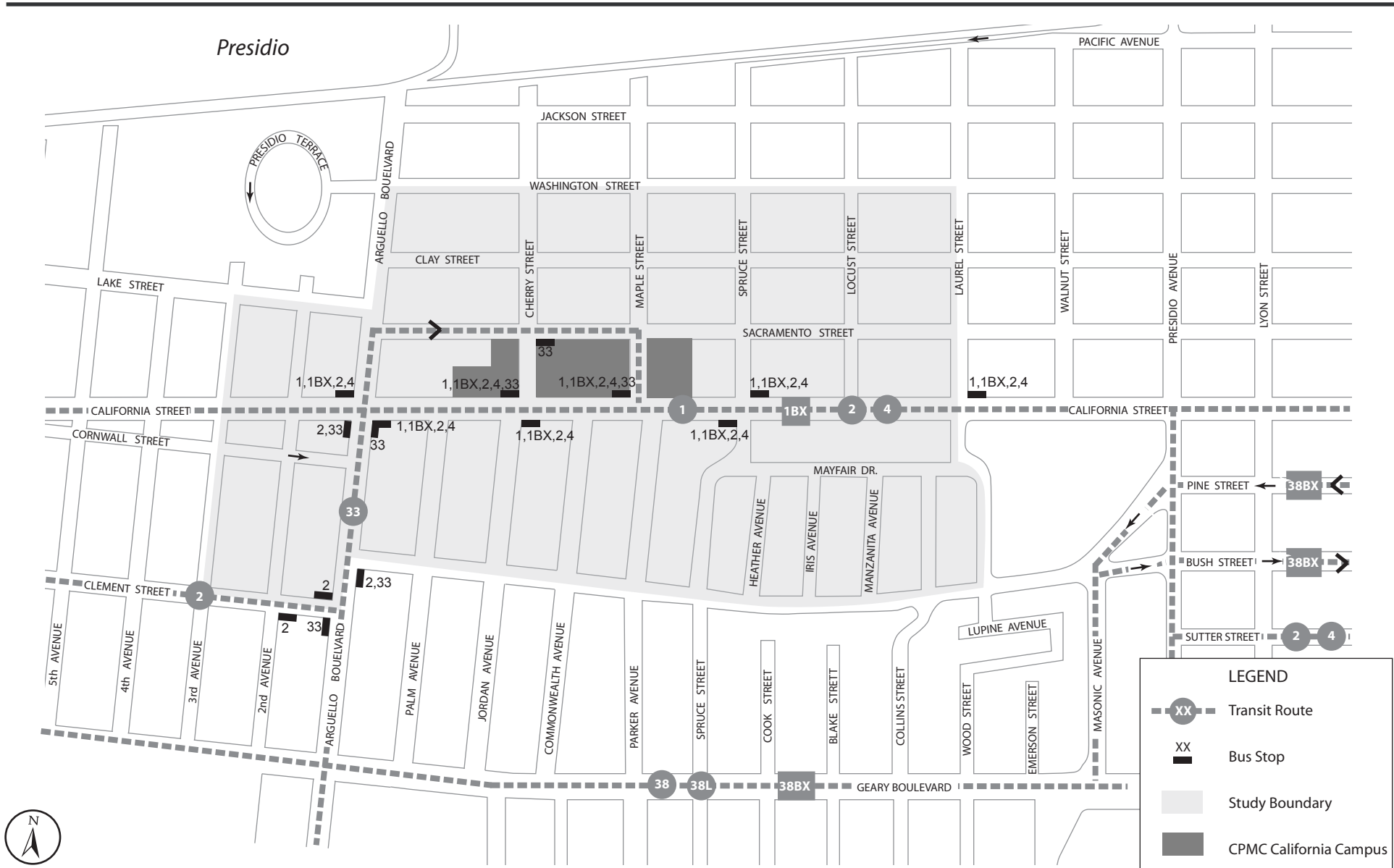


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Figure 12
Existing Traffic Volumes (PM Peak Hour)
CALIFORNIA CAMPUS



California Pacific Medical Center IMP 2008



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Figure 13
3 Existing Transit Routes and Stop Locations
CALIFORNIA CAMPUS

Transit Routes

Muni Line #1 - California: This line connects the Financial District to the Outer Richmond District via Sacramento and California Streets, providing service to the Embarcadero BART Station. It operates every 9 minutes during the weekday AM peak period and every 8 minutes during the PM peak period west of Fillmore Street. East of Fillmore Street, the 1-California operates every 3 minutes during peak hours. The PM peak hour ridership at the MLP is 939, which occurs at the intersection of Sacramento and Stockton Streets in the outbound direction. Capacity utilization at the MLP is approximately 75 percent.

Muni Line #1BX – California ‘B’ Express: This line provides express service during weekday peak periods only, connecting the Richmond District to the Financial District. It travels on Pine and Bush Streets to the east of Presidio Street and along California Street to the west of Presidio Street. The inbound BX buses operate every 6 to 10 minutes during the AM peak period, and the outbound BX buses operate every 15 minutes during the PM peak period. The PM peak hour ridership at the MLP is 311, which occurs at the intersection of Pine and Montgomery Streets in the outbound direction. Capacity utilization at the MLP is approximately 66 percent.

Muni Line #2 - Clement: This line connects the Richmond District and the Ferry Plaza via Clement, California, and Sutter Streets west of Laguna Street. East of Laguna Street, the 2-Clement runs on Sutter Street in the outbound direction and Post Street in the inbound direction. Service is provided every 10 minutes during the AM and PM peak periods and every 20 minutes during the midday period. The PM peak hour ridership at the MLP is 378, which occurs at the intersection of Sutter and Powell Streets in the outbound direction. Capacity utilization at the MLP is approximately 71 percent.

Muni Line #4 - Sutter: This line connects the Inner Richmond and Downtown via Clement, California, and Sutter Streets west of Laguna Street. East of Laguna Street, the 4-Sutter runs on Sutter Street in the outbound direction and Post Street in the inbound direction. Service is provided during the AM and PM peak periods only, with 15-minute headways in both directions. The PM peak hour ridership at the MLP is 106, which occurs at the intersection of Sutter and Taylor Streets in the outbound direction. Capacity utilization at the MLP is approximately 42 percent.

Muni Line #33 - Stanyan: This line connects the Mission District and Laurel Heights via Potrero Avenue, 18th Street, and Arguello Boulevard. Service is provided between 6:00 a.m. and 12:10 a.m. The 33-Stanyan operates every 15 minutes throughout the day and every 20 minutes in the evening. The PM peak hour ridership at the MLP is 108, which occurs at the intersection of 16th and Folsom Streets in the inbound direction. Capacity utilization at the MLP is approximately 43 percent.

Muni Line #38/38L - Geary/Limited: Routes 38 and 38L (limited stops) operate on Geary Boulevard, serving the Richmond District, Japantown, and Downtown. To the west of 33rd Avenue, Route 38 splits into four different routes (Fort Miley, Point Lobos, Ocean Beach, and 33rd Avenue); routes to Ocean Beach and 33rd Avenue operate for 24 hours and routes to Fort Miley and Point Lobos operate from 5:00 a.m. to 1:00 a.m. only. Together, these routes operate at 12- to 15-minute headways to the west and 6- to 8-minute headways to the east of 33rd Avenue throughout the day. While Route 38L operates during the daytime only, Route 38 offers 24-hour service (owl service begins after 1:00 a.m.) with 30-minute headways. During the PM peak hour, the MLP for Route 38 occurs at the intersection of Geary Boulevard and Taylor Street in the outbound direction, with approximately 72 percent of the available capacity used. The MLP for Route 38L occurs at the intersection of Geary Boulevard and Van Ness Avenue in the outbound direction, with approximately 91 percent of available capacity used.

Table 13 - California Campus – Muni Lines Operating in the Vicinity

Route ¹	Weekday Hours of Operation	Weekday Headway (min)		Nearest Stop
		AM	PM	
1-California	5:22 a.m. - 1:25 a.m.	3-9	3-8	California/Cherry
1BX- California 'B' Express	AM & PM Peaks Only	6	15	California/Cherry
2-Clement	5:17 a.m. - 7:18 p.m.	10	10	California/Cherry
4-Sutter	AM & PM Peaks Only	15	15	California/Cherry
33-Stanyan	6:00 a.m. – 12:10 a.m.	15	15	Sacramento/Cherry
38-Geary	5:14 a.m. - 12:07 a.m. 24 Hours ²	15	6-12	Geary/Arguello
38L-Geary Limited	6:00 a.m. - 5:43 p.m.	7	5-7	Geary/Arguello

Source: San Francisco Municipal Railway

Notes:

¹ Routes 1AX, 31AX, and 38AX run through but do not stop within the study area.

² Via Ocean Beach route only.

Table 14 presents Muni ridership and capacity utilization for each route's MLP during the weekday PM peak hour. The MLP is the location where the route has its highest number of passengers. As shown in Table 14, Route 38L exceeded Muni's standard of 85 percent capacity utilization.

Table 14 - California Campus – Existing Muni PM Peak Hour Ridership and Capacity

Route	Vehicle Type	Buses Per Hour	Passenger Load	Peak Hour Capacity	Capacity Utilization	Maximum Load Point
1-California	TC	20	939	1,260	75%	Sacramento/Stockton
1BX-California 'B' Express	MC	5	311	395	79%	Pine/Montgomery
2-Clement	MC	6	269	378	71%	Sutter/Powell
4-Sutter	TC	4	106	252	42%	Sutter/Taylor
33-Stanyan	TC	4	108	252	43%	16 th /Folsom
38-Geary	MC	10	675	940	72%	Geary/Taylor
38L-Geary	MC	8	683	752	91%	Geary/Van Ness

Source: Wilbur Smith Associates

2.4.3 Parking Conditions

Existing on- and off-street parking conditions were examined within a two-block radius, bounded by Washington Avenue to the north, Laurel Street to the east, Euclid Avenue to the south, and Arguello Boulevard to the west.

On-Street Parking

There are 1,443 on-street parking spaces in the study area. The on-street parking supply and hourly occupancy data were counted for the period between 1:00 p.m. and 8:00 p.m. on a typical weekday (Tuesday, September 12, 2006). Vehicle occupancy rates during this period ranged from a low of 70 percent (at 6:00 p.m.) to a high of 90 percent (at 2:00 p.m.). The peak midday hour is between

2:00 p.m. and 3:00 p.m., and the occupancy gradually decreases throughout the late afternoon. Table 15 presents the average hourly parking occupancy rate in the study area.

Table 15 - California Campus – On-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
1,443	90%	90%	87%	86%	75%	70%	71%

Source: Wilbur Smith Associates (September 12, 2006)

The midday parking occupancy rate (2:00 to 3:00 p.m.) ranged from a low of 74 percent to a high of 106 percent, with an average of 90 percent - i.e., on-street parking in the area of the California Campus is generally at capacity during the weekday midday peak hour. The effective capacity of a parking facility is usually 85 to 90 percent of the total supply. When occupancy reaches or exceeds this rate, drivers must circulate to search for available spaces. The four blocks with occupancy rates above 100 percent indicate illegal parking activities (e.g., parking in red zones, double parking). Figure 14 presents the midday on-street parking supply and occupancy by each block number. Table 16 shows the on-street supply and midday occupancy rates by each block. Appendix B contains a complete inventory of on-street parking supply and occupancy data.

Table 16 - California Campus – On-Street Parking Supply and Midday Occupancy

Block	Supply	Occupancy (2:00 –3:00 p.m.)	Block	Supply	Occupancy (2:00 –3:00 p.m.)
1	56	91%	14	50	98%
2	46	104%	15	48	104%
3	60	85%	16	48	85%
4	59	86%	17	86	106%
5	56	86%	18	65	89%
6	62	81%	19	70	80%
7	46	93%	20	78	99%
8	57	84%	21	116	97%
9	53	87%	22	24	83%
10	60	88%	23	22	86%
11	45	100%	24	27	78%
12	69	74%	25	36	92%
13	63	86%	26	41	80%
Total	1,443	90%			

Source: Wilbur Smith Associates (September 12, 2006)

Residential Parking Permits

The parking study area lies entirely within the RPP “F” area, which is bounded by West Pacific Avenue, Presidio Boulevard/Spruce Street (with some deviations), Geary Boulevard/California Street, and Arguello Boulevard. Vehicles displaying a RPP within this area are not subject to posted parking time limits from 8:00 a.m. to 6:00 p.m. on weekdays. Figure 15 presents the RPP areas in the vicinity of the California campus.

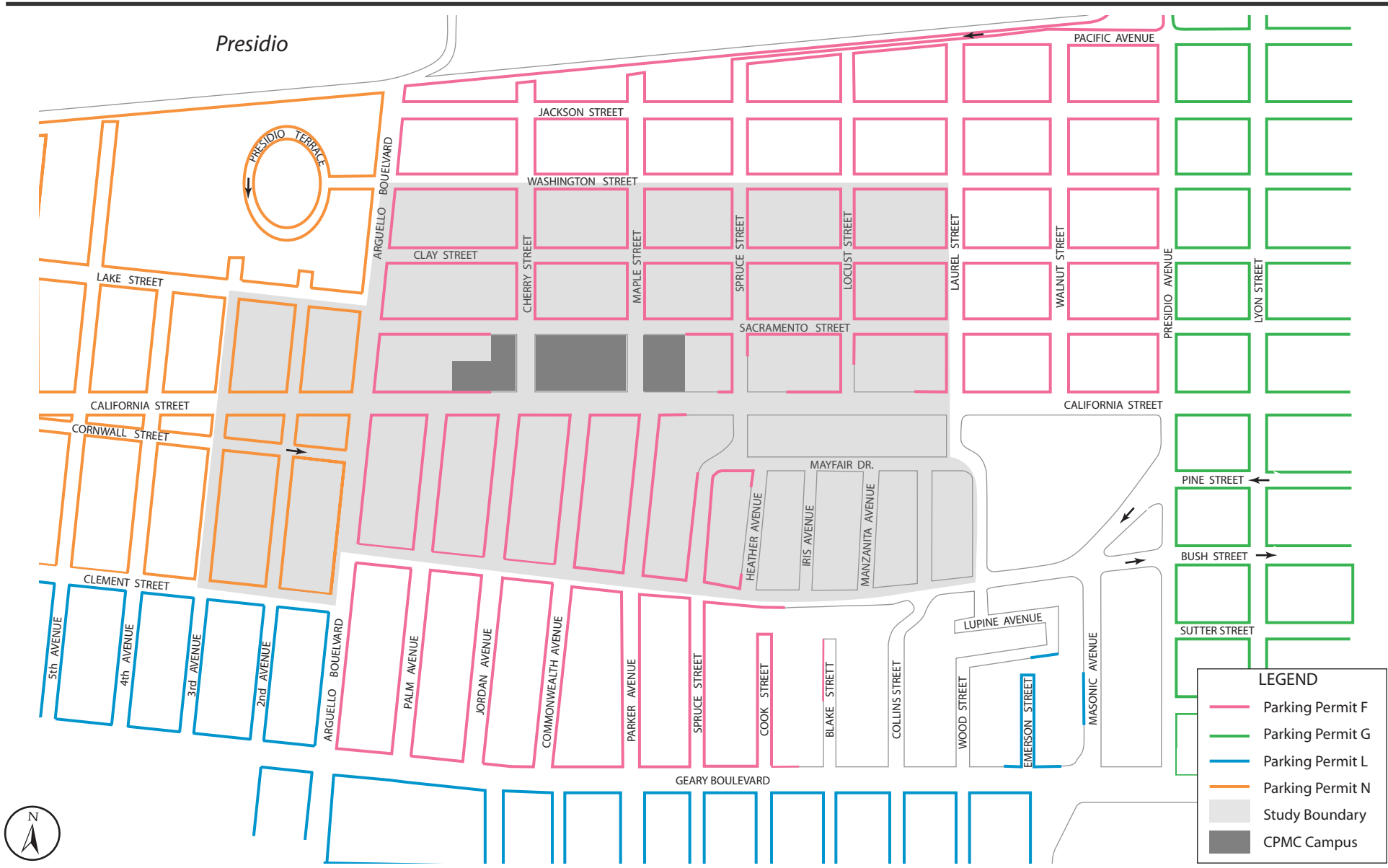


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Figure 14
Existing On-Street Parking Supply and Occupancy (2:00 PM - 3:00 PM)
CALIFORNIA CAMPUS



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Figure 15
Existing Residential Parking Permit Areas
CALIFORNIA CAMPUS

Off-Street Parking

Public off-street parking supply and occupancy were counted on October 18, 2006, and occupancy data were collected for the period between 1:00 p.m. and 8:00 p.m. Figure 16 presents the location of off-street parking facilities in the study area.

There are seven off-street public parking facilities, with a total of approximately 688 spaces, in the study area. CPMC operates six of these facilities, while the other facility (located at 488 Locust Street) is managed by a separate entity for use as a public parking garage. Table 17 presents the average occupancy by hour from 1:00 p.m. to 8:00 p.m.; the table shows peak parking occupancy as occurring between 2:00 p.m. and 3:00 p.m., with parking occupancy dropping substantially after 6:00 p.m. Table 18 presents the location, total supply, and midday peak hour occupancy rates for each facility. Occupancy rates for these parking facilities ranged from a low of 23 percent to 82 percent during the midday period.

Table 17 - California Campus – Off-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
688	78%	82%	73%	70%	51%	33%	23%

Sources: Wilbur Smith Associates (October 18, 2006); T-3 Report

Table 18 - California Campus – Off-Street Parking Supply and Occupancy

Facility	Address	Supply	Midday Occupancy (2:00 - 3:00 p.m.)
CPMC Operated			
A	3838 California Street	183	99%
B	460 Cherry Street	290	85%
C	3905 Sacramento Street	35	69%
D	3700 California Street	7	71%
E	3773 Sacramento Street	26	92%
F	3698 California Street	81	28%
Subtotal		622	81%
Not CPMC Operated			
G	488 Locust Street	66	94%
Grand Total		688	82%

Source: Wilbur Smith Associates (October 18, 2006)

2.4.4 Loading Conditions

A survey of loading/unloading and service vehicle activities for the existing California campus was conducted by CHS Consulting Group (CHS) over the 7-day period between March 6 and March 12, 2008, between 7:00 a.m. and 7:00 p.m. Loading activities were observed at the off-street loading dock on Maple Street, as well as on on-street loading zones on Maple, Cherry, Sacramento, and California Streets. The locations of loading facilities are shown on Figure 11.

The survey results show that the majority of the single-panel truck and pickup/van trips occurred on California Street and Maple Street. Trips by tractor-trailer occurred at six of the seven survey locations. The greatest number of daily trips occurred along Maple Street and on California Street.



California Pacific Medical Center IMP 2008



CHS Consulting Group

Figure 16
Existing Off-Street Parking Facilities
CALIFORNIA CAMPUS

between Maple Street and Cherry Street, and at the off-street loading dock on Maple Street. Most of the on-street loading activities were of 15-minute duration or less. At all locations, most of the trips occurred between 9:00 a.m. and 2:00 p.m. Loading/unloading activity before 9:00 a.m. occurred primarily at the loading dock and along Maple Street. Table 19 presents the average number of trips by vehicle type for an average weekday at the seven survey locations.

Table 19 - California Campus – Average Trucks by Vehicle Type and Location

Location	Sedan (autos)	Pickup/ Van	Single-Panel	Straight Truck	Tractor Trailer	Trash Truck	Total
Loading Dock	0	4	6	6	2	1	19
Maple	0	8	6	6	3	1	24
Cherry	0	5	4	1	0	0	10
Sacramento	1	3	4	1	0	1	10
California – West of Cherry	2	13	13	5	2	0	35
California – Cherry/Maple	1	5	4	3	1	1	15
California – East of Maple	0	4	2	2	1	0	9
Total	4	42	39	24	9	4	122

Source: CHS Consulting Group (August 2008)

2.4.5 Bicycle Conditions

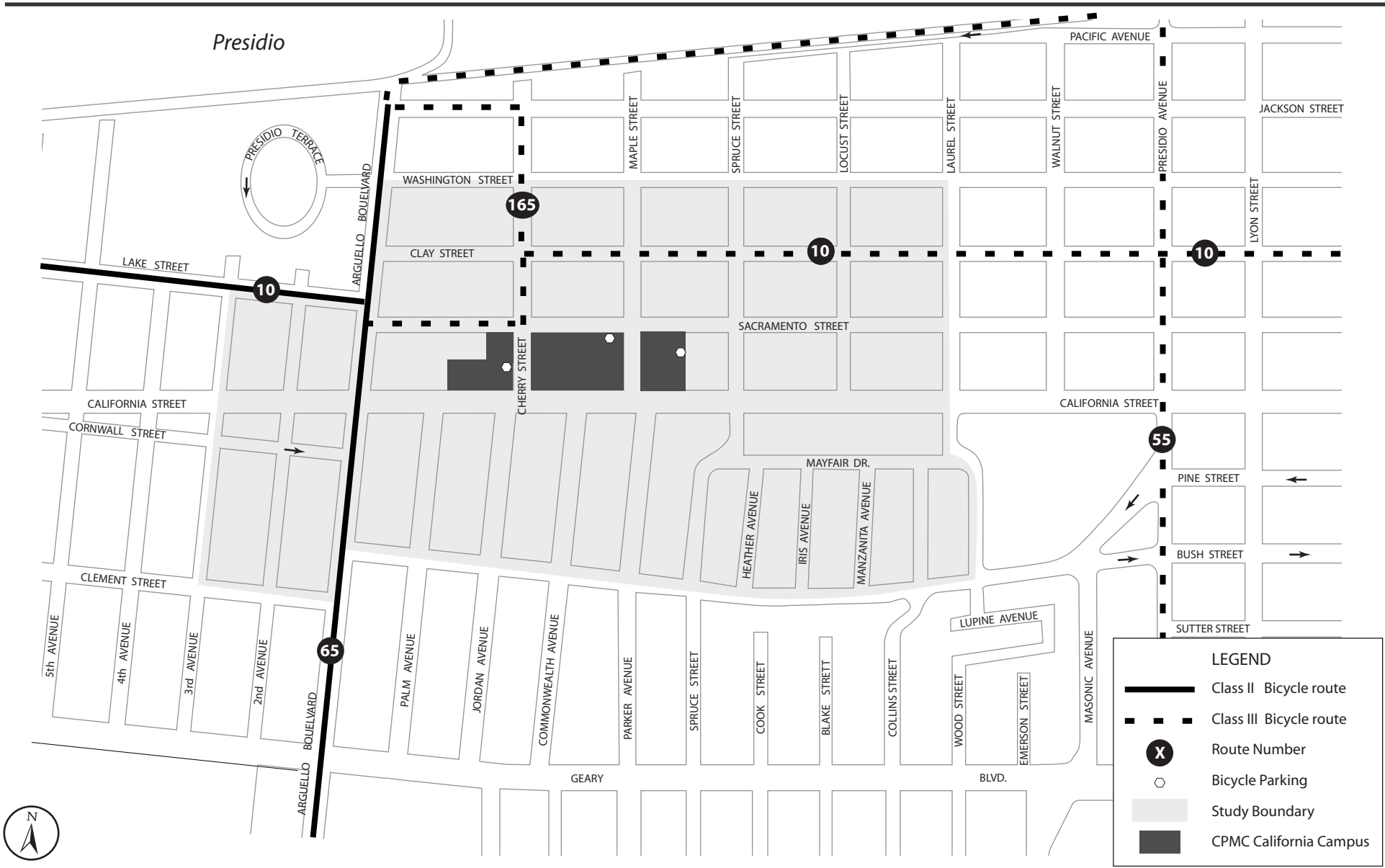
The California campus is served by three bicycle routes: Route #10 on Clay Street between Webster and Cherry Streets (eastbound Class II bicycle lane) and on Webster Street between Clay and Broadway Streets (eastbound Class II bicycle lane); Route #65 on Arguello Boulevard between West Pacific and Geary Boulevard (Class II bicycle lane); and Route #165 on Cherry Street between Jackson and Sacramento Streets (Class II bicycle lane). Figure 17 presents the bicycle route network in the vicinity of the California campus.

Bicycle counts were conducted at the following three intersections in the vicinity of the California campus: Arguello Boulevard/Sacramento Street; Arguello Boulevard/California Street; and Cherry Street/Clay Street. Table 20 presents the bicycle volumes observed. Bicycle volumes are generally low in the vicinity of the California campus, except at the intersection of Arguello Boulevard and California Street where bicycle volumes are relatively moderate. No substantial safety or right-of-way issues were observed in the vicinity of the California campus, and there were only minor conflicts between bicyclists, pedestrians, and vehicles.

Table 20 - California Campus – Peak Hour Bicycle Counts

Intersection	Northbound	Southbound	Eastbound	Westbound	Total
Cherry/Clay	--	--	2	4	6
Arguello/California	23	31	--	--	54
Arguello/Sacramento	--	--	2	4	6

Source: Wilbur Smith Associates



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Figure 17
Existing and Proposed Bicycle Routes
CALIFORNIA CAMPUS

2.4.6 Pedestrian Conditions

Sidewalks in the vicinity of the California campus are generally 10 to 15 feet wide. Nine signalized intersections surrounding the California campus all have pedestrian crosswalks. There are four unsignalized, four-way stop-controlled intersections with crosswalks: Cherry Street/Sacramento Street; Maple Street/Sacramento Street; Spruce Street/Sacramento Street; and Locust Street/Sacramento Street. The main pedestrian entrance to the California campus is located on California Street between Cherry and Maple Streets. Additional pedestrian entrances to the California campus are located at Cherry Street between California and Sacramento Streets, Sacramento Street between Cherry and Maple Streets, and California between Maple and Spruce Streets.

The Muni bus stops located on the northwest corner of California and Cherry Streets is a major source for pedestrian activities in the area. Fields visit to the California Campus shows pedestrian volumes on the sidewalks of Cherry, Maple, and California Streets are generally low to moderate during weekday midday and PM peak periods. In general, sidewalk and crosswalk conditions were observed to be operating at free-flow conditions, with pedestrians moving at normal walking speeds and having the freedom to bypass other pedestrians.

There are several driveways at the California campus, all of which are associated with the parking garage/lot and the loading dock. These driveways are located along Cherry Street, between California and Sacramento Streets, along Maple Street, between Sacramento and California Streets, and along California Street between Spruce and Palm Streets. Occasional pedestrian vehicle conflicts—though not significant—were observed at the intersection of California and Cherry Streets, the CPMC main driveway off California Street, and near the intersection of Maple and Sacramento Streets.

2.4.7 Transportation Demand Management Program

CPMC has a well-established TDM program, which is currently managed by several individuals. The Manager of Parking Services manages most of the TDM activities, including the Transportation Fair and parking facilities. The Assistant Manager for Transport Services manages shuttle bus operations. The Employee Benefit Coordinator of the Administration Department manages the commuter check program and transit subsidy. The key TDM elements are as follows:

Transportation Fair

CPMC sponsors a Transportation Fair that features the following key activities:

- A free bicycle workshop by the SF Bicycle Coalition
- On-site rideshare matching
- Display tables with commute alternatives materials and representatives from the transit agencies

Bicycle Facilities

CPMC provides the following bicycle-related facilities:

- Bicycle storage – 16 spaces at the California campus
- Shower facilities

Transit Passes

CPMC provides the following transit-related services and incentives:

- Sale of transit passes and commuter checks on site

- Employee allowance of up to \$100 per month of pre-tax salary to purchase mass transit vouchers

Rideshare Promotion

CPMC provides the following rideshare-related services and incentives:

- Rideshare matching program by 511 Regional Rideshare Program
- Free parking for registered carpool/vanpool vehicles with three or more CPMC/tenant employees
- \$2,500/year subsidy for vanpool vehicles
- Designated carshare parking spaces

Free Ride Home

CPMC security provides employees with a ride home to locations within four blocks of the California campus.

Emergency Ride Home

The City of San Francisco implemented an Emergency Ride Home (ERH) program in early 2006. ERH provides a free or low-cost ride home in cases of emergency for employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking. CPMC employees are eligible for the ERH program.

Parking Management Program

CPMC provides the following parking-related services and incentives:

- Off-site remote parking to employees at Geary Street Mall at 16th Avenue (70 spaces) at a 50 percent discount.
- CPMC Parking Services Newsletter informing employees of most current parking charges and off-street parking facilities.

Free Shuttle Bus Program

CPMC provides free shuttle bus services for doctors, staff, and patients among its five campuses and between the campuses and BART/Muni Metro stations. Service to the California campus is provided on the C-line, which runs between the California and Pacific campuses along California Street, and the GMG-Line, which operates between the California campus and the Geary Mall garage. The fixed shuttle stops for the C-Line and GMC-Line are at Maple/Sacramento, and the Geary Mall garage and California campus, respectively. Table 21 presents the shuttle schedule and the average weekday ridership from and to the California campus.

Table 21 - California Campus – Shuttle Service Schedule and Ridership

Line	Hours of Operation	Frequency	Ridership ¹		
			From	To	Total
Pacific Campus (C-Line)	6:30 a.m.- 6:15 p.m.	15 min	201	213	414
16 th Ave Garage (GMG Line)	AM & PM Peaks	15 min	40	42	81
Total			241	256	496

Source: CPMC (January 2008)

Notes:

¹ Ridership numbers are presented as an average weekday ridership for the week of June 4 through 8, 2007.

2.4.8 Employee and Patient/Visitor Travel Pattern

Existing CPMC employees were surveyed in January 2001, and patient/visitors were surveyed on February 12 through 14, 2001. The employee survey questions involved residence location, work schedule, travel mode, parking locations, and reasons for driving alone. The visitor survey questions focused on travel mode, origin/destination, parking location, and parking costs.

The employee travel behavior survey results show that about 75 percent of employees at the California campus drive to work (including drive alone, carpool, and vanpool); this was the highest percentage among the three campuses surveyed. More than 50 percent of the surveyed employees live in the city of San Francisco. Tables 22 and 23 present the travel modes and residence locations for the employees at the California campus.

Table 22 - California Campus – Employee Travel Modes

Drive Alone	Carpool	Vanpool	Transit	Bicycle	Walk	Other	Total
68%	6%	1%	19%	1%	3%	2%	100%

Source: CPMC employee survey (January 2001)

Table 23 - California Campus – Employee Residence Location

San Francisco	East Bay	North Bay	South Bay	Total
53%	10%	17%	20%	100%

Source: CPMC employee survey (January 2001)

Visitor and patient surveys were intercept surveys conducted in front of the main entrances at each medical campus. Similar to the employee travel pattern, over 70 percent of patients and visitors were found to drive to the California campus, which was the highest percentage among the three campuses surveyed. The parking survey data show that more visitors and patients were able to find off-street parking spaces than on-street parking spaces. Tables 24 and 25 present the visitor/patient survey results.

Table 24 - California Campus – Patient and Visitor Travel Modes

	Auto	Transit	Walk	Other	Total
Patient	72%	19%	5%	4%	100%
Visitor	71%	25%	1%	3%	100%

Source: CMPC patient and visitor survey (February 2001)

Table 25 - California Campus – Patient and Visitor Parking Location

	On-Street	Off-Street
Patient	36%	64%
Visitor	49%	51%

Source: CMPC patient and visitor survey (February 2001)

2.4.9 Existing Daily Person Trips

CHS conducted pedestrian and vehicle counts at the perimeter of three CPMC campuses - California, Pacific, and Davies - on a weekday from 7:00 a.m. to 7:00 p.m., to capture the total number of person and vehicle trips for each of these three facilities. Surveyors were stationed at the doorways to campus buildings, campus pedestrian “gateways,” and driveways. Surveyors counted the arrivals and departures for both vehicles and pedestrians at all access points of each campus in 15-minute increments. To determine the number of intra-campus linked trips (internal trips within each campus), mode split, and origins of campus visitors, an intercept survey was conducted during the same week as the pedestrian and vehicle counts. The results of this study were applied to the perimeter survey data to account for “double counting” of individuals who travel between two different buildings, blocks, etc. on a single campus. A total of 476 intercept surveys were collected at the California campus. As shown in Table 26, the California campus generates approximately 12,243 daily person trips.

Table 26 - California Campus – Daily Person Trips (7:00 a.m. to 7:00 p.m.)

Inbound	Outbound	Total
6,083	6,161	12,243

Source: CHS Consulting Group (2004)

2.5 Pacific Campus

The Pacific campus is located in San Francisco's Pacific Heights neighborhood. The campus consists of 14 buildings encompassing five square blocks, bounded by Washington Street to the north, Buchanan Street to the east, California Street to the south, and Fillmore Street to the west. Figure 18 shows the existing site plan for the Pacific campus.

2.5.1 Traffic Circulation

The local roadway systems serving the Pacific campus are described below.

Roadway Description

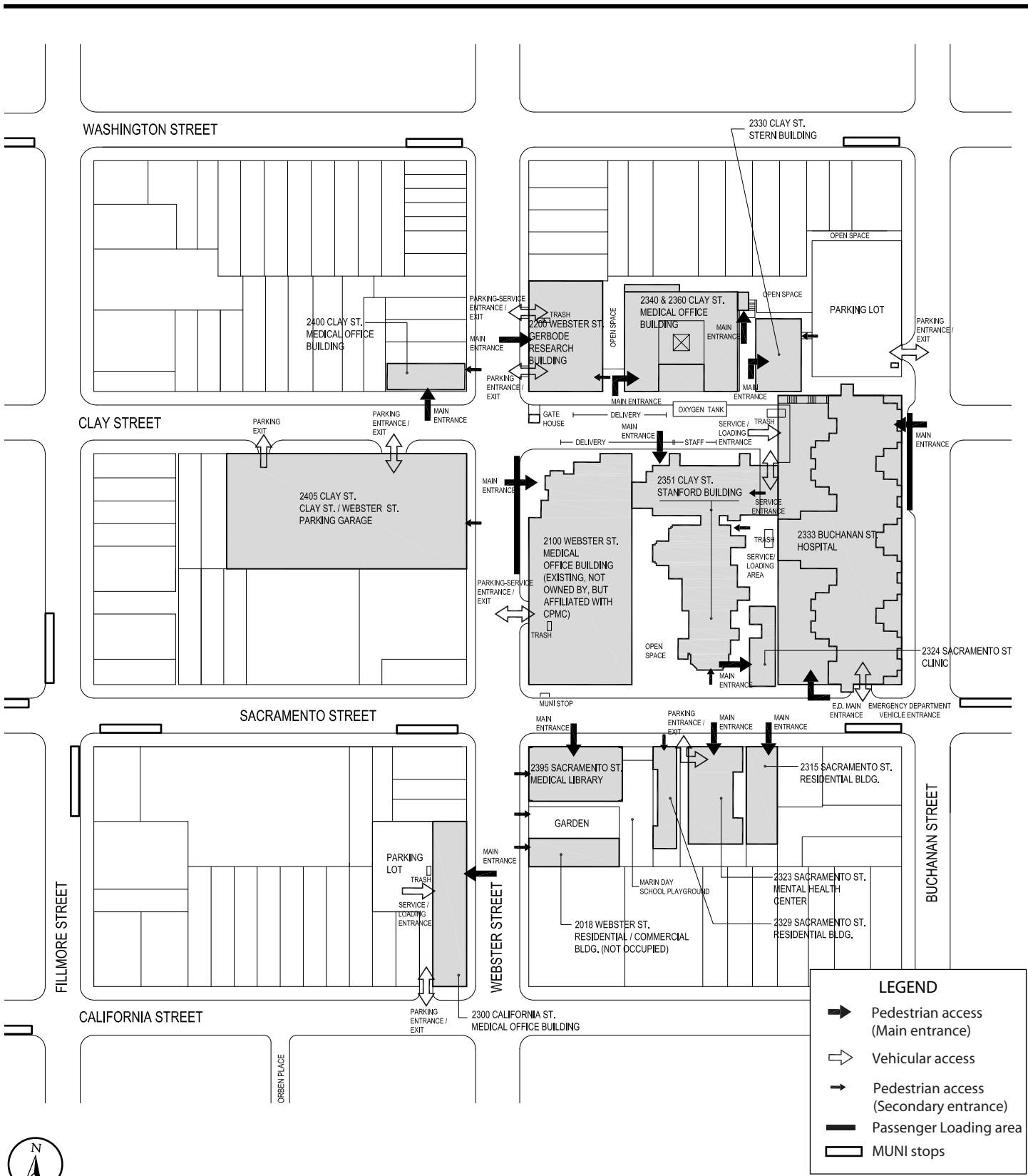
Pacific Avenue - Pacific Avenue is an east-west street running between Front Street and Spruce Street. In the vicinity of the Pacific campus, Pacific Avenue is a two-lane two-way street. Pacific Avenue is one way westbound between Walnut and Spruce Streets and from Front to Powell Streets. In the project area, Pacific Avenue has parking on both sides of the street and 15-foot-wide sidewalks. The *San Francisco General Plan* designates Pacific Avenue as a Citywide Bicycle Route from Polk Street to Powell Street, and as a Bay, Ridge, and Coast Trail between Arguello Boulevard and Presidio Avenue.

Jackson Street - Jackson Street is an east-west street running between Drumm Street and Arguello Boulevard. It is one way westbound between Powell Street and Gough Street, and one way eastbound between Powell and Drumm Streets. In the vicinity of the Pacific campus, Jackson Street is a two-lane two-way street with parking on both sides and 15-foot-wide sidewalks.

Washington Street - Washington Street is an east-west street running between The Embarcadero and Presidio Terrace, with an interruption between Steiner Street and Scott Street for Alta Plaza Park. Washington Street is one way eastbound between Gough Street and Powell Street and westbound between Drumm and Powell Streets. In the vicinity of the Pacific campus, Washington Street is a two-way road with one lane in each direction, parking on both sides of the street, and 15-foot-wide sidewalks.

Clay Street - Clay Street is an east-west street running between Drumm Street and Arguello Boulevard, with interruptions between Gough Street and Laguna Street for Lafayette Park and between Buchanan Street and Webster Street for the Pacific campus of CPMC. Clay Street is one way eastbound from Van Ness Avenue to Drumm Street. In the vicinity of the Pacific campus, Clay Street is a two-lane two-way street, except for the block from Laguna Street to Buchanan Street, which is one way westbound. Parking is generally allowed on both sides of the street, and there are 12-foot-wide sidewalks. The *San Francisco General Plan* identifies Clay Street as a Citywide Bicycle Route between Webster Street and Cherry Street, a Neighborhood Network Connection Street between Fillmore Street and Van Ness Avenue, and a Neighborhood Commercial Street between Polk and Mason Streets.

Sacramento Street - Sacramento Street is an east-west street running between Drumm Street and Arguello Boulevard. It operates one way westbound from Drumm Street to Gough Street. In the vicinity of the Pacific campus, Sacramento Street is a two-lane two-way street with parking on both sides and 15-foot-wide sidewalks. The *San Francisco General Plan* identifies Sacramento Street as a Citywide Bicycle Route between Cherry Street and Arguello Boulevard, a Secondary Transit Street



LEGEND

- Pedestrian access (Main entrance)
- Pedestrian access (Secondary entrance)
- Vehicular access
- Passenger Loading area
- MUNI stops

Source: The Marchese Company
 California Pacific Medical Center IMP 2008



CHS Consulting Group

Figure 18
 Existing Site Plan
 PACIFIC CAMPUS

between Sansome and Steiner Streets, a Neighborhood Commercial Street between Maple Street and Presidio Avenue and between Franklin and Drumm Streets, and a Neighborhood Network Connection Street between Fillmore and Gough Streets.

California Street - California Street is an east-west street running between Market Street and 32nd Avenue. In the vicinity of the Pacific campus, California Street is a four-lane two-way street with parking on both sides of the street and 12-foot-wide sidewalks. The *San Francisco General Plan* identifies California Street as a Secondary Arterial from Van Ness Avenue to 29th Avenue, a Primary Transit Street between Presidio Avenue and Park Presidio Boulevard, a Secondary Transit Street between 33rd Avenue and Park Presidio Boulevard and between Presidio Avenue and Steiner Street, a Citywide Pedestrian Network Street between Fillmore and Market Streets, and a Neighborhood Commercial Street between 33rd Avenue and Baker Street and between Fillmore and Market Streets.

Pine Street - Pine Street is an east-west street running from Market and Davis Streets to Presidio Avenue. Pine Street operates one way westbound between Market Street and Presidio Avenue. At Presidio Avenue, Pine Street turns into north-south Masonic Avenue. In the vicinity of the Pacific campus, it is one way with three traffic lanes, parking on both sides, and 10-foot-wide sidewalks. The *San Francisco General Plan* identifies Pine Street as a Major Arterial and as a Neighborhood Commercial Street between Divisadero and Scott Streets. Pine Street is also included in the CMP and MTS networks between Presidio Avenue and Market Street.

Wilmot Street - Wilmot Street is a two-block east-west street running between Steiner and Webster Streets.

Bush Street - Bush Street is an east-west street running from Market Street/First Street to Presidio Avenue. It operates one way in the eastbound direction from Presidio Avenue and Market Street, and forms a couplet with Pine Street. Within the study area, Bush Street has three traffic lanes, parking on both sides of the street, and 10-foot-wide sidewalks. The *San Francisco General Plan* identifies Bush Street as a Major Arterial and a Neighborhood Commercial Street between Divisadero Avenue and Scott Streets. Bush Street is also included in the CMP and MTS networks between Masonic Avenue and Market Street.

Steiner Street - Steiner Street is a north-south street running from Duboce Avenue to Chestnut Street. In the vicinity of the Pacific campus, Steiner Street has two lanes operating in two directions, with parking on both sides of the street and 15-foot-wide sidewalks. The *San Francisco General Plan* identifies Steiner Street as a Citywide Bicycle Route between Golden Gate Avenue and Greenwich Street, and a Citywide Pedestrian Network Street between Golden Gate and Duboce Avenues.

Fillmore Street - Fillmore Street is a north-south street running from Duboce Avenue to Marina Boulevard. Fillmore Street is a two-lane two-way street with parking on both sides and 15-foot-wide sidewalks. The *San Francisco General Plan* identifies Fillmore Street as a Secondary Transit Street from Chestnut Street to Duboce Avenue, a Citywide Pedestrian Network Street between Chestnut Street and Duboce Avenue, a Neighborhood Network Connection Street between Geary Boulevard and Haight Street, and a Neighborhood Commercial Street between Chestnut Street and Geary Boulevard and between Haight and Waller Streets. Trucks over 6,000 pounds are restricted on Fillmore Street between Union Street and Broadway.

Webster Street - Webster Street is a north-south street running between Hermann Street and Marina Boulevard, with an interruption between Chestnut Street and Bay Street. In the vicinity of the Pacific campus, Webster Street has two lanes that operate in both directions, with parking on both sides of the

street and 15-foot-wide sidewalks. The *San Francisco General Plan* identifies Webster Street as a Citywide Bicycle Route between Hermann and Sutter Streets and between Clay Street and Broadway. Trucks weighing more than 6,000 pounds are restricted on Webster Street between Union Street and Pacific Avenue.

Buchanan Street - Buchanan Street is a north-south street running from Market Street and Duboce Avenue to Marina Boulevard with several interruptions, including Grove Street to Eddy Street, Willow Street to Sutter Street, and Chestnut Street to Bay Street. In the vicinity of the Pacific campus, Buchanan Street has two lanes, operates in two directions, allows parking on both sides of the street, and has 15-foot-wide sidewalks. Trucks weighing more than 6,000 pounds are restricted on Buchanan Street between Union Street and Pacific Avenue.

Laguna Street - Laguna Street is a north-south street running from Market Street to Marina Boulevard. In the vicinity of the Pacific campus, Laguna Street has two lanes and operates in two directions, with parking on both sides of the street and 15-foot-wide sidewalks. Trucks weighing more than 6,000 pounds are restricted on Laguna Street between Union Street and Pacific Avenue.

Octavia Street - Octavia Street is a north-south street running from Market Street to Fulton Street, from Sutter Street to Sacramento Street, and from Washington Street to Bay Street. In the vicinity of the Pacific campus, Octavia Street has two lanes and operates in two directions, with parking on both sides of the street and 15-foot-wide sidewalks. Trucks weighing more than 6,000 pounds are restricted on Octavia Street between Union Street and Pacific Avenue.

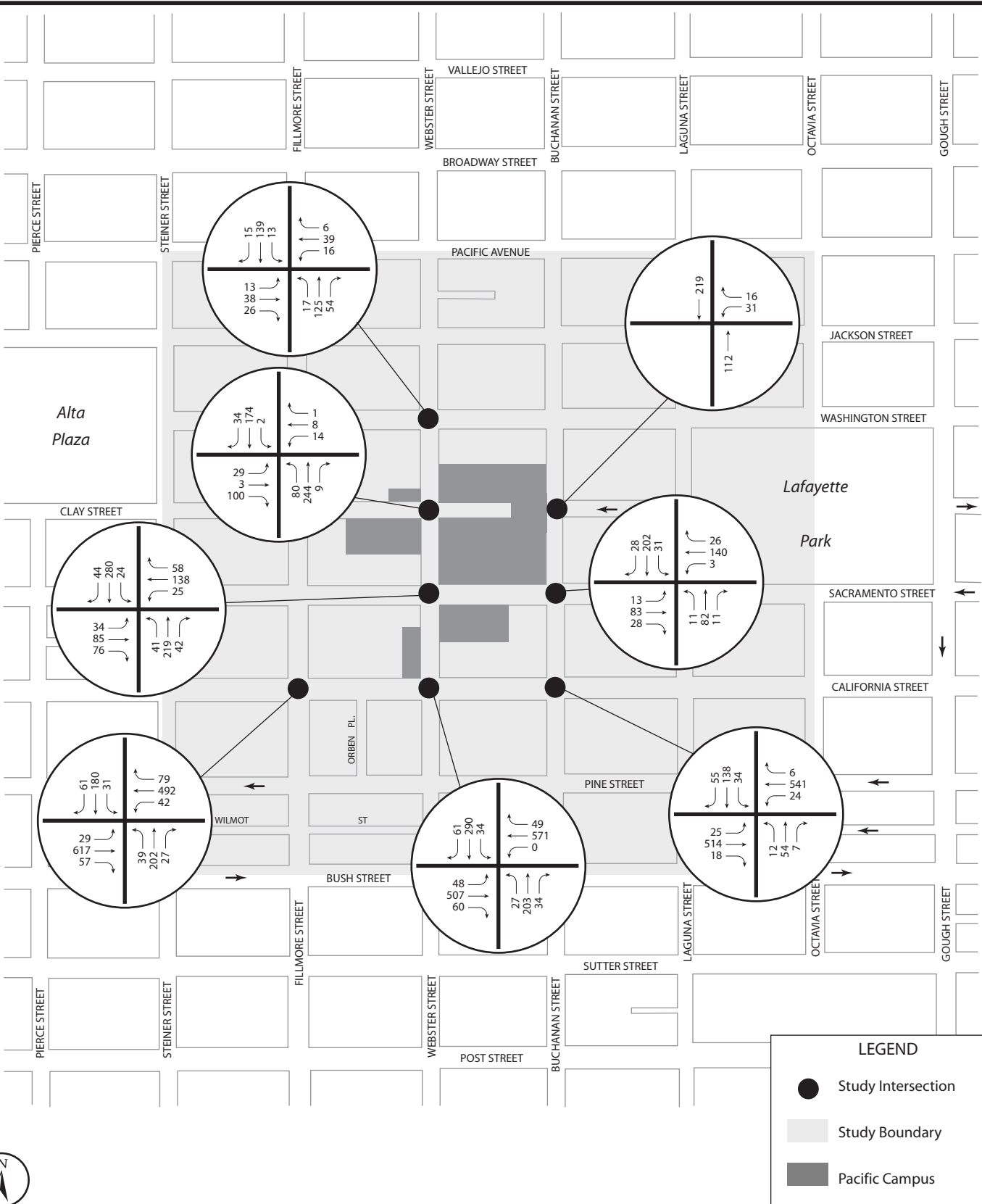
Traffic Conditions

Existing intersection operating conditions were evaluated for the peak hour (5:00 p.m. to 6:00 p.m.) of the weekday PM peak period (4:00 p.m. to 6:00 p.m.). Intersection turning movement counts were collected on June 1, June 20, and June 21, 2006 at the following eight locations:

1. Fillmore Street/California Street
2. Webster Street/California Street
3. Buchanan Street/California Street
4. Webster Street/Sacramento Street
5. Webster Street/Clay Street
6. Webster Street/Washington Street
7. Buchanan Street/Sacramento Street
8. Buchanan Street/Clay Street

Figure 19 presents the existing turning movement volumes at the eight study intersections. Three of the study intersections are signalized, and the remaining five intersections are all-way stop controlled.

Table 27 presents the results of the intersection LOS analysis for existing weekday PM peak hour conditions. During the weekday PM peak hour, all signalized intersections operate satisfactorily at LOS C or better. All unsignalized intersections also operate satisfactorily during the weekday PM peak hour, with the worst approach operating at LOS C or better (Appendix A contains detailed LOS calculation sheets); however, the intersection of Webster and Clay Streets is often congested due to vehicle queuing in a travel lane waiting to enter the 2100 Webster Street parking garage and conflicts between vehicles and pedestrians at this intersection. The Buchanan Street/Clay Street intersection operates at LOS A with relatively low traffic volumes; however, Buchanan Street fronting the Pacific campus is also often congested due to double-parking by patient vehicles.



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 19
Existing Traffic Volumes (PM Peak Hour)
PACIFIC CAMPUS

Table 27 - Pacific Campus – Existing Weekday PM Peak Hour Intersection Level of Service

Intersections	Delay (sec/veh)	LOS
Signalized		
1. Fillmore St./California St.	20	C
2. Webster St./California St.	21	C
3. Buchanan St./California St.	12.1	B
Unsignalized¹		
4. Webster St./Sacramento St.	15.4	C
5. Webster St./Clay St.	10.5	B
6. Webster St./Washington St.	8.7	A
7. Buchanan St./Sacramento St.	9.9	A
8. Buchanan St./Clay St.	8.5	A

Source: Wilbur Smith Associates

Notes:

¹ Intersections are four-way stop-controlled.

2.5.2 Transit Network

Muni operates six bus lines that directly serve the Pacific campus. The bus routes are described below. Table 28 presents the service frequencies for the AM and PM peak periods and the nearest stop locations for Muni lines that service the Pacific campus and its general vicinity. The transit stops are within a two-block radius of the Pacific campus. Figure 20 shows the transit service within a two-block radius of the Pacific campus.

Table 28 - Pacific Campus – Muni Bus Lines Operating in the Vicinity

Route ¹	Weekday Hours of Operation	Weekday Headway (min)		Nearest Stop
		AM	PM	
1-California	5:22 a.m. - 1:25 a.m.	3-9	3-8	Sacramento/Webster
1BX- California 'B' Express	AM & PM Peaks Only	6	15	California/Fillmore
3-Jackson	7:06 a.m. - 1:05 a.m.	10	10	Sacramento/Fillmore
12-Folsom	5:54 a.m. - 12:30 a.m. 5:54 a.m. - 6:28 p.m.	10-20	10-20	Washington/Buchanan
22-Fillmore	24 Hours	10	7	Sacramento/Fillmore
24-Divisadero	24 Hours	9	10	Jackson/Webster

Sources: SFMTA

Notes:

¹ Routes represent Muni bus lines that operate within a two-block radius of the Pacific campus.

Transit Routes

Muni Line #1 - California: This line connects the Financial District to the Outer Richmond District via Sacramento and California Streets. It provides service to the Embarcadero BART Station, operating every 9 minutes during the weekday AM peak period and every 8 minutes during the PM peak period.

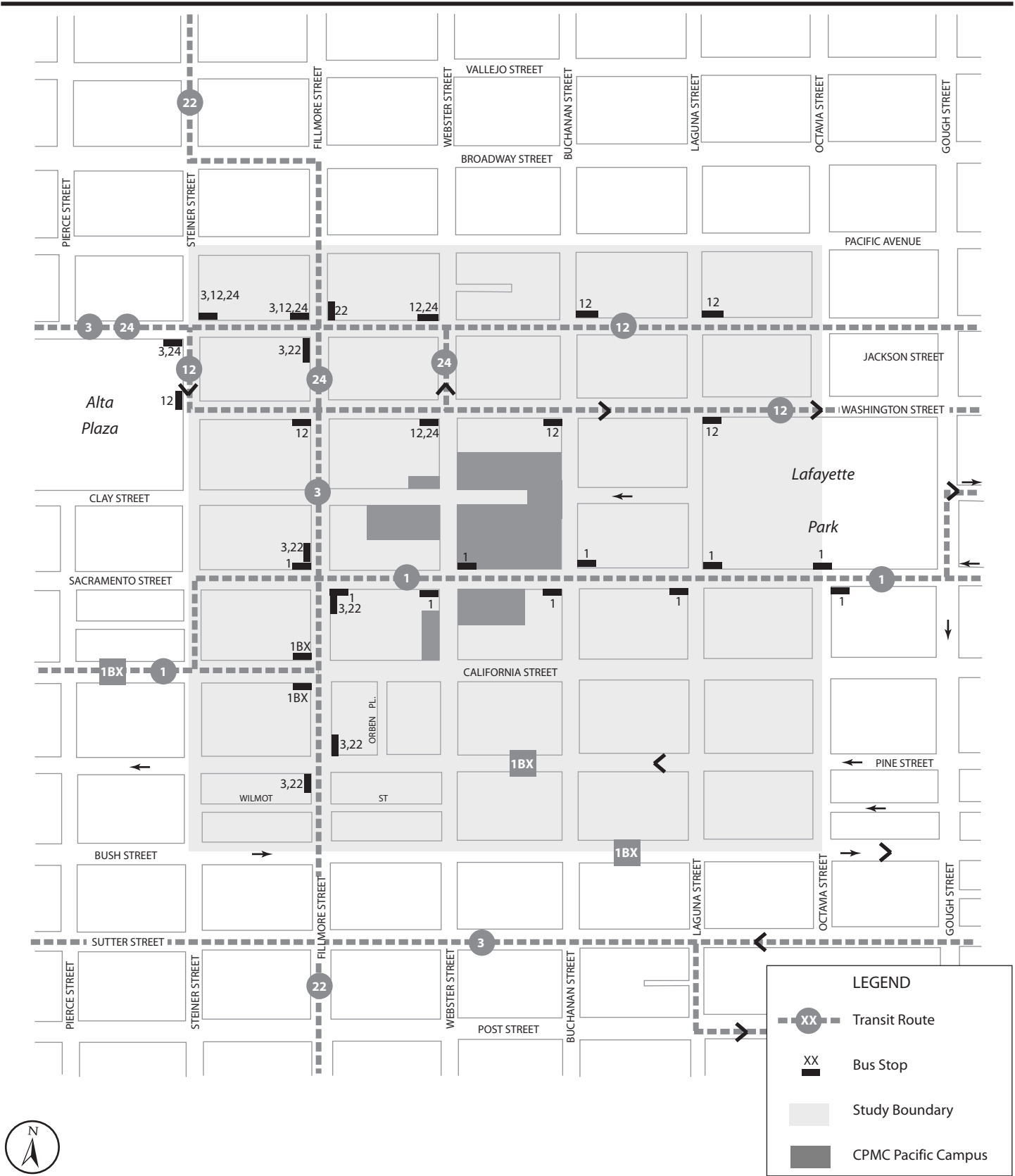


Figure 20
Existing Transit Routes and Stop Locations
PACIFIC CAMPUS

East of Fillmore Street, the 1-California operates every 3 minutes during peak hours. The PM peak hour ridership at the MLP is 939, which occurs at the intersection of Sacramento and Stockton Streets in the outbound direction. Capacity utilization at the MLP is approximately 75 percent.

Muni Line #1BX – California ‘B’ Express: This line provides express service during weekday peak periods only, connecting the Richmond District to the Financial District. It travels on Pine and Bush Streets to the east of Presidio Street and along California Street to the west of Presidio Street. The inbound BX buses operate every 6 to 10 minutes during the AM peak period, and the outbound BX buses operate every 15 minutes during the PM peak period. The PM peak hour ridership at the MLP is 311, which occurs at the intersection of Pine and Montgomery Streets in the outbound direction. Capacity utilization at the MLP is approximately 66 percent.

Muni Line #3 - Jackson: This line connects California Street/Presidio Avenue in Pacific Heights to Sutter and Sansome Streets in Downtown via Presidio, Jackson, Fillmore, and Sutter/Post. It operates every 10 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 190, which occurs at the intersection of Sutter and Mason Streets in the inbound direction. Capacity utilization at the MLP is approximately 50 percent.

Muni Line #12 - Folsom: This line connects Fillmore and Jackson Streets in Pacific Heights to 26th Street in the Mission District via Jackson, Pacific, Broadway, The Embarcadero, Folsom, Harrison, 26th, and Mission Streets. The 12-Folsom terminates within two blocks of the 24th Street BART Station on Mission Street. It operates every 10 minutes between approximately 7:00 a.m. and 6:00 p.m. The PM peak hour ridership at the MLP is 269 in the inbound direction, which occurs at the intersection of Pacific and Powell Streets. Capacity utilization at the MLP is approximately 71 percent.

Muni Line #22 - Fillmore: This line connects Marina Boulevard and Fillmore Street in the Marina District to 3rd and 20th Streets via Fillmore, 16th, 17th and 18th Streets. Service is provided 24 hours. It operates every 8 minutes during the AM peak period and every 6 minutes during the PM peak period. The PM peak hour ridership at the MLP is 327, which occurs at the intersection of Fillmore and Hayes Streets in the outbound direction. Capacity utilization at the MLP is approximately 58 percent.

Muni Line #24 - Divisadero: This line connects the Bayview and Hunters Point Districts to Jackson and Fillmore Streets in Pacific Heights, via Noe, Castro, and Divisadero Streets. Service is provided 24 hours. During the weekdays, it operates every 8 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 223, which occurs at the intersection of Castro and 19th Streets in the outbound direction. Capacity utilization at the MLP is approximately 59 percent.

Based on the most recent Muni TEP ridership data, capacity utilization was determined for each route’s MLP during the weekday PM peak hour. As shown in Table 29 all routes serving the Pacific campus operate below Muni’s standard of 85 percent capacity utilization.

Table 29 - Pacific Campus – Existing Muni PM Peak Ridership and Capacity

Route	Vehicle Type ¹	Buses Per Hour	Pax Load ²	Peak Hour Capacity	Capacity Utilization	Maximum Load Point
1-California	TC	20	939	1,260	75%	Sacramento/Stockton
1BX-California 'B' Express	MC	5	311	395	79%	Pine/Montgomery
3-Jackson	TC	6	190	378	50%	Sutter/Mason
12-Folsom	MC	6	269	378	71%	Pacific/Powell
22-Fillmore	TC	9	327	567	58%	Fillmore/Hayes
24-Divisadero	TC	6	223	378	59%	Castro/19 th

Source: Muni TEP Data

2.5.3 Parking Conditions

The existing on- and off-street parking conditions were examined within a two-block radius of the Pacific Campus, defined by Pacific Avenue to the north, Octavia Street to the east, Bush Street to the south, and Steiner Street to the west.

On-street Parking

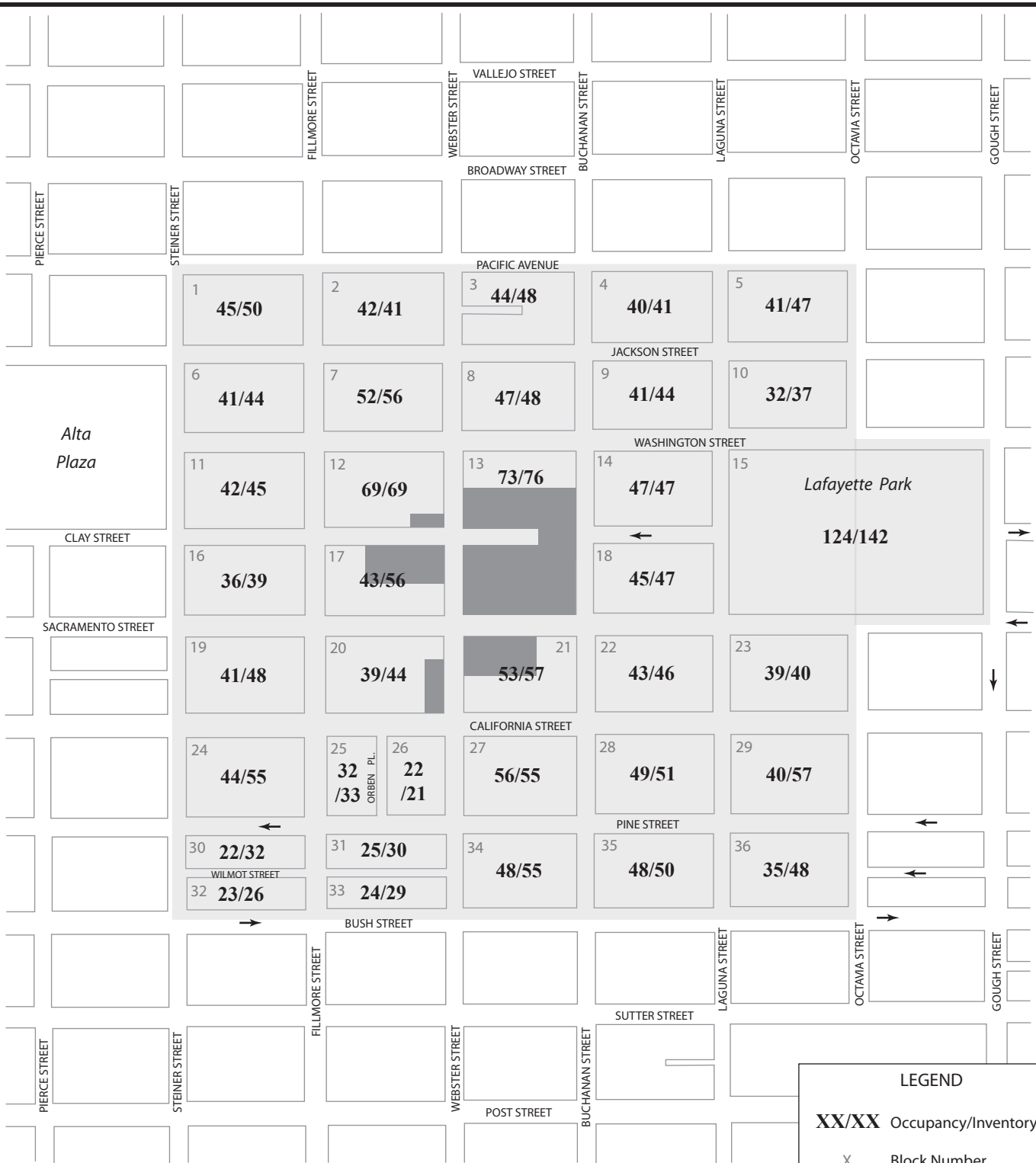
The on-street parking supply and occupancy data were collected for the period between 1:00 p.m. and 8:00 p.m. on a typical weekday (Wednesday, October 11, 2006) within a two-block radius of the Pacific campus. Table 30 presents the average hourly parking occupancy rate in the study area. There are approximately 1,754 on-street spaces within the study area. Between 1:00 p.m. and 8:00 p.m., the occupancy rates ranged from a low of 89 percent (at 1:00 p.m.) to a high of 93 percent (at 7:00 p.m.), indicating that the on-street parking occupancy is generally very high throughout the day and higher in the evening than during the day. The midday peak parking period occurs from 3:00 p.m. to 4:00 p.m.

Table 30 - Pacific Campus – On-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
1,754	89%	89%	90%	90%	90%	92%	93%

Source: Wilbur Smith Associates (October 11, 2006)

Figure 21 presents the midday on-street parking supply and occupancy by block. Table 31 presents the on-street supply and midday occupancy rates by each block. Appendix B contains a complete inventory of on-street parking supply and occupancy data. During the midday peak hour (3:00 p.m. to 4:00 p.m.), occupancy at these facilities ranged from a low of 69 percent to a high of 105 percent, with an average occupancy rate of 90 percent. Five blocks were occupied at above 100 percent capacity, indicating illegal parking (e.g., parking in red zones, double parking), and that on-street parking in the study area is a constraint. (The effective capacity of a parking facility is usually 85 to 90 percent of the total supply. When occupancy reaches or exceeds the rate, drivers must circulate searching for available spaces.)



LEGEND

- XX/XX** Occupancy/Inventory
- X** Block Number
- Study Boundary
- CPMC Pacific Campus



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 21
Existing On-Street Parking Supply and Occupancy (3:00 PM - 4:00 PM)
PACIFIC CAMPUS

Table 31 - Pacific Campus – Midday On-Street Parking Supply and Occupancy

Block	Supply	Occupancy (3:00-4:00 p.m.)	Block	Supply	Occupancy (3:00-4:00 p.m.)	Block	Supply	Occupancy (3:00-4:00 p.m.)
1	50	90%	13	76	96%	25	33	97%
2	41	102%	14	47	100%	26	21	105%
3	48	92%	15	142	87%	27	55	102%
4	41	98%	16	39	92%	28	51	96%
5	47	87%	17	56	77%	29	57	70%
6	44	93%	18	47	96%	30	32	69%
7	56	93%	19	48	85%	31	30	83%
8	48	98%	20	44	89%	32	26	88%
9	44	93%	21	57	93%	33	29	83%
10	37	86%	22	46	93%	34	55	87%
11	45	93%	23	40	98%	35	50	96%
12	69	100%	24	55	80%	36	48	73%
Total	1,754	90%						

Source: Wilbur Smith Associates (October 11, 2006)

Residential Parking Permits

The parking study area lies entirely within the “G” RPP area, which is bounded by Broadway Street to the north, Polk Street to the east, Post Street (approximately) to the south, and Presidio Avenue to the west. Vehicles displaying a RPP within this area are not subject to posted parking time limits. Thus, on-street parking counts distinguish between vehicles displaying RPPs and those without permits. Figure 22 presents the residential permit parking areas in the vicinity of the Pacific campus.

The percentage of parked cars in the study area displaying a RPP ranged from a low of 42 percent (at 2:00 p.m.) to a high of 45 percent (at 6:00 p.m.). The total number of RPP cars observed in the study area ranged from a low of 748 (at 2:00 p.m.) to a high of 854 (at 7:00 p.m.). The RPP program restrictions in the vicinity of the Pacific campus are in effect from 8:00 a.m. to 6:00 p.m. on weekdays.

Off-Street Parking

Public off-street parking inventory and occupancy data were collected within a two-block radius of the Pacific campus on October 2006, from 1:00 p.m. to 8:00 p.m. Table 32 presents the hourly occupancy data. Figure 23 presents the location of observed off-street parking facilities. There are seven off-street parking facilities, providing approximately 970 spaces within the Pacific campus parking study area. CPMC operates four of these facilities. Occupancy rates for these parking facilities ranged from a low of 35 percent in the evening to 104 percent during midday. Occupancy above 100 percent capacity indicates that valet parking is provided.

Table 32 - Pacific Campus – Off-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
970	98%	102%	104%	95%	85%	59%	35%

Source: Wilbur Smith Associates (October 17, 2006)

Table 33 presents the location, total observed supply, and midday occupancy rates for each facility. Occupancy rates for these parking facilities ranged from a low of 44 percent to 124 percent during the midday period.

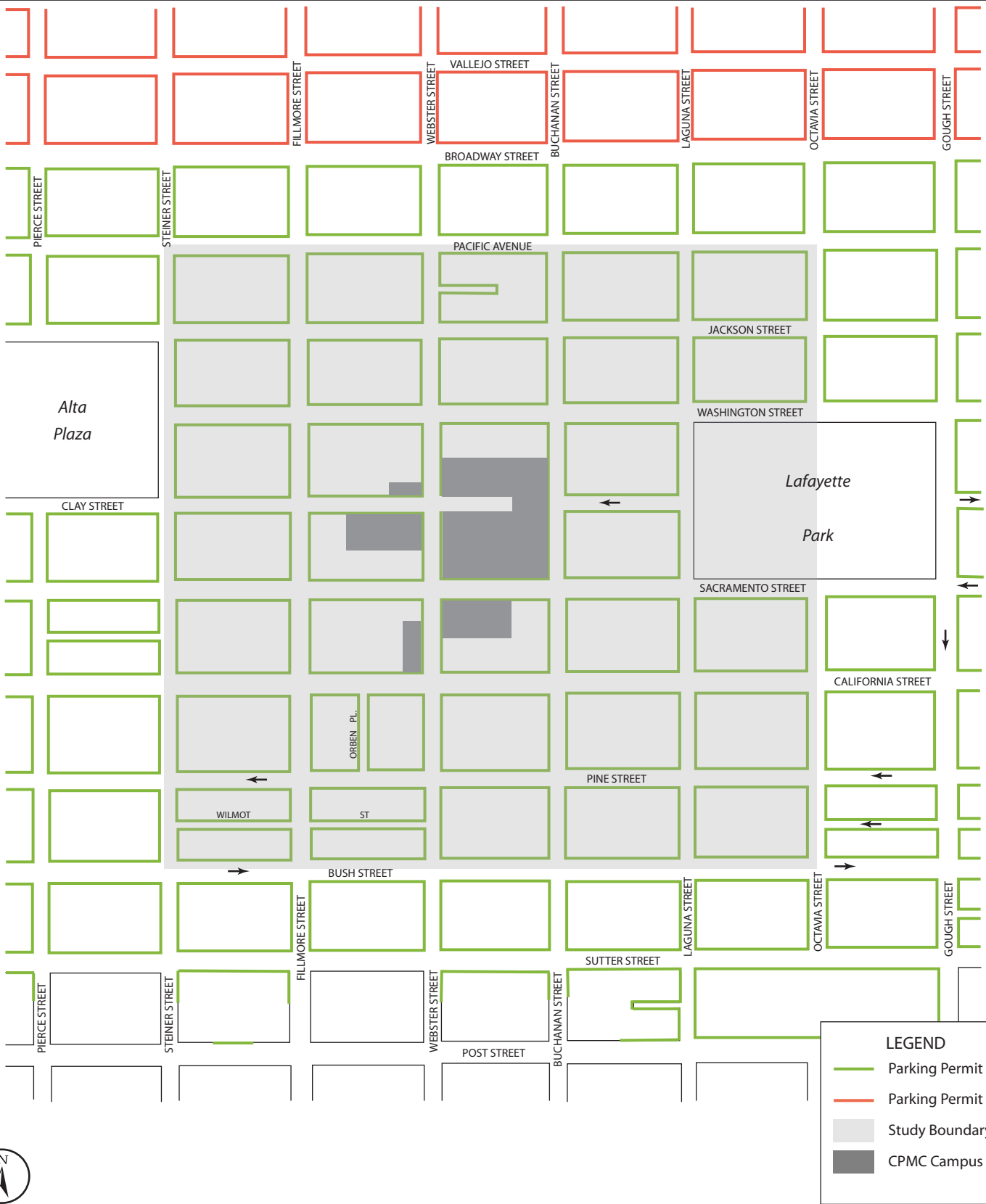
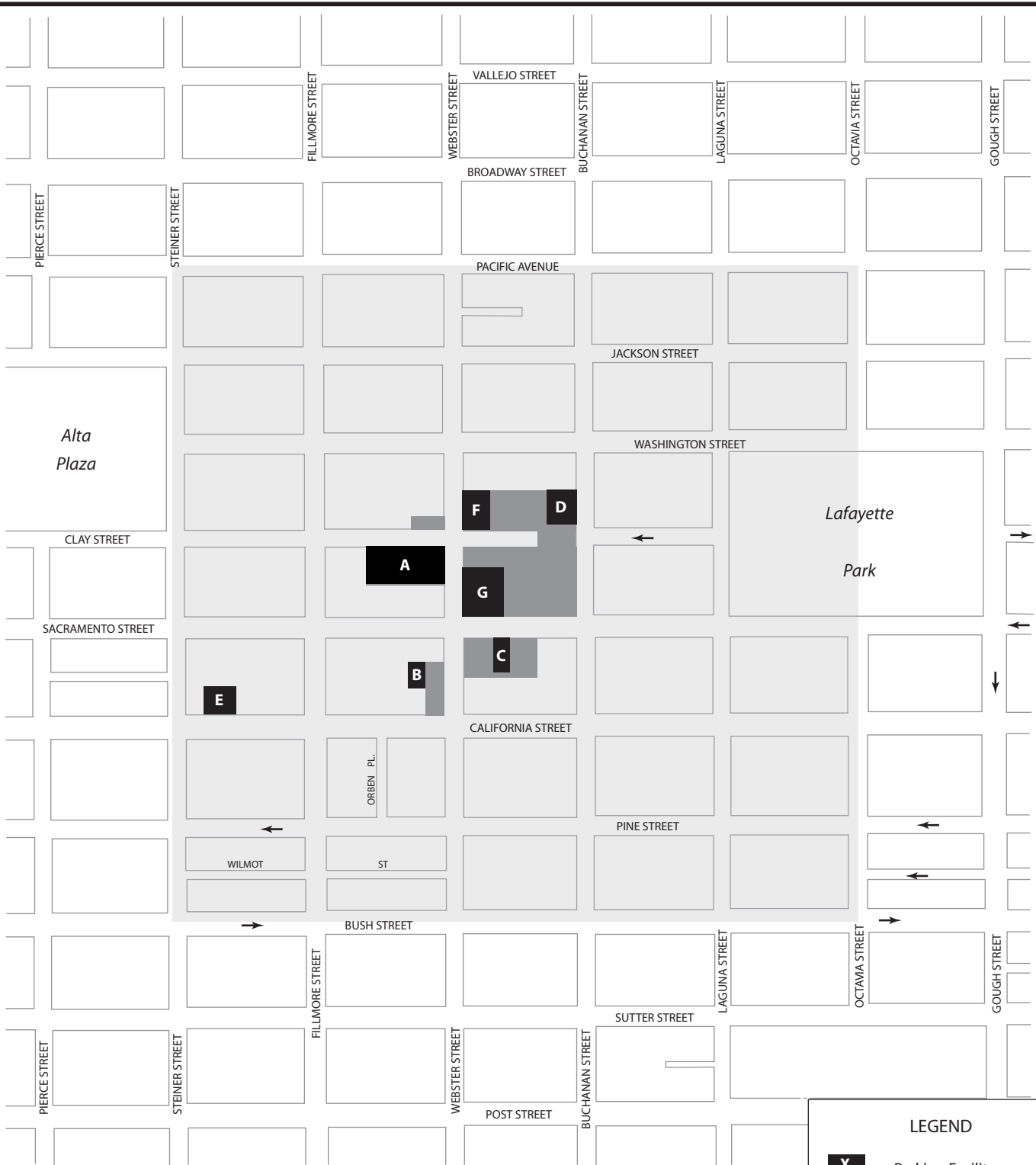





Figure 22
Existing Residential Parking Areas
PACIFIC CAMPUS



LEGEND

-  Parking Facility
-  Study Boundary
-  CPMC Pacific Campus



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 23
Existing Off-Street Parking Facilities
PACIFIC CAMPUS

Table 33 - Pacific Campus – Off-Street Parking Supply and Occupancy

Facility	Address	Supply	Midday Occupancy (3:00-4:00 p.m.)
CPMC Operated			
A	2405 Clay	411	124% ¹
B	2300 California	41	83%
C	2323 Sacramento	11	91%
D	2333 Buchanan	32	50%
Subtotal		495	115%
Not CPMC Operated			
E	2470 California	50	96%
F	2200 Webster	25	44%
G	2100 Webster	400	95%
Subtotal		475	92%
Grand Total		970	104%

Source: Wilbur Smith Associates (October 17, 2006)

Notes:

¹ This garage has valet operation. Supply data for this facility shows total spaces stripped.

2.5.4 Loading Conditions

Surveys of loading/unloading and service vehicle activities at the Pacific campus were conducted on August 22, 2008. The surveys were conducted for the 7-day period of February 25 to March 2, 2008 between the hours of 7:00 a.m. and 7:00 p.m. In addition, loading activities along Buchanan Street and at the loading dock were counted using surveillance cameras between 7:00 p.m. and 7:00 a.m. The loading facility locations are shown on Figure 17.

The survey results show that approximately 220 trucks make deliveries to the Pacific Campus on a daily basis. During the survey, most of the truck loading occurred along the stub end of Clay Street or the loading dock. The greatest amount of on-street loading occurred along Webster Street between Sacramento and Clay Streets. Most of the loading/unloading activities were of 15 minutes duration or less. The loading activities along Clay Street and at the loading dock were of longer duration, with more than 30 percent of the trucks remaining for 30 minutes to 2 hours. The greatest number of trips during a 1-hour period was observed on Clay Street, with 10 trips during each hour between 10:00 a.m. and 12:00 p.m. Table 34 presents the average number of trips by vehicle type for an average weekday at the seven survey locations.

Table 34 - Pacific Campus – Average Trucks by Vehicle Type and Location

Location	Sedan (autos)	Pickup /Van	Single- Panel	Straight Truck	Tractor Trailer	Trash Truck	Total
Buchanan	1	3	5	1	0	0	10
Sacramento	1	12	3	2	0	1	19
Webster-Washington/Clay	2	9	9	2	0	2	24
Webster-Clay/Sacramento	3	17	6	4	0	1	31
Webster-Sacramento/California	2	4	5	1	0	0	12
Clay-East of Webster	5	46	15	3	1	1	71
Loading Dock	2	22	13	13	3	1	54
Total	16	114	56	26	4	6	221

Source: CHS Consulting Group (August 2008)

2.5.5 Bicycle Conditions

The Pacific campus is served by two primary bicycle routes: Route #10 on Webster Street between Clay and Broadway Streets (Class II) and Broadway Street between Webster and Polk Streets (Class III), and Route #45 on Steiner Street between Post Street and Broadway (Class II). Figure 24 presents the bicycle route network in the vicinity of the Pacific campus. Bicycle counts were conducted in the vicinity of the Pacific campus during the evening peak period (4:00 p.m. to 6:00 p.m.) at the intersection of Webster/Clay/Washington Streets. In general, low bicycle volumes were observed during the peak period in the vicinity of the Pacific campus. Table 35 presents the peak hour bicycle volumes by approach and for the overall intersection.

Table 35 - Pacific Campus – Peak Hour Bicycle Counts

Intersection	Northbound	Southbound	Total
Webster/Clay	4	3	7

Source: Wilbur Smith Associates

2.5.6 Pedestrian Conditions

Sidewalks are provided along the four sides of the Pacific campus, ranging from 12 to 15 feet wide. All unsignalized intersections adjacent to the Pacific campus - including Webster Street/Sacramento Street, Webster Street/Clay Street, Webster Street/Washington Street, Buchanan Street/Sacramento Street, Buchanan Street/Clay Street, and Buchanan Street/Washington Street - have pedestrian crosswalks. Pedestrian traffic is controlled by signals at the intersections of Fillmore Street/California Street, Fillmore Street/Sacramento Street, Webster Street/California Street, Buchanan Street/California Street, and Laguna Street/California Street. The remaining pedestrian crosswalks located along Fillmore, Webster, Buchanan, and Laguna Streets are controlled by four-way stop signs.

The main pedestrian entrance to the Pacific campus is currently located off Webster Street. Primary pedestrian pick-up and drop-off locations are along Buchanan Street between Clay and Sacramento Streets and on Webster Street between Sacramento Street and Clay Street. The Muni bus stops on the southwest corner of Webster and Sacramento Streets, Webster and Washington Streets, and the northwest and southeast corners of Fillmore and Sacramento Streets also serve as significant pedestrian trips.

Pedestrian counts were not conducted in the vicinity of this campus. A field visit to the site shows that pedestrian volumes on the sidewalks of Webster, Buchanan, and Clay Streets are low to moderate. Sidewalk and crosswalk conditions were observed to be operating at free-flow conditions with pedestrians moving at normal walking speeds, and with the freedom to bypass other pedestrians.

Occasional pedestrian vehicle conflicts - though not significant - were observed at the Webster Street/Clay Street intersection and at driveways at the following locations: Sacramento Street (between Webster and Buchanan Streets), Webster Street (between Sacramento and Washington Streets), and Buchanan (between Clay and Sacramento Streets).

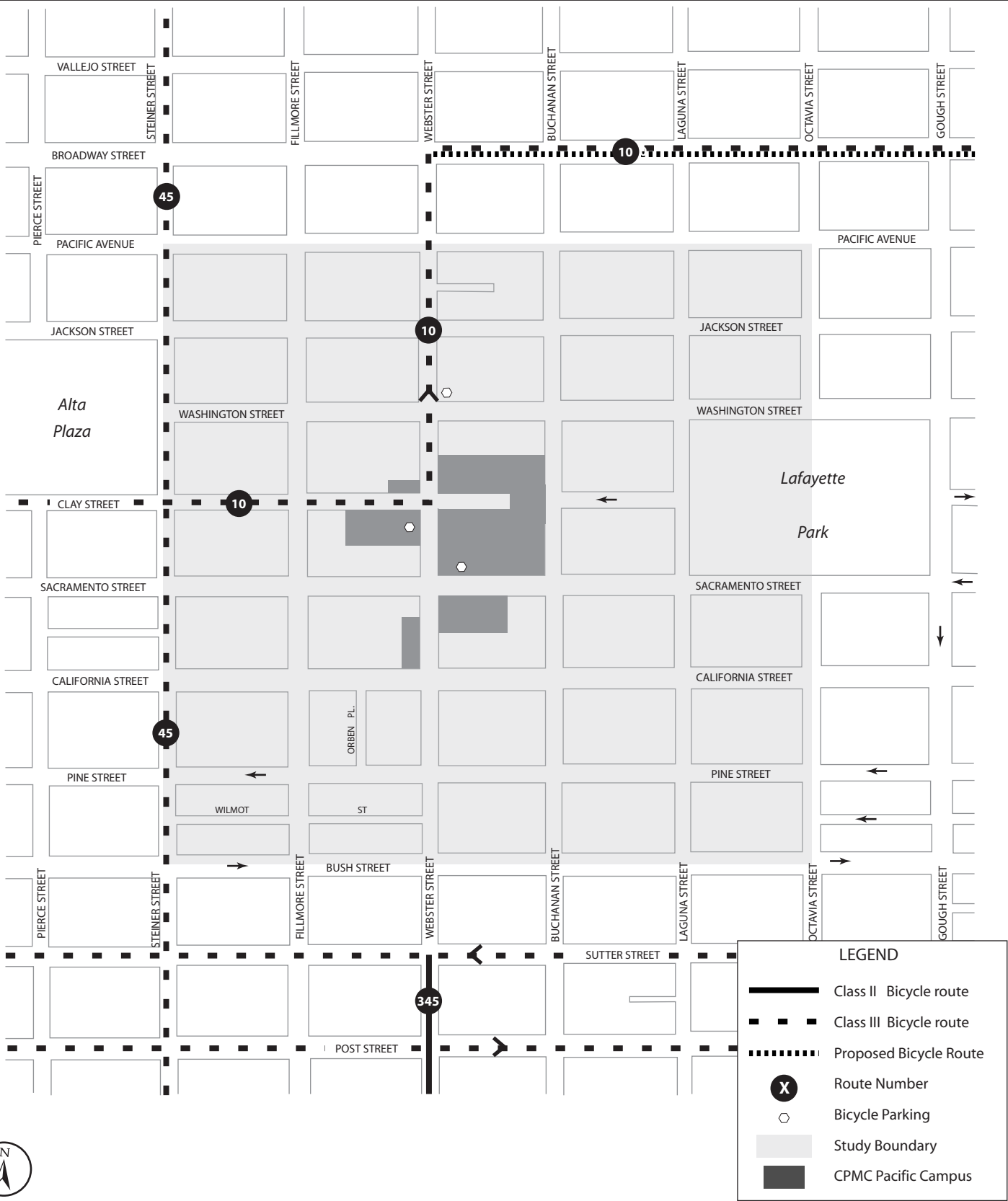


Figure 24
Existing and Proposed Bicycle Routes
PACIFIC CAMPUS

2.5.7 Transportation Demand Management Program

CPMC has a well-established TDM program, which is currently managed by several individuals. The Manager of Parking Services manages most of the TDM activities, including the Transportation Fair and parking facilities. The Assistant Manager for Transport Services manages shuttle bus operations. The Employee Benefit Coordinator of the Administration Department manages the commuter check program and transit subsidy. The key TDM elements are as follows:

Transportation Fair

CPMC sponsors an annual Transportation Fair that features the following key activities:

- A free bicycle workshop by the SF Bicycle Coalition
- On-site rideshare matching
- Display tables with commute alternatives materials and representatives from the transit agencies

Bicycle Facilities

CPMC provides the following bicycle-related facilities:

- Bicycle storage – 16 spaces at the Pacific campus
- Showers

Transit Passes

CPMC provides the following transit-related services and incentives:

- Employee allowance of up to \$100 per month of pre-tax salary to purchase mass transit vouchers
- Sale of transit passes and commuter checks on site

Rideshare Promotion

CPMC provides the following rideshare-related services and incentives:

- Rideshare matching program by 511 Regional Rideshare Program
- Free parking for registered carpool/vanpool vehicles with three or more CPMC/tenant employees
- \$2,500/year subsidy for vanpool vehicles
- Designated carshare parking spaces

Free Ride Home

CPMC security provides employees with a ride home to locations within four blocks of the Pacific campus.

Emergency Ride Home

CPMC became part of the City's ERH program in early 2006. ERH provides a free or low-cost ride home in cases of emergency for employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking. CPMC employees are eligible for the ERH program.

Parking Management Program

CPMC provides the following parking-related services and incentives:

- Parking spaces for special events in the surrounding neighborhoods at night and on weekends, as capacity allows, on a request basis
- Off-site remote parking to employees at the Japantown Center at a 50 percent discount (400 spaces)
- CPMC Parking Services Newsletter informing employees of most current parking charges and off-street parking facilities

Free Shuttle Bus Program

CPMC Pacific Campus currently serves as a hub for free shuttle buses. There are four free shuttle bus services to and from the Pacific campus: C-Line, D-Line, F-Line, BV-Line, JC-Express, and CHH-Line. The C-Line runs between the Pacific and California campuses along California Street. The D-Line operates between the Pacific and Davies campuses, and runs mainly along Scott and California streets. The F-Line operates between the Pacific Campus and 633 Folsom Street. The BV-Line operates between the Pacific campus and 633 Folsom Street building. The JC-Express runs between the Pacific campus and the Japantown Center parking garage. The CHH-Line operates between the Pacific and Cathedral Hill campuses, and also serves the Pre-Op Surgery Center at Van Ness Avenue and Sacramento Street and the Physicians Foundation at Van Ness Avenue and California Street.

All CPMC shuttle buses stop along Buchanan Street in front of the main hospital.

Table 36 - Pacific Campus – Shuttle Service Schedule and Ridership

Line	Hours of Operation	Frequency	Ridership ¹		
			From	To	Total
California Campus (C-Line)	6:30 a.m. - 6:15 p.m.	15 min	213	201	414
Davies Campus (D-Line)	6:15 a.m. - 6:15 p.m.	15 min	188	234	423
Japan Center Garage (JC-Express) ²	5:05 a.m. - 10:55 a.m. 2:40 p.m.- 8:50 p.m.	10 min	145	237	381
633 Folsom Street (F-Line)	7:10 a.m. – 5:30 p.m.	20 min			
BART (BV-Line)	5:35 a.m. - 7:05 a.m.	15 min	254	203	457
Cathedral Hill Hotel (CHH-Line)	6:30 a.m. - 6:20 p.m.	20 min	72	100	172
Total			618	772	1,390

Source: CPMC (January 2008)

Notes:

¹ Ridership numbers are presented as an average weekday ridership for the week of June 4 through 8, 2007.

² Service is provided for employees parking at the Japantown parking garage.

2.5.8 Employee and Patient/Visitor Travel Pattern

The employee survey results show that about 57 percent of employees at the Pacific campus drive to work (including drive alone, carpool, and vanpool), and more than half of the surveyed employees live in the city of San Francisco. Tables 37 and 38 present the travel modes and residence locations for the employees at the Pacific campus.

Table 37 - Pacific Campus – Employee Travel Modes

Drive Alone	Carpool	Vanpool	Transit	Bicycle	Walk	Other	Total
45%	10%	2%	29%	2%	6%	6%	100%

Source: CPMC employee survey (January 2001)

Table 38 - Pacific Campus – Employee Residence Location

San Francisco	East Bay	North Bay	South Bay	Total
51%	18%	15%	16%	100%

Source: CPMC employee survey (January 2001)

The Visitor/Patient Travel Behavior survey results show that approximately three out of four visitors drove to the Pacific campus, while half of the patients drove. The parking survey data show that visitors and patients were able to find an equal number of on-street and off-street parking spaces in the vicinity of the Pacific campus. Tables 39 and 40 present the visitor/patient survey results.

Table 39 - Pacific Campus – Patient and Visitor Travel Modes

	Auto	Transit	Walk	Other	Total
Patient	55%	26%	8%	11%	100%
Visitor	74%	12%	8%	4%	100%

Source: CMPC patient and visitor survey (February 2001)

Table 40 - Pacific Campus – Patient and Visitor Parking Location

	On-Street	Off-Street
Patient	45%	55%
Visitor	50%	50%

Source: CMPC patient and visitor survey (February 2001)

2.5.9 Existing Daily Person Trips

Pacific campus pedestrian and vehicle counts were collected on a weekday from 7:00 a.m. to 7:00 p.m. at the perimeter of the Pacific campus. Surveyors were stationed at the doorways to campus buildings, campus pedestrian “gateways,” and driveways. Surveyors counted the arrivals and departures for both vehicles and pedestrians at all access points of each campus in 15-minute increments. To determine the number of intra-campus linked trips (internal trips within each campus), mode split, and origins of campus visitors, an intercept survey was conducted during the same week as the pedestrian and vehicle counts. The results of this study were applied to the perimeter survey data to account for “double counting” of individuals who travel between two different buildings, blocks, etc. on a single campus. As shown on Table 41, the Pacific campus generates approximately 16,975 daily person trips.

Table 41 - Pacific Campus – Person Trip Generation

Inbound	Outbound	Total
8,482	8,492	16,975

Source: CHS Consulting Group (2004)

2.6 Davies Campus

The Davies campus occupies an entire city block in the Duboce Triangle neighborhood. The campus consists of five buildings, and is bounded by Duboce Avenue, Noe Street, 14th Street, and Castro Street. Figure 25 shows the existing site plan for the Davies campus.

2.6.1 Traffic Circulation

The local roadway systems serving the Davies campus are described below, including functional designation, number of lanes, and directions of travel. The functional designation of these roads is obtained from the *San Francisco General Plan*.⁶

Roadway Description

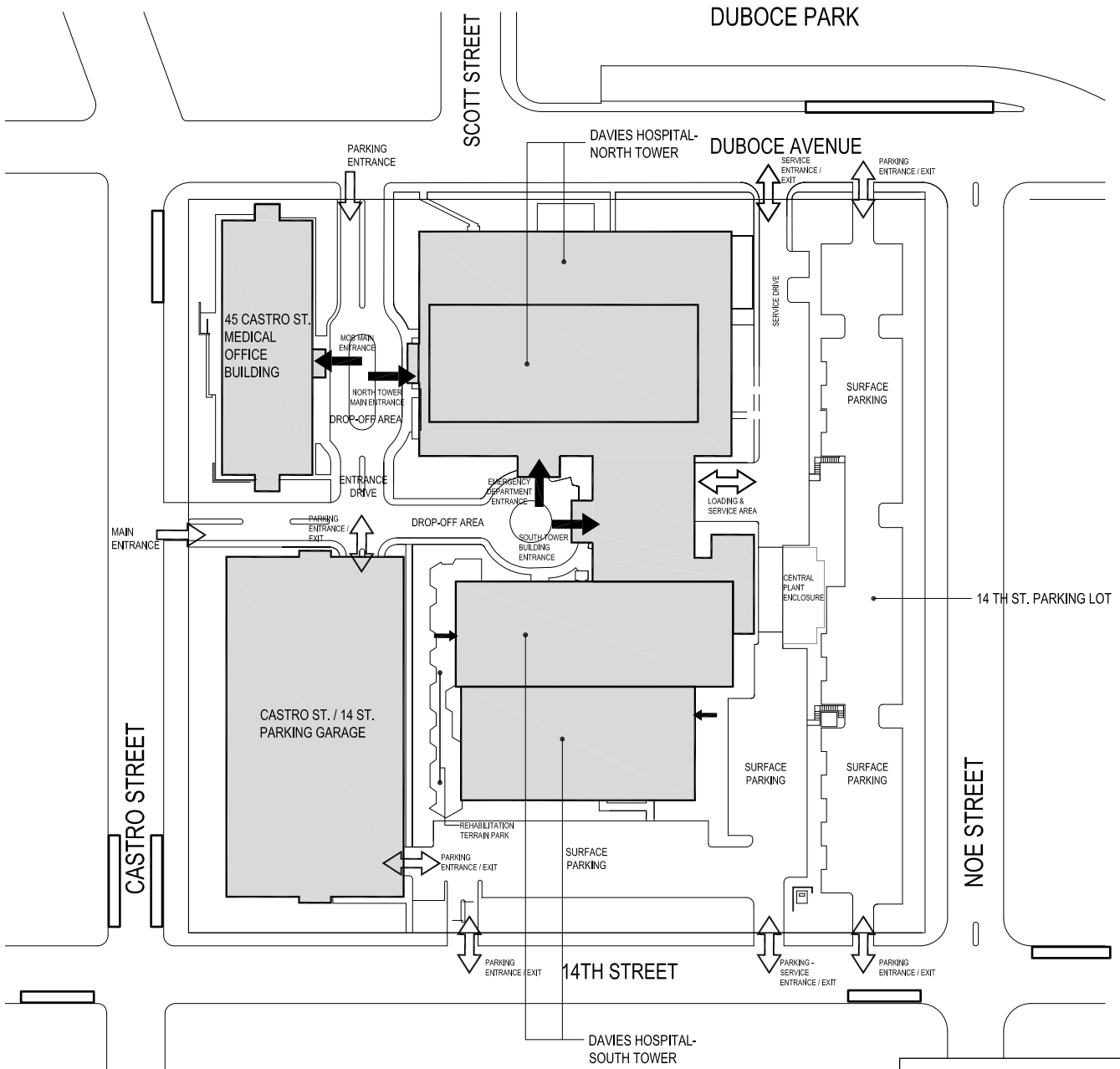
Haight Street - Haight Street is an east-west street that runs between Market Street and Stanyan Street. In the vicinity of the Davies campus, Haight Street operates as a two-way street with one travel lane in each direction way (except between Market and Laguna Street where it is a one-way street) and parking on both sides of the street. In the *San Francisco General Plan*, Haight Street is designated as a Transit Preferential Street (Primary Transit Street – transit important) between Stanyan Street and Masonic Avenue, and a Secondary Transit Street between Masonic Avenue and Market Street. Haight Street is also part of the Citywide Pedestrian Network and a Neighborhood Pedestrian Street (Neighborhood Commercial Street) between Stanyan and Market Streets.

Waller Street - Waller Street is an east-west street that runs from Octavia Street to Kezar Drive with interruptions between Laguna Street and Buchanan Street, and between Broderick Street and Buena Vista Avenue. In the vicinity of the Davies campus, Waller Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street. Waller Street between Sanchez and Noe Streets is part of Bicycle Route #30.

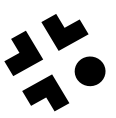
Duboce Avenue - Duboce Avenue is an east-west street running from Mission Street to Buena Vista Avenue East. The Muni Metro tunnel portal is located on Duboce Street between Market and Church Streets. In the vicinity of the Davies campus, Duboce Avenue is a two way street with two travel lanes in each direction between Church and Noe Streets, and with the center lanes sharing the right-of-way with Muni Metro. West of Noe Street, Duboce Avenue continues to operate as a two-way street with one travel in each direction and parking on both sides of the street. The *San Francisco General Plan* identifies Duboce Avenue as a Primary Transit Street between Church and Noe Streets, a Bike Path between Market and Webster Streets, a Pedestrian Network Street between Steiner and Noe Streets, and a Neighborhood Commercial Street between Church and Castro Streets. Duboce Avenue between Church and Sanchez Streets is also part of Bicycle Route #350.

14th Street – 14th Street is an east-west street that runs between Harrison Street and Buena Vista Terrace. In the vicinity of the Davies campus, 14th Street has three travel lanes (two eastbound and one westbound), parking on both sides of the street, and 9-foot-wide sidewalks. 14th Street is a one-way street in the eastbound direction from Dolores Street to Folsom Street. 14th Street between Sanchez and Harrison Streets is part of Bicycle Routes #30 and #47.

⁶ *San Francisco General Plan*, Transportation Element, July 1995.



LEGEND	
	Pedestrian access (Main entrance)
	Pedestrian access (Secondary entrance)
	Vehicular access
	Passenger Loading area
	MUNI stops



CHS Consulting Group

Source: The Marchese Company
California Pacific Medical Center IMP 2008

Figure 25
Existing Site Plan
DAVIES CAMPUS

Henry Street - Henry Street is an east-west street that runs from Sanchez Street to a dead end west of Castro Street. In the vicinity of the Davies campus, Henry Street operates as a two-way street with parking on both sides of the street.

15th Street – 15th Street is an east-west street that runs discontinuously between Carolina Street and Roosevelt Avenue. In the vicinity of the Davies campus, 15th Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Broderick Street - Broderick Street is a north-south street that runs from Marina Boulevard to Waller Street with interruptions from Vallejo Street to Broadway and from Geary Boulevard to O'Farrell Street. In the vicinity of the Davies campus, Broderick Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Divisadero Street - Divisadero Street is a north-south street running from Marina Boulevard to Waller Street. In the vicinity of the Davies campus, Divisadero Street operates as a two-way street with two travel lanes in each direction and parking on both sides of the street from Castro Street to California Street. Between Castro Street and 14th Street, it continues to operate as a two-way street with one travel lane in each direction. In the *San Francisco General Plan*, Divisadero Street is identified as a Major Arterial between Castro and Pine Streets, a Secondary Arterial between Pine and Lombard Streets, a Secondary Transit Street between Castro and California Streets, and a Neighborhood Commercial Street between California and Haight Streets. Divisadero Street is also part of the CMP network between Castro and Pine Streets, and a MTS street between Lombard and Castro Streets.

Scott Street - Scott Street is a north-south street that runs from Marina Boulevard to Duboce Avenue. In the vicinity of the Davies campus, Scott Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Pierce Street - Pierce Street is a north-south street that runs from Beach Street to a dead end south of Waller Street with interruptions between Jackson and Clay Streets, between Post and O'Farrell Streets, and between Fulton and Hayes Streets. In the vicinity of the Davies campus, Pierce Street operates as a two-way street with one lane in each direction and parking on both sides of the street.

Steiner Street - Steiner Street is a north-south street that runs from Duboce Avenue to Chestnut Street. In the vicinity of the Davies campus, Steiner Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street. Steiner Street between Waller and Duboce Streets is part of Bicycle Route #30.

Castro Street - Castro Street is a north-south street that runs between Waller Street and 30th Street with interruptions between 27th and 28th Streets. In the vicinity of the Davies campus, Castro Street operates as a two-way street with one travel lane in each direction and on-street parking on both sides of the street. In the *San Francisco General Plan*, Castro Street is designated as a Major Arterial between Waller and Market Streets. In addition, Castro Street is classified as a Transit Preferential Street (Secondary Transit Street) from Market Street to 24th Street, and as a Neighborhood Pedestrian Street (Neighborhood Commercial Street).

Noe Street - Noe Street is a north-south street that runs between Duboce Avenue and Laidley Street. In the vicinity of the Davies campus, Noe Street operates as a two-way street with one travel lane in each direction and on-street parking on both sides of the street. Noe Street has 19-foot-wide sidewalks between Duboce Avenue and 14th Street, and 13-foot-wide sidewalks with bulbs south of 14th Street. The *San Francisco General Plan* identifies Noe Street as a Primary Transit Street between Market and

17th Streets, a Citywide Pedestrian Street between Duboce Avenue and Market Street, and a Neighborhood Network Connection Street between Market and Haight Streets.

Walter Street - Walter Street is one block north-south street between Duboce Avenue and 14th Street. In the vicinity of the Davies campus, Walter Street operates as two-way street with one lane in each direction and parking on both sides of the street.

Sanchez Street - Sanchez Street is a north-south street that runs between Duboce Avenue and Randall Street. In the vicinity of the Davies campus, Sanchez Street operates as a two-way street with one travel lane in each direction and on-street parking on both sides of the street. In the *San Francisco General Plan*, Sanchez Street is designated as a Neighborhood Network Connection Street between Market Street and Duboce Avenue. Sanchez Street between 15th and 17th Streets is part of Bicycle Route #47.

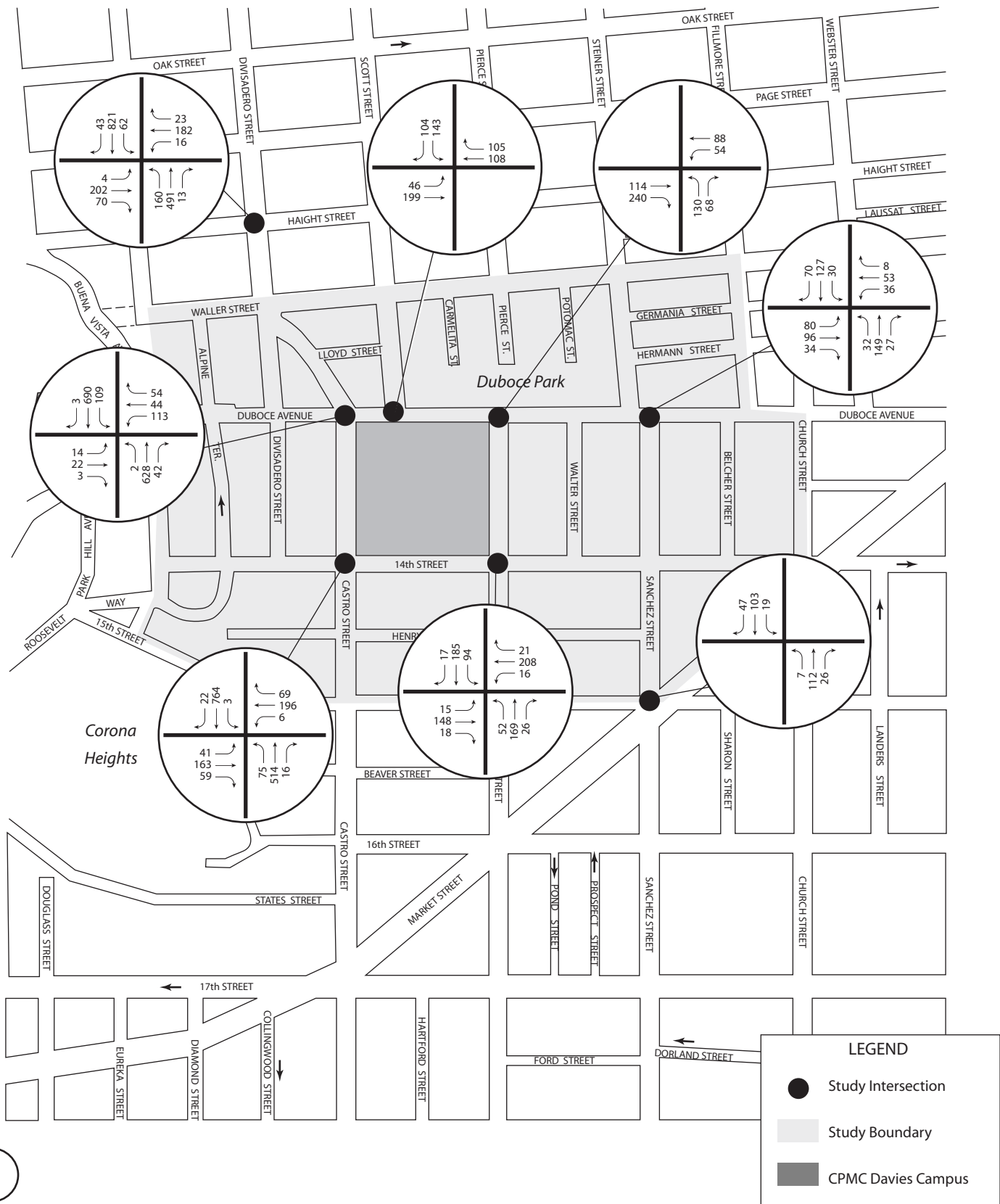
Traffic Conditions

Existing intersection operating conditions were evaluated for the peak hour (generally 5:00 to 6:00 p.m.) of the weekday PM peak period (4:00 to 6:00 p.m.). Intersection turning movement counts for the following intersections were collected on June 27 and 28, 2006:

1. Divisadero Street/Haight Street
2. Castro Street/Duboce Avenue
3. Castro Street/14th Street
4. Sanchez Street/Market Street/15th Street
5. Scott Street/Duboce Avenue
6. Noe Street/Duboce Avenue
7. Noe Street/14th Street
8. Sanchez Street/Duboce Avenue

Figure 26 presents the existing turning movement volumes at the eight study intersections. Four of the study intersections (Divisadero Street/Haight Street, Castro Street/Duboce Avenue, Castro Street/14th Street, and Market Street/Sanchez Street/15th Street) are signalized; four of the intersections (Scott Street/Duboce Avenue, Noe Street/Duboce Avenue, Noe Street/14th Street, and Sanchez Street/Duboce Avenue) are unsignalized all-way stop-controlled.

Table 42 presents the results of the intersection LOS analysis for existing weekday PM peak hour conditions. During the weekday PM peak hour, all four signalized intersections – Divisadero/Haight, Castro/Duboce, Castro/14th, and Sanchez/Market/15th – operate unsatisfactorily at LOS E or F. The intersection of Divisadero and Haight Streets experienced long delays during the PM peak hour due to split phase in the northbound and southbound directions. According to the observation made by CHS Consulting Group on November 4th, 2008, the delays on Castro Street occurred mainly in the southbound direction due to vehicle queuing created by the stop-sign-controlled intersection at Castro and 16th Streets. This condition lasted only for a short duration. The intersection of Sanchez, Market and 15th Streets experienced LOS E due to the short green phase for 15th Street approach. The unsignalized intersections operate satisfactorily at LOS B during the weekday PM peak hour. See Appendix A for the detailed LOS calculation sheets.



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 26
Existing Traffic Volumes (PM Peak Hour)
DAVIES CAMPUS

Table 42 - Davies Campus – Existing Weekday PM Peak Hour Intersection Level of Service

	Delay (sec/veh)	LOS
Signalized		
1. Divisadero St./Haight St.	>80	F
2. Castro Street/Duboce Avenue	>80	F
3. Castro Street/14 th Street	76.2	E
4. Sanchez Street/Market Street/15 th Street	76.7	E
Unsignalized¹		
5. Scott Street/Duboce Avenue	10.3	B
6. Noe Street/Duboce Avenue	10.3	B
7. Noe Street/14 th Street	13.6	B
8. Sanchez Street/Duboce Avenue	10.3	B

Source: Wilbur Smith Associates

Note:

¹ All intersections are four-way stop-controlled.

2.6.2 Transit Network

Muni operates 13 transit lines that directly serve the Davies campus; 5 of these transit lines are light rail (J-Church, K-Ingleside, L-Taraval, M-Ocean View, and N Judah), 1 a street car line (F-Market), and 7 are bus lines. The routes are described below. Table 43 presents the service frequencies during the AM and PM peak periods and the nearest stop locations for Muni lines that service the Davies campus. Figure 27 presents the transit service and stops within a two-block radius of the Davies campus.

Transit Routes

Muni Line #6 - Parnassus: This line operates from the west of Twin Peaks to the Transbay Terminal via Ninth Avenue, Parnassus Avenue, Haight Street, and Market Street. Weekday service is provided every 10 minutes during the peak periods. The 6-Parnassus serves the Civic Center, Powell Street, and Montgomery BART Stations, as well as the Van Ness Avenue Muni Metro Station. The PM peak hour ridership at the MLP is 196, which occurs at the intersection of Market Street and Van Ness Avenue in the outbound direction. Capacity utilization at the MLP is approximately 52 percent.

Muni Line #7 - Haight: This line provides service during the peak periods only, operating from the eastern edge of Golden Gate Park to the Ferry Terminal via Haight and Market Streets. Weekday service is provided every 15 minutes during the AM and PM peak periods. This line serves the Civic Center, Powell Street, and Montgomery BART Stations, as well as the Van Ness Avenue Muni Metro Station. The PM peak hour ridership at the MLP is 93, which occurs at the intersection of Market Street and Van Ness Avenue in the outbound direction. Capacity utilization at the MLP is approximately 25 percent.

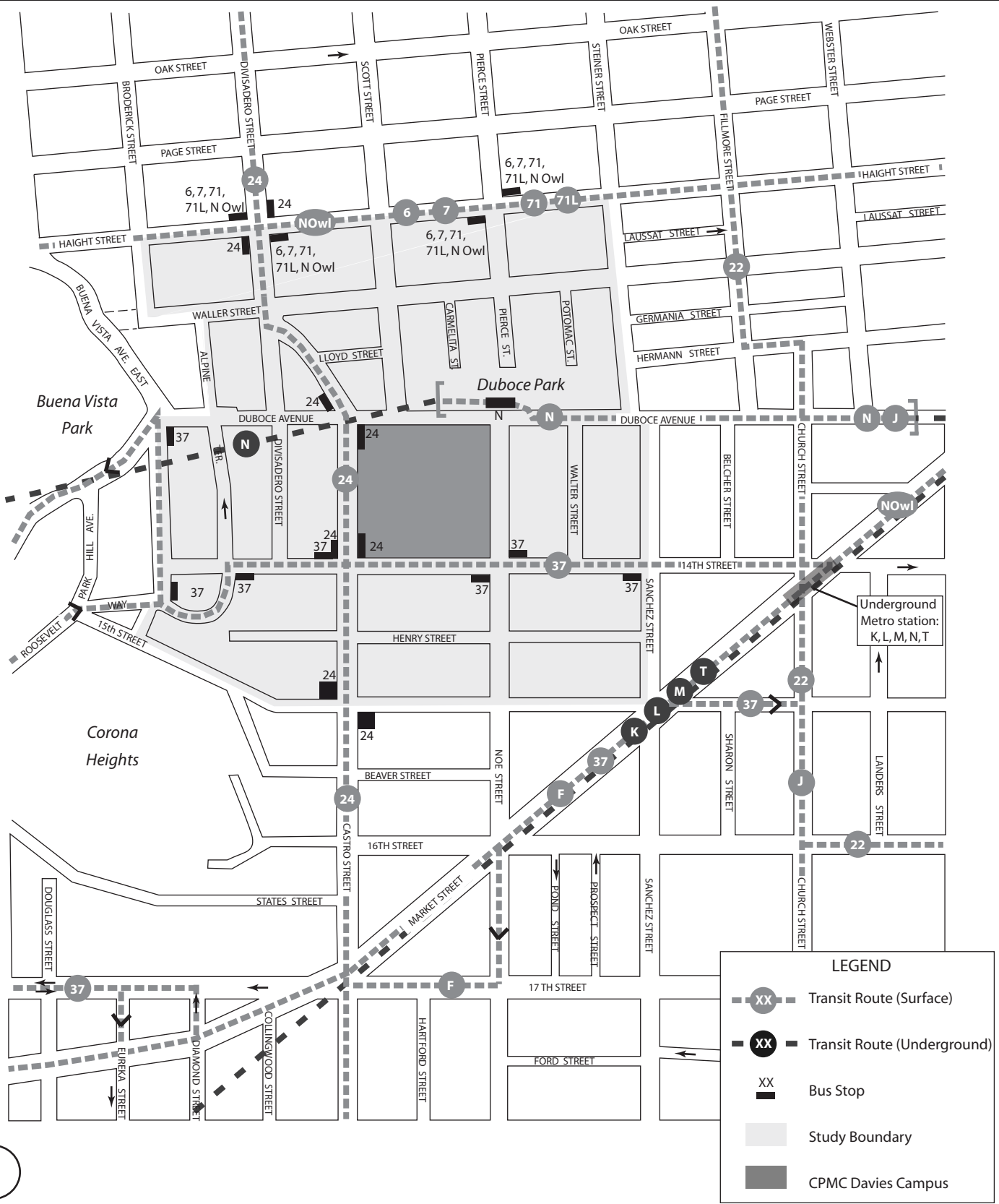


Figure 27
Existing Transit Routes and Stop Locations
DAVIES CAMPUS

Muni Line #22 - Fillmore: This line connects Marina Boulevard and Fillmore Street in the Marina District to 3rd and 20th Streets via Fillmore, Church, 16th, 17th, and 18th Streets. Service is provided 24 hours. The 22-Fillmore operates every 8 minutes during the AM peak period and every 6 minutes during the PM peak period. The PM peak hour ridership at the MLP is 327, which occurs at the intersection of Fillmore and Hayes Streets in the outbound direction. Capacity utilization at the MLP is approximately 58 percent.

Muni Line #24 - Divisadero: This line connects Bayview and Hunters Point to Jackson and Webster Streets in Pacific Haight, via Cortland Avenue, and Noe, Castro, and Divisadero Streets. Service is provided 24 hours. During the weekdays, this line operates every 8 minutes during the AM and PM peak periods. During the weekends, service is provided every 15 to 20 minutes. The PM peak hour ridership at the MLP is 223, which occurs at Castro Street/19th Street in the outbound direction. Capacity utilization at the MLP is approximately 59 percent.

Muni Line #37 - Corbett: This line services the Haight Ashbury and Twin Peaks areas, and connects them with the Castro and Church Street Muni Metro Stations. It operates via Haight, Cole, 17th, Roosevelt, 14th, Market, Corbett, Portola, Glenview, and Burnett Streets every 15 minutes during the peak periods. The PM peak hour ridership at the MLP is 99, which occurs at the intersection of 17th and Diamond Streets in the outbound direction. Capacity utilization at the MLP is approximately 55 percent.

Muni Lines #71/#71L - Haight-Noriega/Limited: These lines connect the Great Highway to the Ferry Terminal via Noriega, 22nd, and 23rd Avenues, Lincoln Way, and Haight and Market Streets. They provide service to the Civic Center, Powell, Montgomery, and Embarcadero BART stations, as well as the Van Ness Avenue Muni Metro Station. During peak periods, limited stop service replaces local service every 10 minutes. The limited stop area is from Haight and Masonic Streets to Market Street and Van Ness Avenue, with stops at Divisadero, Fillmore, Laguna, Gough, and Franklin Streets. The Route 71L PM peak hour ridership at the MLP is 274, which occurs at the intersection of Haight and Gough Streets in the outbound direction. Capacity utilization at the MLP is approximately 73 percent.

Muni Line F-Market: This Historic Trolley route operates on the surface street from the Castro Street Station to Fisherman's Wharf via Market Street and the Embarcadero. This line serves the Civic Center, Downtown Retail and Financial Districts, and Fisherman's Wharf. The PM peak hour ridership at the MLP is 531, which occurs at the intersection of The Embarcadero and Green Street in the outbound direction. Capacity utilization at the MLP is approximately 69 percent.

Muni Metro Line J - Church: This Muni Metro line operates between the Balboa Park Station and the Embarcadero BART station via San Jose Avenue, 30th Street, Church Street, the Duboce Tunnel, and the Market Street subway. The J-Church provides service to the Civic Center, Powell, Montgomery, and Embarcadero BART stations. The line runs every 9 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 871, which occurs at the Van Ness Station in the outbound direction. Capacity utilization at the MLP is approximately 105 percent.

Muni Metro Line K - Ingleside: This Muni Metro line operates between the Embarcadero and Balboa Park Stations, serving the Financial District, Civic Center, Castro, Ingleside, and Balboa Park neighborhoods. The K line runs every 9 minutes during the peak periods. The PM peak hour ridership at the MLP is 819, which occurs at the Van Ness Station in the outbound direction. Capacity utilization at the MLP is approximately 98 percent.

Muni Metro Line L - Taraval: This Muni Metro line operates between the Embarcadero Station and the San Francisco Zoo at 46th Avenue and Wawona Street. The areas of service include the Financial District, Civic Center, Castro, West Portal, and Sunset District. The L line operates every 8 minutes during the AM and PM peak periods. After 1:00 a.m., a Metro Owl motor coach provides service via surface routes. The PM peak hour ridership at the MLP is 1,884, which occurs at the Van Ness Station in the outbound direction. Capacity utilization at the MLP is approximately 72 percent.

Muni Metro Line M - Ocean View: This Muni Metro line operates between the Embarcadero and Balboa Park Stations. It serves the Financial District, Civic Center, Castro, Stonestown Galleria, and Balboa Park neighborhoods. The M line operates every 9 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 1,666, which occurs at the Van Ness Station in the outbound direction. Capacity utilization at the MLP is approximately 96 percent.

Muni Metro Line N - Judah: This Muni Metro line operates between Ocean Beach and 4th and King Streets, via Judah Street, 9th Avenue, Irving Street, Carl Street, the Sunset Tunnel, Duboce Avenue, the Duboce Tunnel, the Market Street subway, The Embarcadero, and King Street. It provides service to the Civic Center; the Powell, Montgomery, and Embarcadero BART Stations; and Pacific Bell Park and the Caltrain Station. The N line operates every 7 minutes during the peak periods, and every 8 minutes during midday. After 1:00 a.m., a Metro Owl motor coach provides service via surface routes. The PM peak hour ridership at the MLP is 2,055, which occurs at the Van Ness Station in the outbound direction. Capacity utilization at the MLP is approximately 96 percent.

Table 43 - Davies Campus – Transit Service Summary

Route ¹	Weekday Hours of Operation	Weekday Headway (min)		Nearest Stop
		AM	PM	
6-Parnassus	6:20 a.m. - 12:22 a.m.	10	10	Haight/Divisadero
7-Haight	AM & PM Peaks Only	15	15	Haight/Divisadero
22-Fillmore	24 Hours	8	7	Church/Duboce
24-Divisadero	24 Hours	9	10	Castro/Duboce
37-Corbett	6:15 a.m. - 12:30 a.m.	15	15	Castro/14 th St.
71-Haight-Noriega	6:13 a.m. - 12:23 a.m.	10	10	Haight/Divisadero
71L-Haight-Noriega Limited ²	AM & PM Peaks Only	10	10	Haight/Divisadero
F-Market	5:47 a.m. - 12:38 a.m.	6	7	Market/Church
J-Church	5:09a.m. - 12:16 a.m.	9	9	Duboce/Church
K-Ingleside	4:49 a.m. - 12:46 a.m.	9	9	Market/Church
L-Taraval	24 Hours ³	8	8	Market/Church
M-Ocean View	5:42 a.m. - 12:10 a.m.	9	9	Market/Church
N-Judah	24 Hours ³	7	7	Duboce/Noe

Sources: San Francisco Municipal Railway; Wilbur Smith Associates

Notes:

¹ Routes represent Muni bus lines that operate within a 0.5-mile radius of the Davies campus; Routes 16AX and 16BX run through but do not stop within the study area.

² Operates peak direction only: inbound AM peak and outbound PM peak; Route 71L-Haight/Noriega replaces the 71-Haight/Noriega service during peak hours.

³ Night service provided by L/N Owl buses.

As shown in Table 44, capacity utilization of the four Metro lines—J-Church, K-Ingleside, L-Taraval, and N-Judah—exceed Muni’s standard of 85 percent capacity utilization at MLP in the outbound direction. The remaining nine lines operate below the Muni standard.

Table 44 - Davies Campus – Existing Muni PM Peak Ridership and Capacity

Route	Vehicle Type ¹	Buses Per Hour	Pax Load ²	Peak Hour Capacity	Capacity Utilization	Maximum Load Point
6-Parnassus	TC	6	196	378	52%	Market/Van Ness
7-Haight	TC	4	93	376	25%	Market/Van Ness
22-Fillmore	TC	9	327	567	58%	Fillmore/Hayes
24-Divisadero	TC	6	223	378	59%	Castro/19 th
37-Corbett	MC	4	99	180	55%	17 th /Diamond
71L-Haight-Noriega Limited ³	MC	6	274	378	73%	Haight/Gough
F-Market	HS	11	531	770	69%	Embarcadero/Green
J-Church	LRV-1	7	871	833	105%	Van Ness Station
K-Ingleside	LRV-1	6	819	833	98%	Van Ness Station
L-Taraval	LRV-2	9	1,884	2,142	88%	Van Ness Station
M-Ocean View	LRV-2	7	1,194	1,666	72%	Van Ness Station
N-Judah	LRV-2	9	2,055	2,142	96%	Van Ness Station

Source: Muni TEP Data

Notes:

¹ TCS – Trolley Coach Standard; MCS – Motor Coach Standard; MCSM – Motor Coach Small; LRV – Light Rail Vehicle (one or two cars); HSC – Historic Streetcar.

² Passenger Load. Ridership for peak hour of PM peak period obtained from Muni TEP data.

³ Route 71 has no local service in peak hour, peak direction; replaced with 71L.

2.6.3 Parking Conditions

The existing on- and off-street parking occupancy conditions were examined within a two-block radius of the Davies campus, defined by Haight Street to the north, Steiner Street and Sanchez Street to the east, 15th Street to the south, and Buena Vista Avenue and Broderick Street to the west.

On-street Parking

The on-street parking supply and occupancy within the study area were counted between 1:00 p.m. and 8:00 p.m. on Wednesday, August 23, 2006. Table 45 presents the average hourly parking occupancy rate for these spaces. There are 1,437 on-street parking spaces in the study area. The occupancy rates ranged from a low of 71 percent (at 1:00 p.m.) to a high of 85 percent (at 7:00 p.m.), indicating that on-street parking occupancy is moderately high throughout the day. On-street parking occupancy increased gradually from 71 percent in the early afternoon (1:00 p.m.) to 85 percent between 7:00 p.m. and 8:00 p.m. when residents in the neighborhood return from work.

Table 45 - Davies Campus – On-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
1,437	71%	73%	74%	76%	81%	84%	85%

Source: Wilbur Smith Associates (August 23, 2006)

Table 46 presents the on-street supply and occupancy rates by block during the weekday mid-afternoon between 2:00 p.m. and 3:00 p.m. Appendix B contains a complete inventory of on-street parking supply and occupancy data. The midday peak hour parking occupancy rate ranged widely, from a low of 47 percent to a high of 106 percent, with an average rate of 73 percent. Three blocks had occupancy rates above 100 percent, indicating illegal parking activities (e.g., parking in red zones, double parking), and shows that on-street parking in the study area is a constraint. (The effective capacity of a parking facility is usually 85 to 90 percent of the total supply. When occupancy reaches or exceed the rate, drivers must circulate searching for available spaces.) Figure 28 presents the midday on-street parking supply and occupancy by block.

Table 46 - Davies Campus – Midday On-Street Parking Supply and Occupancy

Block	Supply	Occupancy (2:00 p.m. – 3:00 p.m.)	Block	Supply	Occupancy (2:00 p.m. – 3:00 p.m.)
1	74	57%	14	52	79%
2	47	68%	15	67	60%
3	48	56%	16	48	69%
4	47	94%	17	100	102%
5	33	70%	18	70	71%
6	71	79%	19	91	68%
7	34	68%	20	38	53%
8	28	104%	21	131	47%
9	29	72%	22	73	75%
10	32	66%	23	71	86%
11	22	64%	24	79	73%
12	33	64%	25	68	106%
13	51	88%	Total	1,437	73%

Source: Wilbur Smith Associates (August 23, 2006)

Residential Parking Permit Zones

The parking study area lies entirely within the RPP “S” zone, which is bounded approximately by Haight Street, Valencia and Gough Streets, 22nd Street, and Buena Vista Boulevard. Figure 29 presents the RPP areas in the vicinity of the Davies campus. Vehicles displaying a RPP within this area are not subject to posted parking time limits, from 8:00 a.m. to 6:00 p.m. on weekdays.

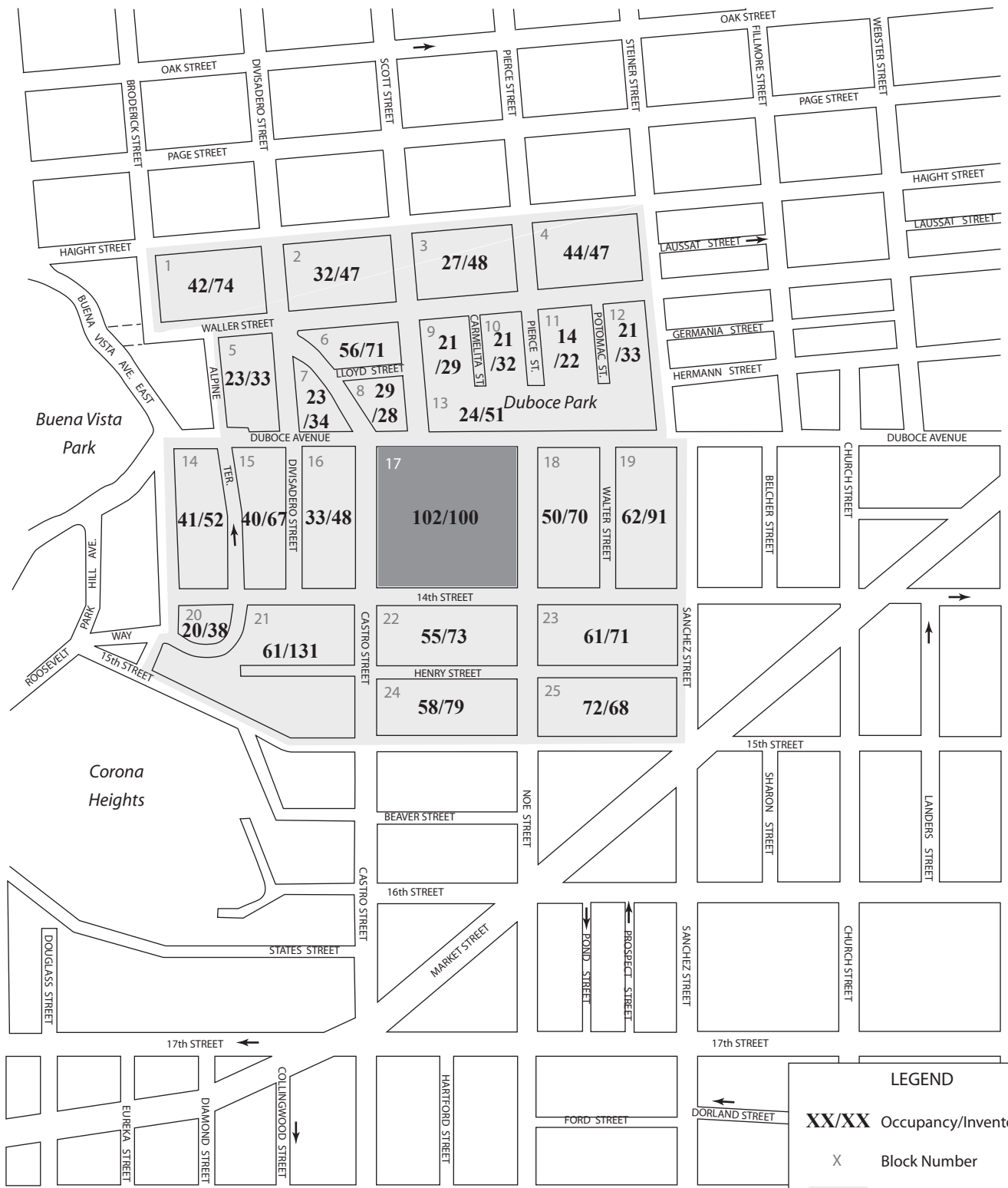
Off-Street Parking

Public off-street parking inventory and occupancy data were counted within a two-block radius of the Davies campus in October 2006 for the period between 1:00 p.m. and 8:00 p.m. Table 47 presents the hourly occupancy data. Figure 30 presents the location of observed off-street parking facilities. The average occupancy rate on weekdays was moderate to high (78 percent) during the midday (3:00 p.m. to 4:00 p.m.) and very low in the evening.

Table 47 - Davies Campus – Off-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
496	67%	74%	78%	68%	49%	36%	30%

Source: Wilbur Smith Associates (October 18, 2006)



LEGEND

- XX/XX** Occupancy/Inventory
- X** Block Number
- Study Boundary
- CPMC Davies Campus



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 28
Existing On-Street Parking Supply and Occupancy (2:00 PM - 3:00 PM)
DAVIES CAMPUS

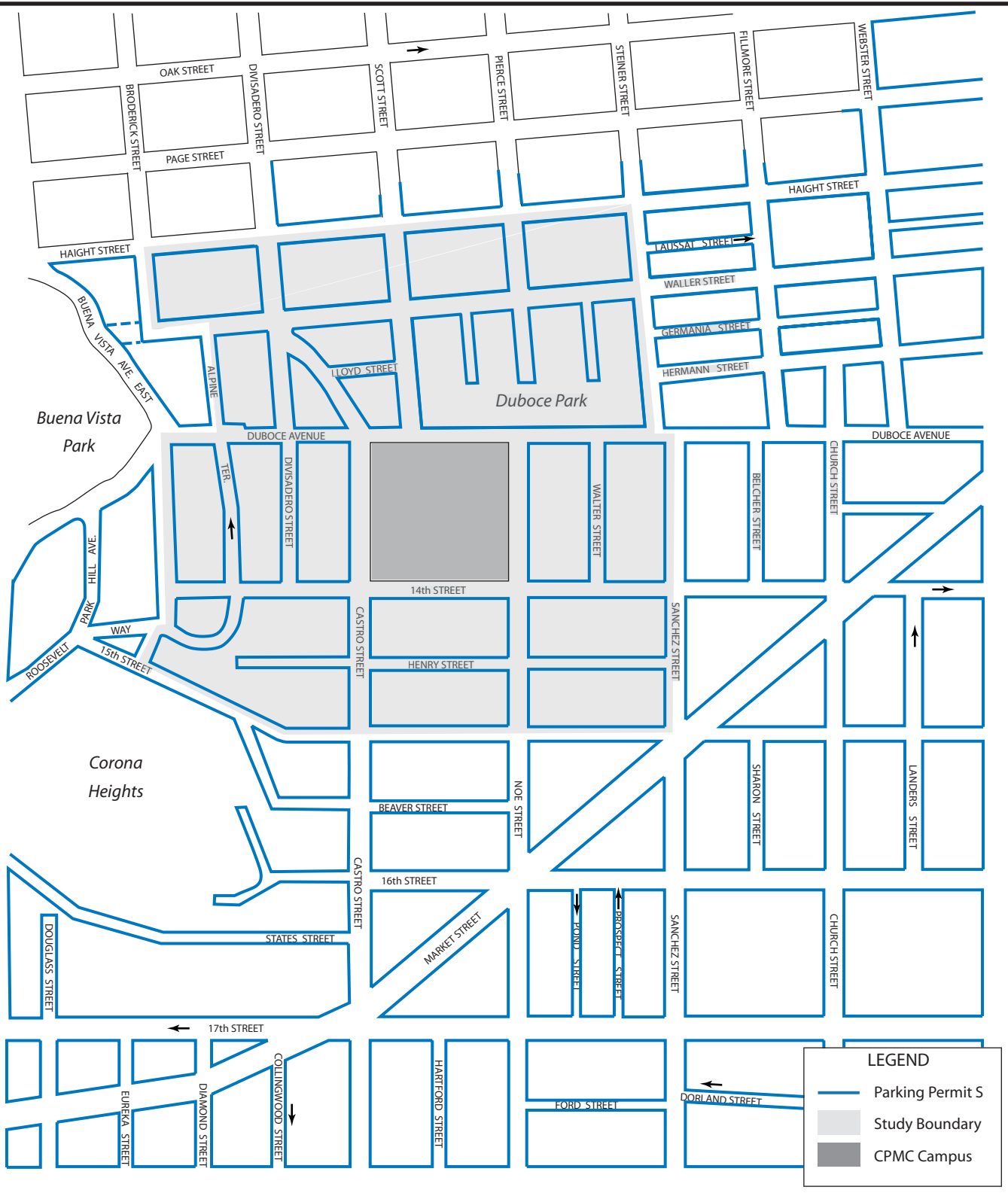
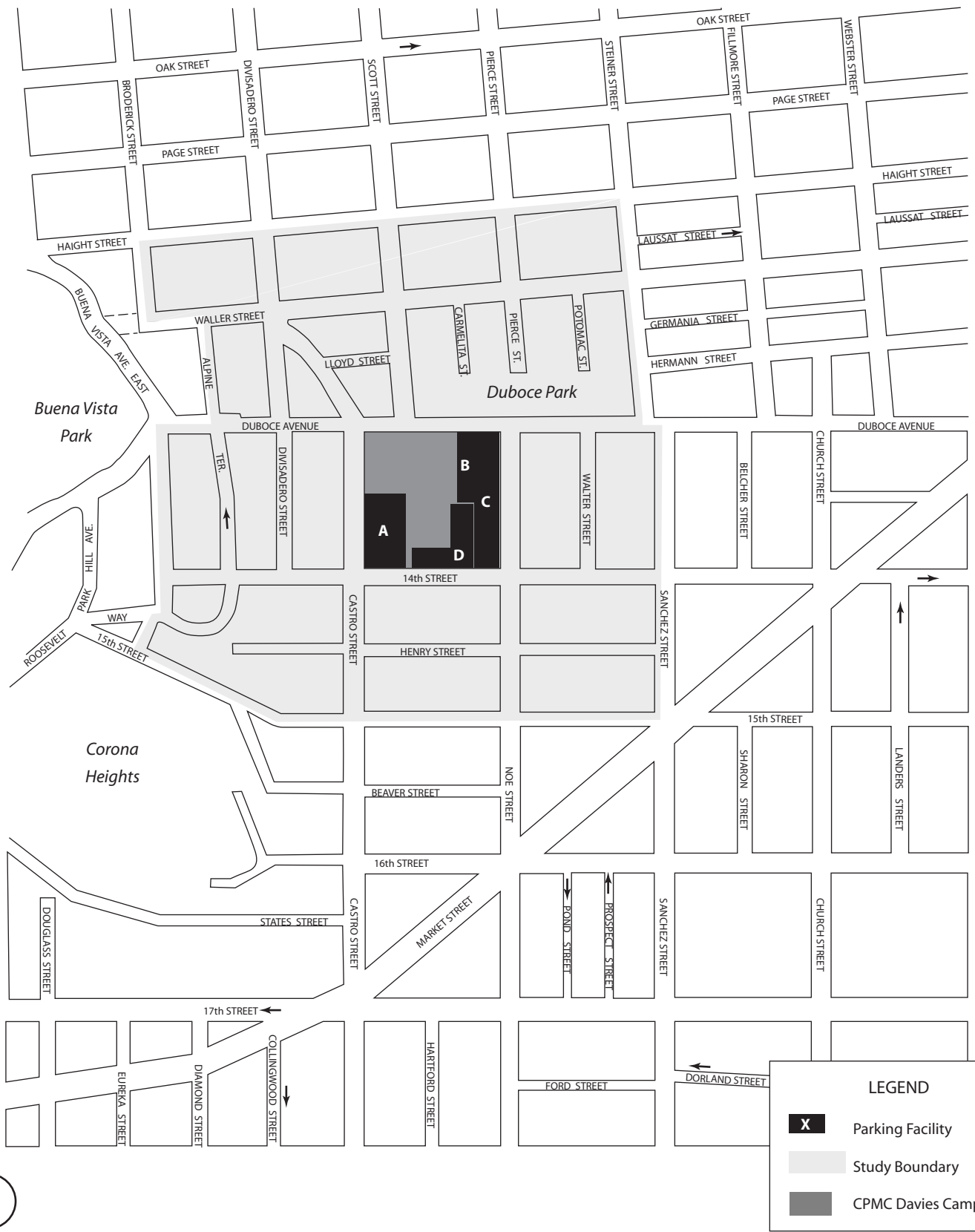


Figure 29
Existing Residential Parking Permit Areas
DAVIES CAMPUS



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 30
Existing Off-Street Parking Facilities
DAVIES CAMPUS

There are two off-street parking facilities in the study area, both of which are located on the Davies campus, with approximately 496 spaces. Table 48 presents the supply and midday occupancy rates for each facility. The average midday occupancy rate (3:00 to 4:00 p.m.) for these parking facilities was 78 percent.

Table 48 - Davies Campus – Off-Street Parking Supply and Occupancy

Facility	Address	Supply	Midday Occupancy (3:00 p.m.-4:00 p.m.)
CPMC Operated			
A	Parking Garage	290	96%
B	Driveway to the Loading Dock	26	58%
C	Lower Level Parking Lot	104	67%
D	Upper Level Parking Lot	76	77%
Total		496	78%

Source: Wilbur Smith Associates (October 18, 2006)

2.6.4 Loading Conditions

Truck loading surveys were conducted for the 5-day period from March 17 to March 21, 2008, between the hours of 7:00 a.m. and 1:00 p.m. Loading activities were observed at the off-street loading dock, as well as at other off-street locations within the campus. The locations of loading facilities are illustrated on Figure 24.

Table 49 presents the number of trucks by vehicle type at the Davies Campus on an average weekday. It shows that the Davies Campus has approximately 58 daily truck deliveries. The survey also shows that the majority of the trucks used either the loading dock or the service driveway off Duboce Avenue. Most of the loading/unloading activities took 30 minutes or less. Loading activities occurred before 1:00 p.m., with the heaviest occurrences between 9:00 a.m. and 11:00 a.m.

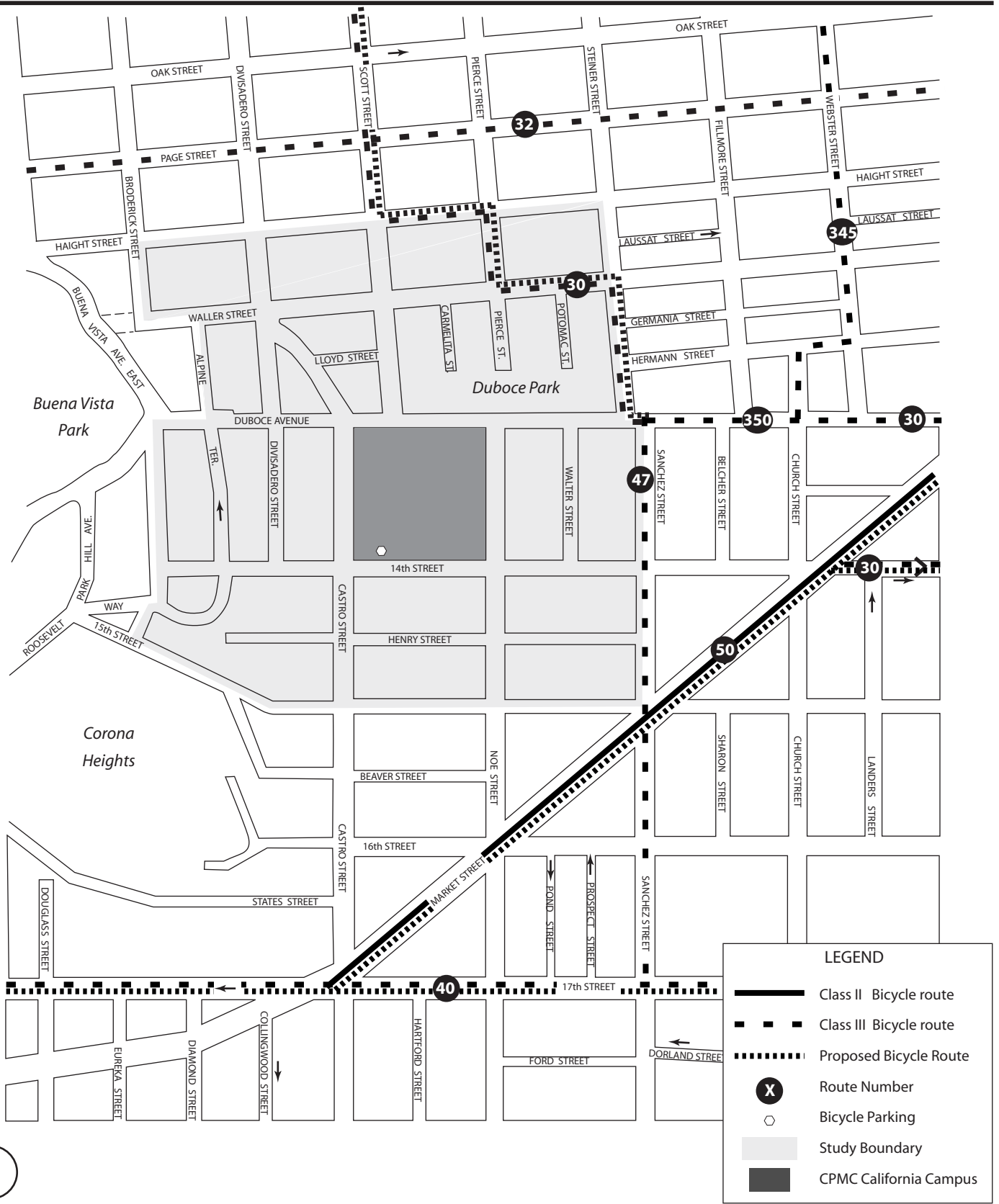
Table 49 - Davies Campus – Average Trucks by Vehicle Type and Location

Location	Sedan (autos)	Pickup/ Van	Single- Panel	Straight Truck	Tractor Trailer	Trash Truck	Total
Drop Off Area	1	4	3	0	0	1	9
Loading Dock	0	6	5	7	1	2	21
Service Driveway	0	9	1	2	2	1	15
Surface Parking	3	5	1	3	0	1	13
Total	4	24	10	12	3	5	58

Source: CHS Consulting Group (August 2008)

2.6.5 Bicycle Conditions

The Davies campus is served by four primary bicycle routes - Route #30 on Duboce Avenue between Webster and Market Streets (Class II); Route #47 on Sanchez Street between 17th Street and Duboce Avenue (Class III); Route #350 on Duboce Avenue between Church and Sanchez Streets, and between Church and Dolores Streets (Class III); and Route #345 on Webster Street between Duboce Avenue and Fell Street (Wide Curb Lane). Figure 31 presents the bicycle route network in the vicinity of the Davies campus.



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 31
Existing and Proposed Bike Routes
DAVIES CAMPUS

Bicycle volumes were counted at the intersection of Steiner and Duboce Streets, in the vicinity of the Davies campus, from 4:00 p.m. to 6:00 p.m. Table 50 presents the bicycle volumes by approach and for the overall intersection. It shows that bicycle volumes were heavy in the westbound direction (direction for residents returning from work destinations in Downtown) at this intersection. Bicycle conditions were observed to be operating acceptably, with only minor conflicts between bicyclists, pedestrians, and vehicles. However, at the intersection of Duboce Avenue and Sanchez Street, heavy bicycle traffic was noted during the PM peak hour (4:00 p.m. to 6:00 p.m.), and several vehicles failed to yield to cyclists crossing the crosswalks.

According to the SFMTA, between 2000 and 2006, two intersections and one street segment within the Davies study area experienced a large number of bicycle injury collisions. A total of 18 bicycle injuries were reported within that 6-year span.

Table 50 - Davies Campus – Peak Hour Bicycle Counts

Intersection	Eastbound	Westbound	Total
Steiner/Duboce	17	113	130

Source: Wilbur Smith Associates

2.6.6 Pedestrian Conditions

Sidewalks in the vicinity of the Davies campus range from 9 to 19 feet wide. The following five intersections surrounding the Davies campus have crosswalks: Castro Street/Duboce Avenue; Castro Street/14th Street; Scott Street/Duboce Avenue; Noe Street/Duboce Avenue; and Noe Street/14th Street. Pedestrian traffic is controlled by signals at the two signalized intersections of Castro Street/Duboce Avenue and Castro Street/14th Street.

A field review indicated that pedestrian volumes on the sidewalks along Duboce Avenue, Noe Street, and Castro Street are generally moderate. In general, sidewalks and crosswalks along these streets operate at free-flow conditions, with pedestrians moving at normal walking speeds and having the freedom to bypass other pedestrians. Sidewalks are 9 to 13 feet wide along Noe Street and 10 to 14 feet wide along 14th Street (between Noe Street and Castro Street). Occasional pedestrian vehicle conflicts, though not significant, were observed at the intersection of Castro Street and Duboce Avenue, the CPMC main vehicular entrance off Duboce Avenue, and near the intersection of Castro and 14th Streets.

2.6.7 Transportation Demand Management Program

CPMC has a well-established TDM program, which is currently managed by several individuals. The Manager of Parking Services manages most of the TDM activities, including the Transportation Fair and parking facilities. The Assistant Manager for Transport Services manages shuttle bus operations. The Employee Benefit Coordinator of the Administration Department manages the commuter check program and transit subsidy. The key TDM elements are as follows:

Transportation Fair

CPMC sponsors Transportation Fair that features the following key activities:

- A free bicycle workshop by the SF Bicycle Coalition
- On-site rideshare matching

- Display tables with commute alternatives materials and representatives from the transit agencies

Bicycle Facilities

CPMC provides the following bicycle-related facilities:

- Bicycle storage –18 spaces at the Davies campus
- Showers

Transit Passes

CPMC provides the following transit-related services and incentives:

- Employee allowance of up to \$100 per month of pre-tax salary to purchase mass transit vouchers
- Sale of transit passes and commuter checks on site

Rideshare Promotion

CPMC provides the following rideshare-related services and incentives:

- Rideshare matching program by 511 Regional Rideshare Program
- Free parking for registered carpool/vanpool vehicles with three or more CPMC/tenant employees
- \$2,500/year subsidy for vanpool vehicles
- Designated carshare parking spaces

Free Ride Home

CPMC security provide employees with a ride home to locations within four blocks of the Davies campus.

Emergency Ride Home

CPMC became part of the City's ERH program in early 2006. ERH provides a free or low-cost ride home in cases of emergency for employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking. CPMC employees are eligible for the ERH program.

Parking Management Program

CPMC provides the following parking-related services and incentives:

- Parking spaces for special events in the surrounding neighborhoods at night and on weekends, as capacity exists, on a request basis
- Off-site remote parking to employees at the 55 Laguna Street at a 50 percent discount (50 spaces)
- CPMC Parking Services Newsletter informing employees of most current parking charges and off-street parking facilities

Free Shuttle Bus Program

CPMC free shuttle bus services to the Davies campus include the D-Line, which operates between the Davies and Pacific campuses; the SL Line, which operates between the Davies campus and St. Luke's Hospital; and the LSL Line, which operates between the Davies campus and the parking lot at 55 Laguna Street.

The shuttle stops for the D-Line and SL-Line are located inside the Davies campus, in front of the North Tower. The Laguna-Line has its fixed stops at the 55 Laguna lot and the Davies campus. Table 51 presents the shuttle schedule and the average weekday ridership from and to the Davies campus.

Table 51 - Davies Campus – Shuttle Service Schedule and Ridership

Line	Hours of Operation	Frequency	Ridership ¹		
			From	To	Total
Davies Campus (D-Line)	6:15 a.m. - 6:15 p.m.	15 min	234	188	422
St. Luke's Campus (SL-Line)	8:30 a.m. - 3:45 p.m.	30 min	15	15	30
55 Laguna Lot	AM & PM Peaks Only	15 min	20	21	41
Total			269	224	493

Source: CPMC (January 2008)

Note:

¹ Ridership numbers are presented as an average weekday ridership for the week of June 4 through 8, 2007.

2.6.8 Employee and Patient/Visitor Travel Pattern

A CPMC Davies campus employee and patient/visitor travel survey was conducted in January 2001, and patient/visitor surveys were conducted from February 12 through 14, 2001. The employee survey involved questions on residence location, work schedule, travel mode, parking locations, and reasons for drive alone. The visitor survey questions focused on travel mode, origin/destination, parking location, and parking costs.

Employee Travel Behavior

The employee travel behavior survey results show that about half of employees at the Davies campus drive to work (including drive alone, carpool, and vanpool), while about 40 percent of employees commute on transit. The Davies campus has the lowest percentage (50 percent) of employees who drive to work among the three campuses surveyed (California, Pacific, and Davies), possibly due to the higher quality and frequency of transit services available to the Davies campus. In terms of the location of residence, more than half of the surveyed employees at the Davies campus live in the city of San Francisco. Tables 52 and 53 present the travel modes and the residence location for the employees at the Davies campus.

Table 52 - Davies Campus – Employee Travel Modes

Drive Alone	Carpool	Vanpool	Transit	Bicycle	Walk	Other	Total
44%	4%	2%	40%	1%	7%	2%	100%

Source: CPMC employee survey (January 2001)

Table 53 - Davies Campus – Employee Residence Location

San Francisco	East Bay	North Bay	South Bay	Total
52%	22%	9%	17%	100%

Source: CPMC employee survey (January 2001)

Visitor/Patient Travel Behavior

Visitor and patient surveys were intercept surveys conducted in front of the main entrances at each medical campus. The survey results show that more visitors than patients drove to the Davies campus. In addition, both visitors and patients were able to find more off-street parking spaces than on-street parking spaces. Tables 54 and 55 present the visitor/patient survey results.

Table 54 - Davies Campus – Patient and Visitor Travel Modes

	Auto	Transit	Walk	Other	Total
Patient	58%	24%	8%	10%	100%
Visitor	69%	14%	11%	6%	100%

Source: CPMC employee survey (January 2001)

Table 55 - Davies Campus – Patient and Visitor Parking Location

	On-Street	Off-Street
Patient	44%	56%
Visitor	35%	65%

Source: CPMC employee survey (January 2001)

2.6.9 Daily Person Trips

The Davies campus generates approximately 6,149 person trips between 7:00 a.m. and 7:00 p.m. (see Table 56).

Table 56 - Davies Campus – Person Trip Generation

Inbound	Outbound	Total
3,043	3,106	6,149

Source: CHS Consulting Group (2004)

2.7 St Luke's Campus

The St. Luke's campus occupies an entire city block bounded by Cesar Chavez Street to the north, Valencia Street to the east, Duncan Street to the south, and San Jose Avenue to the west. Figure 32 shows the existing site plan for the St. Luke's campus.

2.7.1 Traffic Circulation

The local roadway systems serving the St. Luke's campus are described below in terms of functional designation, number of lanes, and directions of travel. The functional designation of these roads is obtained from the *San Francisco General Plan*.⁷

Roadway Description

26th Street - 26th Street is an east-west street that runs between Douglas Street and Potrero Street. In the vicinity of the St. Luke's campus, 26th Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Cesar Chavez Street - Cesar Chavez Street is an east-west street that runs between Douglas and 3rd Streets. In the vicinity of the St. Luke's campus, Cesar Chavez Street operates as a two-way, six-lane street with three travel lanes in each direction and parking on both sides of the street. The *San Francisco General Plan* identifies Cesar Chavez Street as a Major Arterial between San Jose Avenue and 3rd Street, and a Neighborhood Commercial Street between Valencia and Shotwall Streets. Cesar Chavez Street is also included in the CMP and MTS networks. Cesar Chavez Street is part of Bicycle Route #60.

27th Street - 27th Street is an east-west street that runs between Douglas Street and San Jose Avenue. In the vicinity of the St. Luke's campus, 27th Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Duncan Street - Duncan Street is an east-west street that runs between Diamond Heights Boulevard and Valencia Street. In the vicinity of the St. Luke's campus, Duncan Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

28th Street - 28th Street is an east-west street that runs between Douglas Street and Guerrero Street. In the vicinity of the St. Luke's campus, 28th Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Valley Street - Valley Street is an east-west street that runs between Diamond and Guerrero Streets. In the vicinity of the St. Luke's campus, Valley Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

29th Street - 29th Street is an east-west street that runs between Diamond and Mission Streets. In the vicinity of the St. Luke's campus, 29th Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street. 29th Street between Dolores and Tiffany Streets is part of Bicycle Route #45.

⁷ *San Francisco General Plan*, Transportation Element, July 1995.

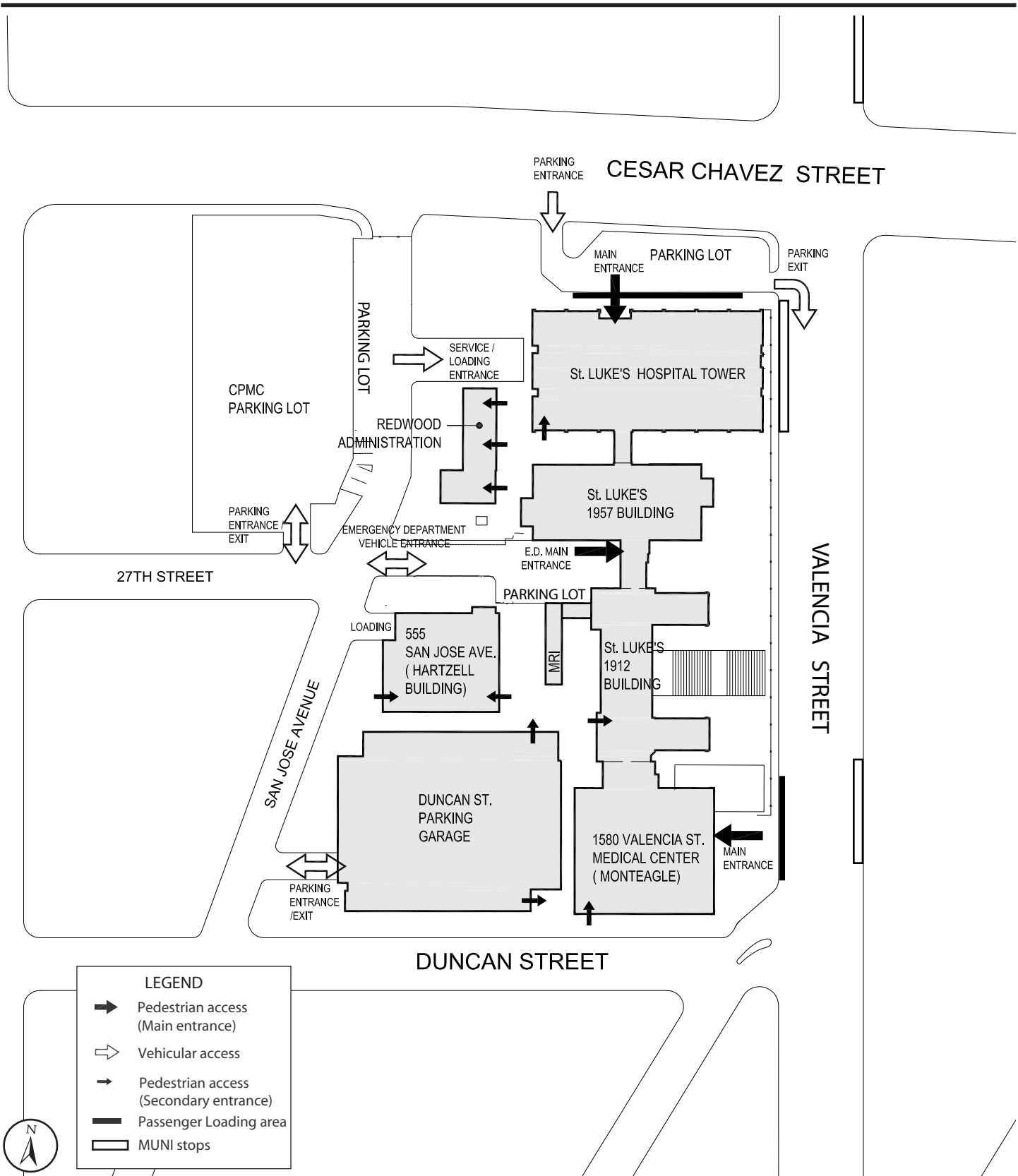


Figure 32
Existing Site-Plan
ST. LUKE'S CAMPUS

Dolores Street - Dolores Street is a north-south street that runs between Market Street and Randall Street. At its south terminus, Dolores Street continues onto San Jose Avenue. In the vicinity of the St. Luke's campus, Dolores Street operates as a four-lane two-way street with two travel lanes in each direction and parking on both sides of the street. The *San Francisco General Plan* identifies Dolores Street as part of the Citywide Pedestrian Network. Dolores Street between 29th and 30th Streets is part of Bicycle Route #45.

Guerrero Street - Guerrero Street is a north-south street that runs between Market and 28th Streets. At its south terminus, Guerrero Street continues onto San Jose Avenue. In the vicinity of the St. Luke's campus, Guerrero Street operates as a four-lane two-way street with two travel lanes in each direction and parking on both sides of the street. In the *San Francisco General Plan*, Guerrero Street is included in the MTS network.

San Jose Avenue - San Jose Avenue is a north-south street that runs between 28th Street and Mission Street. At its south terminus, San Jose Avenue merges onto Mission Street/Highway 82. San Jose Avenue operates as a four lane two way street with two travel lanes in each direction and parking on both sides of the street. In the vicinity of the St. Luke's campus, San Jose Avenue is a two-way street with one travel lane in each direction and parking on both sides of the street. In the *San Francisco General Plan*, San Jose Avenue is included in the CMP and MTS networks.

Tiffany Avenue - Tiffany Avenue is a northeast-southwest street that stretches over a one-block distance between 29th Street and Valencia Street. Tiffany Avenue is a two-way street with one travel lane in each direction and parking on both sides of the street. Tiffany Street is part of Bicycle Route #45.

Valencia Street - Valencia Street is a north-south street that runs between Market Street and Mission Street near 28th Street. In the vicinity of the St. Luke's campus, Valencia Street operates as a two-way street with two travel lanes (including a Bus Only lane) in each direction and parking on both sides of the street. In the *San Francisco General Plan*, Valencia Street is included in the MTS network. Valencia Street between McCoppin and Tiffany Streets is part of Bicycle Route #45.

Bartlett Street - Bartlett Street is a north-south street that runs between 24th Street and Cesar Chavez Street. In the vicinity of the St. Luke's campus, Bartlett Street operates as a two-way street with one travel lane in each direction and parking on both sides of the street.

Mission Street - Mission Street is a north-south street in the study area that runs between The Embarcadero and El Camino Real/Highway 82 in Daly City. In the vicinity of the St. Luke's campus, Mission Street operates as a four-lane two-way street with two travel lanes in each direction and parking on both sides of the street. The *San Francisco General Plan* identifies Mission Street as a Transit Preferential Street, a Citywide Pedestrian Network, and a Neighborhood Commercial Street between Valencia and Folsom Streets. Mission Street is also included in the CMP and MTS networks.

Traffic Conditions

Existing intersection operating conditions were evaluated for the peak hour (generally 5:00 p.m. to 6:00 p.m.) of the weekday PM peak period (4:00 to 6:00 p.m.). Intersection turning movement counts for the following nine intersections were collected on June 10 and 12, 2006:

1. Cesar Chavez Street/Guerrero Street
2. Cesar Chavez Street/Valencia Street

3. Cesar Chavez Street/Mission Street
4. Cesar Chavez Street/South Van Ness Avenue
5. Duncan Street/Guerrero Street
6. Fair Street/Mission Street/Valencia Street
7. Cesar Chavez Street/Bartlett Street
8. 27th Street/Guerrero Street
9. 28th Street/Guerrero Street

Figure 33 presents the existing turning movement volumes at the nine study intersections. Six of the study intersections are signalized and three of the intersections are two-way stop sign controlled. Table 57 presents the results of the intersection LOS analysis for the existing weekday PM peak hour conditions. During the weekday PM peak hour, all six signalized intersections operated satisfactorily at LOS B or C levels. The two unsignalized intersections (27th Street/Guerrero Street and 28th Street/Guerrero Street) operated unsatisfactorily at LOS F at the minor approaches. The unsignalized intersection at Cesar Chavez Street/Bartlett Street operated satisfactorily at LOS B. Appendix A presents the detailed LOS calculation sheets.

Table 57 presents the results of the intersection LOS analysis for existing weekday PM peak hour conditions. During the weekday PM peak hour, all six signalized intersections operated satisfactorily at LOS B or C. Two of the unsignalized intersections (27th Street/Guerrero Street and 28th St./Guerrero Street) operated unsatisfactorily at LOS F. The unsignalized intersection at Cesar Chavez Street/Bartlett Street operated satisfactorily at LOS B. See Appendix A for the detailed LOS calculation sheets.

Table 57 - St. Luke's Campus – Existing Weekday PM Peak Hour Intersection Level of Service

Intersection	Delay (sec/veh)	LOS
Signalized		
1. Cesar Chavez Street/Guerrero Street	31.2	C
2. Cesar Chavez Street/Valencia Street	29.1	C
3. Cesar Chavez Street/Mission Street	21.2	C
4. Cesar Chavez Street/South Van Ness Avenue	22.2	C
5. Duncan Street/Guerrero Street	13.5	B
6. Fair Street/Mission Street/Valencia Street	10.1	B
Unsignalized²		
7. Cesar Chavez Street/Bartlett Street	12.1	B
8. 27 th Street/Guerrero Street	>50	F
9. 28 th Street/Guerrero Street	>50	F

Source: Wilbur Smith Associates

Notes:

¹ For unsignalized intersections the delay and LOS are presented for worst approach.

² All intersections are two-way stop-controlled.

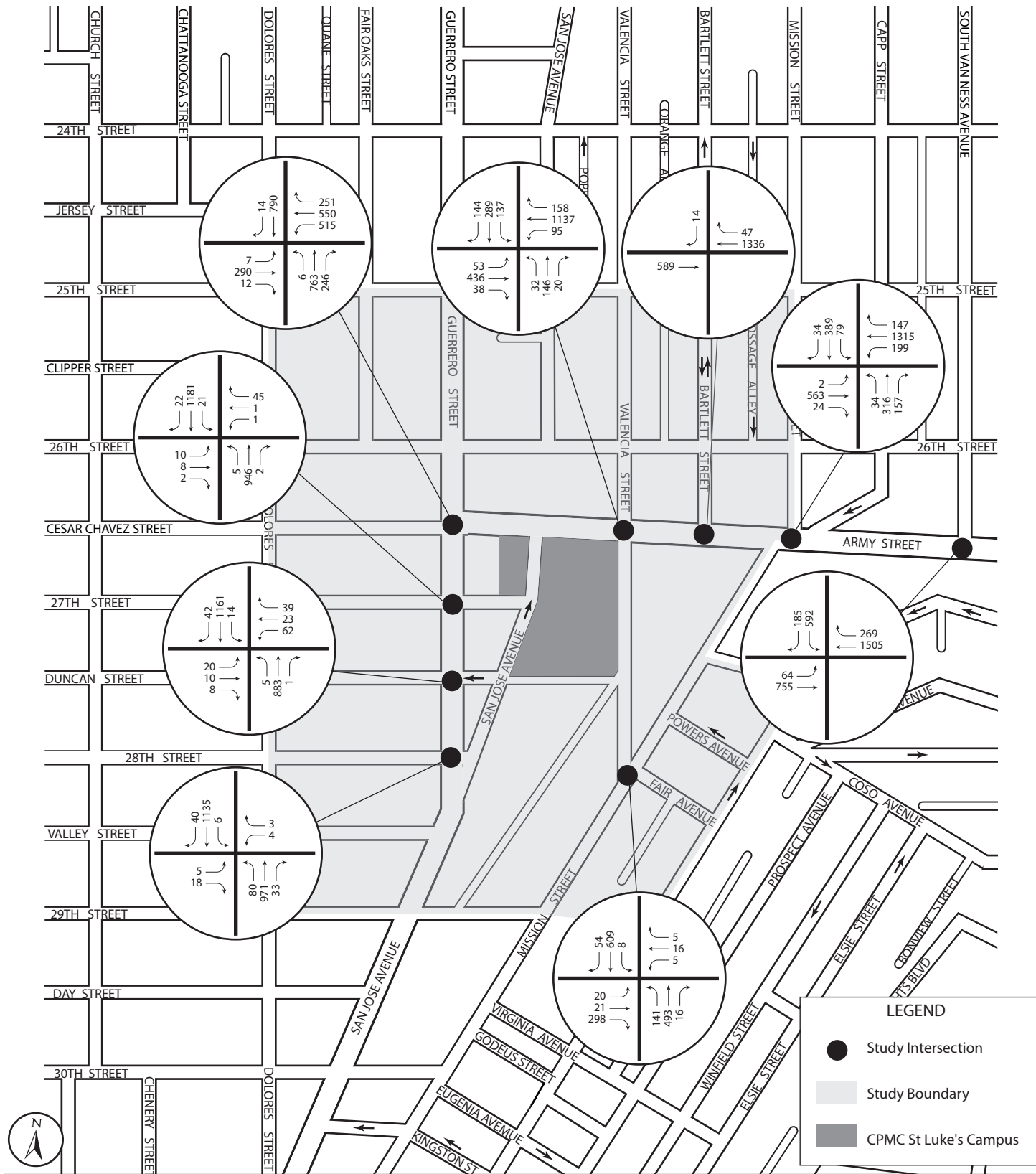


Figure 33
Existing Traffic Volumes (PM Peak Hour)
ST. LUKE'S CAMPUS

2.7.2 Transit Network

Figure 34 presents the transit route within a two-block radius of the St. Luke's campus. Muni operates nine transit lines that directly serve the St. Luke's campus, one of which is Metro service (J-Church). The routes are described below. Table 58 presents the service frequencies during the AM and PM peak periods and the nearest stop locations for Muni lines that service the St. Luke's campus and its general vicinity.

Transit Routes

Muni Line #12 - Folsom: This line connects Fillmore and Jackson Streets in the Pacific Heights District to 26th Street in the Mission District via Jackson, Pacific, Broadway, The Embarcadero, Folsom, Harrison, 26th, and Mission Streets. This line terminates within two blocks of the 24th Street BART Station on Mission Street. It operates every 10 minutes between approximately 7:00 a.m. and 6:00 p.m. The PM peak hour ridership at the MLP is 269, which occurs at the intersection of Pacific and Powell Streets in the inbound direction. Capacity utilization at the MLP is approximately 71 percent.

Muni Line #14/14L - Mission/Limited: Routes 14 and 14L connect the Ferry Plaza with the Mission District via Mission Street. Route 14 provides 24-hour service and Route 14L operates during midday only. Route 14 operates every 12 minutes during the AM peak period and every 6 minutes during the PM peak period. Service is provided every 30 minutes after midnight. The PM peak hour ridership at the MLP for Route 14 is 547, which occurs at the intersection of Mission and 24th Streets. Capacity utilization at the MLP is approximately 58 percent.

Muni Line #26 - Valencia: This line connects between Balboa Park and Downtown via Valencia and Market Streets. It operates every 20 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 51, which occurs at the intersection of Mission and 24th Streets. Capacity utilization at the MLP is approximately 27 percent.

Muni Line #27 - Bryant: This line connects Russian Hill and the Mission District via downtown, operating every 12 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 171, which occurs at the intersection of 5th and Market Streets. Capacity utilization at the MLP is approximately 54 percent.

Muni Line #48 - Quintara-24th Street: This line connects the Great Highway and the 20th Street Station in Dogpatch via Quintara Street, Portola Drive, and 24th Street. It operates every 12 minutes during the AM and PM peak periods. The service on Fountain Loop is drop-off only by passenger request. The PM peak hour ridership at the MLP is 160, which occurs at the intersection of Mission and 24th Streets. Capacity utilization at the MLP is approximately 51 percent.

Muni Line #49 - Van Ness - Mission: This line connects Fort Mason and City College of San Francisco via Van Ness Avenue and Mission Street; it serves as a primary north-south arterial transit route in the City. It operates every 8 to 9 minutes during the peak and midday periods, and every 20 minutes after 6:00 p.m. After 1:00 a.m., Route 90 Owl replaces Route 49, operating every 20 minutes. The PM peak hour ridership at the MLP is 389, which occurs at the intersection of Van Ness Avenue and Grove Street in the inbound direction. Capacity utilization at the MLP is approximately 52 percent.

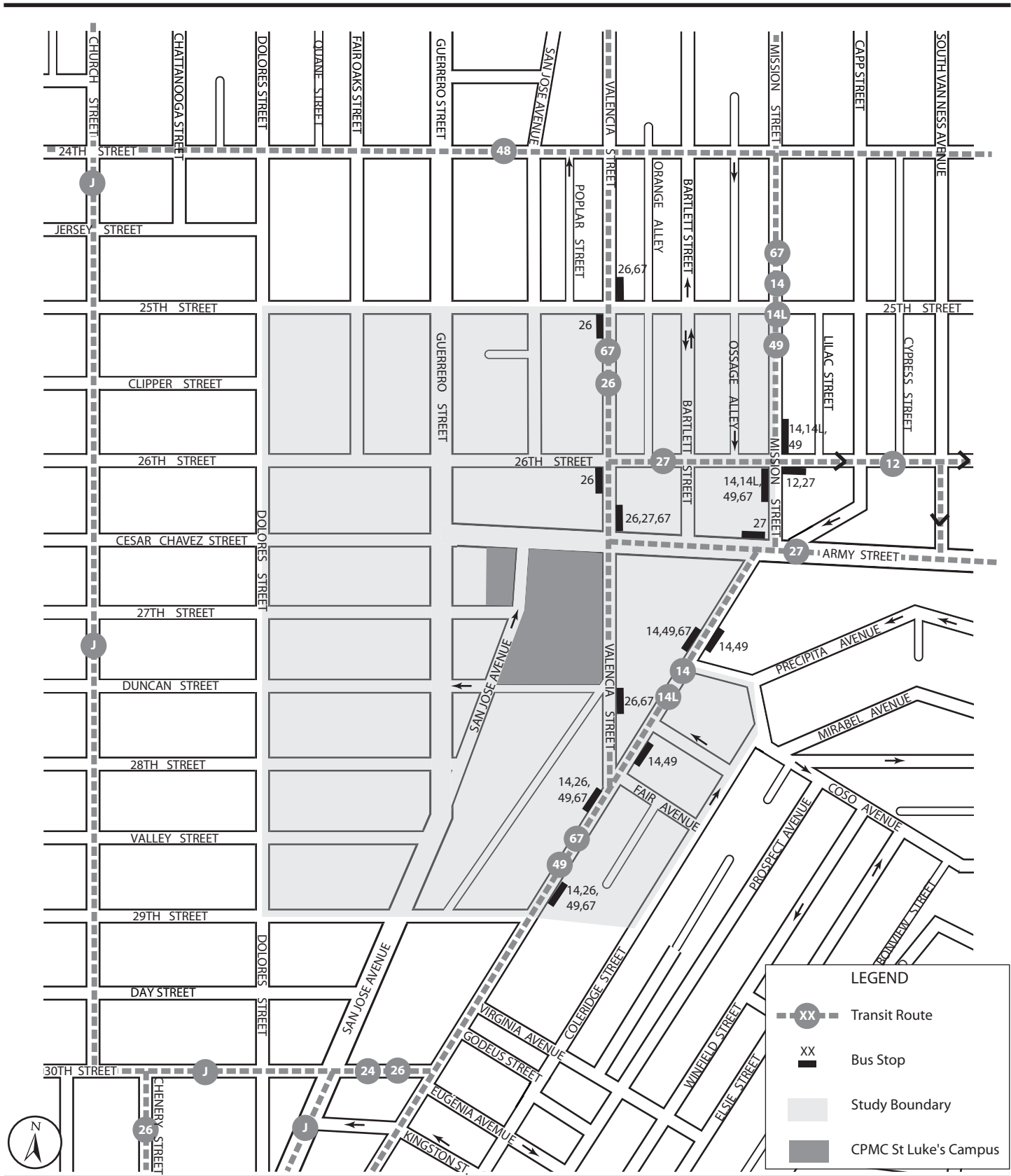


Figure 34
Existing Transit Routes and Stop Locations
ST. LUKE'S CAMPUS

Muni Line #67 – Bernal Heights: Route 67 is a Community Service Route, providing local service in the Bernal Heights neighborhood via the 24th Street BART station, Folsom Street, Crescent Avenue, and Mission and Valencia Streets. It operates every 20 minutes throughout the day between 6:10 a.m. and 12:10 a.m. The PM peak hour ridership at the MLP is 66, which occurs at the intersection of Mission and 24th Streets. Capacity utilization at the MLP is approximately 35 percent.

Muni Metro Line J - Church: This Muni Metro line operates between Balboa Park Station and Embarcadero BART station via San Jose Avenue, 30th Street, Church Street, the Duboce Tunnel, and the Market Street subway. It provides service to the Civic Center, Powell, Montgomery, and Embarcadero BART stations. The J-Church runs every 9 minutes during the AM and PM peak periods. The PM peak hour ridership at the MLP is 871, which occurs at the Van Ness Station in the outbound direction. Capacity utilization at the MLP is approximately 105 percent.

Table 58 - St. Luke’s Campus – Transit Service Summary

Routes	Weekday Hours of Operation	Weekday Headway (min)		Nearest Bus Stop
		AM	PM	
12-Folsom	5:54 a.m. - 12:30 a.m. 5:54 a.m. - 6:28 p.m.	10-20	10-20	Mission/26 th
14-Mission	24 Hours ¹	12	6	Mission/Cesar Chavez
14L-Mission Limited	8:40 a.m. – 3:51 p.m.	N/A	N/A	Mission/Cesar Chavez
26-Valencia	6:07 a.m. – 12:38 a.m.	20	20	Valencia/Cesar Chavez
27-Bryant	5:47 a.m. – 12:57 a.m.	12	12	Valencia/Cesar Chavez
48-Quintara-24 th St ²	5:20 a.m. – 12:20 a.m.	12	12	Mission/24 th
49-Van Ness-Mission	5:40 a.m. - 1:12 a.m.	8	8	Mission/Valencia
67-Bernal Heights	6:10 a.m. – 12:10 a.m.	20	20	Valencia/Cesar Chavez
J-Church	5:09a.m. - 12:16 a.m.	9	9	Church/27 th

Sources: SFMTA

Notes:

¹ Night service provided by Owl buses.

² Service extension between West Portal and Great Highway & Riviera operates weekdays 6:51 a.m. to 9:16 a.m. and 1:50 p.m. to 6:45 p.m.

Based on the most recent Muni ridership data, capacity utilization was determined for each route at its MLP during the weekday PM peak hour. As shown in Table 59, the J-Church exceeds Muni’s standard of 85 percent capacity utilization at the MLP, and the other eight lines have capacity utilization below 85 percent.

Table 59 - St. Luke's Campus – Existing Muni PM Peak Ridership and Capacity

Routes	Vehicle Type ¹	Buses Per Hour	Passenger Load ²	Peak Hour Capacity	Capacity Utilization	Maximum Load Point
12-Folsom	MC	6	269	378	71%	Pacific/Powell
14-Mission	MC	10	547	940	58%	Mission/24 th
26-Valencia	MC	3	63	189	27%	Valencia/Cesar Chavez
27-Bryant	MC	5	171	315	54%	5 th /Market
48-Quintara-24 th St	MC	5	160	315	51%	Mission/24 th
49-Van Ness-Mission	TC	8	389	752	52%	Van Ness/Grove
67-Bernal Heights	MC	66	3	189	35%	Mission/24 th
J-Church	LRV-1	7	871	833	105%	Van Ness Station

Source: Muni TEP Data

Notes:

¹ MC – Motor Coach Standard; MC – Motor Coach Articulated; TC – Trolley Coach Articulated; LRV – Light Rail Vehicle (one or two cars); HS – Historic Streetcar

² Passenger Load. Ridership for peak hour of PM peak period obtained from Muni TEP data.

2.7.3 Parking Conditions

On-Street Parking

The on-street parking supply and hourly occupancy data were counted within a two-block radius of the St Luke's campus between 1:00 p.m. and 8:00 p.m. on Thursday, October 21, 2008. There are approximately 1,110 on-street spaces in the study area, and average occupancy ranges from a low of 75 percent (2:00 p.m. to 3:00 p.m.) to a high of 92 percent (7:00 p.m. to 8:00 p.m.) in the evening. The midday peak hour occurs between 4:00 p.m. and 5:00 p.m. Table 60 presents the average occupancy by hour.

Table 60 - St. Luke's Campus – On-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
1,110	76%	75%	81%	86%	85%	86%	92%

Source: CHS Consulting Group

Table 61 presents the on-street supply and midday occupancy rates for each block. Appendix B contains a complete inventory of on-street parking supply and occupancy data. During the midday peak hour, parking occupancy ranged widely, from a low of 45 percent to a high of 105 percent, with an average rate of 81 percent. Four blocks had occupancy rates above 100 percent, indicating illegal parking activities (e.g., parking in red zones, double parking). Figure 35 presents the midday on-street parking supply and occupancy by each block number.

Table 61 - St. Luke's Campus – On-Street Parking Supply and Midday Occupancy

Block	Supply	Occupancy (3:00 – 4:00 p.m.)	Block	Supply	Occupancy (3:00 – 4:00 p.m.)	Block	Supply	Occupancy (3:00 – 4:00 p.m.)
1	50	80%	10	14	79%	18	20	50%
2	50	66%	11	57	61%	19	42	45%
3	57	81%	12	19	100%	20	75	79%
4	48	81%	13	39	97%	21	49	104%
5	48	79%	14	74	96%	22	52	102%
6	62	76%	15	49	76%	23	36	94%
7	55	60%	16	25	52%	24	24	88%
8	55	80%	17	41	105%	25	47	87%
9	22	95%						
Total	1,110	81%						

Source: CHS Consulting Group

Residential Parking Permit Zones

The parking study area lies entirely within the “I” and “Z” RPP areas, which are bounded approximately by 17th Street to the north, Folsom Street to the east, 28th Street to the south, and Noe Street to the west (with some deviations). Vehicles displaying a RPP within this area are not subject to posted parking time limits. The RPP program restrictions in the vicinity of the St. Luke’s campus are in effect from 8:00 a.m. to 6:00 p.m. on weekdays. Vehicles displaying a RPP within this area are not subject to posted parking time limits. Figure 36 presents the RPP areas in the vicinity of the St. Luke’s campus.

Off-Street Parking

Public off-street parking inventory and occupancy data were collected within a two-block radius of the St. Luke’s campus in October 2008, between 1:00 p.m. and 8:00 p.m. Figure 37 presents the location of the off-street parking facilities. The St. Luke’s campus contains three off-street parking facilities, offering a total of 344 spaces. Table 62 presents the average occupancy rates by hour. It shows that occupancy rates is highest (72 percent) between 3:00 p.m. and 4:00 p.m. and substantially lower in the evening (31 percent). Table 63 presents the location, total supply, and midday occupancy rates for each facility.

Table 62 - St. Luke's Campus – On-Street Parking Supply and Hourly Occupancy

Total Supply	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.
344	67%	62%	72%	61%	41%	32%	31%

Source: CHS Consulting Group (October 23, 2008)

Table 63 - St. Luke's Campus – Off-Street Parking Supply and Occupancy

Facility	Address	Supply	Midday Occupancy (3:00 p.m.-4:00 p.m.)
CPMC Operated			
A	500 27 th Street	116	71%
B	599 San Jose Ave	215	72%
C	3555 Cesar Chavez Ave	13	92%
Total		344	72%

Source: CHS Consulting Group (October 23, 2008)



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 35
Existing On-Street Parking Supply and Occupancy (3:00 PM - 4:00 PM)
ST. LUKE'S CAMPUS

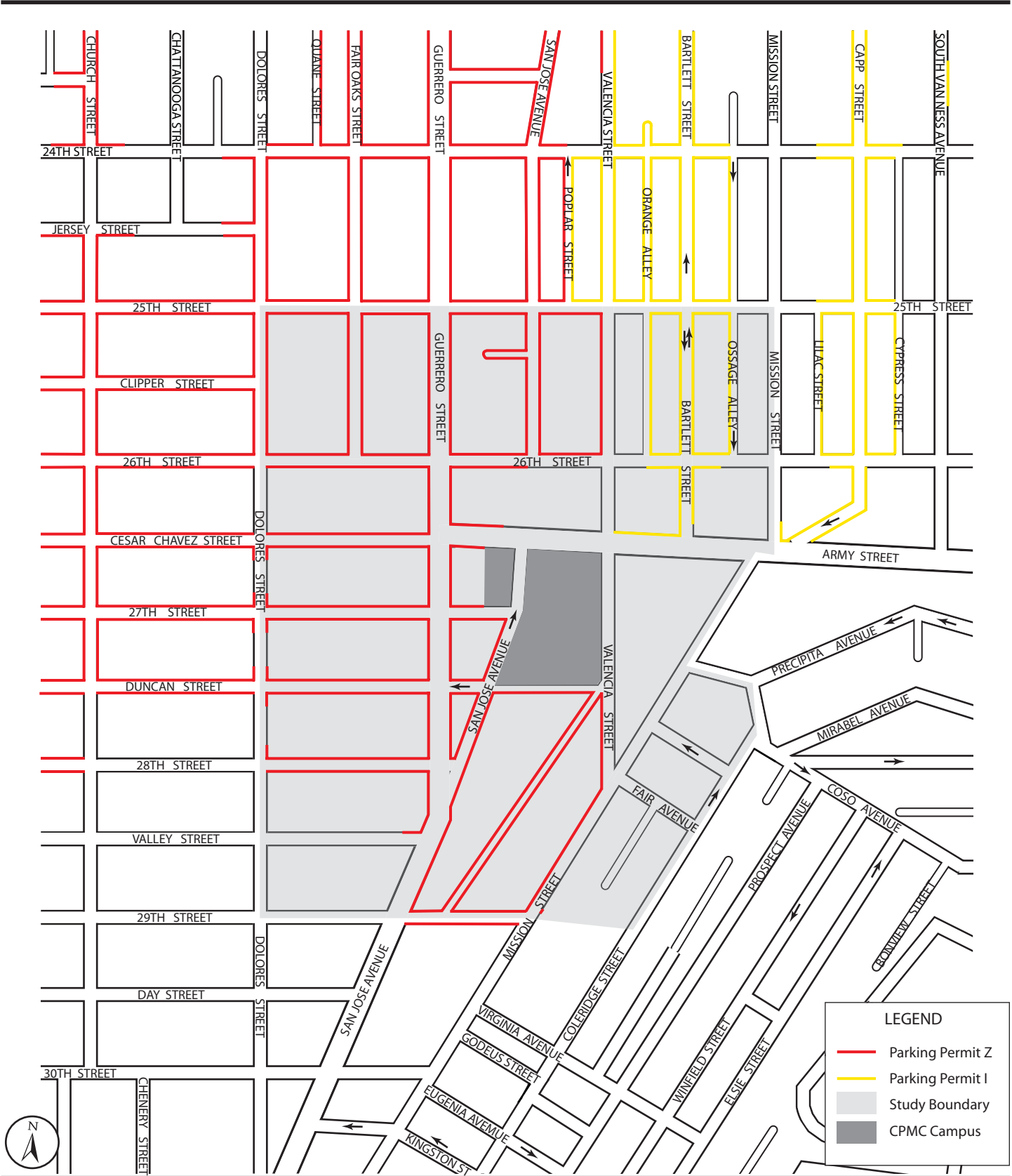


Figure 36
Existing Residential Parking Permit Areas
ST. LUKE'S CAMPUS

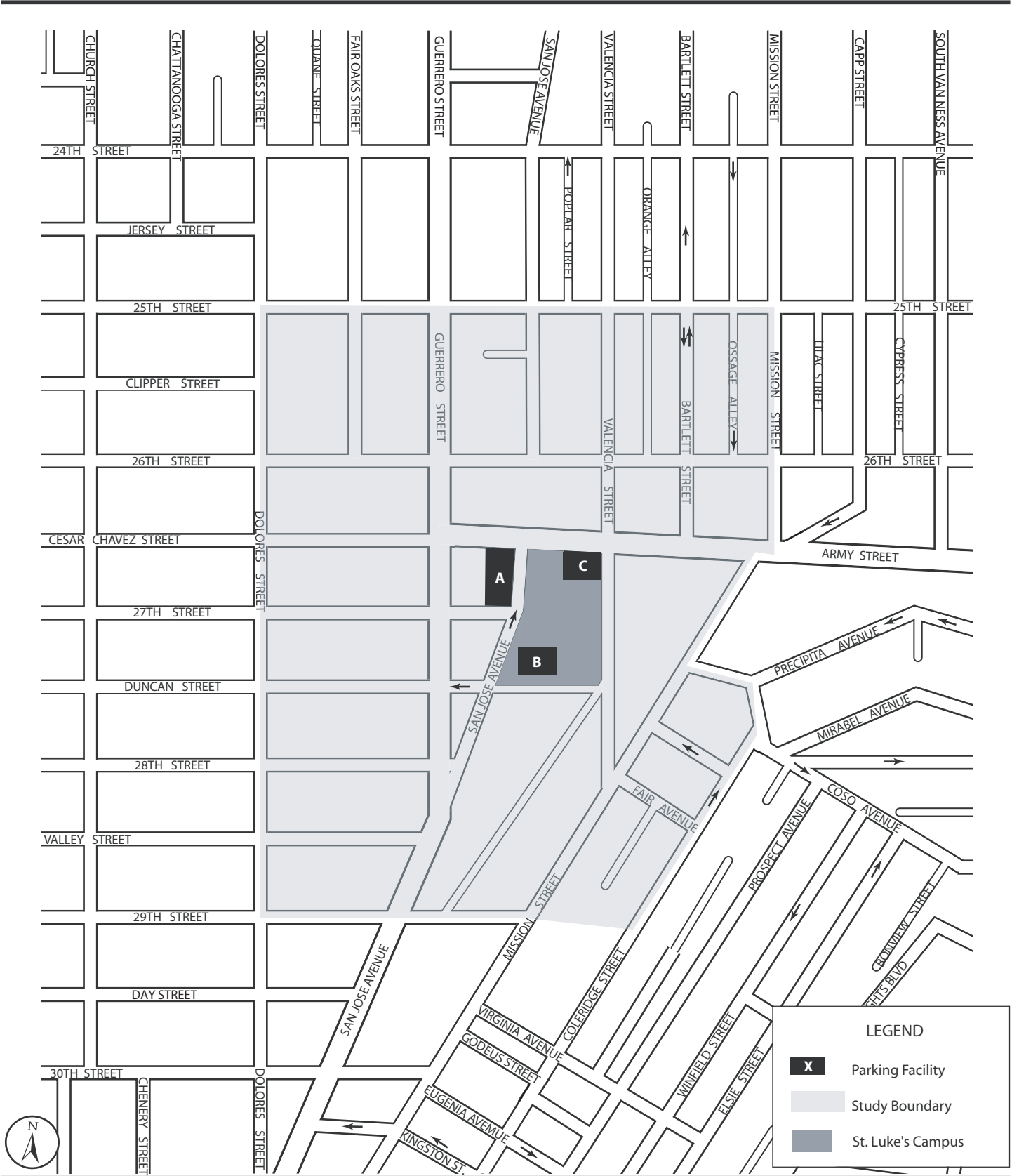


Figure 37
Existing Off-Street Parking Facilities
ST. LUKE'S CAMPUS

2.7.4 Loading Conditions

The St Luke's campus truck loading surveys were conducted for the 7-day period from April 3 to March 9, 2008 between 7:00 a.m. and 7:00 p.m. The locations of the loading facilities are shown on Figure 31. The survey results show that the majority of large-size trucks used the loading dock and 43 percent of single-panel trucks used on-street spaces for loading (particularly along Valencia Street, San Jose Avenue, and Cesar Chavez Avenue). Most of the on-street loading activities took 15 minutes or less. The loading activities at the loading dock took relatively longer. Approximately 58 percent of the daytime deliveries were made before noon, and this rate was substantially reduced after 2:00 p.m. Table 64 presents the average number of trips by vehicle type for an average weekday at the seven survey locations.

Table 64 - St. Luke's Campus – Average Trucks by Vehicle Type and Location

Location	Sedan (autos)	Pickup/ Van	Single-Panel	Straight Truck	Tractor Trailer	Trash Truck	Total
Loading Dock	5	5	8	1	1	1	21
Parking Lot	2	2	1	0	0	0	5
Cesar Chavez	3	1	1	0	0	0	5
Valencia	3	10	3	0	0	0	16
San Jose	9	2	1	0	0	1	13
Loading Dock	22	20	14	1	1	2	60
Parking Lot	5	5	8	1	1	1	21
Total	2	2	1	0	0	0	5

Source: CPMC Truck Survey Study, CHS Consulting Group (August 2008)

2.7.5 Bicycle Conditions

The St. Luke's campus is served by two primary bicycle routes—Route #45 on Valencia Street between McCoppin and Duncan Streets (Class II facility), Tiffany Street between Duncan and 29th Streets (Class III facility), and 29th Street between Dolores and Tiffany Streets (Class II facility); and Route #60 on Cesar Chavez Street between Sanchez and York Streets (Class III facility). Class I bikeways are bike paths with exclusive rights-of-way for use by bicyclists or pedestrians. Class II bikeways are bike lanes striped with the paved areas of roadways and established for preferential use of bicycles. Class III bikeways are signed bike routes that allow bicycles to share streets with vehicles.⁸ Figure 38 presents the bicycle route network in the vicinity of the St. Luke's campus.

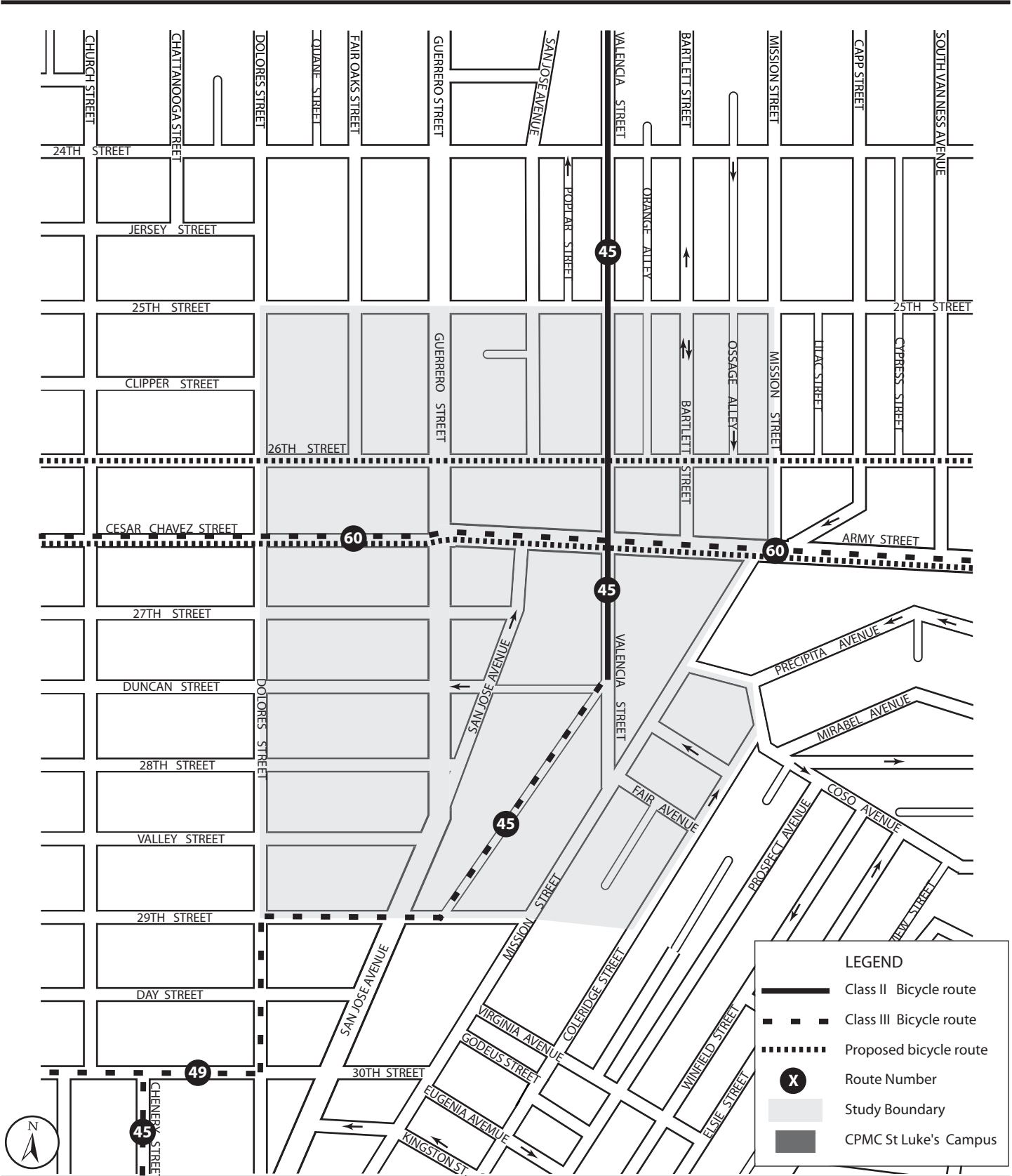
Bicycle counts were conducted in the vicinity of the St. Luke's campus during the evening peak period (4:00 p.m. to 6:00 p.m.) at the intersection of Valencia and Cesar Chavez Streets. Table 65 presents the peak hour bicycle volumes by approach.

Table 65 - St. Luke's Campus – Peak Hour Bicycle Counts

Intersection	Northbound	Southbound	Total
Valencia/Cesar Chavez	45	110	155

Source: CHS Consulting Group

⁸ Bicycle facilities are defined by the State of California in the California Streets and Highway Code Section, 8902.4.



California Pacific Medical Center IMP 2008



CHS Consulting Group

Figure 38
Existing and Proposed Bicycle Routes
ST. LUKE'S CAMPUS

In general, heavy bicycle traffic was observed during the peak period in the vicinity of the St. Luke's campus. During field observations, bicyclists were observed riding along the established bicycle routes on Valencia Street. Bicycle conditions were observed to be operating acceptably, with only minor conflicts between bicyclists, pedestrians, and vehicles.

2.7.6 Pedestrian Conditions

Sidewalks in the vicinity of the St. Luke's campus range from 9 to 15 feet wide. The following intersections surrounding the St. Luke's campus have pedestrian crosswalks: Cesar Chavez Street/San Jose Avenue, Cesar Chavez Street/Valencia Street, Duncan Street/Valencia Street, and Duncan Street/San Jose Avenue. The 27th Street/San Jose Avenue intersection does not have a crosswalk.

The main pedestrian entrance to the St. Luke's campus is located off Cesar Chavez Street. Pedestrian traffic in the vicinity of the St. Luke's campus is primarily associated with walking trips to and from the Muni bus stops located on the northeast and southwest corners of Valencia and Cesar Chavez Streets. The current ingress and egress locations for the on-site parking lots are on Valencia Street (between Cesar Chavez and Duncan Streets), San Jose Avenue (between 27th and Duncan Streets), and 27th Street (between Guerrero Street and San Jose Avenue).

A qualitative evaluation of existing conditions was conducted during a field visit to the site for the weekday PM peak period (generally 4:00 p.m. to 6:30 p.m.). A field review indicated that pedestrian traffic is heaviest along Mission Street, one block away to the east, during the PM peak period. The restaurants and retail facilities that exist along Mission Street at the southeast part of the campus generate heavy foot traffic during the peak period. In general, sidewalk and crosswalk conditions were observed to operate at free-flow conditions, with pedestrians moving at normal walking speeds and having the freedom to bypass other pedestrians.

2.7.7 Transportation Demand Management Program

CPMC has a well-established TDM program, which is currently managed by several individuals. The Manager of Parking Services manages most of the TDM activities, including the Transportation Fair and parking facilities. The Assistant Manager for Transport Services manages shuttle bus operations. The Employee Benefit Coordinator of the Administration Department manages the commuter check program and transit subsidy. The key TDM elements are as follows:

Transportation Fair

CPMC sponsors an annual Transportation Fair that features the following key activities:

- A free bicycle workshop by the SF Bicycle Coalition
- On-site rideshare matching
- Display tables with commute alternatives materials and representatives from the transit agencies

Bicycle Facilities

CPMC provides the following bicycle-related facilities:

- Bicycle storage – 7 spaces at the St. Luke's campus
- Showers

Transit Passes

CPMC provides the following transit-related services and incentives:

- Employee allowance of up to \$100 per month of pre-tax salary to purchase mass transit vouchers
- Sale of transit passes and commuter checks on site

Rideshare Promotion

CPMC provides the following rideshare-related services and incentives:

- Rideshare matching program by 511 Regional Rideshare Program
- Free parking for registered carpool/vanpool vehicles with three or more CPMC/tenant employees
- \$2,500/year subsidy for vanpool vehicles
- Designated carshare parking spaces

Free Ride Home

CPMC security provide employees with a ride home to locations within four blocks of the St. Luke’s campus.

Emergency Ride Home

CPMC became part of the City’s ERH program in early 2006. ERH provides a free or low-cost ride home in cases of emergency for employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking. CPMC employees are eligible for the ERH program.

Parking Management Program

CPMC provides the following parking-related services and incentives:

- CPMC Parking Services Newsletter informing employees of most current parking charges and off-street parking facilities

Free Shuttle Bus Program

CPMC provides free shuttle bus services for doctors and staff among its five campuses and between the campuses and BART/Muni Metro stations. Service to the St. Luke’s campus is provided along two lines: the SL-Line, which operates between the Davies and St. Luke’s campuses; and the Laguna-Line, which operates between the Davies campus, Laguna parking lot, and St. Luke’s campus. The fixed shuttle stop for the SL-Line is at the Davies and St. Luke’s campuses. The Laguna-Line fixed stops are at the 55 Laguna lot and at the Davies and St. Luke’s campuses. The SL and Laguna Lines do not have non-fixed shuttle stops. Table 66 presents the shuttle schedule and average weekday ridership from and to the St. Luke’s campus.

Table 66 - St. Luke’s Campus – Shuttle Service Schedule and Ridership

Line	Hours of Operation	Frequency	Ridership ¹		
			From	To	Total
St. Luke’ Campus (SL-Line)	8:30 a.m. - 3:45 p.m.	30 min	15	15	30
Laguna Lot	AM & PM Peaks Only	15 min	21	20	41
Total			36	35	71

Source: CPMC (January 2008)

Note:

¹ Ridership numbers are presented as an average weekday ridership for the week of June 4 through 8, 2007.

3.0 INSTITUTIONAL MASTER PLAN

The City of San Francisco requires an Institutional Master Plan (IMP) to describe the changes and improvements planned for the next 10 years and beyond. This section describes CPMC's plans for the future of the four existing campuses and the one proposed new campus. The proposed changes within the next 10 years are described in detail because conceptual plans have been prepared for the timeframe through 2018. Improvements proposed beyond the next 10 years are described less specifically; however, they do include general policy-level predictions for long-range needs.

The CPMC master plan calls for the restructuring of its current operations in San Francisco. The master plan elements are summarized as follows (detailed descriptions are included under each campus):

- Add a new Cathedral Hill campus featuring acute and ambulatory care facilities.
- Convert the Pacific campus into an out-patient ambulatory care center (ACC).
- Retrofit the existing Davies campus buildings and add two medical office buildings (MOBs).
- Construct a new replacement hospital at the St. Luke's campus.
- Sell the California campus buildings, ceasing any CPMC operations at this location once the real estate transaction is completed.
- Maintain CPMC ancillary facilities (offering minor services) at 633 Folsom Street and other locations within San Francisco.

The following subsections provide an overview of the proposed development and/or changes for each campus, and describe the transportation network and programs included in the proposed developments in the IMP. Potential transportation impacts at each campus will be presented in the CPMC Institutional Master Plan Environmental Impact Report (EIR).

3.1 Cathedral Hill Campus

The proposed Cathedral Hill campus would consist of the following three buildings:

- A 925,700-gross square foot (gsf), 555-bed, Acute Care and Women's and Children's hospital located at the block bounded by Post Street, Van Ness Avenue, Geary Boulevard, and Franklin Street. The new hospital would provide services such as organ transplantation, interventional cardiology, oncology, gastroenterology, and other critical care services. This building would include a 555-space underground parking garage.
- A 381,000-gsf MOB located at the northeast corner of the intersection of Van Ness Avenue and Geary Boulevard, on a block bounded by Polk Street, Geary Street, Van Ness Avenue, and Cedar Street. This MOB would include a 622-space underground parking garage.
- The existing 1375 Sutter Street building with renovations. This 90,000-gsf building currently has a mix of general and medical office uses. Proposed renovations include upgrades to the building systems and finishes, reconfiguration of spaces, and general cosmetic improvements.

The Cathedral Hill campus would also include a pedestrian tunnel underneath Van Ness Avenue (approximately 30 feet below grade) that would connect the hospital with the Cathedral Hill MOB. The tunnel would provide safer and more convenient access for elderly and mobility-impaired persons, as well as physicians and staff for transporting medical records and materials.

3.1.1 Site Access & Traffic Circulation

Figure 39 is a site plan, showing the vehicular and pedestrian access and traffic circulation patterns and locations, as well as the locations of loading docks and shuttle bus loading.

Acute Care and Women's and Children's Hospital

Primary vehicular access to the Acute Care and Women's and Children's Hospital would be from Post Street and Geary Boulevard with an internal north-south drive-through lane. The parking garage ingress ramp would be on the northern part of the building with access from both Geary Boulevard (via the internal drive-through lane) and Post Street, while the egress ramp would be on the south side of the building with access from both Geary Boulevard and Post Street (via the internal drive-through lane). The proposed 555-space parking would be in the basement. There would be a dedicated passenger loading zone for approximately five spaces with a bypass lane on the east curb of the drive-through lane, but separated by columns from the lanes.

The Emergency Department main entrance would be located off Franklin Street. A temporary parking area, with three to four temporary parking spaces, would serve the Emergency Department; this parking area would ingress from Franklin Street and exit to Post Street. Regular parking for visitors and patients of the Emergency Department would be located in the parking garage.

Ambulance vehicles would ingress and egress from Post Street, approximately 60 feet from the Post Street/Franklin Street intersection.

Shuttle bus parking would be located along the Post Street curb between the drive-through lane and the Van Ness Avenue intersection, with approximately 100 feet or four spaces.

Cathedral Hill MOB

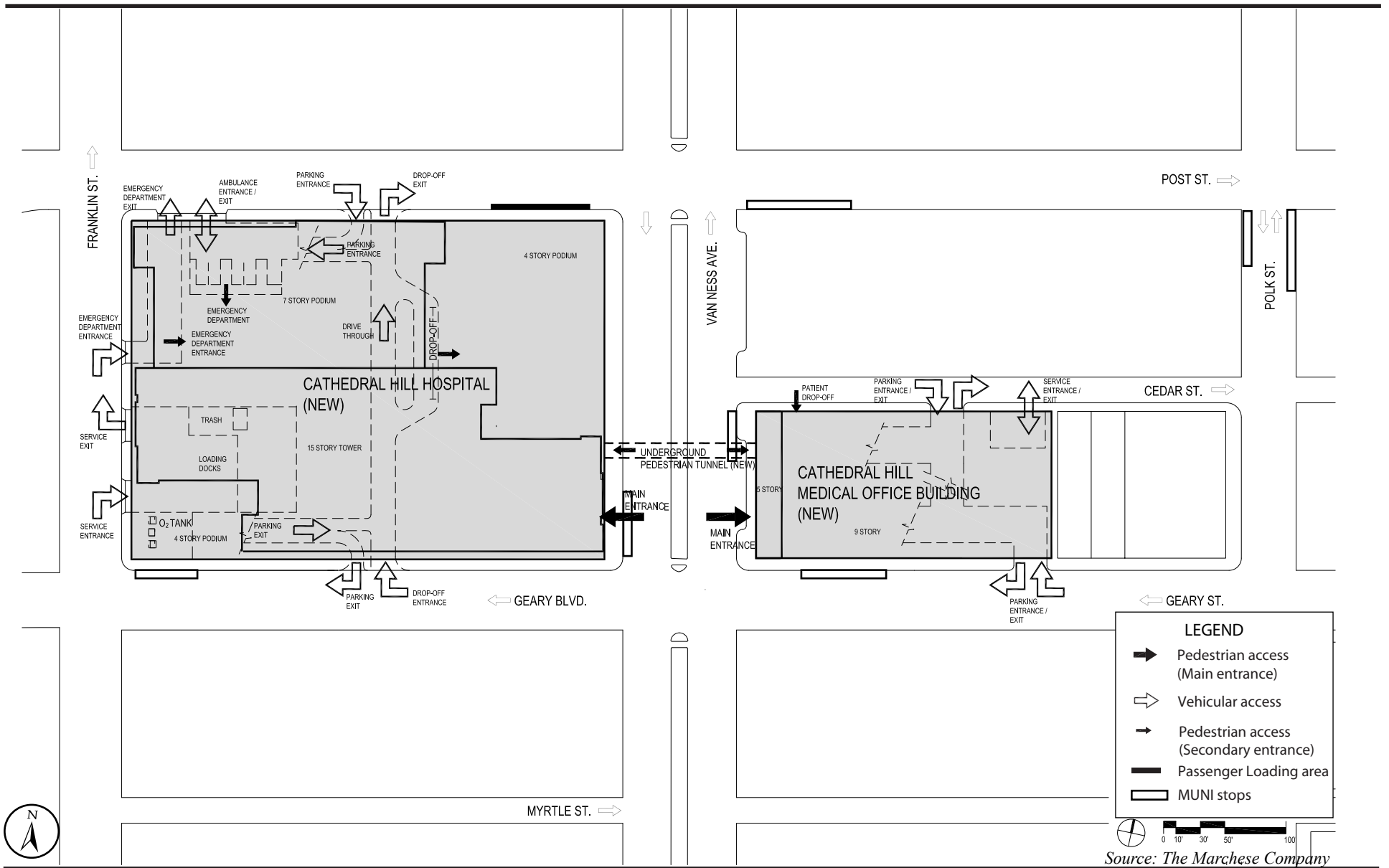
Primary vehicular access to the Cathedral Hill MOB would be from Cedar and Geary Streets. The Cedar Street access would be for both ingress and egress; the Geary Street access would likely be for egress only. A passenger loading zone would be located off Cedar Street, on the west end of the building.

1375 Sutter Street Building

There would be no change to the circulation pattern for this building.

3.1.2 Transit

The SFMTA is currently pursuing the final design of two bus rapid transit (BRT) projects—the Van Ness Avenue BRT Project and the Geary Corridor BRT Project—both of which pass through the immediate vicinity of the new Cathedral Hill campus. These projects would provide faster and more reliable Muni bus service, and would include dedicated bus lanes, new bus shelters with real-time information, and streetscape improvements. The Van Ness Avenue BRT Project would also benefit Golden Gate Transit buses.



Source: The Marchese Company
 California Pacific Medical Center IMP 2008



CHS Consulting Group

Figure 38
 Project Site Plan
 CATHEDRAL HILL CAMPUS

The Van Ness BRT project has three potential options, and the preferred alternative has not yet been selected. The options include a side-running bus lane, a center-running bus lane with a center bus platform, and a center-running bus lane with a side bus platform. All options would have a bus stop at the intersection of Van Ness Avenue and Geary Street. Construction for the Van Ness BRT is anticipated to begin in 2010, with service beginning in 2011.

The Geary Corridor BRT project has three similar options, and the preferred alternative has not yet been selected. All options would have a bus stop at the intersection of Van Ness Avenue and Geary Street. Construction for the Geary BRT is anticipated to begin in 2010-2011, with service beginning in 2012.

In addition, TEP recommendations include the following changes more frequent services on Route 38, 38L. Route 3 will be discontinued. Services along Sutter Street will be provided by a more frequent service on Route 4.

The Acute Care and Women's and Children's Hospital and the Cathedral Hill MOB would both have their main lobbies off Van Ness Avenue for pedestrian access. Transit passengers would use this entrance to enter or exit these two buildings. Additional transit amenities are presented in the TDM Program.

3.1.3 Parking

CPMC would provide the number of parking spaces required by the Planning Code. CPMC is also committed to reduce parking demand through the implementation of a TDM Program (Section 3.6), and to discourage long-term parking on the Cathedral Hill campus, as presented below.

The proposed Acute Care and Women's and Children's Hospital would have 555 parking spaces. No employee monthly parking permits would be issued for this garage. Except for the parking spaces reserved for physicians, all of the remaining parking spaces would be reserved for patient and visitor short-term parking use only. The parking rate structure would be designed to discourage long-term parking on the Cathedral Hill campus. The TDM Program (Section 3.6) includes principles CPMC would use to establish the parking rate structure. To accommodate staff parking demand, CPMC would continue to lease off-site parking facilities, such as spaces in the Japantown parking garage, and to operate shuttle buses linking off-site parking garages with the Cathedral Hill campus.

3.1.4 Loading Facilities & Truck Traffic

CPMC would provide a sufficient number of loading spaces as required by the Planning Code. Truck loading spaces for the Acute Care and Women's and Children's Hospital building would be located at two different levels. Large-size trucks (greater than 20 feet in length) would use the loading dock off Franklin Street, with both ingress and egress from Franklin Street. Four full-size truck loading spaces (55 feet long, 12 feet high, and 12 feet wide) would be at this location, with a raised loading platform and a temporary storage area behind the loading dock and access to freight elevators. This loading zone would accommodate truck maneuvering within the building. All deliveries would go through security checks at the loading dock. It is anticipated that the majority of deliveries to the Cathedral Hill campus would come from the CPMC's distribution center in West Bay Distribution in Burlingame, and that CPMC will implement a delivery management program to ensure that truck deliveries would be evenly distributed throughout the day. Vehicles 20 feet and shorter would park in the first basement of the garage with access from both Post and Geary Street. This parking level would have 11 clearly marked loading spaces with convenient access to the freight elevator.

Truck and service vehicle loading for the proposed Cathedral Hill MOB would be located off Cedar Street. There would be a loading dock with two loading spaces, a raised loading platform, and convenient access to the freight elevator at this location. Both ingress and egress for this loading dock would be off Cedar Street.

There would be no loading facility at the 1375 Sutter Street building.

3.1.5 Bicycle Parking

According to San Francisco Planning Code requirements (Section 155.2), a total of 62 bicycle parking spaces would be required at the Cathedral Hill campus. The CPMC intends to provide more bicycle parking spaces than the Planning Code requirement to obtain a credit for Leadership in Energy and Environmental Design (LEED) rating⁹ and the Green Building Code. Bicycles would share access with vehicles. There would also be shower facilities.

3.1.6 Pedestrian

Most pedestrians at the Acute Care and Women's and Children's Hospital are expected to enter from the main entrance located off Van Ness Avenue. Drivers that park in the parking garage would enter the building from the elevator on the level where the vehicle is parked. The Acute Care and Women's and Children's Hospital would also have passenger curbside loading zones inside the drive-through lane. The passenger drop-off zone would be located on the east side of the drive-through lane, separated by a row of columns.

The main pedestrian entrance at the Cathedral Hill MOB would be off Van Ness Avenue, and a passenger curbside loading zones would exist off Cedar Street. The facility would also contain an underground pedestrian tunnel across Van Ness Avenue, connecting the Acute Care and Women's and Children's Hospital with the Cathedral Hill MOB.

There would be no change to the pedestrian access pattern at the 1385 Sutter Street building.

3.2 California Campus

There would be no change to the California campus until 2015. After 2015, CPMC would sell the California campus buildings and lots, and lease the back space (approximately between 2015 and 2019, until renovations and construction at the Pacific campus are completed). By 2015, the acute care function at the California campus would be moved to the Cathedral Hill campus. Diabetes services, the breast health center, MRI, pathology and clinical lab space, and imaging services would remain at the California campus until the Pacific campus renovations are completed, at which point the services would be transferred to the Pacific campus. By 2019, the remaining CPMC services at the California campus would consist of outpatient imaging and the lab draw site that support the MOB at 3838 California Street. These two remaining CPMC services would continue indefinitely. Under the plan, once the campus is sold and the majority of services are transferred to the new Cathedral Hill and the Pacific campuses, the California campus would no longer be considered part of CPMC.

⁹ LEED for Healthcare Rating System Draft, November 2007, requires bicycle parking spaces be provided for 5 percent of more of all staff persons during the peak period.

It is anticipated that transportation demand at the California campus would remain the same until 2015, gradually reduce between 2015 and 2019, and then effectively be inactive at the California campus after 2019. All existing parking and biking facilities, CPMC shuttle service, carpooling, and car sharing programs and operations would gradually reduce and be completely terminated by 2019.

3.3 Pacific Campus

There would be minor changes at the Pacific campus before 2015, including expansion of the emergency department by about 1,800 gsf, establishment of a cancer care center at 2351 Clay Street, reconfiguration of the loading dock at 2333 Buchanan Street, and installation of way finding signage. These construction activities would add a marginal amount of traffic at the Pacific campus.

Starting in 2015, the acute care beds and related inpatient care services at 2333 Buchanan Street would be moved to the new hospital at the Cathedral Hill campus, and this acute care hospital would be converted to an ACC with services moved from the California campus. Several other buildings—the Gerbode Research Building (2200 Webster Street); the Stanford Building (2351 Clay Street); the 2324 Sacramento Street Building; and the Annex Building (2340-2360 Clay Street MOB)—would be slated for demolition. In 2016, these buildings on the Pacific campus would be demolished, and a 204,916-gsf T-shaped building (ACC addition) with a 269-space parking garage would be constructed at the site currently occupied by the Stanford Building and the 2324 Sacramento Street Building. Concurrent with the ACC addition would be a 307,000-gsf ACC Addition building with a 526-space parking garage at the site vacated by the Gerbode Research Building, the Stern Building, and the Annex Building. Once completed, the total number of parking spaces east of Webster Street would be approximately 795. In mid-2019, the existing 411-space Clay/Webster Street parking garage would be expanded to include an additional two floors (150 spaces). The parking garage is scheduled for completion in 2021.

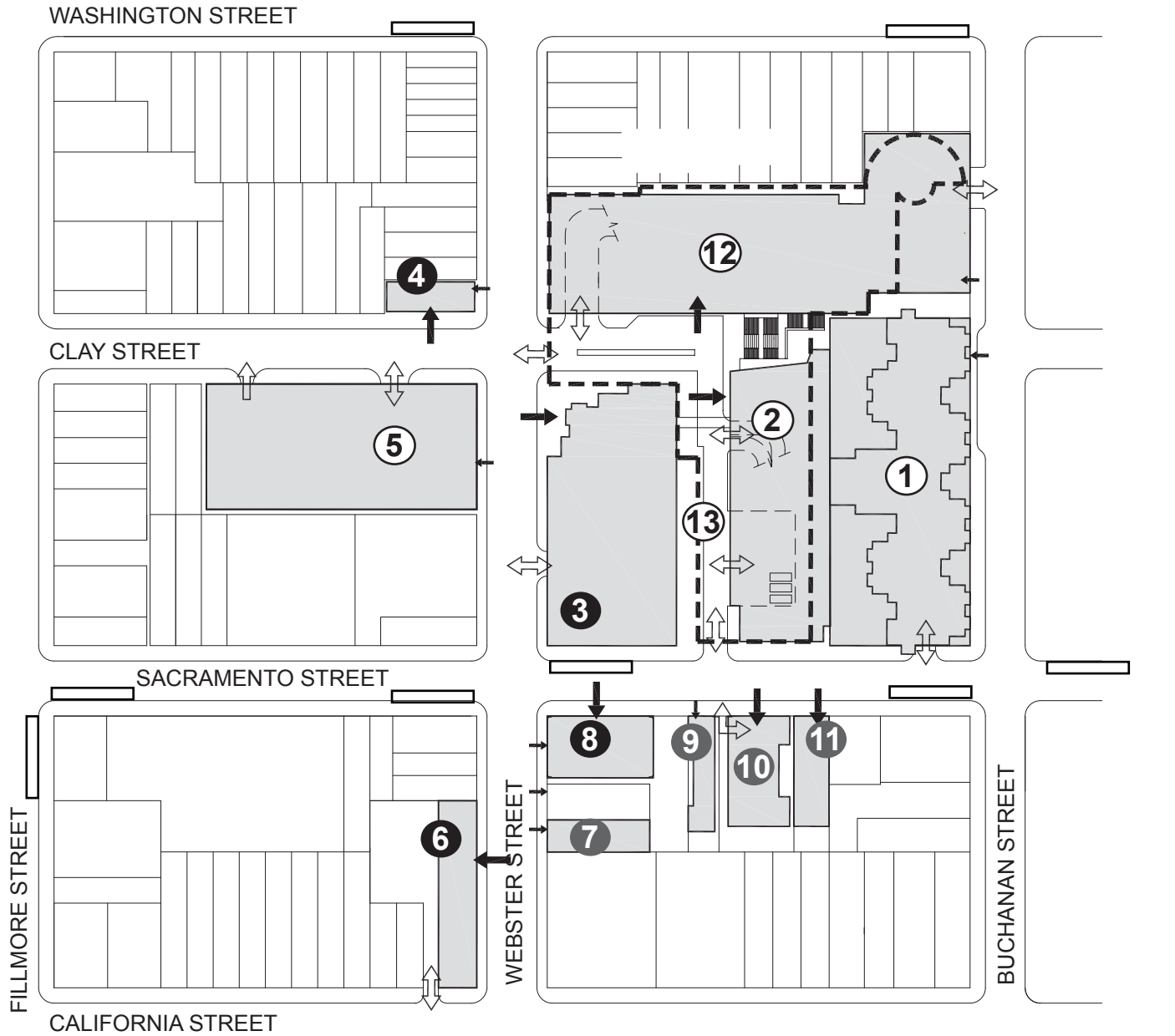
3.3.1 Site Access & Traffic Circulation Pattern

Figure 40 presents the proposed site plan for the Pacific campus. The proposed new parking garages on the east side of Webster Street would have three access points, one from Sacramento Street, another from the intersection of Clay and Webster Streets and from Buchanan Street. A passenger drop-off curb would be included inside the internal roadway.

Access to the Clay/Webster Street garage would remain on Clay Street, with the primary ingress and egress on the north end of the garage on Clay Street.

3.3.2 Transit

The TEP recommendations include the following changes for the routes serving the Pacific campus: Route 2 service would be discontinued west of 14th Avenue and Route 4 would be discontinued west of Presidio and California due to low ridership and access to high quality service nearby (1-California and 38-Geary). However, both routes would have more frequent services east of Presidio Avenue. Route 3 would be also discontinued due to low ridership, and the service along Sutter Street would be maintained with more frequent service on Route 4.



LEGEND

- Major renovation/New project
- Small renovation projects (Interiors)
- Existing Buildings (No changes)
- Site of Webster street/Sacramento Street Underground Parking (NEW)
- Vehicular access
- Pedestrian access (Main Entrance)
- Pedestrian access (Secondary Entrance)
- MUNI stops

- 1. Pacific Hospital
- 2. Stanford Building
- 3. Pacific Professional Building
- 4. Maas Plastic Surgery Clinic
- 5. Clay/Webster Parking Garage
- 6. 2300 California
- 7. 2018 Webster
- 8. Health Sciences Library
- 9. 2329 Sacramento
- 10. Mental Health Center
- 11. 2315 Sacramento
- 12. 2324 Sacramento
- 13. Stern Building
- 14. Annex Building
- 15. Gerbode Research Building



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 40
Project Site Plan
PACIFIC CAMPUS

3.3.3 Parking

CPMC would provide a sufficient number of parking spaces as required by the Planning Code. The total number of parking spaces on the Pacific campus would increase from 495 to 1,505 with implementation of the Master Plan. Table 67 compares the parking facilities that currently exist at the Pacific campus as well as those planned for the future.

Table 67 - Pacific Campus – Existing and Proposed Off-Street Parking Spaces

Facility	Address	Existing	Proposed	Difference
CPMC Operated				
A	2405 Clay	411	561	+150
B	2300 California	41	41	0
C	2323 Sacramento	11	11	0
D	2333 Buchanan	32	0	-32
H	North of Clay Parking Garage	0	623	+623
I	ACC Parking	0	269	+269
Subtotal		495	1,505	+1,010
Not CPMC Operated				
E	2470 California	50	50	0
F	2200 Webster	25	25	0
G	2100 Webster	400	400	0
Subtotal		475	475	0
Grand Total		970	1,980	+1,010

3.3.4 Loading

CPMC would provide a sufficient number of loading spaces as required by the Planning Code. The existing loading dock at the 2333 Buchanan Street acute care hospital would be removed and relocated to the ACC addition with both ingress and egress from Sacramento Street. This building would include 10 off-street loading spaces, providing the only location for delivery vehicles to the Pacific campus.

3.3.5 Bicycle Parking

CPMC would provide a sufficient number of bicycle parking spaces as required by the Planning Code. According to San Francisco Planning Code Requirements (Section 155.2), a total of 82 bicycle parking spaces would be required at the Pacific campus. Bicycles would share access with vehicles. Shower facilities would also be available.

3.3.6 Pedestrian

Pedestrian access to the Pacific campus is shown on Figure 39. They would generally remain the same as the current condition, with access points from Buchanan, Sacramento, and Webster Streets.

3.4 Davies Campus

The major plans for the Davies campus over the next 15 years include construction of two MOB: 1) the Neuroscience Institute MOB (also called the Noe Street MOB) to be occupied by 2012; and 2) the Castro Street MOB, which would replace the existing parking structure at the corner of Castro Street/14th Street with new medical offices and include a 490-space underground parking garage. Figure 40 is a site plan for the proposed Davies campus.

3.4.1 Site Access & Traffic Circulation

The proposed Noe Street MOB would be a four-story, 50,100-gsf MOB at the corner of Noe and Duboce streets. The building would include clinic space, medical office space, lobby space, and a pharmacy that would serve patients of the Neuroscience Institute. The 4th floor of the MOB would connect directly to the 4th floor of the North Tower and the Davies acute care hospital. The existing lower-level parking lot would be reduced in size, and include an additional access point to the parking lot off Noe Street.

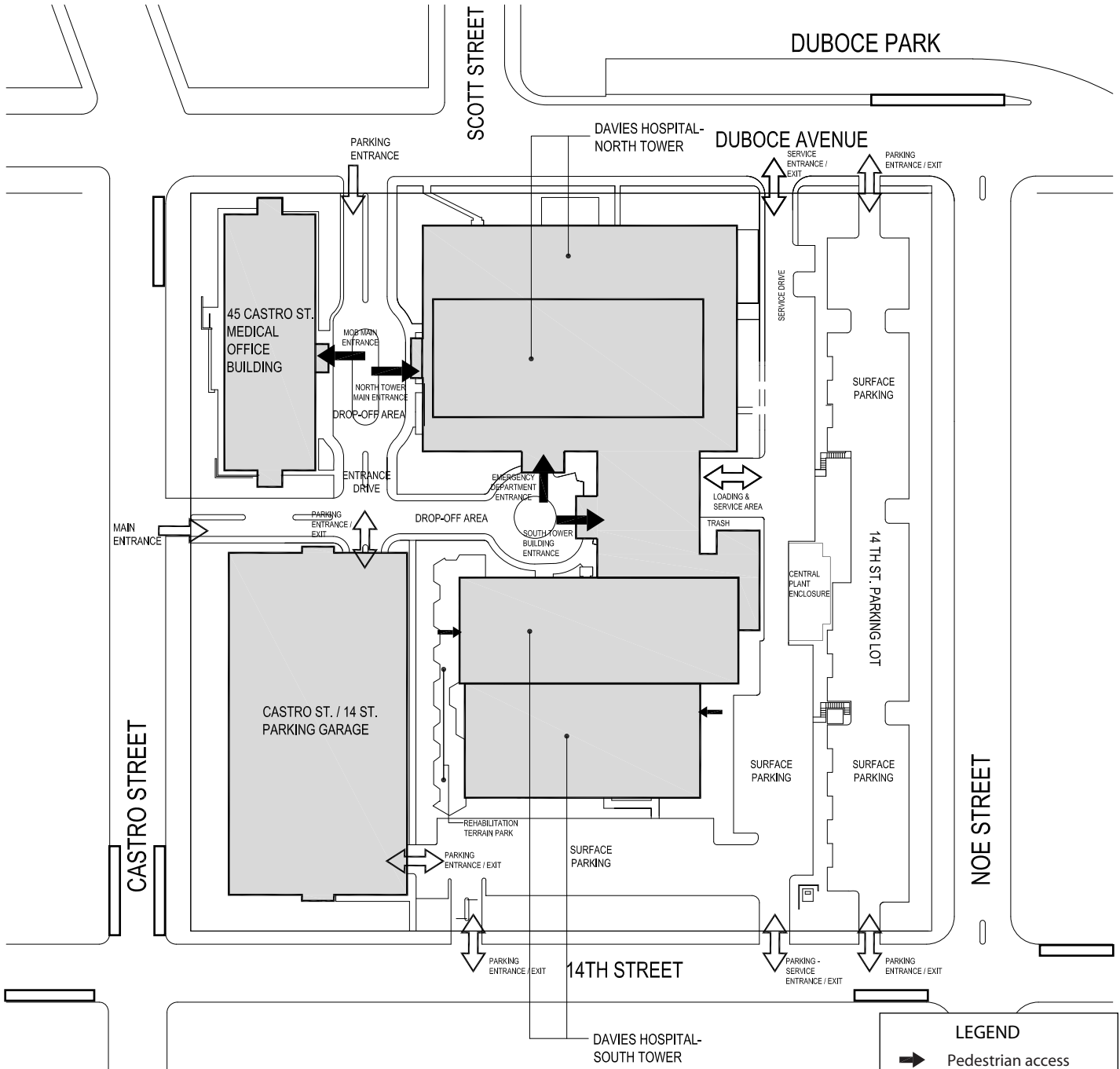
Castro Street MOB – The proposed Castro Street MOB would be constructed on the site currently occupied by the Castro/14th Street parking garage. This parking garage would be demolished and replaced with a 60,000-gsf MOB and a four-level underground parking garage with 490 parking spaces. Construction would begin in 2018 and be completed by 2020. The main entrance to the building and parking garage would remain at the same location off Castro Street, as shown on the site map (Figure 41). CPMC intends to construct a temporary parking garage at 14th and Noe Streets when the Castro Street MOB is under construction.

3.4.2 Parking

CPMC would provide a sufficient number of parking spaces as required by the Planning Code. The new Noe Street MOB would not include any new parking, but would displace approximately 70 spaces on the project site. The new Castro Street MOB would replace the existing parking garage, and would contain four levels of underground parking with 490 parking spaces. Construction would begin in 2018 and be completed by 2020. Entrance and exit to the underground parking garage would remain at the current locations, with the main entrance on Castro Street. Table 68 compares the existing and proposed number of parking spaces at the Davies campus. During demolition and construction of the proposed Castro Street MOB, CPMC intends to construct a temporary parking garage at the corner of 14th and Noe Streets, with an entrance and exit on 14th Street.

Table 68 - Davies Campus – Existing and Proposed Off-Street Parking Spaces

Location	Existing	Proposed	Difference
Castro/14 th Street Parking Garage	283	490	+207
North and South Tower Surface Parking	273	143	-130
Total	556	633	+77



LEGEND

- Pedestrian access (Main entrance)
- Pedestrian access (Secondary entrance)
- Vehicular access
- Passenger Loading area
- MUNI stops



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 41
Project Site Plan
DAVIES CAMPUS

3.4.3 Loading

CPMC would provide a sufficient number of truck loading spaces as required by the Planning Code. There would be no change to the existing truck and service loading location and access routes to the main campus. There would be no loading spaces for the proposed Noe Street MOB and the Castro Street MOB. Delivery to these two buildings would be made to the existing loading dock behind the North Tower.

The only change at the Davies campus would be the passenger drop-off location for the proposed Noe Street MOB. The patient drop-off area for this MOB would be located on the west side of the building, and would be accessed from the existing service driveway on Duboce Avenue, as shown on Figure 41. This would permit disabled patients with large wheelchair and gurney transport vans to have same-level access to the clinic. Regular passenger drop-off for this MOB would occur along the parking driveway off Noe Street. There is no concept design for the proposed Castro Street MOB at this time.

3.4.4 Bicycle

CPMC would provide a sufficient number of bicycle parking spaces as required by the Planning Code. The new Noe Street MOB would include ten Class II bicycle parking spaces on the ground floor, in front of south side entrance to the MOB. According to San Francisco Planning Code Requirements (Section 155.2), a total of 25 bicycle parking spaces would be required for the Davies campus.

The San Francisco MTA has recently published a Bicycle Master Plan, and is currently preparing an EIR for the Bicycle Master Plan. The EIR is expected to be presented to the San Francisco Planning Commission for certification in spring 2009. There are two proposed projects in the vicinity of the Davies campus:

- 14th Street Bicycle Lane – Dolores Street to Market Street
- The “Wiggie” Improvements – This project adds sharrows¹⁰ in both directions to portions of existing Bicycle Route #30 at the following locations: Duboce Avenue between Market and Steiner Streets; Steiner Street between Duboce Avenue and Waller Street; Waller Street between Steiner and Pierce Streets; Pierce Street between Waller and Haight Streets; Haight Street between Pierce and Scott Streets; and Scott Street between Haight and Fell Streets.

3.4.5 Pedestrian

The proposed Noe Street MOB would include improved landscaping, a widened sidewalk on the west side of Noe Street, a public plaza, and funding for traffic calming along Noe Street. In addition, there would be a direct internal connection between the fourth floor of the Noe Street MOB and the 4th floor of the North Tower. This internal connection would allow pedestrian trips between the two buildings to occur completely internally, thus reducing the amount of pedestrian traffic along the sidewalks. In addition, the proposed MOB would include two pedestrian entrances: a southern entrance at a pedestrian plaza off Noe Street, and a northern entrance along Duboce Avenue across from the N-Judah Muni stop.

¹⁰ Sharrows is a painted symbol on the pavement, giving motorists more awareness that bicyclists are sharing the right-of-way.

3.5 St. Luke's Campus

St. Luke's Hospital became the fourth CPMC campus in 2007. In 2008, CPMC participated in a process to determine the future of the St. Luke's campus. The St. Luke's Blue Ribbon Panel was charged with articulating a viable plan for an acute care hospital and outpatient services at St. Luke's that complement and support CPMC's institutional plan at its other campuses while meeting the health care needs of the community.

Between 2010 and 2015

A new 145,000 gsf six-story hospital building (replacement hospital) would be constructed on the west side of the existing 12-story hospital tower including the stub end of San Jose Avenue, the Redwood Administration building and the parking lot. After completion of the replacement hospital, scheduled to open in 2014, the existing hospital would be decommissioned and demolished. The replacement hospital would decrease the total building gross square footage by 55,000 gsf from the existing hospital (200,000 gsf). The replacement hospital would contain 86 licensed beds (reduction of 64 beds from the existing) and would provide the following functions:

- Inpatient care service for patients staying longer than 24 hours
- Diagnostics and treatment facilities
- Hospital administration
- Emergency Room
- Loading

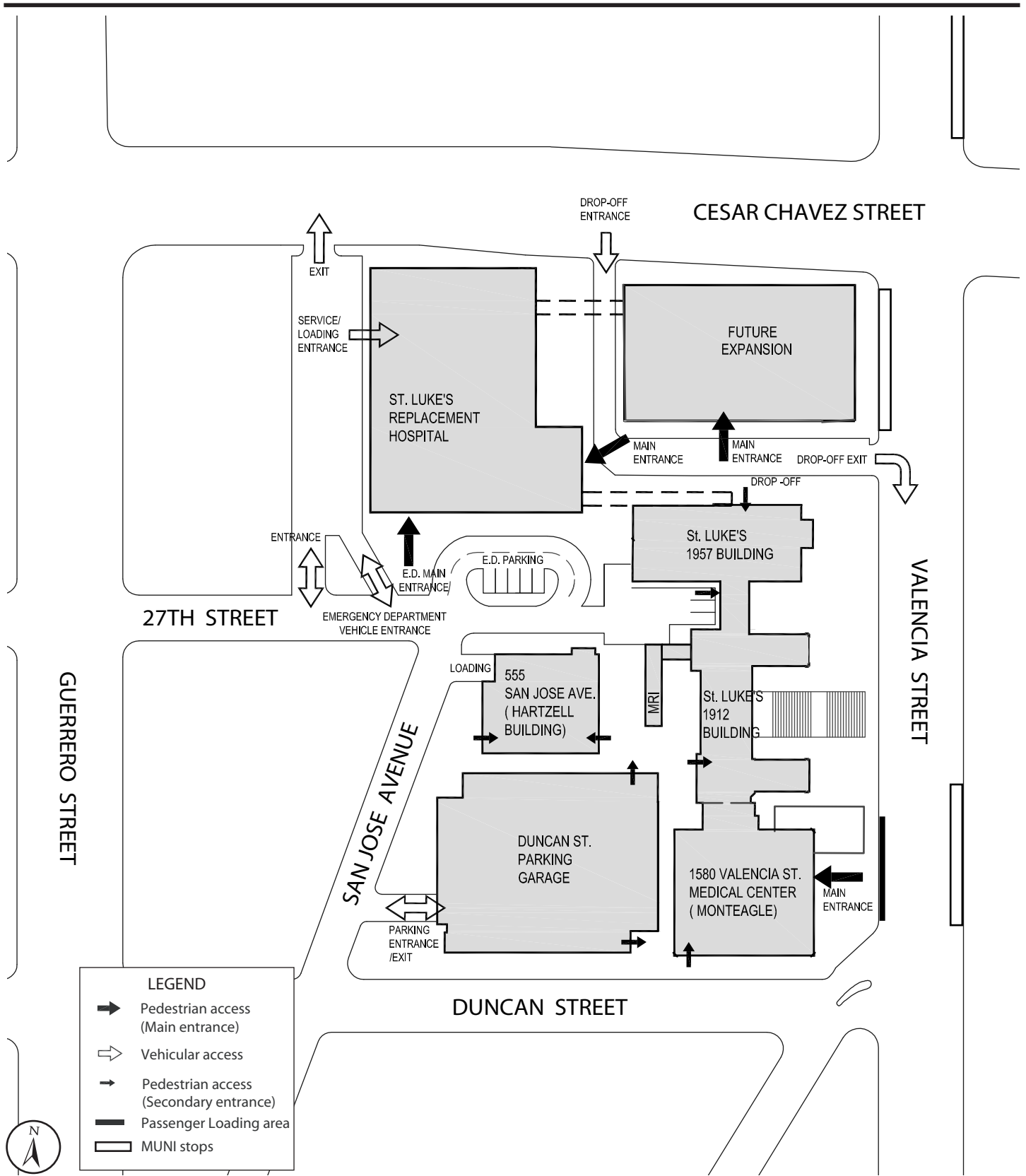
The 1957 Building (approximately 31,724 gsf) would be renovated to accommodate non-acute hospital support and to functionally connect to the replacement hospital at Level 3. The existing emergency department in the 1957 Building would be decommissioned and would move to the replacement hospital which would be accessible from 27th Street at the end San Jose Avenue.

Beyond 2015

After demolition of the existing 12-story building (i.e., post 2015), a new 220,000 gsf, five-story building (future expansion building) would be constructed on this site. Use of the future expansion building is unknown at this time. It is anticipated that the future expansion building would be used for outpatient care (about 88,500 gsf), lobby space and building infrastructure (about 31,500 gsf) and below-ground parking (about 100,000 gsf)

3.5.1 Site Access & Traffic Circulation

Vehicles for passenger drop-off would enter from Cesar Chavez Street, drive through the one-way driveway, and would exit onto Valencia Street. Trucks accessing service/loading dock for the replacement building would enter from 27th Street and exit to Cesar Chavez Street. The main entrance to the Duncan Street parking garage would remain the same, off San Jose Avenue. The access points to each building are presented in the site map (Figure 42). There would be five new parking spaces provided for the emergency department use only off 27th Street, and the emergency vehicles would access from either 27th Street or San Jose Avenue.



LEGEND	
	Pedestrian access (Main entrance)
	Pedestrian access (Secondary entrance)
	Vehicular access
	Passenger Loading area
	MUNI stops



CHS Consulting Group

California Pacific Medical Center IMP 2008

Figure 42
Project Site-Plan
ST. LUKE'S CAMPUS

3.5.2 Transit

The TEP recommendations include the following changes for the routes serving the St. Luke’s campus: Mission Street would have more frequent service at all times; Route 27 would provide a direct connection to the 24th Street BART Station.

3.5.3 Parking

The replacement hospital would displace approximately 106 parking spaces in the west of San Jose Avenue. The existing parking survey shows that occupancy rate at the St. Luke’s campus was approximately 72 percent, and the occupancy is expected to decrease with respect to the downsizing of the hospital. The CPMC would need to provide approximately 20 temporary parking spaces in order to accommodate the excess parking demand until the completion of the future expansion building. It is assumed that the future expansion building (scheduled post 2015) would contain four below-grade parking levels that would provide approximately 300 parking spaces to accommodate the future use.

Table 69 - St. Luke’s Campus – Existing and Proposed Off-Street Parking Spaces

Facility	Address	Existing	Proposed (2010-2015)	Proposed (Post 2015)
CPMC Operated				
A	500 27 th Street	116	10	10
B	599 San Jose Ave (Duncan Street Parking Garage)	215	215	215
C	3555 Cesar Chavez Ave	13	13	300
Total		344	238	525
Difference from Existing		0	-106	+181

3.5.4 Loading

The replacement hospital would have a loading/service area on the west side of the building, which would have two loading docks and two spaces for dumpsters. Service vehicles would access the loading area from either 27th Street or San Jose Avenue and exit onto Cesar Chavez Street. The loading dock for the Hartzell building would remain the same.

3.5.5 Bicycle Parking

The CPMC would provide bicycle parking spaces to meet the Planning Code requirement. In addition, the CPMC is interested in providing more bicycle parking spaces than the Planning Code requirement to obtain a credit for Leadership in Energy and Environmental Design (LEED) rating¹¹ and the Green Building Code.

3.5.6 Pedestrian

The replacement hospital’s main entrance would be located on the southeast corner of the building. Pedestrians would use Valencia Street or Cesar Chavez Street to access the main entrance of the

¹¹ LEED for Healthcare Rating System Draft, November 2007, requires bicycle parking spaces be provided for 5 percent of more of all staff persons during the peak period.

replacement hospital. There would be no changes to pedestrian access to other buildings in the St. Luke's campus.

3.6 Proposed TDM Program

CPMC is committed to promoting the use of transit, ridesharing (carpool and vanpool), and bicycles by its employees, patients, and visitors. CPMC is also committed to reducing employees' reliance on driving to work in single occupant vehicles (SOVs). While the TDM program currently in place at the CPMC campuses is comparable to those implemented at the other major institutions in San Francisco (e.g., UCSF, Kaiser Permanente Medical Center), CPMC is committed to expanding and improving the effectiveness of the current TDM program. Proposed changes include:

- Improving the management of the existing TDM program by appointing one dedicated staff person responsible for the oversight of the program (rather than using multiple employees)
- Promoting the TDM program more aggressively, including additional (and targeted) dissemination of information to employees
- Increasing financial incentives to promote transit use and disincentives for using SOVs
- Increasing transit and bicycle amenities
- Expanding and enhancing free shuttle bus services

Designate a TDM Program Coordinator

CPMC would designate a TDM Program Coordinator who would be responsible for promoting and managing implementation of the TDM program. The coordinator would establish modal split goals for each campus, and would develop a program to gradually accomplish the goals mutually agreed upon with the Planning Department within the specified time frame. The coordinator would also be responsible for:

- Participating in employee orientation training
- Monitoring and updating, as appropriate, the TDM program using the results of employees, patients, and visitors travel behavior surveys, and conducting travel behavior surveys on a bi-annual basis in accordance with a methodology approved by the Planning Department (CPMC would use similar survey tools across multiple years to allow comparability of data; this is a new element of the TDM program)
- Coordinating with 511.org to establish a rideshare matching program
- Coordinating parking management and the shuttle bus program

Promotion of TDM Program

CPMC is committed to the following additional promotional activities to enhance the effectiveness of the TDM Program:

- **Organize and conduct a Transportation Day Fair** at each campus annually. The Fair would include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and would provide information about transit, ridesharing, and bicycling. The TDM Coordinator would promote attendance at these events, and would provide incentives for employees to attend the Fair, such as free transit fast passes, free bicycles, and food and drink.

- **Develop transportation materials for new employee orientation package.** As part of the new employee orientation program, CPMC would include a package of transportation services and benefits offered by CPMC. The Transportation Coordinator would participate in explaining the material to new employees. This is a new program, which is designed to provide information to employees when they first join CPMC.
- **Provide a centralized kiosk/booth with a computer terminal** in a conveniently accessible area within each campus where employees could obtain maps, schedules, and regional transit information (such as 511.org); enroll in web-based “car sharing”/“ride sharing”; and reserve car sharing vehicles. This is a new program, designed to provide information at a publicly known location.
- **Develop a semi-regular update** on transit and travel issues in the CPMC “Our City Within” Newsletter, containing highlighted program elements and benefits and contact information. This is a new addition to the CPMC newsletter, intended to provide more information to its employees.
- **Create a dedicated intranet/web site/page** containing relevant transit and parking information and related links. This is a new element in the TDM program.

Increase Financial Incentives to Transit Use and Disincentives for SOV Usage

CPMC is committed to further increasing financial incentives for transit use and providing disincentives for SOV use by implementing the following:

- Modify parking charges at all CPMC campus to create financial disincentives to SOVs. CPMC would adopt the following performance-based parking fee structure:
 - Monthly parking fee = no less than 15 times the daily parking fee
 - Daily parking fee = no less than 8 times the hourly parking fee
 - Hourly parking fee = no more than the on-street parking meter cost
 - Carpool/vanpool parking fee = free
 - Motorcycle parking fee = free
 - Resident physicians park for free when on call = free
- Increase the transit subsidy available to all CPMC campus employees up to the full cost of a Muni FastPass (\$45 in 2008) or negotiate with Muni to provide Eco-Passes to CPMC employees.
- Consider the provision of a parking “cash out” policy whereby an employee could choose between receiving subsidized parking or payment in an equal amount. This element, if implemented, would reduce the financial incentive to drive.
- Continue to lease off-site remote parking facilities to employees at Japantown Center at a 50 percent discounted rate.
- Maintain a sufficient number of dedicated “car sharing” (e.g., City CarShare, FlexCar, Zip Car, or similar vendor) parking spaces at each campus. CPMC would investigate and implement, where feasible, a “site license” arrangement with CarShare or another vendor that would allow reduced cost memberships to its employees, with the goal of reducing commuters’ need to bring private vehicles to the campus or neighborhood to perform non-commute, minor errands and/or trips during midday.

Provide Amenities to Transit and Bicycle Users

In addition to the designation of a full-time Transportation Coordinator, implementation of aggressive promotional activities, and financial incentives to transit use and disincentives to SOV use, CPMC is committed to providing the following additional amenities to transit and bicycle users:

- Install “NextBus” or similar technology at a prominent location on each campus to provide transit users with real-time transit and shuttle bus arrival time information.
- Install at least the LEED-level required number of parking spaces at each campus.
- Continue to provide shower and locker facility at each campus for employees who bike to work.
- Expand existing shuttle bus services from the key regional transit stations to the Cathedral Hill campus at frequencies that would promote transit use.
- Provide guaranteed ride home services for employees who work within four blocks of each campus.
- Provide on-site sale of transit passes and commuter checks at each campus.
- Work with the MTA to provide transit shelters at the bus stops adjacent to CPMC campuses.
- Designate preferential carpool/vanpool parking spaces at parking facilities closest to the elevator(s) or main entrance to the garage/lot.

Expanded Shuttle Bus Program

CPMC would expand its existing shuttle bus program to include the Cathedral Hill campus. The establishment of the new Cathedral Hill campus and the change in services at the Pacific and California campuses would require changes in shuttle bus services. Shuttle bus services would continue at the California campus until medical services at this campus are fully moved to the Cathedral Hill campus. The Cathedral Hill campus would become the hub of shuttle bus services for the other four campuses. Service from the Cathedral Hill campus to the Pacific, Davies, and St. Luke’s campuses would be identical to that currently being provided to the Pacific campus. Service from the Cathedral Hill campus would consist of two routes: one to the BART/Muni Metro Civic Center Stations only, and the other connecting with the BART/Muni Metro Civic Center Stations, Japantown Parking Garage, and the Pacific campus. Both routes would run at 3- to 5-minute headways.

**CALIFORNIA PACIFIC MEDICAL CENTER
INSTITUTIONAL MASTER PLAN 2008**

**Prepared for
The City and County of San Francisco
Planning Department**

**Appendix C:
ECONOMIC STUDY**

MUNDIE & ASSOCIATES

Consultants in Land Use and Economics

December 12, 2008

APPENDIX TO SECTION FIFTEEN

PREFACE

This appendix to the California Pacific Institutional Master Plan (IMP) has been prepared by Mundie & Associates, Consultants in Land Use and Economics.

The appendix offers a more extensive narrative and more specific quantitative information than is presented in Section Fifteen of the IMP, allowing readers of the IMP to consider the economic implications of the institutional master plan at a greater level of detail.

Introduction: Health Services as an Integral Part of the San Francisco Economy

California Pacific Medical Center (CPMC) is a leading institution in the health services sector of San Francisco's economy.

Health services play a critical role in San Francisco, meeting medical and health needs of those served while functioning as a building block of the local economy. Health care providers like CPMC are one of 12 "industries" forming the "human infrastructure" sector of San Francisco's economy (see box below). The human infrastructure sector is joined by the physical infrastructure sector in supporting San Francisco's knowledge-based enterprises (such as financial services, information technology, and media, to name a few) and experience-based enterprises (such as hospitality, specialty retail, and design). These knowledge- and experience-based enterprises drive the San Francisco economy by generating "exports" of locally-produced goods and services.

Health Care in the San Francisco Economy¹

The "human infrastructure" sector of the San Francisco economy has 12 components of which three taken together make up the health services industry: hospitals, ambulatory health care (offices of physicians, dentists, and other health care practitioners), and residential and community care facilities.

In 2005, employment in San Francisco's health services industry reached almost 29,000. Between 2002 and 2006, educational and health services posted the largest local employment gains.² With the aging of the city's population in coming decades, this employment is expected to continue to grow.

Health care offers a wide range of job opportunities to workers at every level of education. Of workers in the health care industry, more than 40 percent do not have a four-year university degree; nevertheless, the bulk of these jobs pay an above-average salary.

Strengthening the building blocks of this economic system is important to San Franciscans.

In approving Proposition I in 2004, local voters showed their support for public action on the local economy by authorizing the creation of an economic development plan for San Francisco.

San Francisco's Office of Economic & Workforce Development (OEWD) in the Mayor's office has taken the lead role in implementing Prop I by formulating an economic strategy for San Francisco. The strategy is outlined in the report *Sustaining Our Prosperity: The San Francisco Economic Strategy*, which is referred to subsequently in this document as the "Strategy Study."

The Strategy Study sets forth a strategic framework to guide the local economy: a framework that derives from an understanding of how the City's economic base, the policies and actions of its public sector, and the economic characteristics of the population (number of residents, labor skills,

¹ *Sustaining Our Prosperity: The San Francisco Economic Strategy*, City of San Francisco, Office of the Mayor, Office of Economic and Workforce Development (OEWD), November 1, 2007 (generally cited here as "Strategy Study"). The Strategy Study (p. 158) reports that California's Employment Development Department projects 3,500 new jobs in hospitals and 2,300 new jobs in ambulatory care in San Francisco in the next twenty years.

² "San Francisco County Snapshot," California Employment Development Department (EDD), online at <http://www.calmis.ca.gov/file/cosnap.pdf>.

employment opportunities, wages, participation in ownership, and other economic characteristics) relate to and support one another.

While the economic strategy is new, San Francisco's concern for the economic dimensions of planning for a strong economic future is not. The city's Planning Code has put in place "Priority Policies" that, while principally intended to establish the basis for resolving any inconsistencies in the City's General Plan, at the same time identify economic concerns of particular importance: preserving and enhancing existing neighborhood-serving retail uses, preserving a diverse economic base, and strengthening economic opportunities, including resident employment and ownership.

The San Francisco Economy and Institutional Master Plans

Both the economic strategy and the long-established priorities of the Planning Code provide important points of reference for the economic dimensions of major institutional development in San Francisco. Such development is guided under the Planning Code in part by the requirement (section 304.5) that each medical institution and post-secondary educational institution in the City maintain an institutional master plan (IMP) describing its existing development and plans for anticipated future development.

This appendix to the IMP trains an economic lens on the existing and future facilities and operations of California Pacific to provide insight into the importance of the institution as part of the local economy and illuminate its economic roles from a strategic perspective. The economic review of both current and future conditions draws on CPMC's Environmental Evaluation Application (Revision submitted December 8, 2008)³, on other information supplied by the Medical Center, and on research by the economic consultants.

California Pacific and the San Francisco Economy

California Pacific is a major San Francisco institution, whether measured by the medical services it provides, the staff that support and deliver those services, or the physical facilities in which medical and support activities take place.

The economic analysis of the plans described in CPMC's IMP is based on research into the existing relationships between the campuses and their neighborhoods, and the institution as a whole and the City. Examining these relationships – where possible describing them quantitatively – establishes a foundation for identifying the types of impacts the Medical Center currently exerts on the local economy and estimating the scale of those impacts. With the current

³ Environmental Evaluation Application (EEA), submitted December 8, 2008. This EEA submittal revises and supplants the version of the EEA filed initially by CPMC on June 6, 2005 and the revised EEA filed on February 21, 2008. Information in this appendix cited to the EEA refers to the December 8, 2008 submittal.

condition evaluated, it then becomes possible to forecast California Pacific's future economic impacts given the institutional changes envisioned in CPMC's plans.

"Economic" impacts, broadly speaking, include a range of effects that embrace the direct expenditures of the institution and complementary enterprises (primarily the offices of affiliated physicians) on wages and salaries and on purchases of goods and services, together with the indirect effects of those expenditures. Economic impacts also include the further expenditures on goods and services by individuals employed by, and businesses that provide goods and services to, California Pacific and its affiliated physicians.

Economic impacts also include transfers to public entities through payment of taxes, fees, and service charges. Such payments, which recognize the services provided by public agencies to the institution, are referred to as "fiscal" impacts: the set of economic transactions that involve entities in the public sector.

The economic appendix to this IMP is presented in two main parts. First, the existing economic relationship between CPMC and its San Francisco setting is reviewed. This relationship pertains to the delivery of medical and hospital services at CPMC's four existing campuses – California, Pacific, Davies, and (from January 1, 2007) St. Luke's – as well as to the influence of the institution as a whole on the economy of San Francisco.

Second, a parallel review is provided of the impacts expected to result from the implementation of CPMC's development plans over the next 12 to 15 years. The key initial projects in the institution's master plan (new acute care hospitals at Cathedral Hill and St. Luke's,⁴ new medical office buildings at Cathedral Hill and Davies, the tunnel connection at Cathedral Hill, and complementary renovations/conversions at Pacific) would cost an estimated \$1.1 billion for construction alone by the year 2015.

The IMP also identifies longer-term projects at each of the campuses that, together with the initial projects, will implement CPMC strategic goals for each campus: Pacific, with a focus on ambulatory care; Davies, with a focus on neurosciences and the complementary areas of rehabilitation and skilled nursing; and St. Luke's, with its continuing commitment to community hospital care. As part of the overall strategy, most CPMC activities at the California Campus would be relocated and the facilities would be made available for non-CPMC use. Potential effects of these longer-term changes are also discussed in this economic review.

Some of the changes planned by CPMC would affect areas near the medical campuses while others would have economic impacts on the City as a whole. Part I below considers existing conditions and Part II future conditions with a new campus at Cathedral Hill. In each part, the Medical Center's relationship to its neighborhoods is reviewed first and its economic effects on the City second.

⁴ The first new private, acute care hospitals in San Francisco in several decades.

Part I: Economic and Fiscal Impacts of Current California Pacific Operations

California Pacific's San Francisco activities affect the local economy both city-wide and in the vicinity of the each of the four existing Medical Center campuses. The California Campus is in the Presidio Heights neighborhood; Davies, the Duboce Triangle neighborhood; Pacific, the Pacific Heights neighborhood; and St. Luke's (located on Cesar Chavez Street) at the edges of several neighborhoods (Inner Mission, Noe Valley, and Bernal Heights).

Campus-based Economic Effects

California Pacific campuses and medical offices associated with the Medical Center or located nearby participate in a network of relationships with their neighborhoods. Neighborhood economic impacts of California Pacific vary by campus as a result of the physical and land use characteristics of each neighborhood and the scale and types of activities at each campus. Principal economic effects fall into two categories: spending at neighborhood businesses and effects on property values in campus areas. Figure 1 (p. 6) shows the analysis areas for neighborhood business and residential property value effects of the Davies, Pacific, and California Campuses.

Neighborhood Businesses

Consumer spending attributable to campus operations includes purchases of goods and services in the campus neighborhood by CPMC employees and visitors, and by staff of and visitors to medical practices that have located in the campus neighborhood because of a tie between those practices and the campus. The level of neighborhood business activity associated with the campuses depends upon the types of businesses, their location, and a variety of other factors.

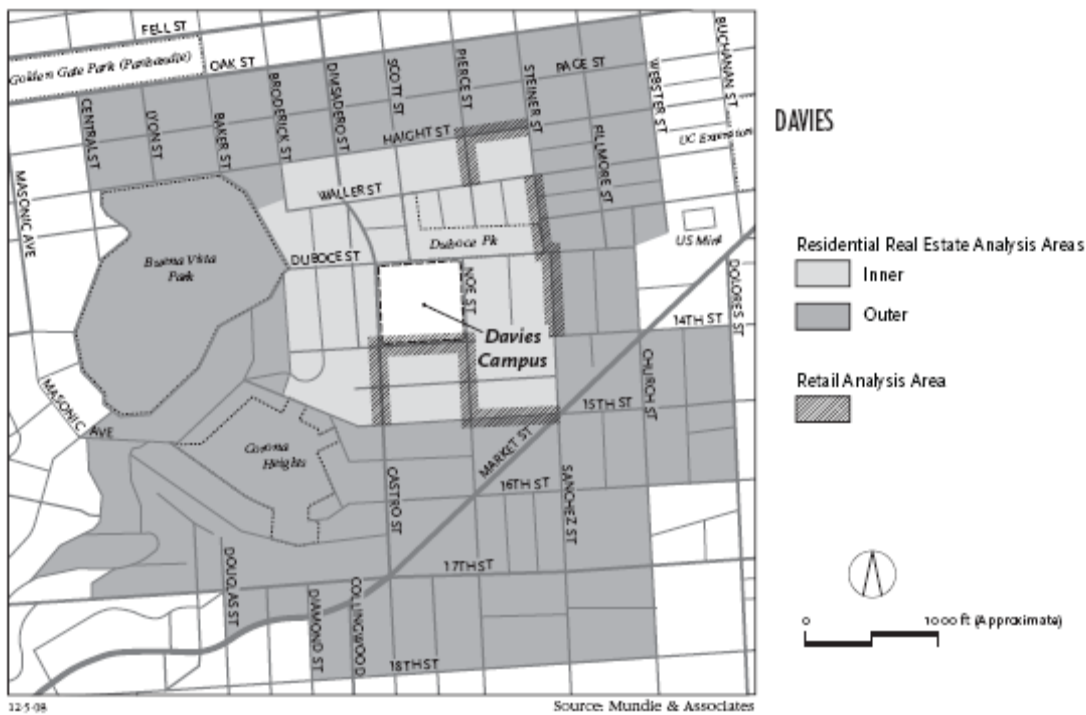
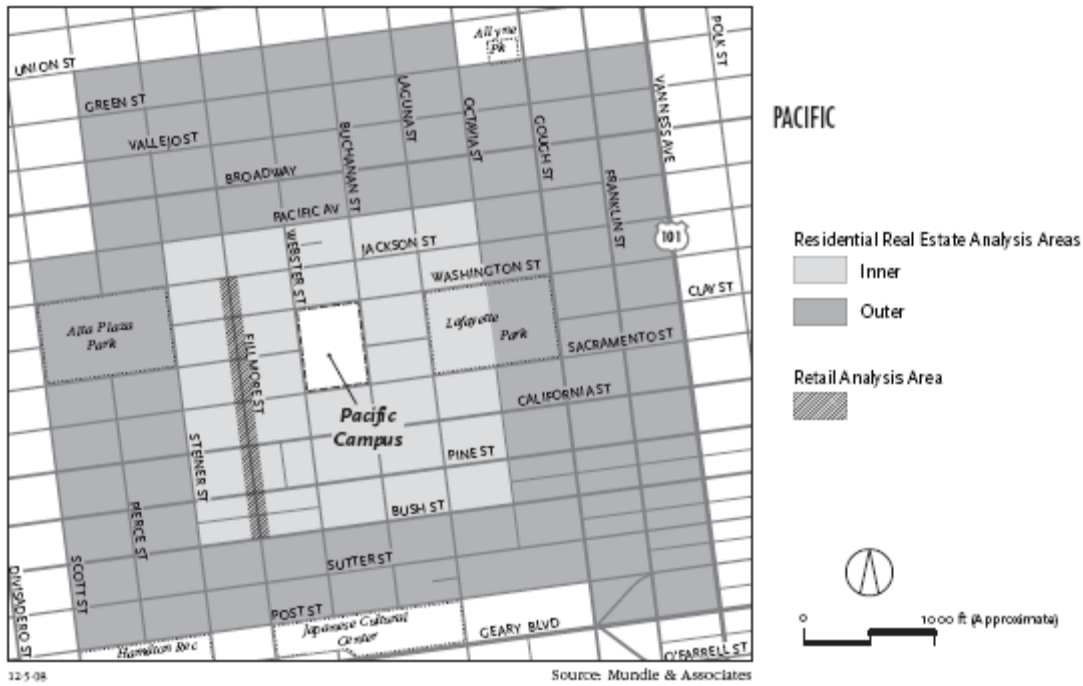
The existing campuses currently bring economic benefits to the areas in which they are located. These benefits are reported by both medical-related businesses (such as, independent medical testing laboratories and pharmacies) and non-medical related businesses (such as eating and drinking places, specialty stores, and personal services). The level of medical center-related consumer expenditures in the campus areas is affected by (1) distance from the main section of the campus, (2) convenience (the ease of walking between the campus and the business area), (3) types of businesses, and (4) business operating characteristics (operating hours, acceptance of credit cards, and general appeal to customers). An important factor affecting impact is the extent to which the customer base of the retail area is local vs. non-local (from out of the neighborhood).

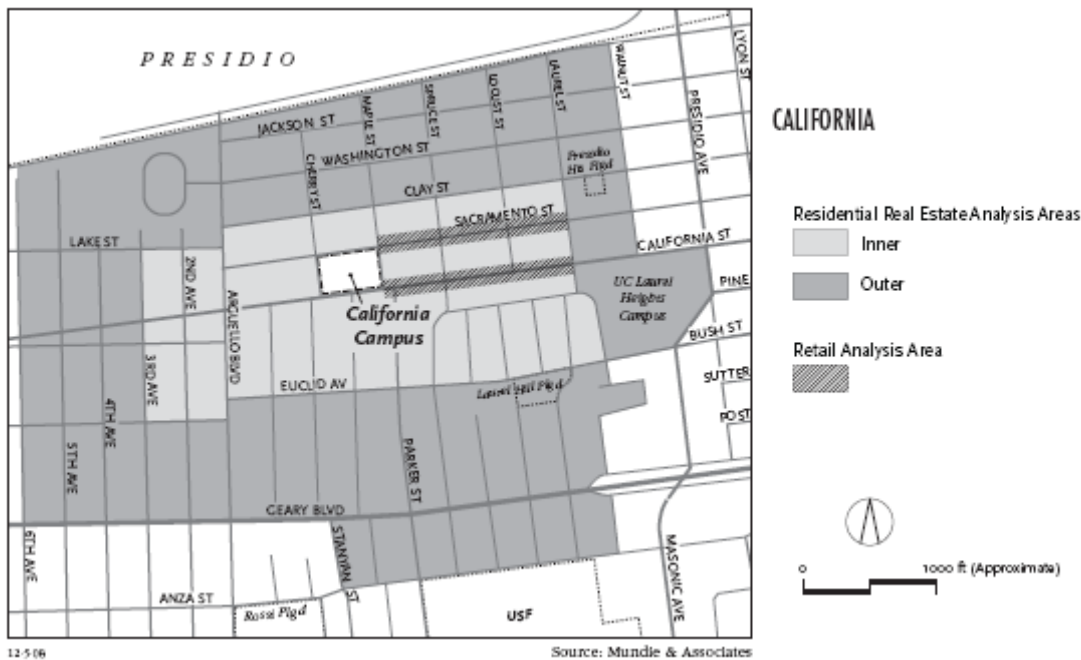
Currently, CPMC's presence appears to provide more support for local businesses at the California and Pacific Campuses than at Davies. Businesses in the Laurel Village area (California Campus area) and on Fillmore Street (Pacific Campus area) generally estimate that 5 to 30 percent of their patronage is associated with the neighboring CPMC campus. Of the two retail areas, Fillmore Street would be less affected by a change in activity levels at its close-by campus, because a higher proportion of its business is supported by shoppers from outside the neighborhood.

At Davies, where the nearest concentrated retail area is farther from the Medical Center, scattered businesses in the neighborhood attribute most of their sales to area residents, with Medical Center impact generally not noticeable or less than the five percent level.

Figure 1. Neighborhood Analysis Areas: Pacific, Davies, and California CPMC Campuses

Figure 1. Neighborhood Analysis Areas: Pacific, Davies and California CPMC Campuses





At St. Luke’s, anecdotal reports from the neighborhood (particularly, merchants located on Mission Street to the east) indicate that the considerable foot traffic accounted for by hospital staff and visitors to the St. Luke’s Campus adds to their customer base and provides an enhanced sense of security to their non-hospital-related patrons and customers.

Property Values

The presence of a Medical Center campus may affect the value of nearby residential property positively (due to the demand for housing associated with campus-related employment) or negatively (if some aspect of the campus plant or operations results in a localized effect on noise, congestion, or aesthetic considerations).

Three of the existing California Pacific campuses – California, Davies, and Pacific – are surrounded by established residential neighborhoods. Analysis of real estate data for the areas near those campuses discloses a positive association between the campuses and the values of residential property in the immediate campus areas: in the 10 years prior to 2004, values within a few blocks of the existing campuses rose at the same rate as, or faster than, values on blocks farther away.⁵

⁵ *Economic and Fiscal Study of the California Pacific Medical Center (Draft Report)*, Mundle & Associates (prepared under contract to the Marchese Company), April 11, 2006, pp. 49-59. The areas analyzed lie generally within about 3/8 mile of the principal campus block; the “inner” portions of those areas lie generally within about 1,000 feet.

No comparable analysis has been performed for the St. Luke's Campus area (which was not part of CPMC at the time the initial analysis was conducted) or Cathedral Hill (where, because no hospital was present, such an analysis was not possible).

As employment centers and attractors of visitors, the medical campuses may also have an effect on the value of campus-area non-residential property, reflecting the fact that people who routinely or occasionally travel to the campus constitute a potential customer base for retail and service businesses in the area. This potential effect – likely to be positive – has not been quantified.

Citywide Economic Effects

California Pacific Medical Center is a private, not-for-profit corporation providing a range of health care services from campuses at four San Francisco locations. Recipients of care are predominantly San Francisco residents, but some live elsewhere, choosing California Pacific for reasons that include convenience to place of employment, the overall standing of the center, or the reputation of the center or its practitioners in a particular medical, surgical, or other specialty.

Medical services, unlike ordinary consumer goods, are difficult to quantify (see box page 9), but a few summary indicators are suggestive of CPMC's importance in the San Francisco economy:

- **Medical Services Provided.** In 2007, CPMC recorded 33,446 discharges from acute care (about one-third of the total for San Francisco's acute care hospitals), 7,924 births (more than half of births citywide), and 73,732 emergency department visits (nearly one-third of the city total).⁶
- **Purchases.** In 2007, CPMC spent about \$378 million on goods and services including purchased services, supplies, rentals and leases, insurance, and other.⁷ Analysis of its goods and services expenditures of \$354 million in 2004 found that about 40 percent was spent in the Bay Area: 26.5 percent in the City and 12.5 percent elsewhere in the region.⁸
- **Employment.** Current CPMC employment, as reported in the 2007 CPMC annual report, is about 6,800. As of 2007, when its employment was reported as 6,600 jobs, CPMC was the second-largest private employer in San Francisco⁹, providing nearly 50 percent of all San Francisco hospital-based jobs.¹⁰
- **Wages and Salaries.** In 2007, wages and benefits paid to CPMC employees totaled \$567 million. Of direct wage payments of \$355 million paid by CPMC in 2004 over half were paid to San Francisco-resident employees. Average compensation for California Pacific

⁶ *Going Beyond* (CPMC Annual Report), 2007. Proportions of San Francisco hospital activity based on 2004 data.

⁷ *Ibid.*, p. 48.

⁸ The Marchese Company, 2005.

⁹ *2008 Book of Lists*, San Francisco Business Times, Vol. 22, No. 21, Dec. 28, 2007-Jan 3, 2008, p. 204.

¹⁰ Personal communication to Mundie & Associates from Robin Jensen, California EDD, October 16, 2008.

employees is considerably higher than average compensation for all workers with jobs in San Francisco.¹¹

Measuring the Economic Activity of a Medical Center

What is the magnitude of the health care sector in San Francisco, and specifically of California Pacific Medical Center?

This question resists a precise response, because the economic “good” provided is complex and often incompletely documented. Medical care providers may deliver several different kinds of services in a single patient visit: an assessment of a medical condition (on a hospital round or in a doctor’s office), a tangible item (such as medication, immunization, or durable medical equipment) or simply expert counsel (a recommendation relating to life-style or a referral to therapy), or some combination of these or other services.

The recipient of a medical service is not given the kind of written receipt that would be expected in a retail store, with every item specified and its price identified. Therefore, the researcher is in a different position from that of a grocery chain analyzing sales of breakfast cereals: the details of what has been “purchased” and the “price” of each component may not be determinable from the documentation available.

For most conventional retail goods, transaction data are sufficiently complete and accurate to serve as the basis for estimates of economic outcomes closely related to sales, such as employment and space needs and occupancy. For the medical sector, transaction data are insufficient for that purpose. Describing Medical Centers in economic terms therefore calls on an array of information sources, including:

- patients inpatient beds, outpatient visits, and procedures;
- physicians physicians employed by or affiliated with the Medical Center;
- employment total medical and support staff in hospitals and clinics together with total medical and support staff in the offices of affiliated physicians; and
- space space occupied by Medical Center units and by affiliated physicians.

Other indicators are more likely to be expressed in dollars: budgets, payrolls, charity care, research, professional education, community outreach and education, and other community benefits.

Even estimates encompassing all these indicators overlook an important dimension of a medical institution’s economic reach and influence: its presence provides some assurance that medical care would be at hand if needed, buttressing a sense of security that is essential to community quality of life.¹²

These economic impacts – California Pacific’s delivery of medical services, its purchases of goods and services, its employment, and the wages and salaries it pays – are only part of the picture.

¹¹ In 2004, average annual earnings of CPMC employees (based on average hourly compensation) were a little over \$66,000 annually. Average 2004 earnings of all San Francisco workers, according to the U.S. Census American Community Survey, were \$44,234.

¹² The Strategy Study (p. 80) considers quality of life “especially vital” in attracting and retaining a highly skilled workforce, citing a study by Mercer Human Resources Consulting, *World-wide Quality of Living Survey*. The Mercer firm’s annual survey of some 350 cities includes health as one indicator of quality of life.

The other major component of the picture is the set of similar types of economic impacts that are generated by the medical practices of the independent health care professionals associated with California Pacific (see box below). As noted in Section Five of the IMP, about 1,644 physicians and allied health professionals have staff privileges at CPMC (Pacific, California, and Davies campuses), and about 1,006 are members of the active staff. The St. Luke's Campus medical staff, which has not yet merged with the CPMC medical staff, has about 361 physicians and allied health professionals with staff privileges at St. Luke's; some of them also share privileges at the other CPMC campuses. Of these, 195 are members of the active St. Luke's staff.

The practices of these associated health care professionals have their own employees, their own payrolls, and their own sets of purchases of goods and materials that are not included in the estimates for CPMC. It is the whole enterprise – California Pacific together with these independent practices – that is the unit of economic importance to the consideration of CPMC's economic impacts.

Taking into account the combined economic effects of California Pacific and its affiliated physicians, the whole is greater than the sum of its parts: an economic effect that is expressed by the "multiplier."

A multiplier for a given industry is the quantitative representation of that industry's ability to affect the economy through its purchases of materials and labor. In industries with strong multipliers, a relatively high proportion of expenditures are re-spent locally and regionally. Economic strategies favor industries with strong multipliers because they make a greater contribution to powering their local economies.

California Pacific Physicians

In addition to the medical and research services provided directly by California Pacific Medical Center, patient care is provided by doctors who are affiliated with the four campuses.

Affiliation gives doctors various privileges for admitting inpatients to the Medical Center and conducting a portion of their practice there. The Medical Center offers facilities, equipment, and technical and other services that would be too expensive for each medical practice to supply on its own, but that are feasible when used by a substantial number of doctors. The arrangement is mutually beneficial: the Medical Center needs doctors and the doctors need a Medical Center.

From an economic perspective, it is the combination of California Pacific together with its affiliated physicians that is the basic unit of economic importance.

The practices of the affiliated physicians are, in effect, independent small businesses that are the employers of the doctors in the practice. California Pacific also employs (and contracts for) physicians. The aggregate payroll of the Medical Center together with those of the practices of affiliated physicians constitutes the basic unit for estimating the economic impact of employment associated with CPMC.

Payroll is one of the most important factors on which the strength of a multiplier depends. As its name indicates, health services is a service industry. Compared with other sectors, the service sector is characterized by a greater interaction between providers and consumers and a lower

automation potential. As a result, health services are typically characterized by employment that is resistant to downturns in the business cycle.¹³

At the same time, the sector is characterized by higher than average pay scales, meaning that CPMC's 2007 total of \$567 million in wages and salaries provides greater income for discretionary spending than is the case with many other industries.

The OEWD Strategy Study reports that hospitals (and also repair & maintenance services) "stand out as strong local-serving industries with across the board higher salaries, better multipliers, and stronger fiscal impact than most of the industries within this sector."¹⁴

CPMC, as San Francisco's largest hospital, with a large, skilled labor force commanding higher than average pay scales, contributes to what the OEWD Strategy Study refers to as the health services sector's "better multiplier." In the Bay Area's five central counties (San Francisco, San Mateo, Marin, Alameda, and Contra Costa), hospitals have a total labor multiplier of 2.96¹⁵ indicating that each \$1 million of hospital payroll generates \$1.96 million additional local payroll expenditures. This \$1.96 million, in turn, generates additional economic activity in the City and the region through re-spending of that personal income, supporting additional jobs and incomes wherever the earnings are spent. Of the additional regional payroll resulting from the multiplier, about 80 percent is estimated to be San Francisco payrolls.¹⁶

A multiplier of 2.96, applied to the payroll of a large organization in which payroll is the largest single expenditure class (2007's wage and salary total of \$567 million constituted 54 percent of operating costs, according to CPMC's financial reports¹⁷), not only contributes substantially to the scale of the local economy, but also to its stability: as the Strategy Study points out,

¹³ "Employment in hospitals: unconventional patterns over time," by William C. Goodman, in *Monthly Labor Review*, U. S. Dept. of Labor, Bureau of Labor Statistics, June, 2006, pp. 7-8. Goldman notes that, "when unemployment rises, so does the rate of job growth in hospitals." The causes of counter-cyclical performance are speculative, but are thought to include the fact that when employment is at lower levels, people have more time available to schedule medical treatment. Note, however, that the counter-cyclical applies to inpatient services; outpatient visits tend to move in the same direction as changes in total payroll employment.

¹⁴ OEWD, Strategy Study (cited in footnote 1), p. 144.

¹⁵ Multipliers are from the RIMS II Model, U.S. Bureau of Economic Analysis, 1997/2003. The direct effect jobs multipliers for the five-county region are 1.96 for hospitals, 2.10 for other ambulatory health care services, and 1.91 for offices of physicians and other health practitioners. The equivalent multipliers for San Francisco only are 1.53, 1.57, and 1.47. Looking at the hospital subsector, a \$1 million payroll expenditure regionally translates to \$1.96 million additional payroll elsewhere in the region. For the hospital sector in San Francisco only, a \$1 million payroll expenditure translates to \$1.53 million additional local payroll, with the aggregate San Francisco payroll effect totaling \$2.53 million for each \$1 million in Medical Center payroll.

¹⁶ *Ibid.*

¹⁷ *Going Beyond* (CPMC Annual Report), 2007, p. 48.

industries in the health care sector “represent the most stable source of middle-income employment remaining in San Francisco.”¹⁸

Another way of looking at the Medical Center’s impact is through its purchases of goods and services: about \$378 million in 2007, as noted above, of which a significant share was spent in San Francisco (more than 25 percent of 2004 expenditures on goods and services was spent locally).

The economic effects of these expenditures, as reflected in the payrolls of the enterprises that provide goods and services to the Medical Center, are reflected in the multipliers described above.

Finally, the Strategy Study emphasizes the benefits to San Francisco of industries that deliver positive economic effects. Health care, one of five industries in the “Human Infrastructure Sector,” is the only one that is identified by the Strategy Study as high viability (capacity to add jobs), high impact (employment opportunities at all skill levels), and strategic priority (promoting quality jobs for residents without a four-year degree).¹⁹

In summary, the health services sector – of which California Pacific is a major part – represents a strong and stable element of the San Francisco economy, an important contributor to San Francisco’s economic vitality and to its community stability and security.

Citywide Fiscal Effects

California Pacific’s relationship with San Francisco also includes the sphere of public costs and revenues to public agencies: the Medical Center’s fiscal effects. The Medical Center’s activities at all of its locations depend on a variety of City services both directly (public safety and public transportation are visible examples) and indirectly (provision of justice, welfare, environmental health, and support for the arts). Some services are paid for wholly or in part by user fees, but most are paid through taxes of various kinds.

CPMC, as a not-for-profit corporation, is exempt from local taxes on real property that is devoted to its not-for-profit activities.²⁰ Since, overall, property taxes represent a large component of local public sector revenue, it is not surprising that the fiscal effects of not-for-profit enterprises are generally not positive: estimates indicate that the services provided by the City cost more than the total taxes that California Pacific pays.

The gap between tax generation and services costs represents the City’s investment in having this institution (like other not-for-profit institutions in health care and other public services) as part of the social infrastructure that makes San Francisco a desirable community.

¹⁸ OEWD, Strategy Study, p. 47.

¹⁹ OEWD, Strategy Study, p. 58.

²⁰ California Revenue and Taxation Code, Section 214.

The Strategy Study observes with respect to the human services sector as a whole (which includes education, social services, business services, and personal services, as well as health) that many organizations are tax exempt. In considering the cost/revenue ratios of San Francisco's industries, the Strategy Study appraises each industry's level of taxes contributed in relation to services required for the industry. While the fiscal impacts of hospitals and ambulatory health care services are found to be "low" (in the Strategy Study, that means taxes and fees do not fully offset public service costs), this characteristic of the health services industry is considered to be more than offset by the industry's growth potential and its provision of middle-income jobs.²¹

Part II. Changes in California Pacific's Economic Effects Resulting from Its Development Plans

California Pacific has planned for future arrangements of the various campuses which would result in changes in the economic relationships between the campuses and their neighborhoods, both temporary (during the transitional period of re-alignment of campus functions, involving construction and relocation activities) and permanent (when the physical and operational arrangements envisioned by the plans are fully put in place).

The IMP addresses California Pacific as a five-campus institution. Establishing a new campus at Cathedral Hill will facilitate complementary changes at CPMC's four existing campuses, giving them "clear identities and areas of concentration."²² CPMC's multi-faceted plans provide "the flexibility to consolidate currently duplicative services, ... [to] re-envision the focus of its Pacific, St. Luke's, and Davies Campuses; to modernize, renovate, and rebuild certain buildings to meet the future medical needs of its patients; to improve the patient experience; and to provide adequate offices for doctors affiliated with CPMC."²³ The vision involves the following key changes:

- **Cathedral Hill** – the new, fifth, campus of CPMC – is planned for location at Van Ness Avenue and Geary Boulevard on Cathedral Hill. On the full block at the northwest corner of that intersection (bounded by Geary Boulevard on the south, Franklin Street on the west, Post Street on the north, and Van Ness Avenue on the east) a 15-story hospital would be developed to serve as the primary acute care inpatient treatment facility for California Pacific. Two subsurface levels and a roof parapet would complete the building's vertical profile. On the half-block at the northeast corner of the same intersection (bounded by Geary Street on the south, Van Ness Avenue on the west, Cedar Street on the north, and

²¹ OEWD, Strategy Study, p. 141 (fiscal ranking classifications) and p. 145 (rankings in the industries making up the human infrastructure sector). While the fiscal impact is classified as "low" in the Strategy Study, hospitals were found to have a high growth potential and a high capacity for generating middle-income jobs. These benefits more than compensate for the fiscal impacts, as evidenced by the Strategy Study's targeting of health services as one of six industries for industry-specific workforce planning to promote quality jobs for San Francisco residents without a four-year degree.

²² EEA (see full reference in footnote 3), Attachment A – CPMC Long Range Development Plan Project, p. 6.

²³ *Ibid.*

the property line separating the CPMC site from a single parcel abutting Polk Street on the east) a nine-story medical office building would be developed. Subsurface parking is planned for both buildings onsite, with protected off-street access areas. Both components of the new campus would be occupied by 2015.

The new hospital will be a 1,164,000-square-foot acute care and women and children's hospital of 555 beds on 10 floors. The other floors will provide patient services (admissions and discharge, acute care, surgery, diagnostics and treatment, maternity, nurseries, emergency, and family waiting areas) as well as support services (including laboratory, pharmacy, staff facilities, kitchen, storage and materials management, administration, and mechanical) and circulation (through-campus access, parking, off-street loading, and access to a subsurface pedestrian tunnel between the hospital building and the medical office building across Van Ness).

The campus also includes the existing office building at 1375 Sutter Street, which would be converted from general and medical office use to primarily medical office and related uses.

- **Pacific, Davies, California, and St. Luke's** – CPMC's four existing campuses – are long-time providers of health care in San Francisco.
 - *The Pacific Campus* in Pacific Heights began medical services as Cooper Medical College in 1882. It currently houses most of the acute care facilities of California Pacific, including its largest hospital and its largest emergency room.

Plans for the Pacific Campus would transform it into the primary campus north of Market Street for outpatient care. Upon completion of the Cathedral Hill Hospital in 2015, acute care and emergency department functions at the Pacific Campus would be transferred to the new campus, and the existing 2333 Buchanan Street hospital building would be renovated to serve primarily as an ambulatory care center (ACC), with outpatient care and outpatient-related diagnostic and treatment services. It will be the largest ACC in the CPMC system. Other improvements at the Pacific Campus include redesign and renovation of a full floor of the existing hospital building to accommodate the Alzheimer's residential care facility now at the California Campus.

Other changes at the Pacific Campus are also planned, affecting virtually every building on the campus, as facilities are updated, replaced, or changed in medical use; office space for medical and administrative use is improved and expanded; and the parking supply expanded and made more flexible via interconnection of subsurface parking areas. Overall, campus floor area is planned to increase by about 35 percent; the parking supply, currently 930 spaces, would more than double to about 1,900 spaces.

- *The Davies Campus* in the Duboce Triangle began medical services as the German Hospital in 1856. It includes both acute and rehabilitation care and an emergency department. Recent improvements at the Davies campus include the seismic upgrade of the North Tower – where acute and critical care services are housed – to comply with SB 1953. The full set of reconstruction and upgrades projected for completion by 2010,

at an overall cost of \$80+ million, will implement improvements to the Rehabilitation Center and the Emergency Department, preparation for the relocation of the neuroscience program from the Pacific Campus, and continuation of inpatient care focused on neuroscience-related treatment, microsurgery, and rehabilitation.

The principal new construction in the early years of the IMP construction timeline would be a medical office building (a key component of the Neuroscience Institute). That building, scheduled for completion in 2012, was well into the planning stage at the time the preparation of the IMP began.

- *The California Campus* in Presidio Heights began medical services as Children’s Hospital in 1887. It currently provides women and children’s acute care and outpatient services.

With the completion of the Cathedral Hill Campus, inpatient care and some outpatient services to women and children now at the California Campus will be transferred to the new Cathedral Hill Campus. With the completion of improvements at the Pacific Campus, some additional outpatient services as well as residential Alzheimer’s care will be transferred from the California Campus to the Pacific Campus.

While some specialized medical activities are likely to remain at the California Campus (in leased space), CPMC envisions that the California Campus would be sold; substantial physical and functional change in this campus would probably not occur until the patient-related activities are relocated. Residential use (which is permitted by existing zoning), possibly with a medical orientation, seems the most likely replacement use for the majority of the campus site. The 3838 California Street office building would be sold, but is likely to remain in medical office use.

- *The St. Luke’s Hospital Campus* in the Mission District began medical services as an Episcopal hospital in 1871. St. Luke’s joined Sutter Health in 2001 and became part of California Pacific as of January 1, 2007. The campus currently includes inpatient acute, sub-acute, and skilled nursing care, an emergency department, diagnostics and treatment services, a Diabetes Center, and office space for administrative and medical activities.

Early in 2008, the future of St. Luke’s was evaluated by a Blue Ribbon Panel of leaders in health, business, community, and labor. The panel was convened to develop a viable plan for CPMC to continue to provide hospital and outpatient services at its St. Luke’s Campus to meet the health care needs of the communities it serves, and to complement CPMC’s plans for its other campuses.²⁴ The recommendations of the panel include construction of a new acute care community hospital on the campus (of a size that would be in proportion to the planned service mix of the campus) and the complementary integration of St. Luke’s into the CPMC system.

²⁴ The recommendations of the Blue Ribbon panel were released in July 2008 and were accepted by the CPMC Board of Directors in September 2008. (EEA, Attachment A – CPMC Long Range Development Plan Project, p. 4).

The plan for St. Luke's gives priority to the acute care hospital, which CPMC's Long Range Development Plan schedules for construction between mid-2010 and 2013 (opening in 2014). A second new building (the "future expansion building") is scheduled for construction after 2018. Use of that future building is unknown at this time but, "for purposes of [the environmental] analysis, it is assumed that the future expansion building will be used primarily for outpatient care."²⁵ The 88,500 square feet of space in the expansion building provisionally programmed for outpatient care would represent a substantial increase in outpatient care space at the St. Luke's Campus, which is currently less than 10,000 square feet.

- All four existing campuses accommodate support facilities that include parking and medical offices (some of which are owned by California Pacific and some independently). About 575 physicians have offices on or near one of the campuses.²⁶

Campus-based Economic Effects

The IMP describes a framework for California Pacific's multiple campuses for the next 20 years. Changes in physical facilities and functions at the various campuses would have economic effects on areas near the campuses by altering the magnitude and location of consumer spending and affecting the value of nearby property.

Neighborhood Businesses

The transition to the pattern of physical development, activities, and uses laid out in CPMC's plans for the five campuses will begin in anticipation of the occupancy of the new Cathedral Hill hospital and continue for a number of years. Economic interactions between campus land uses and their neighborhoods will vary throughout the implementation period of the IMP, with construction activities altering those relationships temporarily and changes in campus activities potentially resulting in long-term effects. A campus-by-campus description follows.

Cathedral Hill Campus

Existing Conditions Relating to Neighborhood Businesses. The Cathedral Hill Campus area is at the crossroads of two of San Francisco's most important streets: Geary, which runs from the heart of downtown west to the beach, and Van Ness, which runs from Market Street north to San Francisco Bay. The heterogeneity of uses along Van Ness is of long standing: an evolution from a temporary commercial role during recovery from the 1906 earthquake to a mixed residential, commercial, industrial, and institutional basis in the years that followed.²⁷ After designation of the street as U.S. Highway 101, automobile showrooms found a place here, followed by restaurants, hotels/motels (including the Cathedral Hill Hotel, formerly the Jack Tarr Hotel, on

²⁵ EEA, Attachment B – St. Luke's Campus, p. 6.

²⁶ EEA, Attachment A – CPMC Long Range Development Plan Project, p.4.

²⁷ *Van Ness Avenue Area Plan* (1989; adopted 1995), City and County of San Francisco, p. 2.

the Van Ness-Geary site), movie theaters, and businesses oriented toward regional markets. Although most of the buildings along this part of Van Ness (Broadway south to Redwood Alley) are non-residential, there are also many buildings in residential use,²⁸ and recent years have seen the departure of some auto related uses and considerable residential development, including several retirement living facilities.

On the northwest corner of Van Ness at Geary, two midrise structures (hotel and office building) would be replaced by the proposed new hospital: a 15-story hospital building. On the northeast corner of the same intersection, seven single- and two-story buildings (accommodating a range of commercial and residential uses listed in the EEA²⁹) would be replaced by a nine-story medical office building; seven of the existing eight parcels on this half-block would be occupied by the MOB (the parcel fronting Polk Street would not be part of the project). The existing office building at 1375 Sutter would be converted for primarily medical and related uses.

At present, the uses at the site provide some support for area businesses. These include a variety of eating and drinking places, business and personal services, retail, entertainment, and automotive.

Future Conditions Relating to Neighborhood Businesses. The establishment of the Cathedral Hill Campus would bring a new type of activity and an increased intensity of use to this part of the Van Ness corridor. This change would occur in the context of a planned evolution of land uses on Van Ness Avenue and a significant upgrading of transit in the Van Ness and Geary corridors.

Intensity of Site Use. On both the hospital and medical office blocks, the intensity of site use would increase. For the hospital building, that increase is due to the increase in the scale of development and the character of an acute care hospital: there will be many more people at the site than there are currently, and the increase will apply over the 24-hour day and the seven-day week, as well as during regular business hours.

Van Ness Avenue Special Use District as the Context of the Site. The portion of the Cathedral Hill area along Van Ness is being reshaped through the Van Ness Avenue Area Plan and Special Use District, which are geared to encourage retail and residential development as part of “an attractive mixed use boulevard.”³⁰

Transit Improvements. San Francisco is currently in the process of planning for substantially upgraded transit along both Geary and Van Ness as elements of its proposed Bus Rapid Transit (BRT) system. These two routes – respectively east-west and north-south – would intersect just south of the CPMC campus at a station in the Van Ness Avenue median. Because these are two of the most heavily used transportation corridors in the city, intensification of transit service on both lines has long been needed and, once completed (the goal is five minute headways), will be a stimulus to greater transit use along the corridor and among all the uses with easy access to the corridor.

²⁸ Eighteen buildings containing 980 dwelling units as of 1989, according to the *Area Plan*, p. 3.

²⁹ EEA, Attachment A, Cathedral Hill Campus, pp. 2-3.

³⁰ *Van Ness Avenue Area Plan*, p. 3.

As the new Medical Center buildings are completed, the added daytime population on the site will translate to patronage of area businesses, contributing to the retail vitality of this portion of Van Ness Avenue. The hospital building will have a cafeteria facing Van Ness Avenue a few feet above sidewalk level (with approximately 300 seats) and a separate dining area for staff. Both the hospital building and the medical office building will have some retail space (3,100 square feet including a hospital gift shop and 3,900 square feet of retail in the medical office building), totaling 7,000 square feet.³¹ With this modest provision for retail needs within the hospital and medical office building, patronage of offsite existing (and potentially new) retail and service enterprises by campus visitors (staff, patients, and the public) can be expected. Both the hospital building and the medical office building would have their main entrances on Van Ness Avenue, and the Avenue's wide sidewalks and relatively level slope will encourage a short walk to make a purchase (newspapers, cards, flowers, gifts, books, music – the staples of hospital visitors), patronize a service (cleaning, laundry, repair, personal and financial services – the staples of employee workday errands), or find a takeaway or on premises meal.

For people who come to the campus often, preferences for individual area businesses will emerge – preferences that may moderate the advantages of proximity and spread retail expenditures over a larger area. Polk Street could be an attractive option; there, a corridor of pedestrian-scaled buildings provides an almost continuous frontage of retail, food service, and other pedestrian-oriented businesses on both sides of the street for many blocks both north and south of Geary. No comparable retail concentration exists north, south, or west of the Cathedral Hill Campus site within a reasonable walking distance.

Thus, retail expenditures related to the campus can be expected to be generalized over a multi-block area east of Franklin Street. The positive relationship that can be expected between employees and visitors to the Cathedral Hill Campus and area businesses would tend to increase the sales of existing uses and strengthen the market for new retail uses in the campus area. The intensification of transit service and the improvements to the cross streets of Van Ness and Geary to accommodate transit and transit passengers will add, as well, to the pedestrian volumes in the Cathedral Hill Campus area, while assuring better comfort and safety to pedestrian crossings at the intersection. The area's role as a transit transfer zone together with its land use mix would ensure a steady source of pedestrian traffic throughout the day, representing potential additional patrons to area businesses.

If some of the parking proposed for the hospital and/or the medical office building is made available during evening hours for general public use, that would relieve an existing parking shortage and provide additional benefits to retail, food service, and entertainment uses in this part of the Van Ness corridor beyond the daytime hours.

Pacific Campus

When inpatient care currently at the Pacific Campus moves to Cathedral Hill, the hospital space at the Pacific Campus will be freed for other medical uses: diagnostics and treatment space,

³¹ EEA, Attachment B – Cathedral Hill Campus, p. 7 (for hospital retail area) and p. 8 (for MOB retail area).

supporting the expanded outpatient role planned for this campus, will increase by about 45 percent. The number of both workers and visitors on the campus daily will increase. Compared to the hour-by-hour distribution of staffing at present, which reflects the inpatient care at this campus, the future distribution will be more concentrated in daytime hours: the hours of operation of local businesses.

In the existing condition, Fillmore Street shops and eating places benefit from Medical Center related expenditures. In the future, neighborhood businesses are likely to see a noticeable increase in patronage from added outpatients and visitors, as well as from the larger daytime staff. The concentration of employees arriving and departing will be at the intersection of Clay and Webster: a convenient portal, via Clay Street, to the Fillmore Street neighborhood commercial area.

Davies Campus

Because the Davies Campus is not located near a retail concentration, there is less interaction between this campus and neighborhood businesses than is the case with the other campuses. The scale of CPMC activities at Davies is programmed for an increase (24,000 square feet of diagnostics and treatment, supporting expansion of ambulatory care primarily for neurological disorders). In addition, medical office space would double, and the current parking supply would increase by about 35 percent. An increase in the patient and visitor population at the site is, therefore, likely. That increase may result in a modest increase in business activity (especially food services, convenience items, and personal services) but the small number of outlets in the immediate area is likely to limit the magnitude of neighborhood economic effects.

California Campus

From some time in 2014 to some time in 2016, first as inpatient services move to the Cathedral Hill Campus and second as the majority of outpatient services and residential Alzheimer's move to the Pacific Campus, the medical function at the California Campus will wind down, and its corresponding economic effects on its neighborhood would diminish. Any future medical uses would probably continue to interact with the neighborhood as they do now, providing part of the customer base for many businesses to the east (primarily in Laurel Village on California Street and, to a lesser extent, Sacramento Street) and in other directions (Geary Boulevard, Arguello Boulevard, and Clement Street, where a small share of California Pacific's current employee and visitor expenditures find their way).

Replacement of medical facilities by housing (which is permitted under current zoning) would provide for continuing economic support of neighborhood businesses. There are only a handful of retailers in the area whose business is oriented toward the hospital. Generally, the patronage of area shops and service enterprises is made up of the general shopping public, area workers, and visitors to nearby offices. Among the latter are visitors to the 3838 California Street medical office

building, which is expected to remain in medical office use.³² Residential use substituting for hospital and auxiliary uses at this campus would probably provide at least as much support to local business as the Medical Center population does now, and possibly considerably more. Changes in the number, type, and location of neighborhood retail opportunities may also affect the outcome.

St. Luke's Campus

Maintaining inpatient care at the St. Luke's Campus is one of the key directives of the Blue Ribbon Panel (see above, p. 15). The continuation of inpatient care at the campus means that the array of staff currently present will not alter drastically, and a core of hospital-related visitors will remain as well. The types and scales of other medical and patient care activities are not yet known but, over the long term, CPMC's commitment to the St. Luke's Campus assures a continuing presence of staff and visitors who will patronize neighborhood businesses.

All Campuses: Construction Period Economic Impacts

Significant construction activity is expected at all campuses to implement CPMC's plans.

- *At Cathedral Hill*, construction will be virtually continuous from the beginning of demolition, through foundation work, infrastructure construction, framing, and building completion and finishing: an effort that is expected to take several years.
 - Disruption of economic activity on Van Ness Avenue and the other streets that abut the Cathedral Hill Campus site is anticipated due to re-routing of traffic and pedestrian flows and closure of traffic lanes. Construction activity for the hospital would occupy the entire block bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street.
 - Construction activity for the medical office building on the northeast corner of Van Ness and Geary would affect that block as well.

Businesses on both sides of Van Ness and both sides of Geary near the intersection of those streets, as well as the areas both north of Post and south of Geary particularly along Van Ness could be affected by construction-related pedestrian impediments, and obstruction of pedestrian access to stores and eating places in the immediate vicinity would temporarily reduce patronage and sales levels.

The work force staffing construction activities will – like other workers in the neighborhood – make expenditures for food, personal items, and potentially other merchandise and services in the neighborhood, providing economic support to businesses well before the occupancy of the completed hospital and medical offices occurs. The magnitude of the construction activity and the neighborhood expenditures the construction workforce would generate are likely to offset to some degree (possibly even exceed) the loss in business that

³² EEA, Attachment A – California Campus, p. 3: Project Summary Table (indicates campus uses expected to be retained in the 3838 California Street MOB after 2020).

may occur as a result of temporary interruptions in vehicle movement patterns, multiple temporary changes in pedestrian circulation, and the noise and disorientation effects that accompany construction projects in dense urban areas. While some disruption of parking supplies may occur, the construction plan is to shell out the medical office building, and open its parking supply, before the interior work on the hospital building begins, meaning that the project will provide a supply of parking for use by building workers during the most labor-intensive phase of the construction.

In summary, the scale of development (and the corresponding scale of the construction labor force) and the relatively small site area (which will tend to spread out impacts geographically, as some workers bypass the closest food service and retail outlets to minimize having to wait for service during peak business periods) together are likely to translate into substantial economic impacts in the Cathedral Hill Campus area during the construction period.

- *At the other four campuses, construction activities are also planned. These campuses have larger overall site areas and implementation of the CPMC's plans will take place over a longer time frame: some of the changes at the other four campuses cannot occur until after the Cathedral Hill Campus is in operation. Therefore, construction impacts will either have a longer duration with a lower intensity, or else they will be sporadic, or some combination of these patterns in various areas of the four campuses.*

In all cases, construction would disrupt vehicular and pedestrian traffic and parking, with the possibility that potential customers who do not travel daily to the campus (as employees and staff will continue to do) will be temporarily discouraged from patronizing nearby business districts as part of a campus visit. Some resulting loss in business may result. That loss could be offset by the addition of construction workers to the mix of local business patrons for the duration of construction activity. This offset would be most notable for eating and drinking places and other businesses likely to be patronized on a daily basis.

Stable economic relationships between the campuses and their neighborhoods will re-emerge as each campus completes its transition to the future mix of services it is planned to provide, and as obstacles to access between the campus and nearby areas imposed by construction activities diminish.

Residential Property Values

Residential Property Value Impacts in the Cathedral Hill Campus Area

CPMC's investment on the two key sites at Van Ness and Geary – an expenditure expected to cost approximately \$940 million – would contribute to Van Ness corridor revitalization, adding a new land use that will draw large numbers of users and visitors to the site daily, injecting consumer expenditures from a new source into neighborhood retail and service businesses, and providing a visual landmark and point of orientation for this important San Francisco crossroads.

Residential property values in the area could also be beneficially affected by the new campus:

- A significant new investment like that proposed by California Pacific may be seen as a positive statement about the neighborhood, encouraging other investors.
- While existing staff of California Pacific may not be likely to relocate to residences in the immediate area of the new campus, over time Cathedral Hill's new staff and employees (if their residence choice is influenced by job location) may seek housing in this neighborhood.
- An attractive hospital project will provide identity to this stretch of the Van Ness corridor, potentially strengthening the market for larger-scale residential projects.

These kinds of effects could spill over into the surrounding areas, both enhancing the values of existing residential properties and attracting new development.

As noted above, a positive effect of the presence of a CPMC campus was found for residential real estate values in the areas within about 1,000 feet of the principal campus block at the existing Davies, Pacific, and California Campuses. For Cathedral Hill, a comparable impact area would encompass the rectangle bounded by Octavia Street (on the west) Pine Street (on the north), Hyde Street (on the east), and Eddy Street on the south.

Residential Property Value Impacts in the Pacific, Davies, and California Campus Areas

Over the long term, the slight positive effect found for the proximity of the Pacific Campus and the Davies Campus to their surrounding residential areas is likely to persist in the post-construction period. With respect to the California Campus, long-term property values may be affected by the type of development that succeeds the CPMC campus and the perceived "fit" with the neighborhood.

Residential Property Value Impacts in the St. Luke's Campus Area

As noted above, no property value analysis has been conducted of the St. Luke's Campus area. The area surrounding this neighborhood is primarily residential but considerably affected by the presence of two major thoroughfares, Cesar Chavez Street and Mission Street. Mission Street is one of the city's principal commercial corridors, and both streets carry traffic volumes well in excess of levels typically considered desirable in residential areas. For these reasons, St. Luke's may not have as influential a role in neighborhood residential property values as the other three existing campuses. Although the effect is likely to be positive (as was found at the other campuses) it would be smaller relative to other factors and possibly not discernible from the type of analysis conducted for the other campus areas.

Construction Period Impacts on Residential Property Values in All Campus Areas

Possible temporary effects of campus improvement projects include generation of noise from construction activity, which could temporarily affect residential property values in the immediate vicinity of the construction noise source, and disruption of traffic and parking during

construction. If property values decline during the construction period, or properties take longer to sell during that period, these changes would be reversed as campus improvements are completed.

Comment on Potential Impacts on Values of Non-residential Property

A beneficial effect on the value of nearby non-residential property values may reasonably be expected. At the Pacific and Davies Campuses, this positive effect would relate primarily to buildings not owned by CPMC that are suitable for uses providing a medically-related complement to the Medical Center. Other commercial properties could also benefit, but there are few in immediate proximity to existing CPMC sites.

The Cathedral Hill Campus is in a more commercial context: many more commercial structures and retail/commercial businesses are located in the immediate area, supported by good transit access to be further improved under the City's BRT program.

CPMC's plans envision a concentration of employment at the site and a considerable visitor population, as well. The campus will provide a sizable and consistent population traveling to and from the campus, particularly during standard working hours, but also throughout evenings and weekends. Businesses that cater to the types of demands characterized by this group would benefit. Building owners, in turn, may find they attract an expanded tenant pool and can charge higher rents; they may also be benefited by improved security with a larger population in the area on evenings and weekends, potentially supported by some availability of public parking on the medical office building site in the evening hours.

The value of non-residential property in the neighborhood of St. Luke's may not be significantly affected by reconstruction at that campus: the value of a near-campus location, to the degree it affects non-residential property, would already be incorporated into real estate values in the area.

Citywide Economic Effects

Health care is an important part of the social infrastructure in any urban area. The availability of hospital-based health services is one of a number of important criteria that both households and businesses consider in making location decisions. If a city's medical/hospital sector is seen as offering technologically up-to-date facilities and equipment, housed in attractive and efficiently-arranged buildings, in which patient comfort and convenience have been key design considerations, these positive perceptions influence resident satisfaction and quality of life.

The 1994 Northridge earthquake made plain the need to re-build California's hospitals to provide for the safety and security of patients and the public in emergency conditions. The state's charge to the hospital industry to retrofit or rebuild to assure an acceptable level of earthquake safety was the impetus for California Pacific to consider a range of factors relating to hospital function, design, and operation at the same time it planned measures to address earthquake risk.

The “replanning” opportunity was embraced by CPMC as an opportunity to rethink fully the complex set of requirements and service delivery considerations that a well-functioning hospital is designed to satisfy. In the several years of effort reflected in its Institutional Master Plan (IMP), CPMC reached the decision to create a new state-of-the-art hospital while, at the same time, based on a comprehensive campus-by-campus review, rebuilding elements of the Medical Center to provide for significant improvements in the quality and efficiency of hospital and medical services through new and/or updated space, reconfigured space use, consolidation of some activities, and rearrangement of campus functions throughout the system.

The replanning of California Pacific continues: CPMC staff have not yet completed the planning effort for the St. Luke’s Campus in furtherance of the direction set forth by the Blue Ribbon Panel. For the other four campuses, however, the outcome of CPMC’s work is reflected in the IMP and presented in the Environmental Evaluation Application discussed above.

This section discusses key outcomes of CPMC’s plans in terms of their effect on the citywide economy of San Francisco.

Economic Activities

The delivery of hospital and medical services is the fundamental charge of a Medical Center. The provision of those services has economic effects on the City as a whole: employment, development and use of building space, and the support of other activities related to hospital, medical, and health services. Of the latter, a key effect is the provision of hospital support for affiliated physicians and other health care professionals as discussed earlier. A Medical Center may also undertake other activities that support its principal mission, but operate to some degree independently of the day-to-day provision of medical and hospital care. For CPMC, such additional activities include research, teaching, and volunteer and community services.

CPMC’s plans as described in the IMP would contribute to the future economy of San Francisco through each of these activities:

- **Employment.** An employment base projected to expand, increasing CPMC’s total salaries and wages paid, will add to the personal income of San Francisco residents.
- **Development and Use of Building Space.** New facilities, renovation of existing facilities, and building use and maintenance at CPMC’s five campuses and other San Francisco locations will generate expenditures for ownership investment, rents, and other building-related expenditures. (In 2007, CPMC expenditures for rentals and leases alone exceeded \$16.5 million.³³)
- **Hospital Services for Independent Affiliated Physicians.** The availability of a major medical center attracts physicians. CPMC is currently the principal provider of hospital-

³³ *Going Beyond* (CPMC Annual Report), 2007, p. 48.

based diagnostic and treatment services to the patients of more than 1,600 physicians and allied health care professionals. By providing state-of-the-art diagnostic and treatment services, CPMC will continue to be able to attract a community of medical professionals to serve the San Francisco and regional population.

- **Purchases.** CPMC's expansion of its diagnostic and treatment capacity will contribute to its future capacity for purchasing goods and services in the local economy. These purchases help create jobs and income within San Francisco and elsewhere in the region.
- **Research.** Investment funds from local and outside sources will continue to be attracted to CPMC-hosted research, to the benefit of CPMC patients and clients (and others) when applications succeed.
- **Professional Education.** Classroom, laboratory, and medical education at CPMC expands the number of San Francisco's knowledge-based professional and technical workers, strengthens their expertise, and promotes further advances in the medical sciences and the provision of medical services.
- **Community Benefits and Charity Care.** California Pacific responds to community health needs by sponsoring programs directly and in partnership with other not-for-profit associates and public agencies. CPMC also extends charity care (medical services provided without expectation of payment): an economic benefit to recipients that is not captured in traditional market-based accounting, but which contributes to a "safety net" for individuals and groups unable to pay prevailing rates because of insufficient means, lack of insurance, or other reasons.
- **Construction.** The budget for implementing initial IMP projects is currently estimated (see p. at \$1.1 billion: an amount that reflects the scale, quality, and complexity of the effort and (in the case of the new campus) the relatively brief time frame of the development project.

Economic Effects

The Institutional Master Plan lays out the physical structure for the continuation and expansion of each of these aspects of CPMC's operations.

It is important to acknowledge that the master plan (the multi-campus medical center as described in the IMP) and the design of the new Cathedral Hill Hospital (its site plan and the configuration of space and activities within it) have an economic dimension. The plan described in the IMP offers:

- (1) The consolidation of activities currently located on multiple campuses;
- (2) A more tightly-focused set of activities on each campus; and
- (3) A more efficient configuration of space within campuses.

The Cathedral Hill Hospital design and space planning features are focused on the improvement of patient care, as well as the experience of families and other visitors, and the ability of physicians and staff to efficiently perform their occupations. By meeting these objectives in tandem, the new hospital offers the potential to speed services to patients, use staff time more productively, complete procedures more rapidly, and schedule equipment use more efficiently: outcomes that will work toward reducing inpatient waiting time from admission to discharge, improving delivery of outpatient services, and moderating patient care costs.

Other design features of the new hospital at Cathedral Hill would – in comparison with baseline projects of its kind -- reduce operating costs (for example, by using less energy and water than similar projects) and environmental effects (for example, through a location that a higher proportion of users will access via public transportation). (These features of the project are expected to be discussed in the Environmental Impact Report on the project.)

Strengthening of Health Services as a Component of San Francisco's Economy

The growth of the health services sector in recent decades has been substantial. At the same time, the sector has undergone vast changes. On the supply side, new technologies have revolutionized diagnosis and treatment for many disorders. These new technologies have called for an expanded array of health services occupations and a greatly increased labor force. As treatment strategies have been updated, many conditions for which patients formerly were hospitalized are now treated on an outpatient basis. On the demand side, health care needs have risen faster than population growth, in part because of the larger population increase among the older age groups, and in part because expectations of health services delivery have risen as the public has become aware of advances in medical understanding and treatment capabilities.

Thus, while the need for hospital inpatient beds has not expanded with the population, the need for space – typically hospital space – to accommodate today's more sophisticated medical infrastructure and to make the most up-to-date technologies in diagnosis and treatment available for patient care has more than offset the diminished need for inpatient beds. California Pacific Medical Center plans reflect these broad changes in the health services sector.

San Francisco has a strong health services sector, advantageously located in a region known for research and development. The parallel expansion of the health services sector and the medical research and technology sector in this region contributes to making the Bay Area a good place to live. It also attracts outstanding medical professionals and scientists, and others who want to work with them: it is one of America's growth centers of medical knowledge and practice.

CPMC is part of the framework in which the translation of research into improved medical practice takes place. The ability of the Medical Center to expand its diagnostic and treatment capacity and pursue a state-of-the-art strategy for patient health care is at the heart of the Medical Center's plans for its future. A totally new tertiary and quaternary hospital providing space for the next generation of health care would attract medical activity to the City that would not come

otherwise, creating opportunities for increased medical services and enhanced research capabilities. The strengthening of this not-for-profit institution's capacity to deliver the most up-to-date care in the most up-to-date setting will enhance the role of the medical sector in San Francisco's economy while contributing to resident quality of life.

Appendix D:
BLUE RIBBON PANEL RECOMMENDATIONS
AND CPMC RESOLUTION



THE BLUE RIBBON PANEL

Creating a viable plan for acute care hospital and outpatient services at CPMC's St. Luke's campus which complements and is supported by CPMC's current institutional plan for its San Francisco campuses and meets the health care needs of the communities served.

The Blue Ribbon Panel

Consensus Positions for Recommendations to CPMC's Board of Directors:

- **The St. Luke's Campus should be fully integrated into the broad mission, strategies, and operations of the CPMC system.**
 - **Development of integrated CPMC and SLH Medical staffs and nursing staffs.**
 - **Development of a Foundation Model for primary medical/health care providers.**
 - **St. Luke's Campus is an integral provider of primary and secondary care within the CPMC system.**

- **The BRP recommends building a new acute care, community hospital on the St. Luke's Campus.**

- **The size of the new hospital should be appropriate to the planned service mix.**

- **The services that should be provided at the St. Luke's Campus are those that meet the greatest need of the surrounding community. We recommend the services should include, but not be limited to:**
 - **Center of Excellence in GYN and low-intervention OB**
 - **Medical/Surgical Services (e.g., cardiology, respiratory)**
 - **Emergency Department**
 - **ICU**
 - **Urgent Care**
 - **Pediatrics**
 - **Center of Excellence in Senior Health Care (e.g., orthopedics, diabetology, oncology, rehab)**
 - **Skilled Nursing beds to serve orthopedics, Senior Health, and Med/Surg**

**Resolution of the California Pacific Medical Center (CPMC)
Board of Directors
Regarding Its Response to the Recommendations of the
Blue Ribbon Panel on the Future of St. Luke's Hospital
September 25, 2008**

In accordance with California Nonprofit Corporation Law, the Board of Directors of California Pacific Medical Center (CPMC), a California nonprofit public benefit corporation ("Corporation"), hereby consents to and adopts the following resolution.

WHEREAS, there is a national health care crisis with a high and growing rate of uninsured citizens, diminishing capacity in primary care, and a broken system of health care financing;

WHEREAS, this crisis has threatened the viability of St. Luke's, a venerable institution with a history and mission of serving those in need;

WHEREAS, leaders in healthcare, labor, business, governance, community, physicians and staff at St. Luke's, through the Blue Ribbon Panel (BRP) process have recommended that CPMC, the leading private health system in San Francisco, continue to support St. Luke's mission, rebuild St. Luke's, and integrate this campus into CPMC's City-wide plan;

WHEREAS, CPMC, a national center of excellence in tertiary and quaternary care, has committed to innovation and excellence in community health improvement as a priority;

WHEREAS, CPMC recently won the American Hospital Association's NOVA Award for its innovative partnership with San Francisco community clinics to serve those in need;

WHEREAS, CPMC recognizes the power and necessity of public-private partnerships so that every San Franciscan has access to quality, affordable healthcare;

WHEREAS, CPMC desires to support the City and County of San Francisco in the implementation of the Healthy San Francisco Initiative and has committed to providing charity care to patients needing inpatient hospitalization; and

WHEREAS, the BRP has submitted to the Board of Directors of CPMC recommendations to revitalize St. Luke's as an essential part of health care delivered to South of Market communities, in partnership with the City and County of San Francisco and other community providers, and as a component of CPMC's City-wide Institutional Master Plan;

THEREFORE, BE IT RESOLVED THAT:

1. Approval.

- A. The Board approves and authorizes management to proceed with planning for implementation of the activities recommended by the BRP as documented in Exhibit A.
- B. This authorization is subject to the successful, timely, and cost effective entitlement and final permitting of CPMC's City-wide Institutional Master Plan.
- C. This authorization is subject to approval of the required funding by the CPMC and Sutter Health Boards of Directors.
- D. The Board wishes to express its sincere appreciation to all who contributed to the success of this process (Exhibit B).

2. Authorization.

The Board hereby authorizes and empowers the officers of California Pacific Medical Center to perform any and all acts, including the execution of any and all documents, as may be necessary to carry out the purposes and intent of the foregoing resolution.

3. Effectiveness.

This resolution will become effective immediately upon its passage, subject to any further approval rights of Sutter Health.

PASSED and ADOPTED this 25th day of September 2008.


Secretary

Exhibit A
CPMC Board Approved Recommendation

1. As a critical component of CPMC's City-wide Plan for health care delivery, the St. Luke's campus will be fully integrated into the broad mission, strategies and operations of the CPMC system.
 - Near term, the CPMC and St. Luke's medical staffs will increase their alignment and coordination. The future objective is to have fully integrated physician staffs, at a pace to be determined by the Medical Executive Committees of the two organizations.
 - Regarding nursing integration, there will be a single standard of nursing practice across all campuses. Staff nurses will have representation on organizational wide nursing councils with integrated nursing orientation, staff development, reward and recognition activities.
 - The St. Luke's campus will be an integral provider of primary and secondary care within the CPMC system, complemented and supported by provision of tertiary/quaternary services at the other campuses.
 - An employed/staff model will be implemented relative to the South of Market Area (SOMA) need for primary care physicians and health care providers.

2. A new acute care community hospital will be built on the site of the St. Luke's campus.
 - The new hospital will be sized appropriately and flexibly to accommodate utilization projections, Blue Ribbon Panel recommendations, and growth opportunities.
 - In order to ensure continuity of access to acute services, the location of the new hospital will be such that existing hospital operations can be maintained until the opening of the new hospital.
 - At the time of opening of the new hospital, the existing hospital tower will be demolished.

3. In order to address the needs of the community, opening services on the new St. Luke's campus will include, but not be limited to:
 - OB/GYN
 - Medical/Surgical
 - Emergency Department
 - ICU
 - Urgent Care
 - Primary and Urgent Pediatrics
 - A Center of Excellence on Senior Health

This service mix may evolve over time in response to changes in the market and the needs of the community.

4. There is a recognized need for skilled nursing beds in San Francisco and to serve seniors at St. Luke's. CPMC will ensure that the needs of the St. Luke's patient population will be served through partnership with a quality community provider either on or proximate to the St. Luke's campus.
5. The BRP identified and the Board agrees that certain service needs (inpatient psychiatric and sub-acute care) are multi-system and regional in nature. Additionally, these services place an extraordinary financial burden that will impede St. Luke's ability to achieve long-term viability. Thus, these services will not be offered at the new St. Luke's. At the same time, the Board hereby directs CPMC management to engage in collaborative problem solving with the community relative to:
 - In-patient Psychiatric services.
 - Regional Sub-Acute services.
 - The effective distribution of primary care providers.
6. With respect to outpatient services, St. Luke's will focus on developing culturally competent primary care disease prevention and health promotion programs that reduce the need for hospitalization. St. Luke's will become a Center of Excellence in Community Health by:
 - Creating new community clinics in growth areas to serve diverse populations.
 - Extending the HealthFirst model of utilizing well-trained lower-cost community health workers under the leadership of physicians to provide chronic disease management.
 - Creating a health service research program to pilot and evaluate innovative care models.
7. In rebuilding St. Luke's, CPMC will support the principle of work force retention.
 - Training dollars will be maximized to create promotional opportunities with lowest employment tier.
 - There will be preferential hiring into other campus jobs, and strong market competitiveness for technical jobs.
 - Seniority, benefits, and working rules will be combined or integrated for maximum mobility across campuses.
8. CPMC will pursue all available means to ensure that the future St. Luke's is both clinically excellent in its focused service areas, and financially sustainable.

Exhibit B

Blue Ribbon Panel, Community Outreach Task Force, and Presenting Participants:

Blue Ribbon Panel and Community Outreach Task Force Leadership:

- Blue Ribbon Panel Chair - Stephen Shortell, PhD, MPH, Dean, School of Public Health, University of California, Berkeley
- Blue Ribbon Panel Vice - Chair - Rt. Reverend Marc Handley Andrus, Bishop, Episcopal Diocese of California
- Facilitator - John Golenski, EdD, Executive Director, George Mark Children's House
- Co- Facilitator - Nancy Shemick , MPA, Shemick and Associates Health Care Consulting
- Community Liasion for the Community Outreach Task Force – Stephen Lockhart, MD, PhD, Medical Director, Surgical Services, CPMC

Blue Ribbon Panel Members:

- The Honorable Michela Alioto-Pier, Supervisor, District 2, San Francisco Board of Supervisors
- Damian Augustyn, MD, Chief of Staff, Medical Executive Committee, CPMC and Member, CPMC Board of Directors
- Kenneth Barnes, MD, for savestlukes.org
- Kevin Barnett, DrPH, MCP, Senior Investigator, Public Health Institute
- Dan Bernal, District Director for Congresswoman Nancy Pelosi, Speaker of the House
- Edward Chow, MD, Chinese Community Health Plan and San Francisco Health Commissioner
- Catherine Dodd, PhD, RN, Deputy Chief of Staff for Health and Human Services, Mayor's Office
- Steve Falk, President & CEO of the San Francisco Chamber of Commerce
- Cheryl Fama, Executive Director, Peninsula Health Care District, former CEO of St. Francis Hospital
- Anna Eng, Senior Organizer, Bay Area Organizing Committee
- Jean Fraser, Esq., Former CEO of San Francisco Health Plan
- Roma Guy, MSW, Former President of the Health Commission, designee to the Blue Ribbon Panel by Supervisor Tom Ammiano
- Louis J. Giraud, Esq., Co-founder and Principal of GESD Capital Partners
- John Gressman, President and CEO of the San Francisco Community Clinic Consortium
- Sandra Hernandez, MD, CEO of the San Francisco Foundation
- Mitchell Katz, MD, Director of Public Health for the City and County of San Francisco
- Edward Kersh, MD, Vice Chief of Staff, St. Luke's Medical Executive Committee

- Paul Kumar, Administrative Vice President, United Health Workers (SEIU)
- David Lawrence, MD, former CEO of Kaiser Permanente
- Michael Lighty, Director of Public Policy, California Nurses Association
- Gabriel Metcalf, Executive Director, San Francisco Planning and Urban Research Association
- Anthony Miles, Member CPMC Board of Directors
- Jacob Moody, MDiv,MSW, Executive Director, Bayview Hunter's Point Foundation
- Robert Morales, National Director, International Brotherhood of Teamsters
- Laura Norrell, MD, St. Luke's Women's Center, designee to the Blue Ribbon Panel by Supervisor Michela Alioto-Pier
- Tim Paulson, Executive Director, San Francisco Labor Council
- Bob Prentice, PhD, Director, Bay Area Regional Health Inequities Initiative
- Anthony Wagner, former Vice President of Labor Relations, Kaiser Permanente and former Executive Administrator, San Francisco Department of Health
- Jim Wunderman, CEO, Bay Area Council and Member CPMC Board of Directors

Blue Ribbon Panel Presenting Participants:

- Mayor Gavin Newsom
- Barbara Bishop, MD, Medical Director, St. Luke's SNF Program
- Martin Brotman, MD, President and CEO, CPMC
- Mark Dubow, Senior Partner, The Camden Group
- Laura Jacobs, Senior Partner, The Camden Group
- Mary Lanier, Vice President of Post-Acute Services, CPMC's
- William Miller, MD, Chief Medical Executive, St. Luke's
- Geoffrey Nelson, Director of Enterprise Development, CPMC
- Allan Pont, MD, Vice President of Medical Affairs, CPMC
- Steve Short, Architect/Consultant
- Stephen Weber, MD, PhD, Director, Institute of International Studies, UC Berkeley

Community Outreach Task Force Members:

- Rosario Anaya, Executive Director, Mission Language Vocational School
- Rev. Joseph Bryant, Jr., Calvary Hill Community Church*
- Anni Chung, MSW, President & CEO, Self Help for the Elderly
- Charlene Clemens, MPA, Director, Children, Youth, and Families Division, Family Service Agency of San Francisco
- Pat Coleman, Executive Director, Arthur H. Coleman Medical Center
- Olivia Fe, Executive Director, Latina Breast Cancer Agency
- Donald Frazier, Deputy Executive Director, Westside Community Services

* Did not meet attendance criteria to sign final Community Outreach Task Force Report

- Suzanne Fowler Palmer, Development Director, Episcopal Community Services
- Estela Garcia, DMH, Executive Director, Instituto Familiar de la Raza
- Karen Garrison, Director of Senior Services, Bernal Heights Neighborhood Center
- Gillian Gillett, Co-Chair, The San Jose/Guerrero Coalition to Save Our Streets
- Fr. John Hardin, Executive Director, St Anthony's Foundation
- Mai-Mai Q. Ho, LCSW, Executive Director, APA Family Support Services
- Judy Li, DrPH, MBA, Vice President, Chief Administrative Officer, St. Luke's
- Stephen Lockhart, MD, PhD, Medical Director, Surgical Services, CPMC
- Marilyn Metz, MD, Founder, Arthur H. Coleman Community Foundation
- Ana Perez, Executive Director, CARECEN*
- Raye Richardson, MD, Founder, Marcus Books
- Rev. Shad Riddick, Metropolitan Baptist Church
- Jim Salinas, President, Carpenter's Union Local 22*
- Ahsha Safai, Mission Language and Vocational School
- Gladys Sandlin, Former CEO, Mission Neighborhood Health Center
- Maria Vicente-Puletti, LCSW, St. Luke's Women's Center, and CPMC Board of Trustees

CPMC Executive Leadership:

- Martin Brotman, MD, President and CEO, CPMC
- Jack Bailey, FACHE, Executive Vice President and Administrator, CPMC

CPMC Project Team:

- Cynthia Chiarappa, MBA., Senior Director Communications, Marketing and External Affairs
- Julie Clayton, RN, MSN, Chief Administrative Officer, California Campus
- Linda Isaacs, Vice President, Human Resources, CPMC
- Diana Karner, RN MSN CNAA, Vice President Nursing and Chief Nursing Officer, CPMC
- Jeani Kowalski, FACHE, Executive Staff Associate to the President and CEO
- Judy Li, DrPH, MBA, Vice President, Chief Administrative Officer, St.Luke's
- Stephen Lockhart, MD, PhD, Medical Director, Surgical Services, CPMC
- Christopher Willrich, MBA, Vice President, Strategy and Business Development, CPMC

- **The Blue Ribbon Panel emphasizes that St. Luke’s should also focus on developing primary care disease prevention and health promotion programs that reduce the need for hospitalization.**
- **The St. Luke’s Campus should house a Center of Excellence in Community Health with a focus on building the capacity of community-based organizations and providers that share responsibility to improve health.**
- **In rebuilding a new St.Luke’s within an integrated system, we support the principle of Work Force Retention.**
 - **Physicians and other primary care providers**
 - **Nurses and other health professionals**
 - **Support workers**
- **All sources of potential additional earned surplus should be pursued to enhance the financial viability of the new St. Luke’s. Some examples include:**
 - **Improvement of the payer mix.**
 - **Joint teaching programs may afford additional revenue.**
 - **Occupational medicine can provide additional sources of revenue.**
 - **Significant improvements in operational efficiency through achievement of economies of scale, process improvement methods, and use of emerging cost effective care delivery models.**
 - **Development of ancillary services.**
- **Given the identification of issues and needs that may include but also extend beyond the St. Luke’s service area, the BRP recommends that the CPMC Board engage in problem solving with the community to resolve these needs. These include in particular**
 - **The provision of beds for in-patient psychiatric patients.**
 - **The provision of beds/units for “Sub-Acute” regional patients.**
 - **The distribution of primary care providers.**
- **In addition, all efforts should be made to recruit and retain the best culturally competent and diverse health care professionals possible capitalizing on the advantages of being an integrated health system.**
- **The BRP recommends that the CPMC Board consider option 5 (building over San Jose Street) and option 3 (the 1912 Building and preserving the chapel and tree) with a preference for option 5 due to its’ better meeting all of the value criteria listed below.**

- **Continuity of Service to Patients**
- **Low Neighborhood Impact**
- **An Accessible and Welcoming Presence**
- **Taking into Account the Lowest Life Cycle Costs of the New Facility**
 - **Time to Entry**
 - **Future Flexibility**
 - **Openness to New Care Models**